

Requesting Organization :	American Refugee Committee		
Allocation Type :	2018 – SHF 2nd Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		60.00	
NUTRITION		40.00	
		100	
Project Title :	Strengthening of Health and Nutrition Intervention in Bilel Locality (Kalma IDPs Camp) - Envelop 2		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	SUD-18/HSD20/SA2/H-N/INGO/7825
Cluster :		Project Budget in US\$:	267,775.97
Planned project duration :	12 months	Priority:	
Planned Start Date :	12/05/2018	Planned End Date :	11/05/2019
Actual Start Date:	12/05/2018	Actual End Date:	11/05/2019
Project Summary :	<p>The proposed 12-month project will focus on provision of integrated preventive and curative health and nutrition interventions to reduce morbidity and mortality among the protracted IDPs in Kalma IDP camp, Bilel locality, South Darfur State. Under this grant, ARC will focus on, increasing availability of, and access to, life-saving primary health services and supporting referrals for complicated cases to secondary care, increasing availability and access to maternal and child health services, strengthening the emergency preparedness and response capacity and, coordinating with WASH and nutrition teams to respond to communicable disease outbreaks in an efficient, coordinated, and timely manner. In addition, ARC will also strengthen community-based approaches to promote positive health behaviors, recognition of illnesses, and care-seeking practices. The proposed health interventions will be implemented in three health facilities; Kalma sector 1, 6 and 8 PHCCs. To address the high rate of malnutrition and low coverage of treatment of malnutrition, ARC will focus on Community-based Management of Acute Malnutrition (CMAM) program. Nutrition interventions will include supporting two OTPs/ TSFPs (Kalma sector 6 and 8 PHCCs) and one stabilization center (SC) in Kalma sector 6 PHCC. Identified nutrition cases in Kalma sector 1 PHCC will be referred to sector 6 PHCC accordingly. ARC intervention will target 85,166 protracted IDPs in Kalma camp in sectors 1, 6 and 8. Among the population, 14, 478 are children under five (17%) and 3407 (4%) pregnant and lactating women.</p> <p>ARC intends to adopt a more focused inter-sectoral approach that supports integration between the health, nutrition and WASH services. To encourage integration, while maintaining flexibility in their respective fields, ARC will help train and structure/ restructure existing committees (WASH, Health) into the Community Relief and Development (CRD) committee with a broader scope of work that leverages the synergy between sector specific activities. The CRD committee will take a lead role in health promotion activities, as well as assist with disease surveillance, offer support to communities, and encourage community interaction thereby strengthen referral processes and linkages between community and health systems..</p> <p>At the facility level, ARC is already working to bolster existing IMCI practices by introducing digital decision support in IMCI to ensure quality in provision of IMCI services for providers. Beneficiaries served under this proposed project will benefit. In line with the inter-sectoral approach, ARC health, nutrition and WASH teams will collaborate to tabulate facility level data to map cases of communicable diseases via oral-fecal route and via vectors to identify locales where WASH interventions and hygiene promotion messages should be prioritized. At the community level, ARC will introduce Timed and Targeted Counseling (ttC), an innovative evidence-based approach developed by World Vision. ttC adopts a family centered approach that engages pregnant women and mothers alongside key family decision makers, including husbands, fathers, mothers-in-law in home visits. Counseling is focused on preventive practices and negotiating better health, nutrition, and hygiene behaviors in pregnant women and during the first 1,000 days of the child's life (conception to age 2) to address the primary causes of maternal and child morbidity and mortality.</p> <p>Through a well-structured Health Information System (HIS), ARC will capture data and submit weekly epidemiology reports to the SMOH including key health indicators on a monthly basis.</p> <p>ARC will partner with JMCO- Jebel Mara Charitable Organization (National NGO) to implement community health and nutrition component; conduct health and nutrition campaigns, community MUAC screening, conduct quarterly review meetings and discuss the challenges and successes encountered during implementation.</p>		

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
34,990	35,698	7,167	7,311	85,166

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	34,990	32,291	0	0	67,281
Children under 5	0	0	7,167	7,311	14,478
Pregnant and Lactating Women	0	3,407	0	0	3,407

Indirect Beneficiaries :
9463 (Men 3,887, women 3967, boys 797 and girls 812) indirect beneficiaries will benefit from ARC health interventions.

Catchment Population:
ARC will target a catchment population of 94,629 internally displaced people.

Link with allocation strategy :
ARC proposed activities are in line with the Outcome 2 and 3 in the Humanitarian response plan (HRP), i.e. Displaced populations, refugees, returnees and host communities meet their basic needs and/or access basic services while increasing their self-reliance and .men, women, elderly men and women, adolescent boys, women of reproductive age, children under 5, pregnant and lactating women n targeted areas have improved nutrition status and increased resilience. Essential health and nutrition services will be provided with the key objective of reducing morbidity and mortality associated with disease and malnutrition among the most vulnerable groups, particularly children under five and PLW. With SHF funding, proposed activities under the Health sector will focus on supporting PHC direct service delivery in the three health facilities (Kalma sector 1,6 and 8) while integrated nutrition services will be in Kalma sector 8 and 6 only., for nutrition cases identified in Kalma sector 1 PHCC will be referred for nutrition services in Kalma sector 6 PHCC.

ARC will work with community structures (community relief development committees and community volunteer network) in increasing the role of community participation in maintaining the services started by ARC. The project will strengthen institutional capacity through on job training and mentoring to implement sustainable and affordable health and nutrition interventions that meet the needs of men, women, boys, girls, and children <5 and will utilize the network of WASH, Health and nutrition volunteers to enhance the disease surveillance system including early detection, preparedness and response to emergencies. These activities are in line with the cluster objectives, which are to provide the basic minimum package of primary health care services, including maternal and child health, emergency referral services, training of human resources for health emergencies, and monitoring of health services, and to integrate and implement nutrition interventions to increase self-reliance.

To ensure sustainability of these basic services, ARC works closely with the government line ministries, community based organizations and national NGOs. ARC will work with community structures (village health committees and WASH management committees) in increasing the role of the community participation in maintaining the services started by ARC. In addition, through the established community feedback and response mechanism ARC will continue to facilitate community consultation meetings to ensure active community participation, transparency and handling community feedback.. This will also engage the community to understand the services available and increase demand and utilization of services available. At the facility, ARC will employ the use of Kuja Kuja to track customer satisfaction with services and ideas for service improvement. ARC will use these mechanisms to continually gather community and client insights to inform improved programming.

ARC will work with local partners/national non-governmental organization (NNGO) - Jebel Mara Charitable Organization to strengthen community activities in Kalma IDP camp, South Darfur. Community activities include; community mobilization, health awareness campaigns and health education sessions.

Sub-Grants to Implementing Partners :		
Partner Name	Partner Type	Budget in US\$
Jebel Mara Charitable Organization	National NGO	38,261.60
		38,261.60

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

Organization focal point :			
Name	Title	Email	Phone
Dula James	Country Director	DulaJ@acrelief.org	+249901234001
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BACKGROUND

1. Humanitarian context analysis

In the absence of a comprehensive political settlement between the government and armed movements, these IDPs and host communities continue to suffer from limited access to life saving health and nutrition services. Kalma IDP Camp, just outside Nyala, is the largest camp in Darfur with 126,172 IDPs (UNOCHA & HAC October 2015). Large population movements in the IDP camps combined with crowded conditions and poor access to services increases the risk of contagious disease outbreaks, threatens food security, and places heavy demands on water and other scarce natural resources. With limited or no alternative livelihood options in the overcrowded camps, the IDPs are dependent on humanitarian aid to meet their most basic needs. Lack of political resolution of the conflict in Darfur, insecurity outside the camps and lack of basic services in the IDPs' areas of origin have prevented significant returns. According to FEWSNET – Sudan Food Security Outlook October 2017 to May 2018, from February 2018, IDP households are likely to exhaust their stocks of own-produced food. IDPs in Kalma camp reported that they last received general food rations in August 2017. These points clearly show that the malnutrition rate in Kalma camp is high, and the root causes of malnutrition is inappropriate care practices, poor child feeding and food insecurity.

2. Needs assessment

Health: Kalma IDP camp has a total population of 126,172 IDPs (UNOCHA & HAC 2015). The available primary health care centers are four; three supported by ARC and one by International Medical Corps (IMC). This is below the sphere standard of 1 PHCC: 10000 population and therefore creating a burden on the existing health facilities. As per ARC's January – December 2017 morbidity data, the three ARC supported health facilities (Kalma 1.6 and 8) in Kalma IDP camp provided consultation services to 74, 100 men, women, girls and boys. Out of this, 28,481 (38%) children under five years and 45,619 (62%) five and above years. From above consultation services, female represented 60% while male 40%. Common morbidities included others at 64%, followed by diarrheal cases at 13%, eye infection 7%, malaria and skin infection at 6% and acute respiratory infection 4%. In addition, 26 suspected acute jaundice syndrome (AJS) reported. Kalma IDP camp experiences recurring inundation during rainy spells, with flood destroying houses and flooding latrines. There is little guidance that IDPs receive in terms of positioning and self-construction of their transitional homes. Families with vulnerable members such as persons with special needs like under 5 year olds and older people get most affected in flash floods, often unable to move quickly to safer zones. In the month of June 2017, report from the inter agency assessment regarding flood response indicated that almost all latrines in center 1, 8 and partial for center 5 were filled by water and became suitable place for vectors of water borne diseases outbreak. Aftermath of these resulted in outbreak of suspected acute watery diarrhea in Kalma IDP camp. This was also escalated because of the high population movement in and outside the IDP camp including the congestion in the camp. With support of state ministry of Health, UNICEF, and World Health Organization (WHO) and inter sectoral interventions and coordination with other stakeholders, ARC responded to the outbreak. ARC established a diarrhea treatment center (DTC) in Kalma sector 8 PHCC and in addition received emergency funds from IOM to support provision of both health and WASH interventions to contain the outbreak.

Nutrition: As per the findings of 2013 S3M survey the GAM and SAM rates in Kalma IDP camp are 26.4% and 10.6% respectively, above the emergency thresholds of 15% and 3%. The same survey showed percentage of children aged 0-6 months who are exclusively breastfed is only 53% in Kalma camp and the percentage of good IYCF practices is only 46.5%. In addition, the hunger gap (May – October) leads to increased food insecurity and potential increase in water borne diseases. This further leads to deterioration of nutritional status among communities especially in children under five, pregnant and lactating women. Additionally, during the period of January to December 2017 and according to ARC nutrition database, ARC had newly admitted and treated a total of 1,342 children with Severe Acute Malnutrition (SAM) without medical complications in 2 Outpatient Therapeutic Program (OTP) in Kalma (sector 6 & 8), 430 children with SAM and medical complications in Kalma Sector 6 in South Darfur while had newly admitted and treated a total of 2,950 children and 215 pregnant and lactating women with MAM in 2 Targeted Supplementary Feeding Program (TSFP) in Kalma camp (sector 6 & 8).

