Requesting Organization :	International Medical Corps
Allocation Type :	2018 – SHF 2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		65.00
NUTRITION		35.00
		100

Project Title :	Integrated Health and Nutrition Humanitarian Support to Conflict Affected and Vulnerable Populations in Bilel Locality of South Darfur State. (Envelope 2 : IDPs (protracted displacement))
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SUD-18/HSD20/SA2/H-N/INGO/7834
Cluster :		**Project Budget in US$:**	238,263.31
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	01/06/2018	**Planned End Date :**	31/05/2019
Actual Start Date:	01/06/2018	**Actual End Date:**	31/05/2019

Project Summary :

International Medical Corps (IMC) is proposing the implementation of an integrated health and nutrition project in 4 health facilities in South Darfur, serving an estimated catchment population of 210,340 affected by conflict and disaster, including internally displaced persons and host populations.Communicable diseases continue to cause high level mortality and morbidity in Darfur.Communicable diseases are the most common cause of outpatient consultations. In 2017, there were 87,314 OPD consultations at clinics supported by International Medical Corps in South Darfur. Out of the total consultations, 33,273(38%) were children under five and 47,531(54%) were women. Acute respiratory infections, diarrheal diseases and malaria continue to be the leading causes of morbidity. The GAM and SAM rates for South Darfur State are 15.9% and 3.5% (MICS 2014), above the critical thresholds. In January 2017 IMC also conducted a SMART survey, which showed a GAM and SAM rate of 16% and 4.2% in El Serif Camp. Exclusive feeding was reported to be 42.7%. Exclusive breastfeeding rates remain low at 50.4% in South Darfur. In South Darfur, complementary foods were introduced in timely fashion for 60.9% of children 6-8 months of age.
The proposed health and nutrition project will be implemented in Kalma, Alsalaam1, Alsalaam 2 and ElSerif. The health facilities will provide the following primary health and reproductive health services: outpatient consultations, routine vaccinations, disease surveillance, Reproductive health services (antenatal care (ANC), postnatal care (PNC), family planning and skilled deliveries), integrated management of childhood illnesses (IMCI), health education and the support for referrals to ensure patients receive the management of critical complications at the next level of health care. Furthermore, IMC will continue to strengthen basic obstetric services in these clinics, as these are the only options for women that require advanced reproductive health services in the locality. IMC will provide support of the Ministry of Health in epidemic disease surveillance and response, immunization campaigns, and national immunization days. During this proposed project, IMC is also planning to conduct minor rehabilitation on targeted clinics to ensure self reliance, quality, patient safety, infection prevention and continuity of services. IMC also intends to continue to provide short-term and on the job training to health facility staff.

In addition to the activities proposed above, International Medical Corps will provide life-saving services to eligible pregnant and lactating women (PLW) and children (6-59 months of age) with moderate acute malnutrition through SFPs running at health facility. The health facilities will also provide treatment for children (6-59 months) with severe acute malnutrition (SAM). Those cases with severe acute malnutrition and medical complication will be referred to stabilization centers. Nutrition education and counseling will be provided for caretakers of children under-two years of age as a component of infant and young child feeding (IYCF) practices. Selected training will be provided for health facility staff on CMAM, IYCF and Monitoring and reporting. Community screenings, defaulter tracing and necessary follow-up will also be part of the intervention.
This project expects to reach a total of 192,707 direct beneficiaries including both health and nutrition beneficiaries. These beneficiaries include women, men, girls and boys who are eligible for medical and nutrition services. The targeted locality is Bileil (South Darfur). It hosts IMC supported clinics, which provide essential curative and preventive services through primary health care and nutrition support. Direct beneficiaries include men and women, boys and girls, children under-five years of age, elderly and disabled people who will receive health care service at the clinics.

Direct beneficiaries :

Men	Women	Boys	Girls	Total

50,657	53,955	42,504	45,591	192,707

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	50,657	53,955	0	0	104,612
Children under 5	0	0	42,504	45,591	88,095

Indirect Beneficiaries :

All families and caretakers of direct beneficiaries are considered to be the the indirect beneficiaries. This is estimated be equivalent to the catchment population.

Catchment Population:

The total catchment population is estimated at 210,340 IDPS living in Kalma, Al Salam and El Serif Camp

Link with allocation strategy :

The proposed integrated health and nutrition project is aligned with the SHF allocation strategies, sector priorities and guiding principles. The project will contribute to improving access of health services to people affected by protracted displacement ongoing emergency relief assistance for the most vulnerable communities affected by conflict in SHF's priority localities of Central Darfur. IMC has been supporting the provision of primary health care and nutrition services in many of these areas as the only service provider. For this reason, the continuation of IMC's support in the proposed areas is crucia and life saving and it will ensure the accessibility and availability of basic primary health, reproductive health and nutrition services to these vulnerable populations affected by protracted displacement.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Betemariam Gebre	Program Director	bzewde@internationalmedicalcorps.org	+249 912 174 502
Abubaker Abdu Ese	M and E Coordinator	aabdu@internationalmedicalcorps.org	+249 912 177 056

BACKGROUND

1. Humanitarian context analysis

While the unilateral ceasefires have enabled a general improvement in the security situation across Darfur, humanitarian needs continue. Humanitarian partners have identified an estimated 5.8 million people in need of humanitarian assistance across Sudan. Humanitarian needs in 2018 have increased by one million people due to influx of South Sudanese refugee, diseases outbreaks, food insecurity and malnutrition. Despite improved harvests in 2017, food insecurity is likely to increase. In December 2017, the Government of Sudan announced the devaluation of the Sudanese Pound from 6.7 to 18 SDG/USD, followed by the announcement in early January of the removal of subsides for wheat and wheat flour. Together, these have contributed to significant increases in prices for staple foods, including domestically produced sorghum and millet by approximately 10-20 percent since November. Prices for wheat flour and bread more than doubled on some markets in December. These changes in the macro-economic of the country are likely to result in further increases in staple food prices and reduce poor households' ability to access food from markets. as a result of increased inflation rate in the country. In 2018, 1.8 million IDPs in Darfur need humanitarian assistance. Children represent 60 per cent of people displaced in camps showing a level of vulnerability in the camps. In all areas hosting the internally displaced populations, the humanitarian needs in health, nutrition, protection, water, sanitation and hygiene (WASH) and others have risen to the level that exceeds funding. All sites under this proposed project host large numbers of IDPs, living in big camps under protracted displacement. These sites have been affected AWD outbreak for the last two years resulting in increased morbidity and mortality among the population. The outbreak also stretched the already scarce resources of MOH. The economic opportunities remain limited and the services are still managed by aid agencies. The health outcomes among these populations indicate the need for continued humanitarian interventions in health and nutrition. In South Darfur, IMC continues to run PHC clinics in Al Salam (two clinics), El serif and Kalma IDP camps. Health and nutrition services continue to be implemented by INGOs in coordination with the MOH, as the population size of the camps is too high for the MOH alone to manage. International Medical Corps continues humanitarian interventions through provision of the much-needed health and nutrition services to vulnerable IDPs populations.

2. Needs assessment

IMC used information collected from the state and federal Ministries of Health, implementing partners, community and relevant primary and secondary information. IMC prioritized localities as per national priorities described in the SHF 2018 allocation document. This project will include the multi-sectoral approach of the proposed humanitarian intervention to maximize benefits for vulnerable communities. Multi-sector projects are a means to promote synergy between sectors are addressed and increasing impact and enhance value for money. This project consists of health and nutrition sectors addressing a target group of beneficiaries in South Darfur (Bileil). IMC will ensure that the implementation of this project is in harmony with SHF 2018 allocation strategy as well as the related government's policies and procedures. This will be possible through decentralizing activities and the coordination of project implementation at the field level. IMC will coordinate the project's implementation at the field level.

