OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	World Relief
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 program for vulnerable households in Nertiti, Golo and Rokero localities of Central Darfur. (Envelope 1).
Allocation Type Category :	Core pipelines

OPS Details

Project Code :	SUD-18/H/118431	**Fund Project Code :**	SUD-18/HSD20/SA2/H-N/INGO/7798
Cluster :	Health	**Project Budget in US$:**	679,075.83
Planned project duration :	12 months	**Priority:**	High priority
Planned Start Date :	01/04/2018	**Planned End Date :**	31/03/2019
Actual Start Date:	01/04/2018	**Actual End Date:**	31/03/2019

Project Summary :

01/04/2018

The Jebel Mara areas of Central Darfur State have suffered the effects of protracted conflict since 2003, which flared again in 2016, claiming the lives of many and displacing more than 195,000 people from their homes. Since 2016, WRS has been implementing lifesaving projects in the Health, Nutrition, FSL and WASH in Jebel Marra areas, leveraging resources from donors including SHF, OFDA, WFP and UNICEF addressing needs of 47,727 households. The health and nutrition actions proposed here aims to address the immediate and medium term needs of more than 100,000 returnees, internally displaced people (IDPs) and host community members in Rokero, Golo and Nertiti localities. This project will be implemented for a period of one year starting from 1 April 2018 and ends 31 March 2019. The project is designed based on WRS's rapid needs assessment in February 2016, October 2017 and February 2018 coupled with assessments and inter-agency reports and WR health and nutrition facilities report. All the reports show that returnees are suffering from food shortage, malnutrition, lack of clean water, poor hygiene and sanitation, epidemic diseases, and lack of access to markets and other social services. Furthermore, the reports indicate that people are still facing critical food shortage resulted in malnutrition. Additionally,, the continued currency devaluation and tremendous increase of the SDG/$ exchange rate which was brought on by internal and external factors, has drastically escalated the price of food and non-food items in Jabal Mara. This increase significantly impacts the nutritional and health status of the community.

The project will support nine health facilities including Mali, Jebel Ahmar, Center 8 (Nertiti), Kairo, Terbil, Kurmul, Koron and Killing (Golo) and Borgo (Rokero) with curative consultations for common ailments and a focus on maternal and child health, and community level case finding and reporting and improving community health seeking behavior. Regarding nutrition, focus will be in reducing and maintaining a mortality level below the emergency threshold. This will be achieved by implementing CMAM and IYCF activities in order to improve the nutritional status of the communities, especially in children under five years and PLW. To achieve the nutrition objective the project supports 4 OTP and 4 TSFP centers in Nertiti locality (Mali, Kambila, Jabal Ahmar and Diblong villages) and 5 OTP and 5 TSFP in Golo locality (Kairo, Trabil, Killing, Kurmul and Koron villages), and 1 OTP and 1 TSFP in Rokero locality totally supporting 10 OTPs and 10 TSFPs in the three localities. All the health facilities mentioned are currently supported by WR except Killing and Koron. Similarly, WR is currently implementing nutrition activities in most of the mentioned nutrition facilities and planning to expand to Killing and Koron.

All interventions will be done in partnership with government line ministries, community-based committees, local authorities, community leaders, and beneficiaries themselves. The interventions are designed to meet immediate emergency needs of the beneficiaries while employing approaches that increase community ownership and thus sustainability. The project is planned with full participation of vulnerable people, community leaders, and the stakeholders. The community members have developed beneficiary selection criteria to screen eligible targets which included, Returnees, IDPs, vulnerable host communities. This project follows, a community based, gender sensitive, conflict sensitive, and environmentally friendly and sustainable approach. Effort will be made to build future resilience capacity of the targets besides the lifesaving assistance. To ensure environmental sensitivity of the project training on safe management of medical wastes and community awareness on environment are planned. Also, this project collaborates with FSL to plant seedlings in all health and nutrition centers supported.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
28,847	30,983	22,438	24,574	106,842

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	9,952	10,689	7,741	8,478	36,860
People in Host Communities	12,384	13,301	9,632	10,550	45,867
Returnees	6,511	6,993	5,065	5,546	24,115

Indirect Beneficiaries :

A total of 44,247 (11,947 men, 12,831 women, 9,292 Boys and 10,177 girls) people will indirectly benefit from this project.
The indirect beneficiaries are unintended beneficiaries with in the catchment area or influxes outside of the catchment area who benefit from the project through getting health services directly from the health facilities, who gets health and nutrition related information through campaigns and mass education and beneficiaries benefited from our mothers group influence.

Catchment Population:

The proposed action benefits a catchment area of 30,517 households comprised of approximately 152,585 beneficiaries.

• West Jebel Marra Locality: 9,439 households comprised of approximately 47,195 individuals including 16,188 men, 16,848 women, 6,607 boys and 7,552 girls
• Central Jebel Marra Locality: 7,825 households comprised of approximately 39,125 individuals including 13,420 men, 13,967 women, 5,477 boys and 6,261girls
• North Jebel Marra Locality: 13,253 households comprised of approximately 66,265 individuals including 22,729 men, 23,391 women, 9,277 boys and 10,268 girls

Link with allocation strategy :

The 2018 humanitarian response focuses on three outcomes as indicated in the allocation strategy. This proposed health and nutrition project is designed to fully contribute to the first outcome of the HRP, which reads as, “Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock.” Furthermore, the proposed project is prepared as per the first envelope of the allocation strategy. As indicated in envelope one, WR will be focusing in addressing needs of newly accessible areas of North and Central Jebel Maraa areas and highly vulnerable IDPs of West Jebel Mara locality. To achieve the first outcome of the HRP, WR designed an integrated health and nutrition program. The health project aims to ensure access to a basic primary health care services for vulnerable communities living in the project areas and ensures continuity of health services to contribute to the reduction of morbidity and mortality rates among the population. The proposed project includes activities to build capacity of SMOH staff in emergency preparedness and rapid response plans, integrated management of childhood illness, maternal and child health care, disease outbreak surveillance, and health education and promotion. Enhancing the technical capacity of clinical MoH staff will increase accountability to beneficiaries, contribute to building resilience and sustainability of interventions among local clinics and indirectly build community resilience as well. Implementation of the project will address gender issues through recruitment of health staff where female staff will be prioritized for all positions. Our field assessment also depicts that women are the ones who suffer more than men as they are also responsible for taking children to health facilities and treating sick children at home.

With regard to nutrition sector the project will seek to increase the capacity of local level service providers to ensure access to quality emergency nutrition services within the framework of CMAM. While provision of life saving services in emergency situations is the major action of this project, WR will also work on increasing the preparedness, early warning and response capacity of targeted localities in relation to emergencies with malnutrition. Bearing in mind the need to ensure improved nutritional status in the community through preventive and promotional practices, this project will place a significant focus on promotion of appropriate IYCF practices and behavioral change for communities and capacity building for local service providers related with IYCF.