3. Description Of Beneficiaries

The beneficiaries targeted under this project will include 94,629 internally displaced persons in Kalma IDP camp (Sector 1, 6 and 8. This population figure is endorsed by UNOCHA October 2015. ARC-supported health services at the facility level will be open to all beneficiaries, with a target consultation/person/year of 0.9 (i.e. it is estimated that 90% of the total population in the area will visit the clinic at least once during the project period). Some services will target specific groups of people based on their particular needs. For instance, the routine EPI services will target all children <1 year and women of reproductive age (3407) as per the national EPI guidelines. Basic reproductive health services will be open to both adolescents and pregnant and lactating women. Under nutrition intervention, a total of 8,487 direct beneficiaries will be targeted for CMAM project; TSFP 5,839 (2861 boys, 2978 girls), 300 PLWs. OTP 2113 beneficiaries (1035 boys, 1078 girls) SC 235 beneficiaries (115 boys, 120 girls).

4. Grant Request Justification

Proposed interventions under this grant are in line with outcome 2 and 3 in the Humanitarian response plan (HRP). ARC will ensure provision basic primary health care package in three health facilities (Kalma sector 1, 6 and 8) including emergency referral services targeting men, women, adolescent, girls and boys. These services include; treatment of communicable and non- communicable diseases, maternal and child health, reproductive health including syndrome management of STIs HIV/AIDs, clinical management to rape and gender based violence, and health promotion. The project will also offer essential nutrition services through a comprehensive CMAM package in Kalma sector 6 and 8 PHCCs that includes OTP, TSFP, SC or referral support to SC and MUAC screening with the key objective of reducing morbidity and mortality associated with malnutrition, especially among children under five and pregnant and lactating women (PLW). Nutrition interventions will be integrated alongside primary health service provision and strictly adhere to the national CMAM guideline. ARC will work on close coordination with WHO, SMOH, UNFPA to ensure continuity of essential drugs, medical and non- medical supplies including RH supplies to avoid interruption of services. In addition, it will coordinate with UNICEF and WFP for ready to use therapeutic food (RUTF), micronutrients and supplementary food commodities for treatment of MAM children and PLW admitted in TSFP.

At health facility level, ARC will ensure provision of reproductive health services and routine immunization services targeting children under 1 and women of reproductive age in the three PHCCs (Kalma 1, 6 and 8). Kalma Sector 6 PHCC also hosts a basic emergency obstetric care (BEmOC) center that is open 24 hours. ARC will provide clean delivery kits (CDKs) to expectant mothers at their third trimester to promote safe and clean delivery for pregnant women who do not deliver in the health facilities. Women will be counselled on the importance of delivering at a health facility or with a skilled birth attendant, family planning methods, exclusive breastfeeding and IYCF practices. During these visits, the nutrition and health teams will work together to ensure that newborns and children seen with mothers during RH service provision are referred for appropriate nutritional services, including screening, the IYCF program, and stabilization center, as appropriate. ARC will implement integrated health and nutrition services to identify missed opportunities and defaulters especially in immunization and increase coverage for SAM and MAM for children under five years and pregnant and lactating women. At community level, to ensure that vulnerable populations, including children and women are informed about and can able to access life-saving MCH services, ARC will engage more community-based health approaches to promote healthy behaviors and care-seeking practices. Using a network of community volunteers, ARC will introduce Timed and Targeted Counseling (ttC), a family-centered approach that is focused on preventive practices and negotiating better health, nutrition, and hygiene behaviors in pregnant women and during the first 1,000 days of the child's life (conception to age 2) to address the primary causes of maternal and child morbidity and mortality. This activity will be funded by OFDA.

ARC will actively participate in the emergency preparedness and response planning for seasonal disease outbreaks. ARC health, nutrition and WASH teams will work together to identify outbreaks through facility level and data and also support in active community surveillance through the community volunteers network by early detection and prompt referral, health education and training. ARC will work closely with SMOH and WHO to respond to the disease outbreaks through; active disease surveillance, case management and community mobilization.

5. Complementarity

ARC's key focus will be maintaining essential services and building local capacity through training and engagement of government line ministries, facility staff as well as community leaders and coordinating with other UN bodies (WFP, UNICEF, WHO and UNFPA) to ensure smooth implementation of high quality services. This project will compliment activities being implemented through OFDA funds within the same project location.

LOGICAL FRAMEWORK

Overall project objective

To improve the health status of populations (Men, elderly women, women of reproductive age, pregnant and lactating women, adolescents, children under 5) affected by conflict through integrated and sustainable access to basic primary health care services in Kalma IDPs camp, South Darfur

HEALTH		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide and continue access to PHC services for vulnerable population affected by conflict and natural disasters	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	50
Ensure provision of maternal and child health services for the reduction of maternal and child morbidity and mortality among vulnerable population	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	30
Strengthen the capacities to prepare, detect and promptly respond to public health risks or events at federal, state and locality levels	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	20

Contribution to Cluster/Sector Objectives : The proposed project will significantly contribute to the following health cluster Sector Strategic Objectives (SSO):-

SSO 1: Provide and continue access to primary health care services including emergency referral services, for vulnerable population affected by natural disasters.

ARC will provide continued support for delivery of primary health care services to the three PHCCs (Kalma sector 1, 6 and 8) including emergency referral services targeting the men, women, pregnant women, adolescent boys and girls, and children in Kalma IDP camp. Services are available to all people in the catchment areas as well as those in adjacent areas without adequate health care services. ARC will work in close coordination with relevant stakeholders (WHO, SMOH & UNFPA) for continued supply of essential drugs and supplies to avoid interruption of health services due to stock out of drugs and supplies. The project will also support transportation and upkeep costs (food & treatment) for referral of medical complicated cases to secondary care. In addition to enhance quality of service, ARC will install solar lighting for Kalma sector 1 PHCC to reduce costs incurred by fuel and maintenance of the current generator. ARC will employ use of Kuja Kuja to customer satisfaction and ideas for service improvement, reporting that data in real time, which will be used by ARC to make direct program improvements

SSO 2: Ensure maternal and child health (MCH) services for the reduction of maternal and child morbidity and mortality among vulnerable populations

In order to contribute to the reduction of maternal and child morbidity and mortality, ARC will ensure provision of reproductive health services and routine immunization services targeting children under 1 and women of reproductive age in the three PHCCs (Kalma 1, 6 and 8). Kalma Sector 6 PHCC also hosts a basic emergency obstetric care (BEmOC) center that is open 24 hours. ARC will provide clean delivery kits (CDKs) to expectant mothers at their third trimester to promote safe and clean delivery for pregnant women who do not deliver in the health facilities. ARC will also support the referral of obstetric emergencies by covering transport and upkeep costs from the PHCC to Nyala teaching hospital. ARC will implement integrated health and nutrition services to identify missed opportunities and defaulters especially in immunization and increase coverage for SAM and MAM for children under five years and pregnant and lactating women. To bolster current IMCI practices and build health worker capacity, ARC will introduce an electronic mobile-based version of the current paper forms. This mobile version will administer the protocol and use systematic checklists to help the providers with decision-making by providing diagnosis and recommending treatment or referral based on symptoms. With SHF funds, ARC will rehabilitate the current postnatal wards made of local materials to semi permanent structures.

SSO 3: To strengthen the capacity to prepare, detect and respond to public health risk or events at federal, state and locality level

All the three health facilities will continue to submit weekly epidemiology reports to SMOH and WHO to strengthen disease surveillance systems. ARC will support continuous community-based disease surveillance through the CRD and community volunteers who will detect and refer cases of epidemic potential to the health facilities. ARC will also adapt an intersectoral approach, where ARC health, nutrition, and WASH teams will collaborate to tabulate facility level data to map cases of communicable diseases via oral-fecal route and via vectors. This effort will strength diseases surveillance and identify locales where WASH interventions and hygiene promotion messages should be prioritized. ARC will actively participate in the emergency preparedness and response planning for seasonal disease outbreaks.

Outcome 1

Improved access and utilization of basic primary health care services to men, women, girls and boys in Kalma IDP camp in South Darfur

Output 1.1

Description

Strengthen capacity of integrated primary health care services in three health centers (Kalma Sector 1, Kalma sector 6 and Kalma sector 8) in Kalma IDP camp, South Darfur

Assumptions & Risks

Security and accessibility to project locations remains stable and calm. All essential drugs, medical and non medical supplies will be available and delivered on time

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of people using the health care facilities (by age and sex) (HRP 2018).	34,990	35,698	7,167	7,311	85,166

Means of Verification : Health facility registers

Indicator 1.1.2	HEALTH	Number of community awareness sessions conducted.							2
Means of Verification : Health campaign reports									
Indicator 1.1.3	HEALTH	Number of complicated medical cases referred for secondary care							528
Means of Verification : health facility registers, reports									
Indicator 1.1.4	HEALTH	Number of children under five benefiting from IMCI services							14,478
Means of Verification : Health facility registers,health facility data reports									
Indicator 1.1.5	HEALTH	Number of health care workers trained on clinical management of rape							10
Means of Verification : Training reports, Attendance list									
Indicator 1.1.6	HEALTH	Number of days of stock out per year for six tracer drugs (Paracetamol, Amoxicillin, Anti - malarial, cotrimoxazole, metronidazole, ORS)							0
Means of Verification : weekly/monthly consumption drug reports									
Activities									
Activity 1.1.1									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Continue supporting provision of integrated basic package of PHC services in 3 (Kalma Sector 1, Kalma Sector 6 and Kalma sector 8) health facilities in Kalma IDP camp, South Darfur.									
Activity 1.1.2									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Ensure availability of essential medical equipment, drugs, supplies, laboratory reagents and vaccines in all supported facilities through partnership with WHO/UNFPA and SMOH and supplementary procurement of drugs & lab reagents									
Activity 1.1.3									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Support the referral of patients who need life-saving for secondary care services especially critically ill children.									
Activity 1.1.4									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Conduct continuous health promotion using behavior change communication strategies including; home visit and counseling based on the finding of the visit and peer-to-peer counseling, through community volunteers									
Activity 1.1.5									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Conduct refresher training on clinical management of rape to health facility staff									
Activity 1.1.6									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Support the SMOH in joint supportive supervision									
Activity 1.1.7									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Implement Kuja Kuja to track customer satisfaction with services and customer ideas for service improvement and translate customer feedback into direct program improvements.									
Activity 1.1.8									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Installation of solar lighting in Kalma Sector 1 PHCC									
Activity 1.1.9									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Conduct monthly field visit to Kalma sector 1,6,8									
Activity 1.1.10									
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.									
Conduct quarterly joint supportive supervision visits with SMOH to kalma sector 1,6 and 8 PHCCs.									
Outcome 2									
Contribute to the reduction of maternal and child morbidity and mortality among IDP populations in Kalma, South Darfur States									