The health systems in Darfur remain weak and inadequately prepared to provide basic life saving health services and respond to outbreaks. In South and Central Darfur, it is reported that 28% and 26% of the health facilities are not functional. Basic Emergency Obstetric and Newborn Care (BEmONC) coverage in health facilities is only provided in 25% in South Darfur. Only 30% of the clinics in South State are providing Integrated Management of Childhood Illnesses (IMCI) services. In South Darfur, the coverage of measles vaccination is only 55.9% while only 38.3% of children are fully vaccinated. In Al Salam and El Serif Clinics in South Darfur, there are challenges in ensuring that all signal functions of BEmONC are provided. In both clinics the only laboratory service provided is for rapid tests. Only 54% of the cases are managed according to the protocol despite training and supportive supervisions, which signals the need for strengthening support and follow up to ensure adherence to protocols. Health facility delivery rate is also low (11.5%) which requires an increased effort on identification and referral of pregnant mothers to give birth at facility level. Detection and referral of pregnant mothers is weak because of low coverage of community outreach activities as a result of low number of CHWs and mother groups..

According to the Ministry of Health, in Sudan, some 2.2 million children suffer from malnutrition annually (Global Acute Malnutrition) out of which over 573,000 suffer from Severe Acute Malnutrition (Nutrition Sector, Bulletin, 2017). Eleven out of the eighteen states have a malnutrition prevalence of above 15%, which is above the critical threshold as per the WHO standards. The GAM and SAM rates for South Darfur State are 15.9% and 3.5% (MICS 2014), above the critical thresholds. In January 2017 IMC also conducted a SMART survey, which showed a GAM and SAM rate of 16% and 4.2% in El Serif Camp. . Exclusive feeding was reported to be 42.7%.
Exclusive breastfeeding rates remain low at 50.4% in South Darfur. In South Darfur, complementary foods were introduced in timely fashion for 60.9% of children 6-8 months of age

3. Description Of Beneficiaries

This project expects to reach a total of 192,707 direct beneficiaries including both health and nutrition beneficiaries. These beneficiaries include women, men, girls and boys who are eligible for medical and nutrition services. The targeted locality is Bileil (South Darfur). It hosts IMC supported clinics, which provide essential curative and preventive services through primary health care and nutrition support. Direct beneficiaries include men and women, boys and girls, children under-five years of age, elderly and disabled people who will receive health care service at the clinics. These beneficiaries will be enrolled into standard services based on clinical and public health indications and eligibility. Their enrollment does not depend on factors like race, religion, class, and socioeconomic status. IMC will use standard triage system to identify the most severe cases and will work with the community and MOH to ensure that health services are provided with equity for all population groups residing in the catchment area. Indirect beneficiaries include family and community members that also benefit or are exposed to benefits as the result of their proximity to the direct beneficiaries.
Total catchment population for health services is 210,340. With estimated utilization rate of 0.75 per person per year, 157,755 OPD consultations are expected to be seen at the clinics. In SFP and OTP, the estimated number of admissions for under five children are 10119 and 3113 respectively. A total of 1230 PLWs with moderate acute malnutrition are expected to be admitted to SFPs. Further, a total of 12620 mothers of children under two years of age are targeted for IYCF counseling. The beneficiaries were estimated using the GAM and SAM rates 17% and 4% and the coverage is estimated at 90%.

4. Grant Request Justification

Despite continues efforts by international humanitarian organizations, UN agencies and the MOH, humanitarian health and nutrition needs continue to exist in Darfur, alongside ongoing conflict and inadequate response capacities. Malnutrition and communicable diseases are major cause of morbidity and mortality among children under-5 in Darfur, particularly in IDP camps. Global acute malnutrition (GAM) rates remain high throughout the year, with estimates in Darfur indicating GAM near or above 15%, which escalate during the lean season which spans from May to October . In addition to the fragile livelihood and food security, promoting proper infant feeding is found to be crucial as most of malnourished children are below two years of age. Health services in Darfur remain fragile and unable to provide essential life-saving services and respond to common outbreaks of communicable disease, which include measles, malaria and diarrhea. From January to December 2017 in IMC supported clinics, women accounted for 52% of consultations, IDPs for 44.5% and children under-5 for 41% of consultations. The top five morbidities recorded in IMC supported clinics in 2017 are; diarrheal diseases (16%), acute respiratory infections (ARI) (upper) (29%) and malaria (7%). The State Ministry of Health is underfunded and incapable of fully taking over clinics and the health system continues to struggle to deliver basic services.

Through SHF support in 2018, IMC is proposing the multi-sectoral provision of essential health and nutrition interventions in prioritized selected localities. This funding will ensure the provision of primary health and nutrition services in targeted health facilities, in addition to the procurement of essential drugs and supplies, minor rehabilitations and recruitment of health professionals as necessary. Minor rehabilitations include roofing, window fixing, latrine maintenance and medical waste facilities maintenance. IMC will work to ensure reproductive health and basic emergency obstetric and neonatal care (BEmONC) services are provided at the targeted health facilities. In addition to these services, IMC will improve disease monitoring, early warning, and preparedness mechanisms within target locations. With support from SHF, IMC will provide staff salaries and incentives, community-based education and referral mechanisms and training for clinical and nutrition staff. Finally, as previously mentioned, nutrition education will focus on infant and young child feeding practices with the implementation of OTP, supplementary feeding programs and community outreach. IYCF support will be provided at health facility and community level using mother support groups.

5. Complementarity

The proposed project will contribute to the overall strategic efforts undertaken under the health and nutrition sectors in Sudan to alleviate suffering and reduce deaths due to avoidable causes. IMC worked with the clusters and other stakeholders on defining the humanitarian needs for 2018 in Sudan, and contributed to the sectors' strategy and plans for 2018. This project is aligned with the country multiyear humanitarian strategy (2017-2019). Sudan has also developed a new policy on health, which is harmonized with the Sustainable Development Goals, humanitarian development nexus and emergency response plans to control communicable diseases like cholera. It is aligned with these ongoing national endeavors and will ensure the most vulnerable are targeted and have access to curative and preventive health and nutrition services. IMC proposed support of nutrition services through CMAM strategy aligns with the ongoing national CMAM scale up efforts.IMC activities funded by USAID/OFDA and ECHO also focuses on provision of life saving interventions in Darfur, though intervention areas are the same, the selected activities are distinct and separated, avoiding overlap but complement the ongoing projects.Nonetheless, there are synergies in the operational, administrative and coordination aspect as some sites/bases supported by both grants are also supporting and managing a number clinics in their specific catchment areas. UNICEF is supporting the CMAM scale up programme in Sudan and provides in-kind support ready-to-use therapeutic foods (RUTF) for Outpatient Therapeutic Programmes (OTPs) and supplies for Stabilization Centers (SCs). WFP supports Targeted Supplementary Feeding Program (TSFP) in-kind by providing ready to use supplementary food (RUSF).IMC actively participates in the cluster approach in health, nutrition and WASH sectors to ensure synergy and complementarities are created in the proposed action and promote the WASH in health and Nutrition agenda at institutional level. IMC will sign technical agreements with MOH and HAC, the technical agreement outlines the role and responsibility of IMC, Ministry of Health (MOH), Humanitarian Aid Commission (HAC) and local NGOs as clearly as possible to avoid duplication of efforts.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction of morbidity and mortality among the conflict-affected and vulnerable populations through nutrition and health interventions.

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	100

Contribution to Cluster/Sector Objectives : The project aims at improving access to health care for people living under protracted displacement situation in South Darfur. The health sector strategies to address humanitarian health needs are the provision of primary health care, strengthening of capacities in emergency preparedness and response, monitoring the disease trends by maintaining the surveillance systems, capacity building of health care and health education and promotion. The health priority interventions for the SHF include provision of basic minimum package of primary health care services, including maternal and child health, emergency referral services, minor trauma care, training of human resources for health, and monitor the service delivery. The initial response to public health threats such as an outbreak or alert investigation or rumors verification will be supported. The seven basic minimum package of primary health care services, includes treatment of common diseases, referral of complicated cases, drug disbursement, antenatal care, immunization, health promotion and growth monitoring. IMC is proposing this primary health care support integrated with nutrition services.