As part of the exit strategy for the health project, WR will work with SMOH and community leaders in the management of health facilities and institutionalizing user fees. The user fees will be piloted following a detailed discussion with all partners, to have a common understanding across the board. The introduction of a user fee is to ensure health facilities will continue providing services in the future with a minimum support from government. It is a modality where the health facilities start charging treatment services fees and the money will be managed by health committee, health facility staff and locality.

As part of the project exit strategy for nutrition activities, emphasis will be given in creating awareness and community behavioral change. In addition, WR will try to link nutrition project with food security and livelihood activities implemented by both WR and other partners in the localities. WR through OFDA and WFP fund is implementing WASH, FSL and health projects which can complement this project. The WFP project provides food to beneficiaries who have food gap for at least more than 6 months in a year and they obtain food through food for work. SAM and MAM children families can be beneficiaries of this project and the families benefit from the food distribution, which complements this project.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$
Almasar	National NGO	60,069.80
		60,069.80

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Gemta Birhanu	Country Director	Cdsudan-Darfur@wr.org	249996500826
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BACKGROUND

1. Humanitarian context analysis

The security situation seems calm in most cases, even though the armed oppositions are intermittently fighting in certain pocket areas including in WRS catchment villages in Gollo, Nertiti and Rokero. Crimes like theft, robbery, shooting among individuals from different tribes are reported through the UNDSS and our internal security monitoring networks. The Government has conducted disarmament of firearms and motor bikes from the illegally armed groups. However, the voluntary disarmament process may not fully guarantee ending any conflict between communities and the armed groups or individuals as there is fear that armed persons can have more than one weapon. On the other hand, the Government of Sudan has designated campsites for the UNAMID peace keeping troops after the state governor of Central Darfur region, heads of the government armed force and UNAMID officials have jointly visited Gollo in January 2018. WRS's field team has proved few returnees came back to their original place in a village called Killing and other areas.

According to Inter-Agency Monitoring In-depth Humanitarian needs assessment (Feb,2018) in North Jebel Marra, there are 24 health facilities in the locality out of these only five FHCs are functioning and there is no rural hospital. G,enerally 38% (9) of existing health facilities are functioning. IOM in last quarter of 2017, registered 17,698 HH (76,723 individuals) in North Jebel Marra locality, (4,454 IDPs, 5,807 residents and 66,462 returnees) returned from Sorotony, Tawila and Elfahsher IDP camps in the past year and more are expected to return this year due to improvement in the security situation. However, Community leaders claimed that about 14,959 HH missed IOM registration due to the short time spent by IOM team on the ground while some of them arrived after IOM registration. IOM will follow up and register and verify the number of returnees in the rural villages in the next few months.

IDPs in Central Darfur either live in camps or are dispersed in host community settlements, requiring different interventions to meet different needs. There are also reports that the area has been affected by human and animal epidemic outbreaks poor infrastructure, lack of basic services, and lack of food security and disruption of means of livelihoods. The Humanitarian Needs Overview (HNO) for 2017 reports 418,068 IDPs in Central Darfur, the third highest number in the country, and IDP needs have risen above the limited capacity of the local Central Darfur government and the INGOs operating there.

The WRS food security monitoring team has visited the rural markets in Nertti, Gollo and Rokero in January 2018 and realized the retail staple food prices have drastically increased by 35% - 50% higher than the price before 6 months. The high prices are being driven by high demand for local consumption, low local production and high cost of transportation. As a result, most areas of Jabal mara will continue to face acute food insecurity and subsequently affect the health and nutritional situation of the community.

There is an ongoing outbreak of AWD in Nertiti and Golo localities. In February of 2018, new cases of AWD began to emerge from areas which were previously inaccessible to humanitarian intervention and remain difficult to reach through static interventions. The affected villages were in the bordering areas between SAFs and SLA rebels. Much support has been provided so far to the AWD through WR health, WASH and nutrition projects still new cases are being reported even though the rate is declining. According to current epidemiological data as of Mar, 10th, 2018 (From February 4-to Mar 10) 419 cases reported with attach rate of 215.7/10000 and case fatality rate of 1.7/10,000. As this data shows, there is a need to continue active case findings through community surveillance and increase case management and enhance integration of WASH, health and nutrition interventions in its operational areas.

2. Needs assessment

WR is operating in Jebel Marra regions in three localities: West, Central and North Jebel Marra Localities; whereby most people are new-returnees, IDPs or nomads and have health and nutrition needs. WRS's health records shows that ARIs, malaria, diarrhea, and eye infections are the leading causes of morbidity and mortality especially in children. As these are commonly caused by communicable diseases there is a high need to strengthen the linkage between the wash, nutrition and health sectors to create awareness in the needy communities to improve the situation. The survey done by WR and HAC in Centrral Jebel Marra (Golo area) has shown that a total of 7,825 households (approximately 39,125 people) out of which 465 HHs are for new returnees (approximately 2,138 people) in Killing area with high need of health and nutrition services. In North Jebel Marra there are 13,253 households comprised of approximately 66,265, Borgo administration unit is most affected area in this locality, with no health facility, the community spent almost one day on road to Elfashir to get healthcare. Nertiti locality has a high number of IDPs living in protracted IDPs camps with risks of outbreak for epidemic prone diseases due to poor hygiene, water and sanitation; access to basic healthcare services.

The Sudan MICS 2014, which covers thirty-one indicators related to child mortality, child survival, and maternal health indicates that Central Darfur is far below the national average in most of the indicators. The survey indicated that 67.9% of mothers attend antenatal care provided by skilled health personnel at least once, but only 47.1% of mothers attend antenatal care for the WHO defined standard of at least four times. Only 37.5% of births are delivered by skilled attendants, and just 9.5% of mothers deliver at health institutions as compared to the national averages of 77.7% of women who deliver with a skilled attendant and 27.7% of women who deliver in a health facility. Especially in Golo and Rokero health facilities have been left inoperable, creating an urgent need for health and nutrition support.

There has been frequent occurrence of communicable diseases outbreaks in Central Darfur state. During the last four years there were communicable disease outbreaks including AWD. In the recent 2018 AWD outbreak, cases were again reported in Nertiti and Golo localities. The cases were brought to WR health facilities from influx from rebel control areas including Kutrum. The outbreak resulted in death of 7 people out of 419 cases as March 10, 2018. Children and women are the most affected by the previous and current AWD. World Relief in collaboration with SMOH, WHO and UNICEF played and is playing a great role in containing the diseases and reducing the impacts of the outbreaks.