Output 2.1							
Description							
Three PHCCs providing routine reproductive health services including one BemONC center providing 24 hours delivery.							
Assumptions & Risks							
Security and accessibility to projection location remains stable and calm.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Number of obstetric emergencies referred to secondary or tertiary care					72
Means of Verification : health facility register, reports							
Indicator 2.1.2	HEALTH	Number of births assisted by skilled birth attendant (HRP 2018).					1,900
Means of Verification : Maternity delivery registers/reports							
Indicator 2.1.3	HEALTH	Number of children below one year of age (by sex) covered by measles vaccine (HRP 2018).			1,433	1,462	2,895
Means of Verification : EPI registers/reports							
Indicator 2.1.4	HEALTH	Number of children below one year that received Penta valent vaccination (Penta 3).					3,065
Means of Verification : EPI Registers/reports							
Indicator 2.1.5	HEALTH	Number of pregnant women benefiting from the BEmOC services in Kalma sector 6 PHCC					136
Means of Verification : Health facility registers, monthly reports							
Activities							
Activity 2.1.1							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Continue providing basic reproductive health care services including ANC, assisted delivery (facility- and community-based), PNC, management of STIs and clinical care for the victims of SGBV							
Activity 2.1.2							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Ensure availability of adequate RH supplies in the supported health facilities including clean delivery kits. Procure clean delivery kits (CDKs) to supplement the supply from UNFPA to ensure safe delivery.							
Activity 2.1.3							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Provide Basic Emergency Obstetric Care (BEmOC) services in Kalma sector 6 PHCC to women in labor that have developed obstetric complications							
Activity 2.1.4							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Support the referral of obstetric emergencies that cannot be handled in the supported health facilities for secondary care							
Activity 2.1.5							
Standard Activity : Support and conduct routine or acceleration interventions for immunization.							
Three health centers (Kalma sector 1, 6 and 8) provide routine immunization services to children under 1 year and women of childbearing age							
Activity 2.1.6							
Standard Activity : Support and conduct routine or acceleration interventions for immunization.							
Support SMOH during acceleration campaigns and National immunization days as per calendar to increase coverage							
Activity 2.1.7							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Rehabilitation for postnatal ward for Kalma sector 6 PHCC							
Outcome 3							
Strengthen capacity of MoH in disease surveillance, emergency preparedness, and response to disease outbreaks and other emergencies in the area of operation							
Output 3.1							
Description							

Strengthened capacity of MoH in disease surveillance, emergency preparedness, and response to disease outbreaks and other emergencies in the area of operation.							
Assumptions & Risks							
Security and accessibility to project locations remains stable							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Number of rapid response teams trained and responding in a timely manner (HRP 2018).					1
Means of Verification : Training reports							
Indicator 3.1.2	HEALTH	% of health facilities submitting weekly surveillance reports completely and timely					100
Means of Verification : weekly EWARN reports							
Activities							
Activity 3.1.1							
Standard Activity : Expand and maintain disease surveillance system with early warning component.							
Ensure community level reporting of diseases with outbreak potential through training of rapid response team on case definition of disease of outbreak potential.							
Activity 3.1.2							
Standard Activity : Expand and maintain disease surveillance system with early warning component.							
Maintain disease surveillance and reporting system by ensuring that all three supported health facilities are submitting surveillance report on a weekly basis.							
Activity 3.1.3							
Standard Activity : Expand and maintain disease surveillance system with early warning component.							
Support state MoH in epidemic response activities including case management, organizing and conducting vaccination campaigns and staff training on case definition in case of occurrence of disease outbreaks							
Additional Targets :							
NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Integrate and implement self-reliance on nutritional interventions		Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance					100
Contribution to Cluster/Sector Objectives : This project is designed in line with the Cluster objectives and strategies for nutrition cluster. The project provides lifesaving nutrition services for acutely malnourished children (boys and girls 6-59 months of age) and PLW among highly vulnerable communities							
The project implements quality CMAM services integrated to the primary health care services supported by ARC in Kalma IDP camp. The project provides full package of CMAM services with OTP, TSFP, SC or referral support to SC and MUAC screening. ARC nutrition interventions are implemented with strict adherence to the national CMAM guideline. ARC will also support the prevention of micro nutrient deficiencies through bi-annually deworming campaigns targeting children 1-5 years.							
Outcome 1							
Improved access to quality CMAM services to acutely malnourished children and pregnant and lactating women among conflict affected IDPs in Kalma camp in South Darfur state.							
Output 1.1							
Description							
2 TSFP/2 OTP sites and 1 SC providing quality CMAM services Children with severe and moderate acute malnutrition and pregnant and lactating women with moderate acute malnutrition are treated according to the national guide lines and protocols. All OTP/TSFP/SC sites have adequate supplies at all time.							
Assumptions & Risks							
Security remains calm							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of outpatient therapeutic feeding centers (OTP) supported by partner.					2
Means of Verification : CMAM data base, nutrition register							

Indicator 1.1.2	NUTRITION	Number of targeted acute undernourished PLWs admitted to acute malnutrition treatment programs. (HRP 2018)		300			300
Means of Verification : CMAM database and nutrition register							
Indicator 1.1.3	NUTRITION	Number of targeted PLWs provided with micronutrient supplementation. (HRP 2018)		1,888			1,888
Means of Verification : Nutrition register and ANC register							
Indicator 1.1.4	NUTRITION	Number of technical staff and community outreach volunteers trained in different nutrition subjects (CMAM Package, IYCF, NiE)					40
Means of Verification : Training report							
Indicator 1.1.5	NUTRITION	% of boys and girls 0-59 months with SAM defaulted among the discharged children (target <15% according to SPHERE)					15
Means of Verification : CMAM database							
Indicator 1.1.6	NUTRITION	% of boys and girls 0-59 months SAM deaths among the discharged children (target < 10% according to SPHERE)					10
Means of Verification : CMAM database							
Indicator 1.1.7	NUTRITION	% of boys and girls 0-59 months with SAM cured among the discharged children (target >75% according to SPHERE)					75
Means of Verification : CMAM database							
Indicator 1.1.8	NUTRITION	% of 0-59 month with MAM discharged?					100
Means of Verification : CMAM database and nutrition register							
Indicator 1.1.9	NUTRITION	% of PLW with MAM discharged?		100			100
Means of Verification :							
Activities							
Activity 1.1.1							
Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)							
Admit and treat 2,113 children aged 6 – 59 months with severe acute malnutrition without medical complications to one of two Outpatient Therapeutic Programs in Kalma camp sector 6 and 8.							
Activity 1.1.2							
Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)							
Provide treatment to 235 critically ill severely malnourished children with medical complications in one stabilization center integrated in Kalma Sector 6 PHCC.							
Activity 1.1.3							
Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)							
Provide referral support for critically ill severely malnourished children with medical complications to the nearest stabilization center.							
Activity 1.1.4							
Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)							
Admit and treat children aged 6 – 59 months and pregnant and lactating women with moderate acute malnutrition in one of the two Targeted Supplementary Feeding Programs integrated into ARC supported health facilities in Kalma camp sector 6 and 8.							
Activity 1.1.5							
Standard Activity : Conduct training for nutrition workers, community volunteer on CMAM, IYCF etc.							
Conduct a training on CMAM guidelines and protocols for nutrition staff and community volunteers							
Activity 1.1.6							
Standard Activity : Procurement of RUTF							
Procure 2348 cartons of RUTF for management of SAM cases							
Activity 1.1.7							
Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)							
Procure essential drugs and materials for Kalma Stabilization Centre and 2 OTP/TSFP sites							
Activity 1.1.8							
Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)							
Provide food for children with SAM complication and caretakers in the SC							
Activity 1.1.9							

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)							
Conduct deworming campaign to prevent micro-nutrient deficiencies due to worms infestation							
Activity 1.1.10							
Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)							
Conduct routine MUAC screening at the facility and the community level and support SMOH quarterly MUAC screening campaigns							
Outcome 2							
Improved infant and young child feeding (IYCF) practices in the target population in Kalma camp							
Output 2.1							
Description							
30 Mother support groups established and running							
Assumptions & Risks							
Security remains calm							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Number of support groups established					30
Means of Verification : IYCF register and monthly report							
Activities							
Activity 2.1.1							
Standard Activity : Establish mother support group for promotion of IYCF							
Establish and support 30 mother support groups targeting mothers of children under 2 years.							
Activity 2.1.2							
Standard Activity : Establish mother support group for promotion of IYCF							
Conduct a training on IYCF for mother support groups							
Activity 2.1.3							
Standard Activity : Not Selected							
Celebrating breast-feeding week with SMOH							
Activity 2.1.4							
Standard Activity : Not Selected							
Print and disseminate IYCF booklet/messages to the community							
Activity 2.1.5							
Standard Activity : Establish mother support group for promotion of IYCF							
ARC will provide nutrition education messages to 5,839 caretakers/mothers of children with main focus on promotion of early initiation of breastfeeding, exclusive breastfeeding through the first six months of life, the introduction of appropriate and nutritious complementary foods at six months of age, health-seeking behavior (danger signs in pregnancy, danger signs in infancy and childhood) and micronutrient powders use.							
Additional Targets : Improved access to quality CMAM services to acutely malnourished children and pregnant and lactating women among conflict affected IDPs in Kalma camp in South Darfur state.							
M & R							
Monitoring & Reporting plan							

A smart, logical framework with clear targets, detailed implementation plan, and robust monitoring plan are developed prior to project implementation to guide project work. At the start of the project, a participatory grant-opening meeting will be conducted at the field level to review all project plans and develop additional grant management tools, building on existing ARC tools and incorporating lessons learned. The tools will be reviewed on monthly basis to ensure the activities planned for are achieved timely and effectively in line with life grant spending plan. Where activities are not achieved as planned, program staff will address the issues leading to the low/no achievement and implement a remedial action plan. In addition, ARC health and nutrition program coordinators will conduct monthly meeting to review budget versus actual. This will help in monitoring the budget and making prompt decisions regarding the under-spent and overspent expenditures. At the midterm implementation of the project, ARC will conduct midterm review meeting. At this meeting, program staff and other supporting departments (Finance, Human resource and operations) will discuss on the achievement for 6 month implementation, successes and challenges and update the program management tools (Work plan, life grant spending plan and procurement plan).