Outcome 1

Supported and improved primary healthcare services in conflict affected and vulnerable communities living in targeted locations.

Output 1.1

Description

Comprehensive primary health care services, including OPD services, Child Health Services and RH services, are provided in Kalma, Al Salam 1, Al Salam 2 and El Serif clinics as per MOH standards.

Assumptions & Risks

Several assumptions and risks accompany this proposed project. First is that access to targeted localities and populations remains unrestricted, and security remains stable enough to allow access to populations and for beneficiaries to seek services. Finally, this assumes that skilled human resources/manpower is available to implement the services as described, and supplies are available for the provision of health and nutrition services.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of health facilities providing minimum basic package of primary health care services including reproductive and mental health and psychosocial support (HRP 2018).					4
Means of Verification : Supervision Reports and Service Checklist							
Indicator 1.1.2	HEALTH	Number of children below one year of age (by sex) covered by measles vaccine (HRP 2018).			3,786	3,786	7,572
Means of Verification : Clinic EPI reports, vaccination campaign reports.							
Indicator 1.1.3	HEALTH	% completeness and timeliness of weekly surveillance reporting from sentinel sites (HRP 2018).					90
Means of Verification : EWARS reports							
Indicator 1.1.4	HEALTH	Number of health facilities providing Integrated Management of Childhood Illness (IMCI) services (HRP 2018).					4
Means of Verification : Supervision and activity reports							

Indicator 1.1.5	HEALTH	Number of health workers trained (disaggregated by gender)	20	20			40
Means of Verification : Training Report							
Indicator 1.1.6	HEALTH	Number of births assisted by skilled birth attendant (HRP 2018).					2,103
Means of Verification : Clinic Data and Reports							
Indicator 1.1.7	HEALTH	Number of OPD Consultations provided					157,755
Means of Verification : IMC HMIS data							
Indicator 1.1.8	HEALTH	% of health emergency events reported, investigated and response initiated within 72 hours after reporting (HRP 2018).					100
Means of Verification : EWARN report							

Activities

Activity 1.1.1

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.

This activity will provide the minimum basic service package and support referral systems to secondary health facilities (Nyala hospital) in targeted clinics directly supporting IDPs and the host population. These include immunization, IMCI, pneumonia, OPD consultations, sexually transmitted infection (STI) management, ANC, clean and safe deliveries, postpartum care, and medical waste management and infection prevention and control. It will also provide health education, both at clinic and community levels, to prevent diseases, improve good practices and enhance health seeking behaviors in targeted clinic catchment area. This will address malaria, pneumonia, diarrhea disease, measles, pregnancy related medical problems and vaccine preventable diseases. It will support rehabilitation of clinics and provision of medical supplies and drugs. Minor rehabilitations include roofing, window fixing, latrine maintenance and medical waste facilities maintenance Community outreach will be conducted to trace EPI defaulters, to identify cases and provide health education through community volunteers and mother groups.

Activity 1.1.2

Standard Activity : Support and conduct routine or acceleration interventions for immunization.

This action will support routine vaccinations at health facilities and acceleration campaigns in areas where outbreaks do occur, in collaboration with SMOH. SMOH schedule will be followed to ensure synergy and proper use of resources. This action will cover areas and clinics prone to outbreaks of communicable diseases, including measles.

Activity 1.1.3

Standard Activity : Strengthening Early Warning, Early detection and reporting of AWD(EWARS).

EWARs reporting will be strengthened from each health facilities through proper use of case definition and improved information sharing, analysis and communication, This activity will also cover actions in response to reported or rumored/suspected outbreaks and emergencies including logistical support, teaming, and coordination, case listing and reporting. The community networks, including volunteers, CHWs and mother groups, will be utilized to collect data regularly on rumors regarding epidemic prone diseases and coordinate with MOH for verification. The main focus will be on AWD.

Activity 1.1.4

Standard Activity : Procurement, storage and distribution of drugs and medical supplies.

IMC will procure, store and distribute essential drugs and supplies that will support smooth running of the health services. The drugs will be life saving and detrimental to avoid recurrent stock rupture among the targeted clinics. Essential Drugs , Laboratory tests (e.g. malaria test, Urine test, Hemoglobin test, Stool exams, etc), RH supplies and drugs for common medical problems will be prioritized. IMC will monitor stock out rate using consumption report and tracer drug reporting from each clinic. Pharmaceutical waste will be managed as per national drug disposal guidelines. IMC will ensure that drugs are available for child health, reproductive health and routine medicines.

Activity 1.1.5

Standard Activity : Conduct health education training for health staff

This activity aims to build the capacity of health personnel (both male and females), for the provision of primary health and reproductive health services, including the identification, prevention and management of pregnancy complications through proper training and on-the-job supervision. In total, 40 health workers/participants will be trained on essential health topics: 10 health workers will be trained on emergency obstetric and neonatal care, 10 health workers will be trained on management of childhood illnesses and other 20 health workers will be trained on outbreak detection and control in collaboration with MOH, on data management and reporting and infection control at clinic level.

Activity 1.1.6

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

The project will help conduct health education session both at health facility and community level. Collaborating with MOH, special days will be considered as a message platform. It is also planned to conduct mass health education through active community mobilization through house to house visits, village based health education and education for social gathering. Messages will focus on hygiene promotion, prevention of acute watery diarrhea, child health and Reproductive health messages, among others.

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 : The nutrition sector focuses on the provision of life-saving and preventive activities in localities identified as top priorities by state and national level partners. All activities, including the treatment of severely acutely malnourished children under-5, including referral for inpatient management, TSFP support, nutrition training, IYCF support and drug supply support, are aligned with the sector priorities. IMC intends to integrate nutrition programming into health programming at the proposed target sites. In locations where IMC is dedicated to providing life-saving interventions, IMC is contributing to the sector's strategy to integrate nutrition programs and to provide life-saving interventions for children and PLWs at risk or already suffering from acute malnutrition.

Outcome 1

Improved access to nutrition services for children and PLWs in targeted areas. (Al Salam 1 and 2, ElSerif and Kalma Camps)

Output 1.1

Description

Treatment of acute malnutrition is provided in all targeted health facilities through quality CMAM services at 4 OTPs and 3 SFPS

Assumptions & Risks

As mentioned above, several assumptions and risks accompany this project. First is that access to targeted localities and populations remains unrestricted, and security remains stable enough to allow access to populations and for beneficiaries to seek services. Finally, this assumes that skilled human resources/manpower is available to implement the services as described, and supplies are available for the provision of health and nutrition services.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	% of boys and girls 0-59 months with SAM cured among the discharged children (target >75% according to SPHERE)					85
Means of Verification : CMAM data and report							
Indicator 1.1.2	NUTRITION	% of boys and girls 0-59 months with SAM defaulted among the discharged children (target <15% according to SPHERE)					10
Means of Verification : CMAM data and report							
Indicator 1.1.3	NUTRITION	% of boys and girls 0-59 months SAM deaths among the discharged children (target < 10% according to SPHERE)					5
Means of Verification : CMAM Data and Report							
Indicator 1.1.4	NUTRITION	Number of support groups established					50
Means of Verification : Support Group reports							
Indicator 1.1.5	NUTRITION	Number of 0-59 months SAM cases with complication referred to SCs					466
Means of Verification : CMAM data							
Indicator 1.1.6	NUTRITION	Number of technical staff and community outreach volunteers trained in different nutrition subjects (CMAM Package, IYCF, NiE)	25	15			40
Means of Verification : Program training reports							

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.)