A nutritional Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted by IMC in Golo locality in March 2017 shows high rates of malnutrition, with a GAM rate of 15.8%, SAM rate of 54%, and Oedema prevalence of 1.3% which are all well above WHO emergency thresholds. Data from MUAC mass screening conducted by WRS, MoH and UNICEF in Central Darfur in 2016, and the MUAC screening for emergency Jebel Marra response, all have revealed that the malnutrition rates remained between 15.9%-36.0% for GAM while SAM rates were in the range of 2.5% and10.1%, above emergency thresholds. A household survey conducted by WRS in Jebel Marra revealed a very poor knowledge on Infant and Young Child Feeding practices, in addition to poor sanitation practices and a very limited coverage of community nutrition preventive package. The report indicated that in Jebel Marra, 92% of mothers begin breastfeeding within the first hour after delivery, but only 38% of mothers subsequently breastfeed their children exclusively, 24% of mothers prepare a separate meal for their children as a supplementary food and only 47% of children take meals three times a day.

3. Description Of Beneficiaries

The total targeted coverage area is 106,842 people comprised of 45,867 people of host communities, 36,860 IDPs and 24,115 returnees. From the total beneficiaries 28,847 of them are adult men, 30,983 adult women and the remaining 22,438 and 24,574 are boys and girls respectively. Furthermore, out of these total beneficiaries, 18,163 of them are children below 5 years, 25,489 are women of child bearing age, and 5,892 are pregnant and lactating women and 5,209 are children below one year. The selection criteria of beneficiaries were based on vulnerability status, equity and hard to reach areas with poor or low health facilities. Overall, Returnees, IDPs and hosting communities with poor access to livelihood opportunities and social services are targeted for this action. Among the vulnerable targets, people with disabilities, aged persons, female headed households, child headed households and sick people due to several reasons will be given priority in this action. Any beneficiary coming to the supported health facilities with an ailment will receive treatment free of discrimination. Screening for nutrition beneficiaries will take place at health facilities and in communities by Community Nutrition Volunteers. Nutrition admission and discharge for both SAM and MAM are based on MoH and WHO standards. Children are checked for bilateral edema, and if present, referred immediately for outpatient care. The OTP admits children who are referred to the nutrition program after screening. Children admitted must be below 70% weight for height, or with a z-score of <-3 (WHO standards), and/or a MUAC <11.5cm and must have an appetite and no medical complications. Children meeting the OTP criteria but with medical complications will be referred to the nearest hospital.
More than 18,000 children will be screened through mass screening campaign and routine activity. As a result, 4962 and 1829 children will get treatment for MAM and SAM respectively.

4. Grant Request Justification

WRS is active in providing primary and reproductive health services for communities in Golo, Nertiti, and Rokoro, and more needs are emerging as more areas are opened to NGO intervention. WRS is primary receiving funds for its health and other projects from OFDA in Central Darfur. WRS also receives gift in-kind to address the gaps in essential drugs. However, WR has not been able to meet all the needs due to funding gaps. The SHF fund will play a vital role in supporting health facilities and nutrition sites to continue providing the minimum services package to the vulnerable communities by covering gaps left from other funding sources.

Based on different sources of information, the following are the gaps and needs and proposed interventions to address them:
- Primary health care services: According to the 2017 1st quarter HeRAMS, only 62% in Nertiti, 17% in Rokero were provided the minimum basic health package. In Rokero, these percentages have declined 39% and 9% respectively, and in Nertiti, the percentage has increased by only 2% since the last HeRAMS report in Q4 of 2016. According to field visit report, most of the health facilities in these localities needs maintenance or construction of additional blocks to provide quality services to the needy population. Also, the 2017 1st quarter HeRAMS report shows that the PHCCs in Central Darfur have various personnel gaps, the biggest of which is the absence of nutrition staff, with only 36% of functioning health facilities having adequate nutrition staff. The gap in trained Midwives has also increased in the most recent reporting quarter.

- Community health promotion and capacity building: Behavioral change education on diseases prevention, immunization and pre-natal consultations; Diseases surveillance and early detection and notification of prone epidemic disease cases. This intervention will fill the gap about healthy practices in community, increase the rate of immunized children and improve community volunteers' skills and coordination.

- Communicable Disease Outbreaks: The proposed locations have been in many cases affected by recurrent outbreaks including Dengue fever, malaria and measles. WRS is currently responding to an outbreak of acute watery diarrhea in Central Darfur. The SHF budget will be supporting in strengthening community-based surveillance and referral system, health facility-based surveillance through strengthening capacity of health facility and health promoters.

Overall, the health services proposed by this project mainly focus on primary health coverage which includes treatment, community education, community level case finding and reporting and outreach services including immunization.

Regarding nutrition, the project focuses to contribute to the reduction of mortality and morbidity associated with malnutrition among children under five and PLW. The primary focus is reducing and maintaining mortality level below the emergency threshold by implementing CMAM and IYCF activities in order to improve the nutritional status of vulnerable members of the communities, especially children below 5 and PLW. To this end the project engages in identifying, screening and treating malnourished children under-five and PLW. A CMAM approach will be used to deliver these activities. Also, the organization provides ambulance services to SAM children with medical complications and refer them to stabilization centers. Furthermore, WR works with all partners including line ministries, community nutrition volunteers, community leaders and mother groups to promote nutrition awareness. The project supports nutrition monitors and carried out MUAC screening covering the entire population of project operational areas.

Health and nutrition will be implemented in an integrated way to ensure that the maximum benefit goes to the beneficiaries and addresses the gaps that could be created if either of the two services is missing.

5. Complementarity

Since 2016, WRS has been implementing lifesaving actions in the Health, Nutrition, FSL and WASH sectors in Jebel Marra areas, leveraging resources from donors including OFDA, SHF, WFP and UNICEF and addressing a coverage area of around 47,727 households (estimated 286,362 individuals). Synergies are identified at three levels. There is synergy with other projects in the proposed sectors as well as the health and nutrition sector activities currently being implemented by WRS. The proposed FSL activities complement the environmental protection and community resilience programs in WRS's Food for Assets (FFA) project which bridges immediate food gaps. Also, the proposed nutrition action will be implemented through feeding centers which are connected with WRS-supported primary health facilities. The health facilities will also serve as referral points for malnourished children with health complications. Families with children or PLW admitted to the nutrition program will be prioritized as beneficiaries for the FSL agricultural activities to increase their food security. Finally, there is synergy between this action and ongoing actions of other partners in the same localities. For example, rural hospitals supported by other INGOs are serving as referral sites for malnourished children with medical complications, and other health facilities operated by the State MoH are being used to refer beneficiaries of other activities who are in need of medical care.

Overall, the proposed actions will fill significant gaps in services existing in the target communities. Maximum precautions are taken to avoid duplication of efforts. Nutrition activities funded by different donors will be conducted in different villages within the same localities where nutrition services are not currently present. FSL and WASH activities will be implemented within the same villages as nutrition activities funded elsewhere to enhance the impact of all actions. There are other INGOs operating in the same localities, but INGOs have agreed to work in different villages or catchment areas to avoid duplication and enhance overall humanitarian service coverage.