MEAL, health and nutrition program staff will monitor the process of implementing project activities against predefined quality benchmarks and monitor outputs in terms of quality. Monthly field monitoring visits and spot checks will also be conducted and field-monitoring reports (FMRs) compiled and shared across the project team. Course correction plans based on learning from monitoring reports will be developed and properly tracked through an action plan tracker. ARC will conduct quarterly joint monitoring and supervision visits with the state ministry of health (SMoH) respectively, identify gaps/challenges and develop effective remedial measures to address them. In order to improve the skills and the knowledge of health facility staffs, ARC will continue to conduct on the job and in-service training. In addition, ARC will conduct similar visits with SHF monitoring and reporting focal persons when scheduled

Through a well-structured Health Information System (HIS), ARC will capture data and submit weekly epidemiology reports to the SMoH including key health indicators on a monthly basis. Data collected will be dis-aggregated by sex and age. An Indicator Performance Tracking Table (IPTT), including all project indicators and targets will be developed to help monitor project progress. Project managers will populate and share this tracker with the MEAL team on a monthly-basis who will monitor and analyze progress towards targets set for each sector and support evidence based decision-making.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: Continue supporting provision of integrated basic package of PHC services in 3 (Kalma Sector 1, Kalma Sector 6 and Kalma sector 8) health facilities in Kalma IDP camp, South Darfur.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 1.1.10: Conduct quarterly joint supportive supervision visits with SMoH to kalma sector 1,6 and 8 PHCCs.	2018						X			X			X
	2019			X									
HEALTH: Activity 1.1.2: Ensure availability of essential medical equipment, drugs, supplies, laboratory reagents and vaccines in all supported facilities through partnership with WHO/UNFPA and SMOH and supplementary procurement of drugs & lab reagents	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 1.1.3: Support the referral of patients who need life-saving for secondary care services especially critically ill children.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 1.1.4: Conduct continuous health promotion using behavior change communication strategies including; home visit and counseling based on the finding of the visit and peer-to-peer counseling, through community volunteers	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 1.1.5: Conduct refresher training on clinical management of rape to health facility staff	2018							X					
	2019												
HEALTH: Activity 1.1.6: Support the SMoH in joint supportive supervision	2018							X			X		
	2019	X			X								
HEALTH: Activity 1.1.7: Implement Kuja Kuja to track customer satisfaction with services and customer ideas for service improvement and translate customer feedback into direct program improvements.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 1.1.8: Installation of solar lighting in Kalma Sector 1 PHCC	2018							X	X				
	2019												
HEALTH: Activity 1.1.9: Conduct monthly field visit to Kalma sector 1,6,8	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 2.1.1: Continue providing basic reproductive health care services including ANC, assisted delivery (facility- and community-based), PNC, management of STIs and clinical care for the victims of SGBV	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 2.1.2: Ensure availability of adequate RH supplies in the supported health facilities including clean delivery kits. Procure clean delivery kits (CDKs) to supplement the supply from UNFPA to ensure safe delivery.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 2.1.3: Provide Basic Emergency Obstetric Care (BEoOC) services in Kalma sector 6 PHCC to women in labor that have developed obstetric complications	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							

HEALTH: Activity 2.1.4: Support the referral of obstetric emergencies that cannot be handled in the supported health facilities for secondary care	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 2.1.5: Three health centers (Kalma sector 1, 6 and 8) provide routine immunization services to children under 1 year and women of childbearing age	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 2.1.6: Support SMOH during acceleration campaigns and National immunization days as per calendar to increase coverage	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 2.1.7: Rehabilitation for postnatal ward for Kalma sector 6 PHCC	2018						X	X					
	2019												
HEALTH: Activity 3.1.1: Ensure community level reporting of diseases with outbreak potential through training of rapid response team on case definition of disease of outbreak potential.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 3.1.2: Maintain disease surveillance and reporting system by ensuring that all three supported health facilities are submitting surveillance report on a weekly basis.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 3.1.3: Support state MoH in epidemic response activities including case management, organizing and conducting vaccination campaigns and staff training on case definition in case of occurrence of disease outbreaks	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
NUTRITION: Activity 1.1.1: Admit and treat 2,113 children aged 6 – 59 months with severe acute malnutrition without medical complications to one of two Outpatient Therapeutic Programs in Kalma camp sector 6 and 8.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
NUTRITION: Activity 1.1.10: Conduct routine MUAC screening at the facility and the community level and support SMOH quarterly MUAC screening campaigns	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
NUTRITION: Activity 1.1.2: Provide treatment to 235 critically ill severely malnourished children with medical complications in one stabilization center integrated in Kalma Sector 6 PHCC.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
NUTRITION: Activity 1.1.3: Provide referral support for critically ill severely malnourished children with medical complications to the nearest stabilization center.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
NUTRITION: Activity 1.1.4: Admit and treat children aged 6 – 59 months and pregnant and lactating women with moderate acute malnutrition in one of the two Targeted Supplementary Feeding Programs integrated into ARC supported health facilities in Kalma camp sector 6 and 8.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
NUTRITION: Activity 1.1.5: Conduct a training on CMAM guidelines and protocols for nutrition staff and community volunteers	2018							X					
	2019												
NUTRITION: Activity 1.1.6: Procure 2348 cartons of RUTF for management of SAM cases	2018					X							
	2019												
NUTRITION: Activity 1.1.7: Procure essential drugs and materials for Kalma Stabilization Centre and 2 OTP/TSFP sites	2018					X	X	X					
	2019												
NUTRITION: Activity 1.1.8: Provide food for children with SAM complication and caretakers in the SC	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
NUTRITION: Activity 1.1.9: Conduct deworming campaign to prevent micro-nutrient deficiencies due to worms infestation	2018										X		
	2019				X								
NUTRITION: Activity 2.1.1: Establish and support 30 mother support groups targeting mothers of children under 2 years.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
NUTRITION: Activity 2.1.2: Conduct a training on IYCF for mother support groups	2018							X					
	2019												
NUTRITION: Activity 2.1.3: Celebrating breast-feeding week with SMOH	2018							X					
	2019												

NUTRITION: Activity 2.1.4: Print and disseminate IYCF booklet/messages to the community	2018					X				
	2019									

OTHER INFO

Accountability to Affected Populations

ARC ensures community participation at all stages from pre-design to implementation up to evaluation. Different community based project management structures which act as vehicles for interface between ARC and communities have been set up to foster two way communication channels increase community involvement in matters that affect them. Quarterly meetings are held with community relief development committees (CRD), community volunteers' network, local leaders, and SMOH to discuss program progress, challenges and strategies to increase demand for services at in the target communities and enables community members to assess adequacy of interventions and share complains.

To ensure sustainability of these basic services, ARC works closely with the government line ministries, community based organizations and national NGOs who will help to operate and sustain services. ARC will work with CRD in increasing the role of the community participation in maintaining the services. In addition, through the established community feedback and response mechanism ARC will continue to facilitate community consultation meetings to ensure active community participation, transparency and handling community feedback. The community members and beneficiaries provide feedback and seek responses in relation to activities provided by ARC and other development partners in their communities in a manner that is safe, non-threatening and accessible to improve accountability across ARC operational areas. At selected service delivery points in Kalma IDPs camp, ARC is also introducing a unique customer satisfaction approach called Kuja Kuja that regards the service beneficiaries as customers and empowers them to state their rating of ARC services through a user-friendly Android-based tablet application. ARC will actively seek the views of the beneficiary' ("customers") it serves to improve policy and practice in programming through the roll out of Kuja Kuja, a real time feedback system – designed and incubated by ARC – that tracks customer satisfaction with services and customer ideas for service improvement, reporting that data in real time.

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

Implementation Plan

Implementation will be participatory in that ARC will closely coordinate with the State Ministry of Health in South Darfur, UNICEF, WFP, community based structures and other partners operating in adjacent areas. ARC will conduct joint planning, supportive supervision and training in close collaboration with SMOH, HAC, UNICEF and WFP. In order to ensure project ownership and sustainability, ARC will work with beneficiary communities including local leaders and community organizational structures; CRD and mother support groups.

In order to strengthen coordination at both state and federal level, ARC will actively participate in health and nutrition cluster meetings on weekly and monthly basis respectively. ARC will coordinate to receive in-kind support of RUTF, therapeutic milk and RUSF from UNICEF and WFP. Trainings will be based on national protocols and IEC materials sourced from SMOH, UNICEF and WFP. National CMAM guideline will be followed and SPHERE standards will be used to measure the success of CMAM programs.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
State ministry of Health (South Darfur) and Federal Ministry of Health	ARC will work with FMOH and SMOH and other stakeholders to conduct rapid assessments in order to have proper health and nutrition baseline data. In addition
World Health Organization (WHO)	ARC will work closely with WHO to ensure essential drugs and medical equipment are available in order to enhance service delivery. ARC will collaborate technically with WHO to respond to outbreak of endemic diseases in South Darfur
United Children Education Fund (UNICEF)	ARC will coordinate with UNICEF to provide technical support in implementing nutrition activities according to the approved national guidelines and supply of Ready to Use Therapeutic Food (RUTF) for treatment of SAM children admitted in the OTP and other non - medical supplies to ensure smooth implementation of nutrition activities.
World food program (WFP)	ARC will closely work and coordinate with WFP to ensure regular supply of supplementary food commodities for treatment of MAM children and PLW admitted in TSFP
United Nations Population Fund Agency (UNFPA)	ARC will work with UNFPA to ensure sufficient clean delivery kits and other Reproductive health supplies are available.
International Medical Corps (IMC),	ARC will coordinate with IMC to ensure smooth implementation of nutrition services without overlapping or double registration of beneficiaries in TSFP/OTP. Also ARC will coordinate with IMC to ensure that all SAM cases with complications identified at IMC center are referred and admitted to ARC SC in Kalma 6,

Environment Marker Of The Project

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

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

ARC will promote gender equitable access and utilization of health and nutrition services. ARC health services in the supported PHCCs target all genders and age groups (men, women, elderly men and women, women of reproductive health, adolescents boys and girls, children <5).

The routine EPI service targets all children <1 year and women of reproductive age (15 – 49 years) while the Reproductive Health services (antenatal care, peri -natal care, postnatal care, family planning) target women in the reproductive age group including pregnant and lactating women.

ARC's nutrition interventions will target both boys & girls under the age of 5 years and pregnant and lactating women because of their vulnerability to malnutrition and multifaceted physiological and nutritional needs. IYCF and other nutrition promotion activities will target women considering their child caring role in the community. All data collected from the health facilities is disaggregated by sex and age, and analyzed to identify gaps to monitor the needs of different groups and ensure appropriate response to both gender based needs.