IMC will implement OTPs, SFPs and community outreach interventions in the target areas according to nationally established protocols. The food commodities are provided by WFP. IMC facilitate storage, handling and end usage. IMC will facilitate and support the transport of therapeutic foods and other supplies to each service delivery site based on each clinic needs. OTPs will be implemented for the management of children 6-59 months with severe acute malnutrition without complications. Children will attend the OTP on a weekly basis until they meet the discharge criteria; individual children will be clinically monitored according to national protocols. Children who are identified with SAM with medical complications will be referred to stabilization centers or the appropriate in-patient health facilities. Children who are moderately acutely malnourished are enrolled in TSFP and receive a medical and nutritional check-up, routine medication and a bi-weekly ration of PlumpySup. Pregnant and lactating women will also be screened for malnutrition and referred to TSFP if they fit the admission criteria according to the national CMAM protocol. Formats, Job aids, supplies and staff will be deployed to support the CMAM activities. Volunteers will support health workers by carrying out regular door-to-do MUAC screening for malnutrition. Any children and PLWs will be referred to the nearest CMAM facility. Periodic mass screenings will be carried out in coordination with the SMoH.

Activity 1.1.2

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

Training will be provided for 20 health workers on management of SAM without complications, and MAM and IYCF counseling. Additional 20 health workers will be trained on monitoring and reporting. A total of 200 MSGs facilitators will be trained on IYCF and group facilitation in all the 4 camps and will expand the knowledge among their group members by carrying out trainings in their respective groups.

Activity 1.1.3

Standard Activity : Conduct community awareness campaign on CMAM, IYCF etc.

Nutrition staff, MSG members and local partner volunteers will conduct community, individual, and group awareness in the target health facilities and community. Among the Mother Support Groups focus will be on proper IYCF practices including exclusive breast feeding, food diversity, proper and timely complementary feeding.

Activity 1.1.4

Standard Activity : Establish mother support group for promotion of IYCF

IMC will establish and strengthen a total of 50 mother support groups in targeted locations (Kalma, Al Salam and El Serif). The established groups will be trained and provided with IEC materials to carry out sensitization in the community. Mothers and caretakers of children 6 to 59 months will be trained on how to screen for malnutrition using the MUAC tape and the referral process. These mothers will be provided with MUAC tapes and non-cash incentives for motivation. This approach will ensure timely detection of cases of malnutrition among children as mothers and caretakers will be encouraged to screen their children every 2 weeks.

Additional Targets :

M & R

Monitoring & Reporting plan

Routine monitoring data for this project will be captured throughout the project implementation period. IMC has strong M&E system in place to capture, compile and analyze M&E data at the Clinic, Site and Khartoum level. IMC has Site based Information Management Officer in Nyala. IMC has tools that include; registration books (It is a source document used for daily data entry), tracking and tally sheets (It is a weekly clinic data compilation tool), reporting formats (weekly and monthly tools for reporting of Clinic data to IMC field sites) and IMC HMIS database which is used for monthly data compilation, analysis and reporting. IMC will also use other M&E tools to capture community based activities such as screening, defaulter tracing, referral and community health education. Monthly project implementation reports will be prepared by site based medical coordinator describing achievements over the reporting period including service access and uptake as well as problems and opportunities that have affected implementation of project activities. Information from this reporting system will feed in to the Internal Performance Tracker (IPT) and Monthly Country reports (MCRs) that can be used to track project performance against its targets. Biannual program review meeting are conducted in IMC Sudan, which will include review of this project. Supportive supervision will be conducted at least once a month by Medical Coordinators, area coordinators and Information Management Officers who are stationed at site to clinics, every quarter by SMT including Program director and country director. Activity and supervision logbooks are also key in documenting the activities conducted. IMC Sudan has also developed a documentation standard at each site level.IMC will conduct periodic exit interviews and focus group discussions to collect feedback from beneficiaries of the services IMC M&E team at all level are responsible to employ various data quality control measures such as:reviewing of source documents, spot check to clinics and community based activities at least once every week by Information Management Officers and every month by Khartoum based M&E officer.Data quality assessment reports will be produced by M&E unit and shared with respective field and Khartoum based staffs on quarterly basis. Data collection, compilation and analysis, supervision and review meeting plan, reporting flows and formats, data quality control and capacity building plan through regular training of the M&E and program staffs at site and Khartoum level on M&E system. Join supervisions with SHF team, MOH and other government authorities will also be conducted.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: This activity will provide the minimum basic service package and support referral systems to secondary health facilities (Nyala hospital) in targeted clinics directly supporting IDPs and the host population. These include immunization, IMCI, pneumonia, OPD consultations, sexually transmitted infection (STI) management, ANC, clean and safe deliveries, postpartum care, and medical waste management and infection prevention and control. It will also provide health education, both at clinic and community levels, to prevent diseases, improve good practices and enhance health seeking behaviors in targeted clinic catchment area. This will address malaria, pneumonia, diarrhea disease, measles, pregnancy related medical problems and vaccine preventable diseases. It will support rehabilitation of clinics and provision of medical supplies and drugs. Minor rehabilitations include roofing, window fixing, latrine maintenance and medical waste facilities maintenance Community outreach will be conducted to trace EPI defaulters, to identify cases and provide health education through community volunteers and mother groups.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 1.1.2: This action will support routine vaccinations at health facilities and acceleration campaigns in areas where outbreaks do occur, in collaboration with SMOH. SMOH schedule will be followed to ensure synergy and proper use of resources. This action will cover areas and clinics prone to outbreaks of communicable diseases, including measles.	2018						X	X	X	X	X	X	X
	2019	X	X										
HEALTH: Activity 1.1.3: EWARs reporting will be strengthened from each health facilities through proper use of case definition and improved information sharing, analysis and communication, This activity will also cover actions in response to reported or rumored/suspected outbreaks and emergencies including logistical support, teaming, and coordination, case listing and reporting. The community networks, including volunteers, CHWs and mother groups, will be utilized to collect data regularly on rumors regarding epidemic prone diseases and coordinate with MOH for verification. The main focus will be on AWD.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							

HEALTH: Activity 1.1.4: IMC will procure, store and distribute essential drugs and supplies that will support smooth running of the health services. The drugs will be life saving and detrimental to avoid recurrent stock rupture among the targeted clinics. Essential Drugs , Laboratory tests (e.g. malaria test, Urine test, Hemoglobin test, Stool exams, etc), RH supplies and drugs for common medical problems will be prioritized. IMC will monitor stock out rate using consumption report and tracer drug reporting from each clinic. Pharmaceutical waste will be managed as per national drug disposal guidelines. IMC will ensure that drugs are available for child health, reproductive health and routine medicines.	2018						X	X	X	X	X	X	X
	2019													
HEALTH: Activity 1.1.5: This activity aims to build the capacity of health personnel (both male and females), for the provision of primary health and reproductive health services, including the identification, prevention and management of pregnancy complications through proper training and on-the-job supervision. In total, 40 health workers/participants will be trained on essential health topics: 10 health workers will be trained on emergency obstetric and neonatal care, 10 health workers will be trained on management of childhood illnesses and other 20 health workers will be trained on outbreak detection and control in collaboration with MOH, on data management and reporting and infection control at clinic level.	2018						X	X	X	X	X	X	X
	2019													
HEALTH: Activity 1.1.6: The project will help conduct health education session both at health facility and community level. Collaborating with MOH, special days will be considered as a message platform. It is also planned to conduct mass health education through active community mobilization through house to house visits, village based health education and education for social gathering. Messages will focus on hygiene promotion, prevention of acute watery diarrhea, child health and Reproductive health messages, among others.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X								
NUTRITION: Activity 1.1.1: IMC will implement OTPs, SFPs and community outreach interventions in the target areas according to nationally established protocols. The food commodities are provided by WFP. IMC facilitate storage, handling and end usage. IMC will facilitate and support the transport of therapeutic foods and other supplies to each service delivery site based on each clinic needs. OTPs will be implemented for the management of children 6-59 months with severe acute malnutrition without complications. Children will attend the OTP on a weekly basis until they meet the discharge criteria; individual children will be clinically monitored according to national protocols. Children who are identified with SAM with medical complications will be referred to stabilization centers or the appropriate in-patient health facilities. Children who are moderately acutely malnourished are enrolled in TSFP and receive a medical and nutritional check-up, routine medication and a bi-weekly ration of PlumpySup. Pregnant and lactating women will also be screened for malnutrition and referred to TSFP if they fit the admission criteria according to the national CMAM protocol. Formats, Job aids, supplies and staff will be deployed to support the CMAM activities. Volunteers will support health workers by carrying out regular door-to-do MUAC screening for malnutrition. Any children and PLWs will be referred to the nearest CMAM facility. Periodic mass screenings will be carried out in coordination with the SMoH.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X								
NUTRITION: Activity 1.1.2: Training will be provided for 20 health workers on management of SAM without complications, and MAM and IYCF counseling. Additional 20 health workers will be trained on monitoring and reporting. A total of 200 MSGs facilitators will be trained on IYCF and group facilitation in all the 4 camps and will expand the knowledge among their group members by carrying out trainings in their respective groups.	2018						X	X	X	X	X	X	X
	2019													
NUTRITION: Activity 1.1.3: Nutrition staff, MSG members and local partner volunteers will conduct community, individual, and group awareness in the target health facilities and community. Among the Mother Support Groups focus will be on proper IYCF practices including exclusive breast feeding, food diversity, proper and timely complementary feeding.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X								
NUTRITION: Activity 1.1.4: IMC will establish and strengthen a total of 50 mother support groups in targeted locations (Kalma, Al Salam and El Serif). The established groups will be trained and provided with IEC materials to carry out sensitization in the community. Mothers and caretakers of children 6 to 59 months will be trained on how to screen for malnutrition using the MUAC tape and the referral process. These mothers will be provided with MUAC tapes and non-cash incentives for motivation. This approach will ensure timely detection of cases of malnutrition among children as mothers and caretakers will be encouraged to screen their children every 2 weeks.	2018						X	X	X	X	X	X	X
	2019													