WRS has been actively involved in the sector coordination led by the respective UN agencies. WRS will continue its coordination with the State Ministry of Health (SMoH) and the Health Cluster to ensure that NGOs are not duplicating resources, effort and geographic areas and to avoid competition over resources. WRS participates in the interagency joint assessments, monitoring and evaluation of projects and programs in Central Darfur. WRS is member of NGO steering committee in Central Darfur, which comprises International Medical Corps (IMC), Islamic Relief Worldwide (IRW), Norwegian Church Aid (NCA), Almassar, Triangle Generation Humanitaire (TGH), Save the Children Sudan (SC-S), Near East Foundation (NEF) and Catholic Relief Services (CRS). The Steering committee has monthly meeting to discuss security situation, humanitarian access, project agreements and some joint actions like AWD management when requested by government and Cluster leads. WRS has a 'one program' approach which aims to consolidate the efforts of all sectors to bring synergy in achieving broader goal.

Additionally, WRS is effectively coordinating the multi sector programs with Humanitarian Aid Commission (HAC) at state and federal level to facilitate signing project agreements, facilitating stay and travel permits to international staff and visitors. The SMoH collaborates with nutrition surveys, MUAC screening to malnourished children under five years and PLWs, assigning seconded Nutrition Assistants and OTP nurses for nutrition centers, and in training and building capacity of community nutrition volunteers. WRS is also coordinating with active participation of community-based organizations (CBOs) and local leaders.

LOGICAL FRAMEWORK

Overall project objective

The overall project objective is to improve access to integrated lifesaving health and nutrition services for 106,842 (55,557 women) conflict-affected people in Nertiti, Golo, and Rokero Localities of Central Darfur.

HEALTH		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Provide and continue access to PHC services for vulnerable population affected by conflict and natural disasters	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	40
Ensure provision of maternal and child health services for the reduction of maternal and child morbidity and mortality among vulnerable population	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	40
Strengthen the capacities to prepare, detect and promptly respond to public health risks or events at federal, state and locality levels	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	20

Contribution to Cluster/Sector Objectives : The proposed project is to directly contribute to all the three sector objectives. The three sectors and corresponding activities under each sector are described as follows.

SO1: Provide and continue access to PHC services for vulnerable population affected by conflict and natural disaster. To contribute to this objective WRS will be providing a free of charge consultation and treatment for the conflict affected vulnerable people including children under five years of age and pregnant and lactating women. These services will be provided through 9 permanent health facilities and four mobile clinics in the proposed localities. Cases which require treatment that exceeds the capacity of the health facilities will be referred to a local hospitals and budget is allocated for emergency transportation of referrals. Besides, WR will closely work with Community Health Promoters (CHPs) to enhance community awareness on treatment seeking behavior by implementing community health promotion activities both at health facilities and in communities. The health education/promotion activities will be generated from the weekly disease epidemiological trends of health facilities. The community health promoters also improve community-based referral system by conducting house to house visit. The project will provide capacity building training for community health promoters and health facility health personnel to enhance prevention and effective management of cases. To improve quality of health services the project will support rehabilitation of health facilities and timely preposition of drugs at health facilities level.

SO2: Strengthen capacity to prepare detect and promptly respond to public health risk events at federal, state and locality level. Focusing at state, locality and health facilities level, the project is also intended to strengthen the technical and institutional capacities in Emergency Preparedness and Response at local levels by supporting health service providers to prepare for, to detect, to prevent and to respond promptly to public health risk or events through training for health workers and community awareness and education. In addition, the project support in conducting monthly review meetings with community health promoters to strengthen community-based case finding and referral system

SO3: Ensure maternal and child health services for the reduction of maternal and child morbidity and mortality among vulnerable population. Under this objective, WRS will provide reproductive health (RH) services to pregnant women and women of child bearing age including information on family planning, routine antenatal health checkups, neonatal tetanus vaccinations, micro-nutrient supplements, assistance with deliveries for uncomplicated cases, and referrals of obstructed labors and other complications to the nearest hospital. WRS will provide transportation for emergency referral cases. Moreover, WRS will provide initial and/or refresher training to village midwives as well as to traditional birth attendants on referrals, reporting, follow-up care, intensive counseling on family planning, breastfeeding and child care practices and prevention of sexually-transmitted diseases. Traditional birth attendants will not be trained or encouraged to support deliveries but instructed to refer pregnant women to health clinics for delivery or to a trained village midwife for help with the delivery.

Outcome 1

To improve access to quality integrated primary health care services for conflict affected populations (women, men, girls, boys and especially <5 children) among IDPs, returnees, nomads, and host communities in Rokero, Nertiti and Golo localities of Central Darfur.

Output 1.1

Description

Improved access to consultation and treatment for 18,163 children under five, 82,787 patients above five years old and 5,892 pregnant and lactating women) at 9 health facilities in targeting IDPs, returnees, nomads, and host community members in Nertiti, Rokero and Golo localities. Strengthened capacity of community health promoters, community leaders and the 9 health facilities personnel early detection, preparedness and response to emergencies and public health threats.

Assumptions & Risks

• The security situation does not deteriorate to a level that endangers staff' whereby the UN security recommends evacuation of relocatable staff
• The armed groups operating in some parts of Jebel Maraa will not stop WRS from providing humanitarian services in partially opposition controlled areas like Kairo, Kurmul, and others
• Essential drugs will be obtained from the pipeline
• UNICEF and WFP will continue to provide the required health supplies in the State
• Humanitarian access continues to be facilitated by the current security structures, UN security system, GoS security apparatus, and the support of community leaders
• GoS will continue to allow NGO operations in the program area and process all permits in a timely manner
• State MoH is able and willing to second health staff to assist WRS in providing health services in the health centers
• Communities will accept WRS and be willing to partner on interventions
• Massive disease outbreaks will not affect the proposed locations and cause disruption of project activities

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).					9
Means of Verification : - Field visit - Project report view - Review of health facilities monitoring report							
Indicator 1.1.2	HEALTH	Number of health facilities providing Integrated Management of Childhood Illness (IMCI) services (HRP 2018).					9
Means of Verification : - Field visit - Project report view - Review of health facilities monitoring report							
Indicator 1.1.3	HEALTH	Number of health workers trained (disaggregated by gender) Male: 112, Female 56					168
Means of Verification : Training attendance records project report							
Indicator 1.1.4	HEALTH	Number of days of stock out per year for essential medicines.					2
Means of Verification : Pharmacy receipt and distribution records							
Indicator 1.1.5	HEALTH	Number of people using the health care facilities (by age and sex) (HRP 2018).	21,597	23,197	16,798	18,397	79,989
Means of Verification : - Project report - Health database report - Field level health facilities registration book review 5,200 patients are projected to be reached through the mobile interventions.							
Indicator 1.1.6	HEALTH	% completeness and timeliness of weekly surveillance reporting from sentinel sites (HRP 2018).					95
Means of Verification : Monthly review reports submitted project report							
Indicator 1.1.7	HEALTH	% of health emergency events reported, investigated and response initiated within 72 hours after reporting (HRP 2018).					75
Means of Verification : Joint investigation reports							
Indicator 1.1.8	HEALTH	Number of rapid response teams trained and responding in a timely manner (HRP 2018).					9
Means of Verification : Training attendance records Rapid Response Team reports Teams are made up of paid clinical staff who do outreach from each of the supported health facilities.							
Indicator 1.1.9	HEALTH	Number of Community Health Volunteers trained on community-based surveillance and referrals Males: 18, Females: 36					54
Means of Verification : Training attendance records							
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.							