All health promotion activities will target both men, women, and key decision makers to negotiate healthy behaviors. The TTC approach seeks to engage husbands and fathers to lend support and facilitate preventative and curative practices that lead to better outcomes for mothers and children. Independent of TTC, men as the head of the family and key decision makers are encouraged to attend health services especially with pregnant women and mothers during antenatal care and family planning, as well as accompany sick children to the health facility.

Necessary measures are taken to preserve the privacy and dignity of the patients by using screens, curtains and doors. Considering the social and cultural relationships between women and men and how they impact on women's access to obstetric care, trained midwives will provide RH services to women in the health facility.

Protection Mainstreaming

Both direct and indirect beneficiaries will access free services. Necessary measures will be taken to preserve the privacy and dignity of the target beneficiaries by using screens, curtains and doors. Services are provided with impartiality regardless of sex, gender, ethnicity or religious affiliation. ARC understands that every beneficiary has a right to life and therefore strives to provide high quality and life-saving interventions to all beneficiaries.

Country Specific Information**Safety and Security**

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

Access

ARC's experience gained over years of implementing humanitarian activities in East and South Darfur will enable it to access all targeted areas proposed in this project. Approval of technical agreements by SMOH and HAC state and federal levels has already been attained for ARC's access and implementation of activities in the proposed project sites. In order to mitigate security incidents that could negatively impact on ARC's routine program activities, ARC has recruited local staff who are residents of its targeted communities

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	Country Director - International	S	1	8,700.00	12	2.00	2,088.00
	<i>The Country Director (1) will oversee the entire Sudan country program and will be a direct liaison with the donor concerning administrative matters related to this project. The Country director will dedicate 2% of their time to the project throughout its duration. Breakdown: (Contribution toward salary only and nothing toward benefits) Country Director (1) x \$8,700 x 12 months x 2%= \$ 2088.</i>						
1.2	Finance Controller - International	S	1	5,000.00	12	2.00	1,200.00
	<i>The Finance Controller (1) will oversee the finances for the entire country program. Other job responsibilities include providing oversight for state offices. The Finance Controller will be working directly with the donor on finance matters and lead the programs donor specific financial reporting. This position will be funded at 2% for the duration of the project. Breakdown: (Contribution toward salary only and nothing toward benefits) Finance Director (1) x \$5,000 x 12 months x 2%= \$ 1,200</i>						
1.3	Country Operation Manager - International	S	1	5,300.00	12	2.00	1,272.00
	<i>The Operations Manager will oversee the country programs administration office and provide oversight for all procurement, warehousing and communication in country. This position will be charged 2% for the duration of the project. Breakdown: (Contribution toward salary only and nothing toward benefits) Operations Manager(1) x \$5,300 x 12 months x 2%= \$ 1,272</i>						

1.4	Country Program Manager - International	S	1	5,300.00	12	2.00	1,272.00
	<p><i>Country Program Manager (1) (CPM) will be responsible for all in country programs and will ensure that all health programs are well coordinated with other sector programs. The CPM will oversee all the senior program staff including the Health Coordinators. The CPMs will dedicate 2% of their time to this project throughout its duration. .</i></p> <p><i>Breakdown(Contribution toward salary only and nothing toward benefits): CPM (1) x \$5300 x 12 months x 2%= \$ 1272</i></p>						
1.5	MEAL Coordinator- International	S	1	4,800.00	12	2.00	1,152.00
	<p><i>The MEAL Coordinator (1) will guide the field teams by monitoring and evaluating ongoing projects. This will ensure projects are completed in timeliness and quality, ensuring donor and agency compliance. This position will be funded at 2% during the duration of the project. Breakdown: (Contribution toward salary only and nothing toward benefits) MEAL Coordinator x \$4,800 x 12 months x 2%= \$ 1,152</i></p>						
1.6	Senior Health Coordinator (Roving - International	D	1	4,900.00	12	3.00	1,764.00
	<p><i>He/ She will work with the Country Program Manager, State Program Managers and national Health coordinators to ensure the coordination of all ARC public health and reproductive health activities in the country program and in particular, is responsible for building the capacities of National health staff. The position will be funded 3% for duration of the project. Breakdown: (Contribution toward salary only and nothing toward benefits) Senior Health Coordinator (1) x \$4900 x 12 months x3%= \$ 1764</i></p>						
1.7	State Program Manager (South Darfur) - Hybrid	S	1	6,084.00	12	2.00	1,460.16
	<p><i>The State Program Manager will lead and coordinate all activities of their teams in their respective states, overseeing programs and supporting department functions. He will each dedicate 2% of their time for the duration of the project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$884 and salary = \$5200. Breakdown; SPM South Darfur (1) x \$6084 X12 months X2% = \$ 1460.16</i></p>						
1.8	Health Coordinator (South Darfur) - National	D	1	2,543.86	12	4.00	1,221.05
	<p><i>this position works with the national and expatriate Senior Health Coordinator to ensure the coordination of all ARC public health activities, proper management of data and assistance in conducting training related to public health activities. The position will be funded 5 % for the duration of the project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$369.62 and salary = \$2174.24. Breakdown; Health Coordinator (1) x \$2543.86 X12 months X 5% = \$1260</i></p>						
1.9	Health Officer (South Darfur) -National	D	1	1,217.37	12	5.00	730.42
	<p><i>This position will be responsible for supervision, capacity building for health facility and community based staff to ensure quality service delivery at the health centers and health promotion activities at the community level. she will coordinate with Health Coordinator to ensure smooth implementation and achievement of program activities. The position will be funded 5% for the duration of the project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$176.88 and salary = \$1040.49</i></p> <p><i>Breakdown; Health officer (1) x \$1217.37 X12 months X 5% = \$730.42</i></p>						
1.10	Community Health Officer (South Darfur) - National	D	1	911.13	12	4.00	437.34
	<p><i>this position (one for each state) works with the national Health Coordinator and community health supervisors to ensure the coordination of all community based health activities. The position will be funded 5 % for the duration of the project. Benefits = 17% of gross salary (social insurance). Monthly : benefits = \$132.39 and salary = \$778.74 Breakdown; Community health officer (1) x \$911.13 X12 months X 5% = \$546.68</i></p>						
1.11	Community health supervisor (South Darfur) - National	D	4	432.18	12	4.00	829.79
	<p><i>The position (based in the health facilities) will be responsible to organize health information, education and communication activities both at clinic and community level coordinating with village health committees (VHCs). The positions will be funded 5% for the duration of the project. Benefits = 17% of gross salary (social insurance Monthly : benefits = \$62.8 and salary = \$369.39</i></p> <p><i>Breakdown; Community Health Supervisors (4) x \$432.18 X12 months X 5% = \$1037.23</i></p>						
1.12	Medical Doctor - National	D	2	1,404.00	12	5.00	1,684.80
	<p><i>The Medical Doctor will be responsible for provision of consultations, treatment of patients, basic surgical intervention BEmOC centers and supervising activities in public health, nutrition and reproductive health. The position will be funded at 15%. Benefits= 17% of gross salary (Social insurance) =\$204 and salary \$1200</i></p> <p><i>Breakdown: Medical Doctor 2 x \$1,404 x 12 months x 5%= \$1,684.8</i></p>						
1.13	Nurses - National	D	6	597.62	12	5.00	2,151.43
	<p><i>This position will be responsible of giving nursing care to patients and administer drugs to patients according to the doctor's/Medical Assistant's prescription in the clinics. The position will be funded 5% for the duration of the project. Benefits = 17% of gross salary (social insurance). Monthly : benefits = \$86.83 and salary = \$510.78.</i></p> <p><i>Breakdown; Nurses (6) x \$597.62 X12 months X 5% = \$2151.43</i></p>						
1.14	Medical Assistant-National	D	6	776.90	12	5.00	2,796.84
	<p><i>This position will be in charge of PHCCs, and are responsible for overall management and reporting. In addition, tasks include performing consultations, treatment of patients and supervising activities in public health, nutrition and reproductive health. The position will be funded 5% for the duration of the project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$112.88 and salary = \$664.02.</i></p> <p><i>Breakdown; Medical Assistants (12) x \$776.9 X12 months X 5% = \$2796.84</i></p>						
1.15	Medical Laboratory Technician - National	D	3	958.18	12	5.00	1,724.72