OTHER INFO

Accountability to Affected Populations

IMC as one of the main humanitarians organizations working in Sudan upholds the basic principle of giving due concern for human welfare and life and respect for individuals. This project is designed in such a way that a humanitarian assistance is provided in line and proportion of the needs identified and documented in targeted areas and clinics. Communities were involved during the need assessment phase and their suggestions were actively incorporated in the project. The health services will be provided to all clinical eligible individuals without discrimination (including that based upon gender, age, race, disability, ethnic background, nationality or political, religious, cultural or organizational affiliation). Those who are at most urgent need will be given priority of services based on selected clinical indications which are also shared with staffs. IMC understands the fragile and conflict prone environment in Darfur. IMC upholds neutrality not to take side with any conflicting parties while focusing on humanitarian assistance. IMC involves the beneficiaries and responds to feedback from them when planning, implementing and monitoring and evaluating its programmes. IMC has regular community conversation sessions from lead mothers in its operational areas. lead mothers are coordinating a group of mothers who are working in health and nutrition behavior change. IMC also collects systematically feedback from the communities through religious and traditional leaders. Supervisions are often accompanied by regular meeting with community leaders, government offices and community members. This will also give a platform to collect feedback. IMC responds whenever possible at site or then provide timely feedback to the communities. IMC will ensure patients and beneficiaries privacy and confidentiality. Informed consent will be taken appropriately to clinical and public health activities. Clinics in which assistance is provided will, as far as possible, be safe for the people concerned. They will be made as safe as possible for the beneficiaries and will be located away from areas that are subject to ongoing attack or other hazards. Actions incorporated in this project are all safe and proven to be applied in humanitarian setting. IMC will also continue to analyze the local challenges and context so as not result in unwanted negative effects of its operation on social, cultural, political and economical capacities of the affected population. IMC has a standard drug and supply management tools to monitor the safety and relevance of medical supplies for this project. Health and Nutrition education based on standards and evidence base CMAM and IYCF support will also be conducted. IMC strives to protect breast feeding and apply complementary feeding practices using the locally available foods. By doing this, IMC will support the coping capacity of the communities and prevent untoward negative consequences. Consultations with community leaders and constant communication with leaders and beneficiaries will be regularly done. This ensures that concerns are addressed and that all needs are being met. Especially during defaulter tracing, but also throughout all service provision, IMC continuously asks beneficiaries why they do or do not decide to seek treatment, what the barriers were, and what can be done to ensure beneficiaries access services. IMC considers the principles of "Do No Harm" in all of its projects, and is careful to ensure that projects respond to direct needs identified in the community and avoid unnecessary secondary effects that could potentially have unseen consequences.IMC currently uses community feedback mechanisms that include use of suggestion boxes at each clinic, use of feedback logbook, patient exit interviews and monthly meeting with community leaders. Feedbacks are reviewed by a centralized committee at each site where the response is organized delivered.

Implementation Plan

The proposed activities will be implemented over a period of 12 months by IMC in collaboration with SMOH, other stakeholders and the community. To achieve timely delivery of results and activities under this project, IMC is including the following as key steps in its implementation plan. Inception meeting of this project will be conducted at field sites at state levels. This will give better understanding of the project for all stakeholders and staffs. Recruitment plan and process will be initiated for which roles and responsibilities of the position will be defined. As health workers are also seconded by MOH, IMC will liaise with SMOH to obtain staffs from MOH with necessary skills and competencies. Food items will be received from WFP and UNICEF at state level. As the project entails procurement of medical and non-medical items, procurement process will be initiated based on the plan and pipeline prediction. In addition, necessary service contracts and tenders will be launched as necessary. Local NGOs will largely manage and support the community based activities with direct technical and operational support from IMC. They ensure that nutrition education, outreach activities and IYCF activities, referrals and commodity distributions are well handled at the community level. This project will be overall led by the country director and program director. The support, management and functional lines at field level are maintained by area coordinators and medical coordinators. Procurement and logistical support will be developed and delivered on time. IMC will provide due focus on availing essential drugs and supplies for the nutrition services. They manage the day to day activities under this grant with further delegation, sharing and direction of activities by technical and operational staffs at the field level. IMC functions in coordination with key actors to improve impact, avoid wastage, reduce duplication, and promote sustainability of project activities. These are MOH, Humanitarian Partners, Local NGOs, Humanitarian Aid Commission and the community at large. MOH, as the ultimate health actor for the country, avails strategies, standards, technical guidance, deployment of staffs, participates in assessment and joint monitoring. It also supports provision and clearance of selected medical supplies. Humanitarian Aid Commission will support in issuing clearance of travel arrangement, supporting the recruitment process, permitting assessments and responses, and evaluating the projects. In an effort to mitigate the environmental impact associated with this programming (rehabilitation of clinics, waste from RUTF packaging), IMC will support collection all RUTF waste packaging from beneficiaries. One Nutrition Coordinator provides additional oversight, technical support, and supervision of all aspects of IMC’s nutrition programs in Darfur, as well as liaising with core other stakeholders. Medical waste management will be ensured in all clinics and rehabilitation will include maintenance. All rehabilitation will take into consideration the environmental friendly materials. Though the project is not procuring solar panels, many of the clinics where the project is supporting do have solar panels. Incinerators will be used to dispose of medical waste. IMC will follow WHO and national medical waste management guidelines. Training and awareness sessions with health workers and communities environmental awareness will include sessions on the correlation between a safe environment and improved health status. To move to code A+ consider planting trees in and around the health facilities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MOH,Other International NGOs (ARC, Care...),UN Agencies (WHO, UNICEF, WFP)	IMC will continue to work with SMOHs in all three states. SMOH remains the custodian and leader of all health related activities in the states. IMC will work with SMOH on application of MOH Standards, deployment of health workforce, strategic support, emergency response, assessment, quality assurance and training activities. IMC will also share and exchange health related information with SMOH information. SMOH will also participate in monitoring IMC running health services and provide support for community participation,Areas of collaboration include emergency response, assessment, sharing and exchange of health related information.,Areas of collaboration include emergency response, assessment, sharing and exchange of health related information. In addition, as WHO and UNICEF are cluster lead agencies, IMC will collaborate and work with on various cluster functions. IMC will also ensure supplies are available at the clinics and nutrition centers.