Maintain service provision of 9 health facilities free of charge consultation and treatment to beneficiaries who will be reached through daily OPD consultations
- MOH staff secondment
- Support clinic running costs
- Referral of complicated patients to rural hospitals

To increase the number of functioning health facilities, WRS plans to support the SMoH with operations in 9 primary health care facilities in Golo, Nertiti, and Rokoro localities providing outpatient services, expanded program of immunization (EPI), routine immunization against all national target diseases, cold chain support, and antenatal and post-natal care. WRS has MoU with SMoH on the overall operation and management of the health facilities proposed to be supported by this grant. In the MoU, WRS details roles and responsibilities of parties involved in the management of the health facilities. The project will provide primary health care (consultations and prescriptions, EPI and preventive health education) through the health facilities.

These additional services require stronger commitments and better-quality health personnel. WRS will provide incentives to SMoH staff in the health facilities including Medical Assistants, Nurses, Midwives, Outpatient Therapeutic Feeding Program (OTP) Nurses, Clinic CHPs, Lead Vaccinators, Cleaners (1 of each of the aforementioned positions per facility), and Guards (2 per facility) and one cleaner per facility to encourage better attendance and better performance. Most of the health facilities have less than 50% personnel required to be fully functioning. WRS will negotiate with SMoH to second staff, which WRS will pay in incentive form. Health facility staff will receive regular in-service trainings on topics such as integrated management of childhood illnesses (IMCI), maternal and child health, and disease surveillance and reporting.

Besides on monthly basis the project supports the 9 health facilities through providing covering clinic running costs. The running costs includes providing water, providing detergents, providing furniture and stationaries needed for the health facilities.

Activity 1.1.2

Standard Activity : Conduct health education training for health staff

- Provide refresher training for 18 medical assistants and nurses on safe handling of biohazard material, and disposal of biomedical waste as per WHO recommendations.

WRS will equip each health facility to manage water, waste, and biological waste with the following strategies for different types of waste.
• Waste Collection Containers: Wastebaskets will be distributed throughout the facilities, at maximum of 5 meters walking distance from users. Cleaning staff will do daily collection and disposal of all waste containers in covered refuse pits or incinerators. Smoke from incinerators will be controlled.
• Sharps (needles, scalpels, syringes): All sharps are considered to be infectious and are collected in yellow containers with lids, preferably puncture proof as available. They will be gathered regularly for disposal, either buried in concrete lined pits or adapted drums.
• Non-sharps, infectious waste (anatomical waste, pathological waste, dressings, used single-use gloves): Infectious non-sharps will be collected in yellow or red bags or containers of 15 – 40 liters capacity with lids. They will be gathered for disposal after each intervention or twice daily and buried in a pit fitted with a sealed cover and ventilation pipe. Where facilities are available, they will be put in a high temperature incinerator or steam sterilized. Special arrangements may be needed for disposal of placenta, according to local custom.
• Non-sharp, non-infectious waste (paper, packaging): This wasted is collected in black containers, 20 – 60 liters capacity (15 – 40 liters for delivery room and 20 – 60 liters for operating theatre). It is gathered after each intervention or daily and buried in a pit or disposed of via the municipal waste stream if available. If space is limited, it can be burned in a low-temperature incinerator (for example an oil drum) and ashes and residues buried in a pit.
• Hazardous waste: It will be placed in appropriately labelled containers in secure locations and sent to the nearest hospital for proper handling and disposal.
• Dead Bodies Management: All persons handling and preparing bodies wear gloves and wash their hands with 2% Chlorine solution after handling. All bodies are placed in body bags for transport to the nearest hospital morgue or for burial according to local customs.
• Water waste: Water is disposed of in covered pits on the compound of each health facility at least 30 meters away from the storage container for clean water.
•
Gender and protection will be mainstreamed throughout the trainings and key cross-cutting issues related to health and nutrition.

Activity 1.1.3

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

- Procurement of drugs, medical supplies and furniture for needy health facilities
- Support transportation of drugs to the health facilities on monthly basis
- conduct regular field monitoring on distribution and management of drugs in clinics

WR obtain drugs through the OFDA funded WHO support. However, the drug support coming form WHO may not be enough, especially when there is disease outbreaks. Besides the support obtained from WHO doesn't include medical supplies and furniture. To this end, this project will cover the existing gaps and future needs through procuring essential drugs and medical supplies.

Both WHO support and project support supplies will be transported to the proposed 9 health facilities on monthly basis. Each health facility sends its monthly need to central warehouse and the pharmacist will prepare drugs and medical supplies disbursement. Vehicle will be hired to transport the monthly distribution of supplies to the health facilities to deliver timely and avoid drug supply pipeline breakage.

To ensure proper use of the medical supplies at facility level, the pharmacist, health coordinator and health and nutrition manager conduct field visit on monthly basis.

Activity 1.1.4

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

- Conduct awareness sessions for community leaders and Community Health Promoters (CHPs) on community- based referral and case finding system.

Enhanced community health promotion activities both at health facilities and in communities will contribute to early outbreak detection and response. Community level health promotion will be mainly done by CHPs mobilized and strengthened and trained by the project. WRS will provide training for 54 CHPs based on SMoH training protocols for CHPs. Monthly review meetings with CHPs will assist WRS and SMoH in managing and reinforcing community-based referrals and case-finding systems. The health education and promotion activities will be generated from the weekly disease epidemiological trends of health centers. Furthermore, the health sector conducts HIV/AIDS and sexually-transmitted infections (STIs) awareness through the inclusion of HIV/AIDS education topics in both capacity building and public awareness sessions.

Simplified community case definitions are adapted to suit to CHPs and community members including traditional healers, birth attendants, village administration, agricultural workers, teachers, and others. Enhanced community health promotion activities both at health facilities and in communities will further contribute to early outbreak detection and response. Community level health promotion will be mainly done by CHPs mobilized and strengthened and trained by the project.