	<i>The Medical Laboratory technician will be responsible for provision of routine laboratory. This position will be funded 5%. Benefits =17% of gross salary (include social insurance) = \$139.22 and salary = \$818.96 Breakdown: medical laboratory technician 3 x \$958.18 x 12 months x 5%= \$1724.72</i>						
1.16	Vaccinator - National	D	4	359.19	12	5.00	862.06
	<i>This position will be responsible to administer vaccination to all women of child bearing age and children under one year and ensure proper functionality of the cold chain. This will be funded 5%. Benefits = 17% of gross salary (include social insurance) = \$52.19 and salary \$ 307=Breakdown: Vaccinator 4 x \$359.19 x 12 months x 5%= \$862.06</i>						
1.17	Accountability Assistant -National	S	1	421.20	12	2.00	101.09
	<i>This position will be responsible to take lead on accountability to beneficiary's system, will ensure that complaints are logged in Accountability database and addressed in a professional and timely manner and that serious complaints relating to abuse, exploitation and corruption and referred appropriately. Conduct frequent field visit to orient targeted communities on ARC accountability to beneficiary's system. The position will be charged 5% for the duration of the project. The unit cost include gross salary and benefits (Social insurance). Benefits = 17% of gross salary (\$360) = \$61.2 and monthly salary= \$ 360. Breakdown: Accountability Assistant (1) x 421.2 x12x2% = \$101.09</i>						
1.18	Senior Nutrition coordinator - National	D	1	2,754.90	12	4.00	1,322.35
	<i>National SNC will provide nutrition technical and programmatic support to both East and South Darfur states. The cost will be charged 5% on this budget. The unit cost includes the gross salary + 17% social insurance. Breakdown: Senior Nutrition Coordinator (1) x \$2754.90 x12x5% = \$1652.94</i>						
1.19	Nutrition Manager - National	D	1	1,296.75	12	5.00	778.05
	<i>The Nutrition manager based in South Darfur will support the daily programmatic and technical issues of the program. The position will be funded 5% for the duration of the project. The unit cost includes the gross salary + 17% social insurance. Breakdown: Nutrition manager (1) x \$1296.75 x12x5% = \$778.05</i>						
1.20	Nutrition Officer - National	D	1	815.79	12	5.00	489.47
	<i>The Nutrition Officer based in South Darfur will support the Nutrition Manager with daily programmatic and technical issues of the program. The position will be funded 5% for the duration of the project. The unit cost includes the gross salary + 17% social insurance. Breakdown: Nutrition Officer (1) x \$815.79 x12x5% = \$489.47</i>						
1.21	Nutrition Supervisor - National	D	2	1,251.90	12	5.00	1,502.28
	<i>This position will be in charge of providing technical support to nutrition team with regards of CMAM implementation, management of MAM and treatment of SAM. The position will be funded 5% for the duration of the project. The unit cost includes the gross salary + 17% social insurance. Breakdown: Nutrition Supervisor (2) x \$1251.90 x12x5% = \$1502.28</i>						
1.22	Medical Assistant - National	D	1	776.90	12	5.00	466.14
	<i>They will perform medical assessment of children admitted in the SC and daily follow up. These positions will be 50% funded for the duration of the project. The unit cost includes the gross salary + 17% social insurance. Breakdown: Medical Assistant (1) x \$776.9 x12x5% = \$466.14</i>						
1.23	Nutrition Nurse - National	D	7	597.62	12	5.00	2,510.00
	<i>They will be responsible for medical assessment of beneficiaries on OTP and SFP and nursing care for children admitted in the SC. The positions will be funded 10% for the duration of the project . The unit cost includes the gross salary + 17% social insurance. Breakdown: Nutrition Nurses (7) x \$555 x12x5% = \$2331</i>						
1.24	Nutrition Assistant - National	D	9	498.34	12	5.00	2,691.04
	<i>The positions will be responsible for conducting of anthropometric measurement of all beneficiaries referred to the feeding centre and/ or those direct from home, Participate in the admissions of patients in the OTP/SFP and plan and arrange for health education sessions. The provision of weekly admission status is also under her/his responsibility. The unit cost includes the gross salary + 17% social insurance. Breakdown: Nutrition Assistant (9) x \$498.34 x12x5% = \$2691.04</i>						
1.25	Health Educator - National	D	1	448.00	12	4.00	215.04
	<i>He will be responsible for providing health and nutrition education and IYCF counseling to beneficiaries on a daily basis. The positions will be funded 10% for the duration of the project. The unit cost includes the gross salary + 17% social insurance. Breakdown: Health Educator(1) x \$448 x12x5% = \$268.8</i>						
1.26	Phase Monitor - National	D	2	420.03	12	5.00	504.04
	<i>Phase Monitors (2): They will monitor progress of children admitted in the SC. They will be responsible for preparing F100 and F75 milk and feeding of the children. These positions will be 5% funded for the duration of the project. The unit cost includes the gross salary + 17% social insurance. Breakdown: Phase Monitor (2)x\$420.03x12x5% = \$504.04</i>						
1.27	Nutrition storekeeper - National	D	1	638.28	12	4.00	306.37

	<i>The Nutrition storekeeper will be responsible of receiving food and non-food items, maintain clean and pest-free storing conditions, ensure good warehousing practices. The positions will be funded 5% for the duration of the project. The unit cost includes the gross salary + 17% social insurance.</i>							
	<i>Breakdown: Nutrition Storekeeper (1)x\$638.28x12x5% = \$382.97</i>							
1.28	Cleaner/Cook - National	D	5	359.19	12	4.00		862.06
	<i>They will be responsible for cleaning the SC, washing patients and preparing food for caretakers and children admitted in the SC. The positions will be funded 20% for the duration of the project. The unit cost includes the gross salary + 17% social insurance.</i>							
	<i>Breakdown: Cleaner/Cook (5)x\$359.19x12x5% = \$1077.57</i>							
1.29	Insight Associates (Kuja Kuja) - National	S	3	320.00	12	50.00		5,760.00
	<i>This position is responsible for collecting data from customers into the kuja kuja system and interacting with ARC service teams to ensure their fluency in the technology. This position will be funded 50% from the grant.</i>							
	<i>Breakdown; IA (3) x \$320x12x50% = \$5,760</i>							
	Section Total							40,154.54
2. Supplies, Commodities, Materials								
2.1	PHCC Runnng cost	D	3	3,897.50	1	33.00		3,858.53
	<i>To maintain quality service delivery, ARC will provide consumable supplies (Soap, cleaning detergents/materials & stationery, drugs plastic back) to three health facilities in kalma IDPs camp; The cost will be funded 33% in the duration of the project. Stationery; A4 paper 120 reams @ \$3= \$360, Box file 150pcs @ \$2 = \$300, Pens 30 boxes @ \$11 = \$330, Stapler pins 150 boxes @ \$0.4= \$ 60, Counter (Registration) book 90 pcs @ \$2.5 = \$ 225, Envelopes size A4 10 dozen (50pcs) @ \$3 = \$30, Cleaning materials; Face mask 100 boxes @ \$3 = \$300, Dettol (Disinfection of floors, instruments) 200 Bottle (500ml) @\$4.7 = \$940, Clorox liquid (1Ltr) 200 bottles @ \$3=\$600, Powder soap (4kg/sack) 100 sacks @ \$4 = \$ 400, Plastic broom 30 pcs @ \$1 = \$30, Plastic bucket black (no cover for cleaning the floors) 30pcs @ \$1 = \$30, Re-filling gas cylinders 45pcs @ \$6.5= \$292.5</i>							
2.2	Support referral for complicated cases to secondary care	D	50	19.00	12	100.00		11,400.00
	<i>This line will support referral for both health and nutrition cases. ARC supports referral of patients from primary facilities to secondary facilities; ARC estimates an average of 50 referrals per months from the targeted HFs. This includes the cost of transportation (to and from) and upkeep cost, food allowance and simple medical procedures (Lab tests). Under this grant, the cost will cover 100% of the total targeted referrals (600). This will include both medical complications (Health and Nutrition) and emergency obstetric cases. This is include cost of transportation (to and from) and upkeep cost @ \$10/person/day, food allowance and simple medical procedures (Lab tests) @ \$ 5/person/day and \$4/person respectively. Breakdown 50 x \$19x12x=\$11,400.</i>							
2.3	Support SMOH in emergency preparedness and response to epidemic disease	D	2	1,500.00	1	100.00		3,000.00
	<i>In response to cyclical disease outbreaks, such as acute watery diarrhea, jaundice syndrome, and Meningitis, ARC will support the SMOH in kalma IDPs camp to strengthen emergency preparedness and response and to preposition supplies and essential medicines. Tis will charged 100% towards the project</i>							
2.4	Support SMOH with acceleration campaigns	D	4	750.00	1	50.00		1,500.00
	<i>ARC will support a total 4 acceleration campaigns in collaboration with SMOH. The support will be on transportation and incentives of during acceleration campaign activities at an established unit cost of \$1, per campaign. The cost will be funded 50% in the project duration. Break down; Hire vehicles Pieces (4)x 125x2x2x30%=\$ 600 Incentives for outreach vaccinators 30x25x2x2x30%=\$900</i>							
2.5	Support community outreach vaccination activities	D	50	25.00	12	20.00		3,000.00
	<i>ARC will conduct monthly immunization outreach activities to hard to reach communities. The cost will cover transportation and incentives for 50 vaccinators during the outreach sessions @ a cost of \$25/person/Outreach session. This will be charged 40% for the duration of the project. Breakdown: 50 vaccinators x \$25 x 12x 20% = \$3000</i>							
2.6	Purchase and packing for clean delivery kits	D	1900	7.93	1	100.00		15,067.00
	<i>RC is targeting overall a total of 1900 pregnant women their third trimester to receive CDKs in three supported health facilities in kalma IDPs camp. ARC expects to achieve a target of 1900 pregnant women to be assisted deliveries by skilled birth attendants. Under this grant, ARC will procure CDKs in order to supplement what is received from UNFPA. This will promote safe and clean delivery for pregnant mothers who are not able to make it to the health facilities that is in line with MoH guidelines. Breakdown; Dumuria roll 177 @ \$25= \$ 4425, Carboic soap 935 cartons @ \$20 = \$700, PVC red sheet 46 rolls @ \$50 = \$2300, Razor blade 1900 pcs @ \$0.01 = \$190, Examination gloves 42 boxes (100pcs/box) @ \$ 8 = \$336, PVC white46 roll @ \$50= 2400, Sterilize Gauze 38 box @ \$10= \$380, Plastic Sack 42 Pcs @ 0.5 = \$21, Plastic Bag for collection 19 packet @ \$1= \$19, Medical Cotton 342 roll @ 1.5= \$513, Umbilical Clips 1900 Pcs @ \$1= \$1900, Labour cost packing 1900 Pcs @ \$1= \$1900. Total cost 15.084\$</i>							
2.7	Purchase of supplementary drugs and laboratory supplies	D	1	44,228.70	1	100.00		44,228.70