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

Gender considerations were part of the needs assessment, planning, activities, and outcomes. Distribution and access to health care are largely dependent on resources, tribal structures, cultural backgrounds, social fabric and political economy. International Medical Corps strives to ensure that services are delivered to men and women who need these services under medical requirements and eligibility. It is proposed to involve community volunteers and mothers in delivering services, which will contribute to equity of health care among vulnerable communities. These actions specifically attempts to address disparities/differences in access to health services among vulnerable populations, including women. Furthermore, women's health needs is an area of emphasis in this proposed project, including ensuring women have the knowledge to make reproductive health-related decisions. Within health clinics, tracking tools help to ensure that medical assistants and doctors (often male) provide information about family planning to men and midwives (nearly universally female) have tools to prompt similar discussions with women. In the past, family planning was discussed with men and women, but are frequently treated as a "women's health" topic – rather than a decision made by partners. Including the community and ensuring that the family is treated as a unit making choices and decisions intends to alleviate some of the burden that has traditionally been placed on women and mothers to not only adapt their knowledge and behaviors but to carry that back to their families and convince others to accept and integrate these new ideas and practices. Where relevant and possible, for each activity and outcome, data will disaggregated to establish the ability of various groups to benefit from the intervention. There are some biological differences between men and women on disease susceptibility, pathological profiles and anatomical factors. These differences result in variation of disease profile and magnitude. In addition, access to and control of resources are held by men who are also seen the major income earners. This often results in decision making only or mostly by men with little or some consultation to women. The sociocultural expectations and educational capacity of women also exacerbate their lack of empowerment and inadequate decision-making.

IMC incorporates gender equity in programming at various stages of implementation:

- Needs assessments: Women and men are represented in the evaluation team and in beneficiary and community consultations.
- Staffing: Women and men provide nutrition and health services in IMC-supported facilities.
- Community outreach: Local NGO partners use a balanced team of volunteers for outreach and community mobilization. IMC's mother groups are quite active in their communities, meeting regularly to discuss key health topics.
- Beneficiary education: IMC actively engages women in health and nutrition education and promotion. Much of the focus of nutrition education and outreach has been on women as primary caregivers, and to maximize possible behavior change communication (BCC), IMC will target men and elderly women as key influencers and decision-makers in most households.
- Treatment programs: IMC admits patients without discrimination and based on medical eligibility. Further, IMC collects gender dis-aggregated data on admission.

Protection Mainstreaming

The safety and security of both beneficiaries and IMC staff are central to all of IMC's projects. Every step that can be taken to ensure the safety of our beneficiaries will be taken. IMC has a standard operating proceducers for safety and security of its personnel and the beneficiaries it services. All IMC staff are trained on prevention of sexual exploitation at all levels. IMC health facilities are developed and managed in close coordination with local leaders and government agencies and IMC works to maintain a positive presence in the communities in which it works. The proposed activities are specifically targeting the sub-populations most vulnerable to acute malnutrition in the target communities. In this way, IMC expects to advance nutrition in the target communities in a significant and sustainable way.

Country Specific Information

Safety and Security

The situation in South Darfur remains calm though unpredictable. IMC has global and country-level security policies in place to ensure the safety of staff and beneficiaries. - IMC maintains strong communication links with other organizations, including the government in each locality and at Khartoum-level. These information channels help IMC prepare for potential security events (e.g. news of troop movements, etc.). - Before any movements at field level, IMC communicates with the local Humanitarian Aid Commission (HAC) and security apparatus, as well as other humanitarian actors, to determine whether travel is safe. - Field security focal points remain in regular contact with staff working in the area (at clinics or in the community). Should the security situation become severe enough to require clinic closures or evacuations, IMC has processes and plans in place to support staff at the field level, including hibernation kits with food and supplies.

Access

All implementation areas are always accessible to IMC and MoH. and there is no any restriction. Clinic staff will be based in each site with regular visits by field officers and senior program staff. Should extreme weather or security restrict access, IMC will look to contingency plans to ensure services can continue and that management systems can still operate.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Program Director - INT	D	1	10,265.06	12	2.00	2,463.61
	Provides overall program design,management, support, quality assurance, reporting and review of this project.The Program Director, in addition to providing guidance and supervision to the medical coordinators on all facets of the health/nutrition program, also advises the Country Director to ensure the required attention and resources given for the program. He/she is also involved in reporting and liaising with Ministry of Health (MoH) and other stakeholders.						
1.2	Finance/Admin Director - INT	D	1	10,633.25	12	0.80	1,020.79
	The Finance and Admin Director is responsible for all finance and administrative aspects of IMC operations; compliance with IMC/donor regulations, grant tracking/monitoring and utilization, reporting and budget development. He/she will be responsible for the submission of financial reports on timely basis to the donors and headquarters. He Manages financial system and cash flows for this project including assuring financial compliance.						

1.3	M&E Coordinator - INT	D	1	7,567.56	12	2.00	1,816.21
	Coordinates the the development of M&E strategy, sets the tone for data collection, guide data analysis and report writing to inform the project if the indicator and targets are on track.						
1.4	Medical Coordinator - Nyala - INT	D	1	7,828.87	12	2.50	2,348.66
	Will be based in the program site to ensure effective program implementation. He or she working under the technical guidance and supervision of the program director in each of the project sites are primarily responsible for ensuring the quality of the program through coordination.						
1.5	Nutrition Coordinator - INT	D	1	7,562.12	12	2.50	2,268.64
	Coordinates the ongoing nutrition related activities at the field level with provision of direct technical and program support for feeding sites.						
1.6	Nutrition Supervisor - NAT	D	1	447.96	12	10.00	537.55
	Supports coordination and management the ongoing nutrition related activities at the field level with provision of direct technical and program support for feeding activities						
1.7	Nurse & PHC Assistant - NAT	D	7	314.33	12	10.00	2,640.37
	Will be based in the clinics to assist the medical assistant/doctors is administering treatment and medication to patients.						
1.8	Midwife - NAT	D	8	378.12	12	10.00	3,629.95
	The 8 mid wives will be stationed in the clinics and make house calls in assisting expectant mother in delivery when they are due.						
1.9	Medical Doctor / Assistant - NAT	D	3	654.20	12	3.33	784.25
	3 doctors/medical assistants Will be based in the clinics to administer treatment and medication to patients.						
1.10	Clinic Liaison Assistant - NAT	D	1	272.67	12	10.00	327.20
	Acts as the main point of contact for IMC when working the Government facility to ensure proper records are kept in acceptable manner.						
1.11	EPI Vaccinator - NAT	D	4	348.92	12	10.00	1,674.82
	EPI vaccinator works with the community and authorities in reaching out and administering vaccines as well as responding to outbreaks.						
1.12	Project Officer - NAT	D	1	751.43	12	5.00	450.86
	Supports coordination and management of the ongoing activities at the field level with provision of direct technical and program support						
1.13	Community Mobilizer / Health Visitor - NAT	D	3	584.84	12	10.00	2,105.42
	Community Mobilizer works to bring the community together and creat awareness on different health and nutrition topics so as to promote healthy communities						
1.14	Lab. Technician - NAT	D	2	338.25	12	10.00	811.80
	2 lab technicians will be based in the clinics to run medical tests requested by doctors to help diagnose and prescribe the right treatment for patients.						
1.15	Medical / General Warehouse Officer - NAT	D	3	505.23	12	5.00	909.41
	The warehouse staff are custodian of drugs and other supplies needed to ensure proper operation of the health facilities without encountering stock outs.						
1.16	Compliance Officer - NAT	S	1	1,507.21	12	5.00	904.33
	The person focuses to ensure IMC operates transparently and adheres to laid down code of conduct, country laws and acts as a focal point to clarify any grey areas as they arise.						
1.17	Roving IT Officer - NAT	S	1	963.76	12	5.00	578.26
	The person supports and maintains the IMC IT infrastructure to ensure un-interrupted smooth work flow. The person acts as point of contact with Internet providers and IT maintenance experts.						
1.18	Finance Officer/Assistant /manager - NAT	S	6	904.15	12	3.33	2,167.79
	This role controls, support financial systems and accounts at the site level. The role supports and review payment and compliance.						
1.19	Procurement/Logistics/Reporting/transport Officer & Driver - NAT	S	11	507.75	12	3.64	2,439.64