Activity 1.1.5

Standard Activity : Conduct health education training for health staff

- Train 36 medical assistants and nurses and locality MOH and& HAC staff on emergency preparedness and rapid response system.

Proper understanding and function of a disease surveillance system helps health workers at the locality and health units to set priorities, plan interventions, mobilize and allocate resources, detect epidemics early, initiate prompt response to epidemics, and evaluate and monitor health interventions. It also helps to assess long term disease trends. In Sudan, the national MoH uses an integrated diseases surveillance approach. A standard case definition is a set of criteria, agreed on by providers within the country, used to decide if a person has a particular disease, or if the case can be considered for reporting and investigation. A standard case definition can be classified as confirmed, probable and possible or suspected. These definitions must be used at all levels including the community, health professionals working at BHUs, PHCCs and hospitals at different levels, private health facilities, other government health facilities and NGO clinics.

Gender and protection will be mainstreamed throughout the trainings and key cross-cutting issues related to health and nutrition.

Activity 1.1.6

Standard Activity : Conduct health education training for health staff

- Train 18 medical assistants and nurses on integrated management of childhood illnesses (IMCI).

In collaboration with state MOH and WHO WR facilitates training on IMCI for health personnel working in the 9 health facilities supported by this project. According to WHO guidelines, Medical Assistants will receive refresher training on all primary components of IMCI, including assessing and classifying the child, identifying treatment, providing service and counseling and following up and making referrals.

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.

- Rehabilitation of 5 health facilities including Koron, Killing, Kairo, Borgo and Kurmul.

The identified health facilities lack basic infrastructure such as general wards, improved incinerators and reproductive health (RH) facilities. They do not comply with the proposed new federal Ministry of Health primary health center (PHC) policy, which recommends inclusion of components of basic emergency obstetric care (BEmOC) and laboratory services. Thus, WRS plans to improve the health facility infrastructure by painting walls, plastering cracked walls and floors, replacing plastic carpets, and fixing cracked windows and leaky roofs, which are critical to ensure the cleanliness and safety of the health facilities. All rehabilitation projects will be conducted according to MoH standards. WRS will also refurnish and reequip health facilities with furniture and equipment needed to provide basic services.

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.

- Support four mobile clinics.
Mobile services will be conducted, reaching out to populations who are unable to access the static facilities, thus ensuring that individuals afraid or unable to move to the static facilities are not denied assistance or services. This is particularly important for elderly and disabled beneficiaries who may be unable to walk the required distances to project sites. In order to further ensure that elderly and disabled beneficiaries are also able to access programmatic services, WRS's community outreach teams are able to identify individuals unable to access the facilities and ensure that services are brought to the individual. Vulnerable groups such as people living with HIV/AIDS or people with disabilities will receive equal access to the program. Anyone who meets the admission criteria will automatically be admitted. Operating mobile clinics also adds to the protection aspect.

Activity 1.1.9

Standard Activity : Support or conduct public health alert investigation, verification and response, including outbreaks.

- Conduct monthly review meetings with community health promoters to strengthen community-based case finding and referral system.

Monthly review meetings with CHPs will assist WRS and SMoH in managing and reinforcing community-based referrals and case-finding systems. The review meeting includes discussion on CHPs performance mainly related to case finding, house to house visit, community education and reporting, challenges, opportunities and future plans. The meeting also discusses on health related risks in their supervision catchment.

Output 1.2

Description

Improve maternal and Child Health (MCH) services for the reduction of maternal and child morbidity and mortality among 11,101 vulnerable populations in Golo, Nertiti and Rokero localities of Jebel Marra areas.

Assumptions & Risks

• The security situation does not deteriorate to a level that endangers staff' whereby the UN security recommends evacuation of relocatable staff
• The armed groups operating in some parts of Jebel Maraa will not stop WRS from providing humanitarian services in partially opposition controlled areas like Kairo, Kurmul, and others
• Essential drugs will be obtained from the pipeline
• Humanitarian access continues to be facilitated by the current security structures, UN security system, GoS security apparatus, and the support of community leaders
• GoS will continue to allow NGO operations in the program area and process all permits in a timely manner
• Communities will accept WRS and be willing to partner on interventions
• Massive disease outbreaks will not affect the proposed locations and cause disruption of project activities

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	Number of health facilities providing basic emergency obstetric care.					9
Means of Verification : Clinical registers							
Indicator 1.2.2	HEALTH	Number of obstetric emergencies referred to secondary or tertiary care					250
Means of Verification : Clinical registers							
Indicator 1.2.3	HEALTH	Number of births assisted by skilled birth attendant (HRP 2018).					1,400
Means of Verification : Clinical registers Home visit reports							
Indicator 1.2.4	HEALTH	Number of children below one year of age (by sex) covered by measles vaccine (HRP 2018).			2,553	2,656	5,209
Means of Verification : Vaccination registers Project report							
Indicator 1.2.5	HEALTH	Number of children below one year that received Penta valent vaccination (Penta 3).					3,646
Means of Verification : Vaccination registers Project report							
Indicator 1.2.6	HEALTH	Number of community awareness sessions conducted.					108
Means of Verification : - Project report - health facilities report							
Indicator 1.2.7	HEALTH	Number of health workers trained (disaggregated by gender)	9	108			117
Means of Verification : - Attendance sheet - Project report							

Activities

Activity 1.2.1

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

- Support 9 health facilities to provide maternal and child health
As much as possible, WRS adheres to the Minimum Initial Standard Package (MISP) for reproductive health in emergencies. All health facilities being supported by the proposed project are BHUs, the lowest level of health facility. Moreover, many of the clinics were not functioning at all prior to WRS's interventions within the past year. Therefore, the capacity to implement all five components of MISP is limited. In the supported facilities, WRS in partnership with the MoH will lead the implementation of any MISP components. The BHUs lack the adequate infrastructure to fully implement the second and third components of MISP. Cases of sexual violence identified will be referred to the nearest partner health facility or hospital with the capacity to treat these types of cases. WRS and health facility staff will be trained on basic counseling and referral for these cases. As discussed below in Sub-Sector 1.4, reduction in the transmission of HIV/AIDS is addressed through community education and awareness. The inclusion of Prevention of Mother to Child Transmission is not yet possible at the supported BHUs due to lack of capacity at the facilities.

The fourth and fifth components of MISP, the prevention of mother and newborn death and illness, and the integration of integration of sexual and reproductive health care into primary healthcare is the focus of WRS's reproductive health (RH) sub-sector. WRS will provide RH services to pregnant women and women of child bearing age including information on family planning, routine antenatal health checkups, neonatal tetanus vaccinations, micronutrient supplements, assistance with deliveries for uncomplicated cases, referrals of obstructed labors and other complications to the nearest hospital, postnatal care, and IMCI. WRS will provide transportation for emergency referral cases. Village midwives (VMs), defined as women in the community who are not employed by the health facilities but are formally trained as midwives and supervised by the Midwife at the nearby health facility, attend to pregnant women who are not able to come to health facilities. Post-delivery, VMs will provide follow up with the mother and the newborn for at least the first 45 days. Mothers will be referred to the nearest health facility for a postnatal check-up at 6 weeks, and VMs will follow up on attendance at this appointment and any other resulting appointments.