	<p>ARC anticipates reduction in supplies of essential drugs and laboratory supplies from other stakeholders. In the past ARC has experience delays and inadequate supplies from WHO and therefore will use this funds to procure assorted supplementary buffer stock of essential drugs according to MOH essential drugs guideline. This will also include laboratory supplies and reagents missing in the RRKs. The cost will be charged 100%.</p> <p>Breakdown: Lab supplies Hemocure cuvet 8 bottle @ 22.30=\$ 178.4 Stool container (100 pecies) 10 sac @2.549=\$25.490 Urine container (100 pecies) 10 sac@ 2.549= \$25.490 Yellow tips (1000 peces) 10 sac @1.593 = \$15.931 Blue tips (500 pieces) 10 sac @1.593= \$15.931 TWBCs solution 3 litter @1.2745= \$3.2385 Microscope oil 6 bottle @ 1.2745=\$ 7.634 Giemsa stain 3 litter @9.5588= \$28.6766</p> <p>Total = \$301.395</p> <p>Assorted Essential drugs and medical supplies: Amoxicillin 125 mg syrup 4000 bott @0.7695= \$3078 Amoxicillin 250mg syrup, 4000 bott @0.8= \$3,200 Amoxicillin 250mg tablet, 3000 strip @0.31= \$930 Tetracycline eye ointment 700 tube @ 0.5= \$350 Metronidazole 125mg syrup 5000 bott@ 0.7695= 3982.8 Metronidazole 200mg syrup 3000 bott@ 0.7695= \$2389.7 Metronidazole 250mg tablet 3000 strip @0.4779= \$1,433.89 Vitamin A supplementation 10 (bottle 500) @ \$160= \$1,160 Co-trimoxazol syrup 3000 bott @ 0.7695= \$2,389.7 Co-trimoxazol 480 tablet 5000 strip @ 0.3186= \$1,593 Ceftriaxone 1 g 1200 vail @ \$2.3= \$2,760 Paracetamol syrup 3500 bott @ 0.6372= \$2,230.2 ORS 315 box @ \$11.152= @\$3512.88 Syringe 5ml with needles 10000 Pcs @ 0.05= \$500 Fefol 7000 strip @ 1.21= \$9680 folic acid 10000 strip @0.1593=\$1,593.14 Coartem 2 tablets, Coartem3 tablets,Coartem4 tablets 1000 course @ \$1.7= \$1,700 Total Amount; \$ 42752.3</p>						
2.8	conduct deworming campaign	D	2	3,000.00	1	100.00	6,000.00
	<p>Fund will be used to conduct 2 deworming campaigns in Kalma camp. One campaign cost \$ 3,000 as following: 1 vehicles* \$30*4= \$120, CNVs incentives=50*\$6*4=\$1,200, banner=1*\$30=\$30, stationary=\$220, refresher for one day training=50* \$7* 1 = \$350, refreshment during the campaign =50*\$4*3= \$600 and SMOH facilitator=4*\$30*4=\$480. Total = \$ 3,000.</p>						
2.9	Food for children with SAM complication and caretakers in the SC	D	30	35.00	12	100.00	12,600.00
	<p>Fund will be used to provide food for children with SAM with complications and their caretakers during their stay in SC.</p>						
2.10	Support quarterly MUAC screening campaign activities	D	1	1,263.00	4	100.00	5,052.00
	<p>ARC will support quarterly SMOH MUAC screening campaign in Kalma 3 vehicles *\$ 35*3 days = \$315, incentives of 50 CNVs * \$6*3= \$900 and SMOH supervisor =1*3*16 = \$ 48. Total one campaign = 1,263</p>						
2.11	Rehabilitation of 1 nutrition shelters with semi-permanent materials	D	1	3,690.00	1	100.00	3,690.00
	<p>Bricks 15 trips @ 1000 *\$50=\$750, cement 20 sacs* \$15 = \$300, America zinc sheet 15 * \$20 = \$300, square pipe (5*10 cm) 6 * \$25=\$150, square pipe (4*8 cm) 12*15=\$180, square pipe (3*6) 22*\$10=\$220, angle 2 inch 4 * \$20=\$80, screw 15 * \$5=\$75, door 2*\$120=\$240, windows 4 * \$40=\$160, stand and gravel 8 trips * \$30=\$240, water 15 barrels * \$5=\$75, sign board 1 * \$120=\$120, transportation of items= \$300 and labor cost=\$500.</p>						
2.12	Printing of IYCF materials	D	1	2,600.00	1	100.00	2,600.00
	<p>Print 100 IYCF flipchart*8=\$800, 100 IYCF book (IYCF key messages)*3=\$300 and 1500 IYCF booklet*1=\$1500. Total cost=\$2600</p>						
2.13	Celebrating with SMOH the breast-feeding week	D	1	2,875.00	1	100.00	2,875.00
	<p>Celebrating with SMOH the breast-feeding week: celebration with South Darfur state MOH the breast-feeding week. Breakdown: 100 T-shirts * \$10=\$1000, 100 side caps * \$5 = \$500, printing 2000 leaflets *\$0.5 = \$1000, printing 3 banners * \$25=\$75 and 5 vehicle rental * \$50 = \$250. Total cost = \$2875. Celebrating with SMOH the breast-feeding week: celebration with South Darfur state MOH the breast-feeding week. Breakdown: 100 T-shirts * \$10=\$1000, 100 side caps * \$5 = \$500, printing 2000 leaflets *\$0.5 = \$1000, printing 3 banners * \$25=\$75 and 5 vehicle rental * \$50 = \$250. Total cost = \$2875.</p>						
2.14	Conduct IYCF training for nutrition staff and midwives	D	1	1,135.00	1	100.00	1,135.00
	<p>Training on IYCF for nutrition staff and midwives: two rounds will be conducted during project period. Transport cost=30* \$2*3days=\$180, hall rental=1*\$40*3 days=\$120, stationary=\$100, car rental=1*\$15*3 days=\$45, Breakfast/water/tea=40*\$5*3= \$600, banner = \$15, incentive for HAC =1*\$5*3 = \$15 and SMOH facilitator=2*\$10*3=\$60. Total one round = \$ 1,135</p>						
2.15	Conduct CMAM training for ARC nutrition staff in Kalma	D	2	900.00	1	100.00	1,800.00

	<i>Kalma nutrition staff will be trained on CMAM guidelines, TSFP/OTP staff will be trained in the first round and the SC staff will be trained on inpatient care management. One training round will cost \$900. The stationary cost = \$150, 1 rental car * \$15 * 3days = \$45, training hall = 1 * \$40 * 3 = \$120, transportation cost = 20 staff * \$2 * 3days = \$180, refreshment = 25 * \$5 * 3 = \$375, HAC incentive = 1 * \$5 * 3 = \$15, SMOH facilitator = 2 * \$10 * 3 = \$60 and banner = \$15.</i>						
2.16	Solar installlation for lighting in Kalma Sector 1 PHCC	D	1	5,338.00	1	100.00	5,338.00
	<p><i>To improve the quality of services and lighting in health facilities especially to facilitate night deliveries, ARC will install solar power system with complete wiring and bulb lighting in kalma sector-1 PHCC. The costing will include solar panel, wiring and solar energy bulb</i></p> <p><i>Solar cells 150 watts 4 panel @\$200= \$800</i> <i>Dry Solar Battery 150A 4 battery @\$500= \$2000</i> <i>Powder inventor Sukan Indain 1400watts 2 inventor @\$239= \$478</i> <i>Charging regulator 30 Am 2 regulator @\$150= \$300</i> <i>Electricity Cable 6mm 8 Meter @ \$70= \$560</i> <i>Electricity Cable mm 30 meter @ \$30= \$900</i> <i>Labour cost for Installation = \$300</i> <i>Total cost= \$ 5,338</i></p>						
2.17	Refresher training on Clinical management of rape for medical doctors/Assistants	D	1	1,580.00	1	100.00	1,580.00
	<p><i>ARC will train 10 health staff from three health facilities in kalma IDP camp (4 medical Doctor and 6 Medical Assistant) on MR training. This will include refreshment, stationery, vehicle rent, hall hire and facilitation fee.</i></p> <p><i>Food for the participant 15 @\$5@5days= \$375</i> <i>Incentive for the participant 10 @\$6@5days= \$300</i> <i>Lunch/Evening tea 10 @\$2@5days= \$200</i> <i>Incentive for External facilitator 2 @\$15@5days= \$150</i> <i>Rental hall 1 @\$50@5days=\$250</i> <i>Rental Vehicle 1 @\$15@5days= \$75</i> <i>Training banner 1 @ \$10= \$10</i> <i>Stationery= \$40</i> <i>Certificates 10 @\$2= \$20</i> <i>Transportation cost = \$150</i> <i>Total cost= 1580\$D</i></p>						
2.18	Support of Community consultation meetings	D	4	795.28	1	50.00	1,590.56
	<p><i>In order to strengthen community feedback and response mechanism, ARC will conduct quarterly orientation/community consultation meetings. The cost will cover refreshments during this meetings @ a cost of 795.28 per meeting. This will be funded 50%.</i></p> <p><i>Break down; consultation meeting 4 x \$795.28x50% = \$1590.56</i></p>						
2.19	Grant opening meeting and project midterm review meeting	D	1	210.00	1	100.00	210.00
	<p><i>At the start of the project funding, ARC wil conduct a grant opening meeting. The meeting will include ARC program staff and other supporting departments and SMOH staff. Discussion will evolve around the lessons learnt in the previous SHF project and preparation of grant management tools for the new grant. Grant opening will be held for one day @ cost of \$70. This will basically include meal+refreshment.</i></p> <p><i>The project midterm review meeting will be held to discuss the progress of implementation and identify area of improvement and way forward. The meeting will be for 2 days @ \$70/day to review all the program management tools and update them accordingly.</i></p> <p><i>All these activities will be funded 100% under this grant</i></p>						
2.20	Rehabilitation of postnatal ward in Kalma Sector 6 PHCC (Semi permanent materials)	D	1	3,690.00	1	100.00	3,690.00
	<p><i>In order to improve maternal health outcome, ARC plan to rehabilitate the postnatal ward in Kalma sector 6.</i></p> <p><i>Breakdown: Bricks 15 trips @1000 *\$50 = \$750, cement 20 sacs * \$15 = \$300, America zinc sheet 15 * \$20 = \$300, square pipe (5*10 cm) 6 * \$25 = \$150, square pipe (4*8 cm) 12 * \$15 = \$180, square pipe (3*6) 22 * \$10 = \$220, angle 2 inch 4 * \$20 = \$80, screw 15 * \$5 = \$75, door 2 * \$120 = \$240, windows 4 * \$40 = \$160, stand and gravel 8 trips * \$30 = \$240, water 15 barrels * \$5 = \$75, sign board 1 * \$120 = \$120, transportation of items= \$300 and labor cost= \$500.</i></p>						
	Section Total						130,214.79
3. Equipment							
3.1	Printer	S	1	1,000.00	1	100.00	1,000.00
	<p><i>The money will be used to procure 1 printer that will be used by the program staff. The items will be procured locally in Sudan at a rate of \$1000.</i></p> <p><i>Break down: Printer (1) x \$1000 x 100% = \$1000</i></p>						
3.2	Computer Laptop and accessories	S	2	1,200.00	1	100.00	2,400.00