	This role supports procurement of supplies, observing best practice in getting quality fairly priced commodities and ensuring transportation of food items, medical supplies and drugs to the feeding sites. it also manages the fleet of movement of program staffs						
1.20	M & E / Info. Mgt Officer - NAT	D	2	578.27	12	5.00	693.92
	This role supports the data and ME system of this project and reports on admissions, discharges, and performance indicators. The role contributes to reports.						
1.21	Cook/Cleaner/Guard - NAT	S	20	261.87	12	8.25	5,185.03
	These roles support the cleaning and creating hygienic and secure environment of the OTPs						
	Section Total						**35,758.51**
2. Supplies, Commodities, Materials							
2.1	MoH Seconded Staff	D	22	69.43	12	17.27	3,165.51
	MoH seconded staff who will run the clinics in line with WHO and MoH protocol.They will be provided a monthly incentive for their work at OTP and SCs. *The staff positions are:* *Nurse - 6; Nutrition and PHC Assistant - 6; Medical Assistant - 1; EPI Vaccinator/Dispenser - 3, Midwife - 3; Nutrition Supervisor - 1; Registrar - 1; Community Mobilizer - 1*						
2.2	Clinic Furnishing, Supplies, Materials and consumables	D	4	312.50	12	100.00	15,000.00
	The line item covers costs needed to run the day-to-day activities of the clinics for a 12 month period, which includes basic clinic materials such as furniture, beds, bed covering,and other related items. It also includes regular supplies for clinic-based reproductive health and nutrition services such dishes, sugar, measuring tapes, and scales for feeding programs. Cleaning and sanitary supplies for the maintenance of the clinic premises and costs to develop, print, or copy standard medical forms and registers are also included.						
2.3	Drugs, Medical Supplies, Medical Equipment and Lab Supplies	D	4	15,081.46	1	100.00	60,325.84
	IMC plans to purchase essential drugs and medicine, medical supplies, lab supplies, surgical supplies and medical Equipment to support the activities. Clean delivery kits are also planned to be procured to cover gaps and breakdown of supply lines from MOH supported by UNFPA as this is not uncommon. Such procurement will comply International procurement guidelines and Internal IMC Guidelines, the drugs will be in line with the MoH / WHO guidelines. *We have attached the list of drugs in the documents*						
2.4	Non-Cash Incentives for Mother Support Groups (MSGs)	D	1	966.67	12	100.00	11,600.04
	This line will be used for procurement of non-cash incentives for giving to Traditional Birth Attendants/lead mothers/mother support groups. It has been observed to have a good motivation in the past in increasing for example health facility based deliveries etc. *Non-Cash incentives include soaps, water jerrican and non-food items bought and distributed to the groups. These are motivational items to the TBA and other community workers to support referrals for community to use the health facility.*						
2.5	IEC materials, Job aids and registers	D	1	5,000.00	1	100.00	5,000.00
	This amount will be used for procurement of essential registers, job aids and manuals for the health facilities to augment the health facilities.						
2.6	Repair and Rehabilitation of Health Facilities	D	2	7,500.00	1	100.00	15,000.00
	Some of the health facilities IMC is supporting need urgent repairs/rehabilitation. This line be used to carry out minor rehabilitation, repair and maintenance where required.						
2.7	Visibility Supplies and Materials	D	1	1,000.00	1	100.00	1,000.00
	The amount is for procurement of materials like posters, leaflets, pictorial charts, brief manuals and brochures with health messaging.						
2.8	Community Mobilisation Activities	D	1	2,000.00	2	100.00	4,000.00
	In order to ensure community involvement and ownership of program activities, IMC UK will establish and support community volunteers (Mother care groups/lead mothers/community leaders) in the project sites. This line will cover material and meeting costs such as per diems /food/drinks and transport allowances associated with mobilizing the community in various sensitization and outreach activities. This line will also cover for costs related to Mass MUAC screening activities						
2.9	EPI Support (incl. Routine Accelerated EPI/Vaccine campaigns)	D	1	1,150.00	2	100.00	2,300.00
	Costs for supporting routing and accelerated EPI/vaccination activities and campaigns. *EPI support includes community mobilization efforts specific for vaccination campaign where snacks may be availed for the community gathering, vehicle hiring and trainings done during this joint vaccination exercises done alongside the locality Health departments*						
2.10	Patients Referral Support	D	1	1,000.00	1	100.00	1,000.00

	This line will cover transport and fees for patients referred to secondary government health facilities. The Government of Sudan only provides patient support for 24 hours. This line is required to ensure the continuation of care for patients and will include drugs costs and lab tests, if necessary.						
2.11	Training-Health & Nutrition topics	D	1	6,939.00	2	100.00	13,878.00
	Technical training for health care providers especially the MOH so as to ensure the delivery of quality services to the beneficiaries and ensures sustainability as well. *Health Trainings:* *RH Trainings- 4163* *Mangement of child hood illness-2776* *Surveillance, outbreak management-833* *Clinic Administration & Supply Management-555* *Data management and quality-694* *Nutrition Trainings:* *CMAM-3470* *IYCF-1388* *The costs cover training materials like stationery, meals, refreshments, perdiem, transport allowance etc* *stationery, meals, refreshments, perdiem, transport allowance etc*						
2.12	Start off/Close-out meeting / Programme review meeting	D	3	1,000.00	1	100.00	3,000.00
	IMC UK will hold one grant kick off meeting at the outset of the project, to finalize workplans, assign roles and responsibilities, and discuss program strategy and monitoring. Similarly, toward the end of the grant, another meeting will be held to further develop strategies for handover and priorities for coming projects. This line will cover costs related to hall/venue rent, meals, stationery/related materials, perdiem and accommodation of the participants *Start off Meeting x 1* *Stationery - 50* *Accommodation and Per diems - 300* *Snacks - 50* *Total = USD* *Programme review Meeting x 2* *Stationery - 100* *Meeting hall hire - 250* *Accommodation and Per diems - 200* *Snacks - 150* *TOTAL = USD 800/meeting x 2 = USD 1,400* *Close-Out Meeting x 1* *Stationery - 100* *Report writing and documentation - 400* *Meeting hall hire - 250* *Accommodation and Per diems - 300* *Snacks - 150* *TOTAL - USD 1,200*						
2.13	GIK - RUTF Commodities	D	3113	0.00	12	100.00	0.00
	This will be availed by the donor/UNICEF to IMC to provide to SAM children in OTP centres						
	Section Total						**135,269.39**
3. Equipment							
3.1	Computers - desktop	D	1	700.00	1	100.00	700.00
	Two Desktops will be needed for the Information Management Officer perform his/her job including planning, coordination, report writing and communication						
3.2	Computers - Laptop	D	1	700.00	1	100.00	700.00
	One Laptop will needed for the nutrition Supervisor to perform his/her the job including planning, coordination, report writing and communication						
3.3	Printers	D	1	299.50	1	100.00	299.50
	Printers will be used by the field staff and Khartoum in printing reports and transaction documents for signing submitting to Khartoum						
3.4	Photocopier	D	1	900.00	1	100.00	900.00
	To be used in duplication forms used in collecting information in clinics and communities.						
3.5	Air Conditioner	D	1	800.00	1	100.00	800.00