Activity 1.2.2

Standard Activity : Conduct health education training for health staff

- Refresher 27 training health facilities personnel on basic ANC, delivery, PNC and family planning.

WR planned to provide refresher training on basic ANC, delivery, PNC and family planning for 27 medical assistants and nurses for three days. The training is provided for health personnel working in the 9 health facilities supported by this project.

Activity 1.2.3

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

- Support routine and accelerated immunization

WRS plans to support the 9 primary health care facilities in Golo, Nertiti, and Rokoro localities providing outpatient services, expanded program of immunization (EPI), routine immunization against all national target diseases. To this end, WRS will provide logistical (transport of staff and supplies) and personnel support to SMoH to conduct EPI activities particularly in acceleration of routine EPI campaigns and vaccination at fixed and mobile clinics targeting children under five and PLW.

Activity 1.2.4

Standard Activity : Conduct health education training for health staff

- Build capacity of 90 village midwives (VMWs) on early referral mechanisms in order to enhance their capacity to facilitate safe deliveries in their communities.
Village midwives (VMs), defined as women in the community who are not employed by the health facilities but are formally trained as midwives and supervised by the Midwife at the nearby health facility, attend to pregnant women who are not able to come to health facilities. Post-delivery, VMs will provide follow up with the mother and the newborn for at least the first 45 days. Mothers will be referred to the nearest health facility for a postnatal check-up at 6 weeks, and VMs will follow up on attendance at this appointment and any other resulting appointments. VMs are also equipped to provide intensive counseling on family planning, breastfeeding and child care practices. WRS will provide initial and/or refresher trainings to VMs on referrals, reporting, follow-up care, and prevention of sexually-transmitted diseases. To address the low ANC attendance, WRS will also train CHPs to disseminate messaging on critical danger signs during pregnancy, highlighting when mothers should go to the clinic (outside of regular ANC) care or seek help from a VM if a clinic is not accessible.

Additional Targets :

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide life-saving nutrition interventions to those affected by new emergencies, or living in newly accessible areas	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	100

Contribution to Cluster/Sector Objectives : World Relief intends to implement nutrition programs in proposed localities in coordination with the Central Darfur State Ministry of Health (SMoH). The project is designed to directly address the nutrition cluster objectives 1, which is provide life saving nutrition interventions to those affected by new emergencies, or live in newly accessible areas. These will be achieved by providing emergency lifesaving nutrition services to children under five years old and pregnant or lactating women who have young children through TSFP/OTP feeding centers in health clinics and mobile clinics. More emphasis will be given to newly accessible areas in Central Jebel Marraa areas including killing, Koron, Terbil, Kurmul and Keiro, West Jebel Maraa including Kutrum and North Jebel Maraa Borgo and surrounding villages. The project overall intended to comprehensively address community nutrition needs through strengthening community nutrition management including case finding, reporting, referral and follow up, providing treatment to needy children, providing supplementary feeding and close follow up at facility level, providing support in referral of children with medical complications and improve community awareness including men in appropriate feeding for infants and young children. To achieve the IYCF program mothers in Mothers' Groups will be established and trained.

Outcome 1

Reduced mortality and morbidity associated with malnutrition among children under five, pregnant and lactating women in conflict-affected communities in Golo, Rokero and Nertiti localities of Central Darfur.

Output 1.1

Description

Appropriate infant and young child feeding (IYCF) practices promoted and essential nutrition actions introduced

Assumptions & Risks

• The security situation does not deteriorate to a level that endangers staff' whereby the UN security recommends evacuation of relocatable staff
• The armed groups operating in some parts of Jebel Maraa will not stop WRS from providing humanitarian services in partially opposition controlled areas like Kairo, Kurmul, and others
• Essential drugs will be obtained from the pipeline
• Humanitarian access continues to be facilitated by the current security structures, UN security system, GoS security apparatus, and the support of community leaders
• GoS will continue to allow NGO operations in the program area and process all permits in a timely manner
• State MoH is able and willing to second nutrition staff to assist WRS in providing nutritional services in the nutrition centers
• Communities will accept WRS and be willing to partner on interventions
• Massive disease outbreaks will not affect the proposed locations and cause disruption of project activities

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of support groups established					40

Means of Verification : Mothers' Support Group registers

Indicator 1.1.2	NUTRITION	Number of technical staff and community outreach volunteers trained in different nutrition subjects (CMAM Package, IYCF, NiE)					100

Means of Verification : Training attendance records

Indicator 1.1.3	NUTRITION	Number of mothers benefited from IYCF mother groups					600

Means of Verification : Project report
Field visit and discussion with mothers group

Activities

Activity 1.1.1

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

- Provide IYCF training for 20 Nutrition assistant and nutrition nurses for 4 days on IYCF.

Staff trainings for both WRS and SMoH personnel will be conducted to build their capacity on infant and young child feeding (IYCF) practices and promotion. Trainings will focus on breastfeeding and complimentary feeding, monitoring children under 2 years old, standard measurement for malnutrition, and interviewing techniques. They will be conducted by both WRS and MOH, with technical support expected from UNICEF.

Activity 1.1.2

Standard Activity : Establish mother support group for promotion of IYCF

- Screening and formation of 40 Mothers' Support Groups
- Conduct monthly meeting with 40 Mothers' Support Groups

Nutrition Assistants and CNVs will also form Mothers' Groups with a focus on IYCF. The project will organize 40 Mothers' Groups with 15 members each. All Mothers' Groups will receive training on exclusive breastfeeding, complementary feeding and other healthy feeding practices from the Nutrition Assistants and CNVs for three months of bi-monthly meetings. Relevant WASH massages will also be incorporated into the Mothers' Groups discussions. Upon graduation of the first Mothers' Groups, new Mothers Groups each will receive the same training from the same trainers. Graduated mothers are expected to share information with their neighboring mothers and caretakers. The 40 mothers group is divided as follows: Screening and formation of 16 new mother support groups (4 in Koron, 4 in Killing and 8 in Borgo (Rokero) and maintained 24 established in previous project). The total of 40 mother groups will be supported: 12 in West Jebel Marra, 20 in Central Jebel Marra and 8 in North Jebe Marra as WR is supporting only one health facility in the locality.

Activity 1.1.3

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

- Train 40 (20 women) nutrition volunteers on IYCF key messages

WR planned to provide training to Community Nutrition Volunteers on IYCF key messages for two days so that they can conduct IYCF awareness creation /messages using key messages during TSFP and OTP services. WRS will cascade the IYCF training down to the community level through training of Nutrition Assistants in each health facility. These Nutrition Assistants will in turn help form, train, and manage networks of CNVs. Depending on the location and the workload of the CNV, some CNVs may also be trained as CHPs.