	<i>The money will be used to procure 2 laptop computers that will be used by the program staff. The items will be procured locally in Sudan at a rate of \$1,200 per laptop. Break down: computer laptop (1) x \$1,200 x 100% = \$2,400</i>							
	Section Total							3,400.00
4. Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
5. Travel								
5.1	Transportation of supplies to kalma health facilities	S	12	200.00	1	100.00	2,400.00	
	<i>This will include shipment of goods from Khartoum to/or Nyala and from the base store in Nyala to kalma health facilities. This will be charged 100% to the grant. Breakdown: \$200/trip x 12 trips = \$2,400</i>							
5.2	Vehicle rental for program activities - Health& nutrition	D	6	858.00	12	17.00	10,501.92	
	<i>This will include vehicle rental/hire with drivers for health and nutrition related activities. Vehicles will be hired from Nyala to transport health & nutrition staff to kalma health facilities in daily basis. The cost will be charged 17% to the grant. The vehicles will be used to transport staff from office to field sites for monitoring. Break down: vehicles (6)x \$858x12x17%=\$10,501.92</i>							
5.3	Air/land travel expenses	S	4	250.00	1	100.00	1,000.00	
	<i>Travel cost and from Khartoum to darfur air ticket, per diem, taxi charges etc</i>							
	Section Total							13,901.92
6. Transfers and Grants to Counterparts								
6.1	celebrating of 16 women days	D	1	7,477.00	1	100.00	7,477.00	
	<i>JMCO will celebrate the 16 women international days for activism in South Darfur to advocate the women rights and empowering women and creating a world where gender based violence is not tolerated. Activity Breakdown: Hall Rent 1 hall@124= \$124. Food and soft drinking water 1 @ 550=\$550. Refreshment /tea, juice, sweets and biscuit =\$250. Media to cover the world celebration day 1@310=\$310. Cost for music band 1@310=\$310. Appreciation certificate 155@\$1=\$155. Banner included acerbation day slogan 2 @\$41=\$82. Rental small vehicle during the mobilization around the target area 4@ \$124= \$496. Copies of posters and leaflet or pamphlets with Message has and distributed of cerebation attendance 1 @ 200= \$200. Coordination cost for SMOH 4 @\$150= \$600. T- Shirts included ARC/SHF logo and the slogan of celebration days 100@20=\$2000. Side caps with ARC LOGO 120@ \$20= \$2,400 Total cost= \$7,477</i>							
6.2	Commemoration of World AIDS day	D	1	7,477.00	1	100.00	7,477.00	
	<i>JMCO will celebrate the international World AIDS Day to create awareness among the targeted population in South Darfur and to enhance social protection mechanism for people with HIV. Activity Breakdown: Hall Rent 1 hall@124= \$124. Food and soft drinking water 1 @ 550=\$550. Refreshment /tea, juice, sweets and biscuit =\$250. Media to cover the world AIDS day 1@310=\$310. Cost for music band 1@310=\$310. Appreciation certificate 155@\$1=\$155. Banner included acerbation day slogan 2 @\$41=\$82. Rental small vehicle for mobilizing with AIDS /HIV massages around the target area 4@ \$124= \$496. Copies of posters and leaflet or pamphlets with AIDS Message's and distributed of cerebation attendance 1 @ 200= \$200. Coordination cost for SMOH -SANP department 4 @\$150= \$600. T- Shirts included ARC/SHF logo and the slogan of world AIDS day 100@20=\$2000. Side caps with ARC LOGO 120@ \$20= \$2,400 Total cost= \$7,477</i>							
6.3	H/N/W community volunteers quarterly review meeting	D	1	3,740.00	1	100.00	3,740.00	
	<i>JMCO will conduct quarterly meeting with community health promotors (CHPs) in Kalma camp to strengthening the community involvement in health promotions through the community health promotors and to discuss health education related issues (awareness raising, achievement and success regarding to their role and responsibilities). Activity Breakdown: Refreshment /tea, juice ,sweets and biscuit and milk 70@\$3@4= \$840. Food and soft drinking water 70@\$3@4= \$1,400. Agenda book 70@\$3@4=\$840. Clear bag 70@\$2@4= \$560. Pens 10@\$10= \$100 Total cost= \$3,740</i>							
6.4	Health awareness campaign	D	1	9,094.50	1	100.00	9,094.50	

	<p>JMCO will conduct awareness campaigns on health related topics (AWD, Malaria, ARI, use of immunization etc.) in kalma IDPs camp to promote knowledge and increase the information of the targeted community. These campaigns will include; health education sessions, house to house visit, distribution of IEC materials.</p> <p>Activity Breakdown: Incentive for the participants 2 campaigns @70@\$4@4 days= \$2,240. Incentive for external facilitators 2 campaigns @2 @\$7@4days= \$112. Beak fast for External facilitator s 2 campaigns@2 facilitators @ @\$4@4days=\$64. Incentive for community leaders 2 campaigns @5@\$4@4days=\$160. Incentive for HAC representative 2 @70 participants @\$5@4days=\$2800. Food and soft water 2 @70 participants @\$4=\$1738.5. T-Shirt with Massage /ARC and SHF logo 2 @70 participants @\$4=\$560. Side cap with SHF logo 2 @70 @\$20=\$560. Banners 2 @2 @\$10=\$40. Copy of papers 2 @1000 copies @\$0.2=\$420. Rental vehicles= 143.5. Stationary= \$400. Total cost= \$9,094.5</p>						
6.5	IYCF training	D	1	3,170.00	1	100.00	3,170.00
	<p>Training on IYCF and mother support groups for 30 lead mothers: two rounds will be conducted during project period. Transport cost=30*\$2*3days=\$180, incentives for participants =30*\$5*3 days=\$450, hall rental=1*\$40*3 days=\$120, stationary=\$100, car rental=1*\$15*3 days=\$45, Breakfast/water/tea=40*\$5*3=\$600, banner =\$15, incentive for HAC =1*\$5*3=\$15 and SMOH facilitator=2*\$10*3=\$60. Total one round = \$ 1,585 Total: 2 round @ \$1,585= \$3,170</p>						
6.6	Support for mother support groups	D	30	10.00	12	100.00	3,600.00
	<p>Maintenance of Mother support groups: Refreshment (team/sugar/dates) for mother support group sessions = 30 groups*\$8*12 months = \$2,880 and airtime for communication =30 groups*\$2*12 month =\$720 Total = \$3600</p>						
6.7	Nutrition supervisor- Local Partner staff	D	1	100.00	12	50.00	600.00
	<p>will be response for the monitoring and implementation of mather support group activities, and will be responsible for data collection and reporting</p>						
6.8	Health Officer- Local partner staff	D	1	100.00	12	50.00	600.00
	<p>Health officer will be the focal point in the implementation of celebration of 16 women and HIV/AIDS days as well the implementation of the awarness campaigns and develop and submit the report</p>						
6.9	Program support cost	S	1	2,503.10	1	100.00	2,503.10
	<p>Section Total</p>						
							38,261.60
7. General Operating and Other Direct Costs							
7.1	Guesthouse & Office furnishing - South Darfur	S	1	1,458.33	12	20.00	3,499.99
	<p>Much of this line will be used to ready and equip the office & GHs in South Darfur to accommodate the staff that will be based there. In addition, we will use some of the funds to replace and supplement office furnishings in all of the country offices (includes tables, shelves, desks, office chairs, small equipment).</p>						
7.2	Security supplies and guard training	S	1	750.00	12	20.00	1,800.00
	<p>This line will be used to purchase assorted supplies (rechargeable lamps, whistles for the guards and in addition to purchase meals and refreshment for training of guards</p>						
7.3	Office & Guest house rentals	S	1	4,000.00	12	10.00	4,800.00
	<p>Provide partial support for the rental of the office and expatriate guesthouse in Nyala. This will be charged 10% during the project period.</p>						
7.4	Utilities (water , electricity , gas , garbage collection)	S	1	2,083.33	12	10.00	2,500.00
	<p>Support is requested to cover expenses of water, garbage, and electricity costs at all field bases for the duration of the project. This will be charged 10% during the project period.</p>						
7.5	Repair & Maintenance vehicles	S	1	4,833.33	12	10.00	5,800.00
	<p>Provide support towards regular repair and maintenance of ARC vehicle. This will be charged 10% under this grant.</p>						
7.6	Repair & Maintenance equipments	S	1	3,333.33	12	10.00	4,000.00
	<p>Provides total coverage of cost of repairing normal wear and tear to equipment that are necessary to maintain communications and for reporting etc. This will be charged 10% under this grant</p>						
7.7	Communication (Internet and telephone)	S	1	500.00	12	10.00	600.00
	<p>Support is requested to cover the cost of Communications (Telephones/fixed/mobiles/group/Thuraya) for all ARC offices. ARC will use local phones and internet whenever possible. This will be charge 10% throughout the project period.</p>						

7.8	Admin Supplies (stationery)	S	1	2,083 .33	12	10.00	2,500.00
<i>This line will support office supplies that will be used on a daily basis. This will be charged 10% under this grant.</i>							
Section Total							25,499.99
SubTotal			2,198.00				251,432.84
Direct							202,324.50
Support							49,108.34
PSC Cost							
PSC Cost Percent							6.50
PSC Amount							16,343.13
Total Cost							267,775.97

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
South Darfur -> Kalma camp	100	34,990	35,698	7,167	7,311	85,166	<p>HEALTH: Activity 1.1.1: Continue supporting provision of integrated basic package of PHC services in 3 (Kalma Sector 1, Kalma Sector 6 and Kalma sector 8) health facilities ...</p> <p>HEALTH: Activity 1.1.2: Ensure availability of essential medical equipment, drugs, supplies, laboratory reagents and vaccines in all supported facilities through partnership...</p> <p>HEALTH: Activity 1.1.3: Support the referral of patients who need life-saving for secondary care services especially critically ill children.</p> <p>HEALTH: Activity 1.1.4: Conduct continuous health promotion using behavior change communication strategies including; home visit and counseling based on the finding of the v...</p> <p>HEALTH: Activity 1.1.5: Conduct refresher training on clinical management of rape to health facility staff</p> <p>HEALTH: Activity 1.1.6: Support the SMoH in joint supportive supervision</p> <p>HEALTH: Activity 1.1.7: Implement Kuja Kuja to track customer satisfaction with services and customer ideas for service improvement and translate customer feedback into dire...</p> <p>HEALTH: Activity 1.1.8: Installation of solar lighting in Kalma Sector 1 PHCC</p> <p>HEALTH: Activity 2.1.1: Continue providing basic reproductive health care services including ANC, assisted delivery (facility- and community-based), PNC, management of STIs ...</p> <p>HEALTH: Activity 2.1.2: Ensure availability of adequate RH supplies in the supported health facilities including clean delivery kits. Procure clean delivery kits (CDKs) to s...</p> <p>HEALTH: Activity 2.1.3: Provide Basic Emergency Obstetric Care (BEmOC) services in Kalma sector 6 PHCC to women in labor that have developed obstetric complications</p> <p>HEALTH: Activity 2.1.4: Support the referral of obstetric emergencies that cannot be handled in the supported health facilities for secondary care</p> <p>HEALTH: Activity 2.1.5: Three health centers (Kalma sector 1, 6 and 8) provide routine immunization services to children under 1 year and women of childbearing age</p> <p>HEALTH: Activity 2.1.6: Support SMoH during acceleration campaigns and National immunization days as per calendar to increase coverage</p> <p>HEALTH: Activity 2.1.7: Rehabilitation for postnatal ward for Kalma sector 6 PHCC</p> <p>HEALTH: Activity 3.1.1: Ensure community level reporting of diseases with outbreak potential through training of rapid response team on case definition of disease of outbrea...</p>

Documents

Category Name	Document Description
Budget Documents	_ARC 7825 - TRC.1.xls.xlsx
Budget Documents	ARC 7825 TRC.2.xlsx
Technical Review	ARC 7825 SHF Comments 13032018.doc
Technical Review	ARC 7825 technical inputs 18032018.doc