	Due to the harsh Weather, the Air conditioner will be used to improve the work offices for the field teams where the temperature can get extreme.						
	Section Total						**3,399.50**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
5.1	Visa and Permit for Expatriate Staff	D	1	250.00	2	50.00	250.00
	This is the cost of process visas for the Expats that will directly work to implement or support the implementation of the project. Also included is the cost of processing permits for the expats to visit South Darfur and operate from there during implementation.						
5.2	In-Country Air Travel	D	2	400.00	12	100.00	9,600.00
	In-country travel is defined domestic (WFP-UNHAS) traveling within Sudan for official purposes. It is anticipated the following in-country travel to the various project sites will be needed. Estimation of monthly average costs has been used from past experience and existing rates in Sudan.						
5.3	In-Country per diem	D	12	8.12	12	100.00	1,169.28
	IMC provides per diem to local staff that is traveling outside of their duty station on official assignment. The per diem rate is the IMC Sudan established policy consistently applied to all donors/programs.						
5.4	Rented vehicle	D	4	666.92	12	25.00	8,003.04
	This is cost of 4 Rented vehicles that will be used in South Darfur to visit clinics in locations that IMC vehicle cannot reach due security concerns.						
5.5	IMC vehicle fuel	D	1	60.88	12	100.00	730.56
	Vehicle fuel is for IMC vehicle which are used in Supporting the project in South Darfur.						
5.6	IMC vehicle Spare parts/Maintenance costs and Insurance	D	1	81.17	4	50.00	162.34
	This includes includes vehicle routine maintenance costs, Vehicle insurance includes international comprehensive insurance cover and Third party in-country insurance cover for IMC owned vehicle that with be supporting the project in South Darfur.						
5.7	In Country Transport	D	2	3,000.00	1	100.00	6,000.00
	The in-country transport is to be used for transportation of essential supplies and materials from Khartoum to the field sites by air or land. *This is the cost of moving goods procurment centrally in Khartoum and transporing them to Darfur implementing office. The Air travel budget for in 5.2 cover just the movement of staff and does not include shipping goods like drugs.*						
5.8	Monitoring and Evaluation	D	2	1,500.00	1	100.00	3,000.00
	The estimated costs includes costs related to joint evaluations with HAC/SMOH that are conducted twice in a year and comprise of per diem, accommodation, transport allowances etc. *This the line for HAC/MOH evaluation. Number of trips is estimated at 6 each costs $ 500 for per diems, vehicle rentals and meals*						
	Section Total						**28,915.22**
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
7. General Operating and Other Direct Costs							
7.1	Office, Warehouse & G/House Rent	S	1	1,665.00	12	15.00	2,997.00
	This amount will used to cover 15% of office space rent I n the various sites the project will be implemented.						
7.2	Office Supplies and Utilities	S	1	777.92	12	25.00	2,333.76
	This will cover stationery, water and other consumable office supplies and based on past experience.						

7.3	Office, Warehouse and GH Maintenance	S	1	648.10	12	25.00	1,944.30
	This will be used for the regular maintenance works in the IMC rented premises in South Darfur/Khartoum as well as repairs to furniture and equipment used in the South Darfur/Khartoum office.						
7.4	Postage and Courier	S	1	27.06	12	15.00	48.71
	This is the cost of sending documents by courier between Khartoum and South Darfur as well as cost of postage of documents from HQ to Sudan.						
7.5	Communications	S	1	956.51	12	15.00	1,721.72
	This covers the cost of communication which includes; telephone, Thuraya, proportion of NTC annual fees for communication equipment, V-Sats and internet.						
7.6	Software and subscriptions	S	1	1,400.00	1	100.00	1,400.00
	These are costs of licenses for genuine software used in performing duties and responsibilities. The costs also include cost of subscriptions for using patented softwares for payroll and security						
7.7	Generator Fuel	S	1	270.58	12	25.00	811.74
	Due to erratic electricity supply or lack of it in Darfur in IMC areas of operations generators are used to provide power to guest houses and health facilities. The line will also be used to service and maintain generators.						
7.8	General Insurance	S	1	213.08	12	15.00	383.54
	General Insurance covers the premium payment for insuring cash and assets of the project.						
7.9	Bank Charges/Cash Facilitator Fees	S	1	268.05	12	100.00	3,216.60
	The amount represents monthly bank service charges for funds transfers, bank service fees, withdrawal fees and other bank related service charges.						
7.10	Legal Fees	S	1	1,230.00	12	10.00	1,476.00
	This covers legal retainers fees for the lawyer and other legal fees.						
7.11	Security and security upgrades	S	1	1,000.00	12	25.00	3,000.00
	IMC staff will continue to go through updated safety and security training to increase our staff's personal as well as our institutional ability in Sudan to continue to safely and effectively operate in the high threat environments. This line will also cover upgrading of existing additional layers of physical security infrastructure at its offices, clinics and other field.						
	Section Total						**19,333.37**
SubTotal			3,275.00				**222,675.99**
Direct							192,067.57
Support							30,608.42
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							15,587.32
Total Cost							**238,263.31**

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 -> Bielel (without Kalma camp)	65	32,927	35,071	27,628	29,634	125,260	HEALTH: Activity 1.1.1: This activity will provide the minimum basic service package and support referral systems to secondary health facilities (Nyala hospital) in targete... HEALTH: Activity 1.1.2: This action will support routine vaccinations at health facilities and acceleration campaigns in areas where outbreaks do occur, in collaboration wit... HEALTH: Activity 1.1.3: EWARs reporting will be strengthened from each health facilities through proper use of case definition and improved information sharing, analysis and... HEALTH: Activity 1.1.4: IMC will procure, store and distribute essential drugs and supplies that will support smooth running of the health services. The drugs will be life s... HEALTH: Activity 1.1.5: This activity aims to build the capacity of health personnel (both male and females), for the provision of primary health and reproductive health ser... HEALTH: Activity 1.1.6: The project will help conduct health education session both at health facility and community level. Collaborating with MOH, special days will be cons... NUTRITION: Activity 1.1.1: IMC will implement OTPs, SFPs and community outreach interventions in the target areas according to nationally established protocols. The food commod... NUTRITION: Activity 1.1.2: Training will be provided for 20 health workers on management of SAM without complications, and MAM and IYCF counseling. Additional 20 health workers... NUTRITION: Activity 1.1.3: Nutrition staff, MSG members and local partner volunteers will conduct community, individual, and group awareness in the target health facilities an... NUTRITION: Activity 1.1.4: IMC will establish and strengthen a total of 50 mother support groups in targeted locations (Kalma, Al Salam and El Serif). The established groups wi...

South Darfur -> Kalma camp	35	17,730	18,884	14,876	15,957	67,447	HEALTH: Activity 1.1.1: This activity will provide the minimum basic service package and support referral systems to secondary health facilities (Nyala hospital) in targete... HEALTH: Activity 1.1.2: This action will support routine vaccinations at health facilities and acceleration campaigns in areas where outbreaks do occur, in collaboration wit... HEALTH: Activity 1.1.3: EWARs reporting will be strengthened from each health facilities through proper use of case definition and improved information sharing, analysis and... HEALTH: Activity 1.1.4: IMC will procure, store and distribute essential drugs and supplies that will support smooth running of the health services. The drugs will be life s... HEALTH: Activity 1.1.5: This activity aims to build the capacity of health personnel (both male and females), for the provision of primary health and reproductive health ser... HEALTH: Activity 1.1.6: The project will help conduct health education session both at health facility and community level. Collaborating with MOH, special days will be cons... NUTRITION: Activity 1.1.1: IMC will implement OTPs, SFPs and community outreach interventions in the target areas according to nationally established protocols. The food commod... NUTRITION: Activity 1.1.2: Training will be provided for 20 health workers on management of SAM without complications, and MAM and IYCF counseling. Additional 20 health workers... NUTRITION: Activity 1.1.3: Nutrition staff, MSG members and local partner volunteers will conduct community, individual, and group awareness in the target health facilities an... NUTRITION: Activity 1.1.4: IMC will establish and strengthen a total of 50 mother support groups in targeted locations (Kalma, Al Salam and El Serif). The established groups wi...

Documents

Category Name	Document Description
Budget Documents	IMC 7834- TRC.1.xlsx
Budget Documents	SHF Drugs List.xlsx
Technical Review	IMC 7834 SHF comments 15032018.doc
Technical Review	IMC 7834 technical inputs 18032018.doc