Nutrition Assistants and CNVs will perform home visits to provide lessons to mothers on exclusive breastfeeding and complementary feeding practices. In parallel, village midwives will be trained on IYCF to enable them to provide counseling to mothers on breastfeeding. Outreach on feeding practices, including breastfeeding will not only target mothers but also fathers, grandparents, mothers-in-law, traditional healers and traditional birth attendants, and religious and traditional leaders so that healthy practices will become more embedded. Similar lessons will also be provided at the OTP/TSFP sites.

Activity 1.1.4

Standard Activity : Establish mother support group for promotion of IYCF

- Train 40 lead mothers groups on IYCF key messages

WR train 40 lead mothers in IYCF awareness, prevention and demonstration including the availability of IYCF education and supportive counselling services. Lead Mothers will receive training on exclusive breastfeeding, complementary feeding and other healthy feeding practices in order to provide counsel and education to the other mothers in their group as well as to help form new groups after the graduation cycle.

Activity 1.1.5

Standard Activity : Establish mother support group for promotion of IYCF

- Graduation and certification of mothers who fully attended IYCF cession

The project establishes a graduation criteria for mothers who fully attended the training sessions and ready to graduate. The criteria includes providing oral test for mothers ready to graduate to assess their knowledge. Only mothers who score more than 80% will graduate. The knowledge test questionnaire will be prepared centrally and implemented at field level by nutrition assistants. To further assess the practice of mothers who graduate from the mother group the nutrition assistants pay visit to graduated mothers house and observe how mothers practically translate the lessons they got at household level. The best practices will be captured through case stories and will be used for sharing project impact and at the same time the lessons shared with the others group.

Output 1.2

Description

Increased access to treatment of moderate and severe acute malnutrition (MAM and SAM) services for children under five and pregnant and lactating women according to the SPHERE standards.

Assumptions & Risks

• The security situation does not deteriorate to a level that endangers staff' whereby the UN security recommends evacuation of relocatable staff
• The armed groups operating in some parts of Jebel Maraa will not stop WRS from providing humanitarian services in partially opposition controlled areas like Kairo, Kurmul, and others
• Essential drugs will be obtained from the pipeline
• UNICEF and WFP will continue to provide the required nutrition supplies in the State
• Humanitarian access continues to be facilitated by the current security structures, UN security system, GoS security apparatus, and the support of community leaders
• GoS will continue to allow NGO operations in the program area and process all permits in a timely manner
• State MoH is able and willing to second nutrition staff to assist WRS in providing nutritional services in the nutrition centers
• Communities will accept WRS and be willing to partner on interventions
• Massive disease outbreaks will not affect the proposed locations and cause disruption of project activities

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Number of outpatient therapeutic feeding centers (OTP) supported by partner.					10
Means of Verification : Project reports Site visits Photographs							
Indicator 1.2.10	NUTRITION	% of PLW with MAM discharged?		80			80
Means of Verification : Nutrition clinical registers							
Indicator 1.2.11	NUTRITION	Number of children and PLW screened through MUAC screening					38,000
Means of Verification : Project report MUAC screening report							
Indicator 1.2.2	NUTRITION	Number of technical staff and community outreach volunteers trained in different nutrition subjects (CMAM Package, IYCF, NiE)					80
Means of Verification : Training attendance records							
Indicator 1.2.3	NUTRITION	Number of at risk malnourished girls, boys (6-23 months) admitted to acute malnutrition prevention program. (HRP 2018)			2,430	2,532	4,962
Means of Verification : Nutrition clinical registers							
Indicator 1.2.4	NUTRITION	% of 0-59 month with MAM discharged?					80
Means of Verification : Nutrition clinical registers							
Indicator 1.2.5	NUTRITION	% of boys and girls 0-59 months with SAM cured among the discharged children (target >75% according to SPHERE)					80
Means of Verification : Nutrition clinical registers							
Indicator 1.2.6	NUTRITION	% of boys and girls 0-59 months with SAM defaulted among the discharged children (target <15% according to SPHERE)					10
Means of Verification : Nutrition clinical registers							
Indicator 1.2.7	NUTRITION	% of boys and girls 0-59 months SAM deaths among the discharged children (target < 10% according to SPHERE)					5
Means of Verification : Nutrition clinical registers							
Indicator 1.2.8	NUTRITION	Number of PLWs in need receiving acute malnutrition treatment services. (HRP 2018)		1,534			1,534
Means of Verification : Nutrition clinical registers							
Indicator 1.2.9	NUTRITION	Number of targeted acute undernourished PLWs admitted to acute malnutrition treatment programs. (HRP 2018)		1,073			1,073
Means of Verification : Nutrition clinical registers							

Activities

Activity 1.2.1

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

- Train 40 (20 women) nutrition volunteers on MUAC screening and community mobilization.

The Nutrition Assistants and Community Nutrition Volunteers at the feeding centers will be trained on the proper use of tapes to measure the mid-upper arm circumference of children under five to determine whether they are malnourished and should be referred to either the MAM or SAM program.

Activity 1.2.2

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.)

- Admit children under five and pregnant and lactating women to TSFP and children under five to OTP and provide appropriate treatment and follow up.

The nutrition program will target male and female children aged 6-59 months with moderate acute malnutrition and will also target malnourished PLW. Admission and discharge for both MAM and SAM are based on SMoH and WHO standards. Beneficiaries enrolled in the TSFP program will receive biweekly supplementary food distributions in accordance with the Sudanese national guidelines. Food rations include corn-soya blend (CSB), sugar, dry skimmed milk, and vegetable oil. Rations will be provided through a partnership with WFP. Beneficiaries will be visited by Nutrition Assistants and CNVs for nutrition counseling and to assess food preparation, consumption of supplementary food rations, and feeding and hygiene practices in the households.

Children in OTP will receive ready-to-use therapeutic food (RUTF) for their rehabilitation and will be instructed not to eat any other foods. The RUTF Plumpy nut, provided by UNICEF is made from ground nuts and is the nutritional equivalent of F-100 but is produced in a paste form that can be eaten directly from the packet. This reduces health complications associated with the use of unsafe water. All children discharged from the OTP will be referred to the TSFP, where they will be enrolled for a minimum of 2 months or longer if they do not attain the TSFP discharge criteria by then. CNV home monitoring and training visits will continue after a child's OTP discharge as well. WRS will also facilitate transportation of TSFP/OTP foods from main ware house to sub-store house and from sub-storehouse to distribution centers.

Organize outreach programs for hard to reach communities by using mobile clinic services supported by health project. Health staff operating the mobile clinics mentioned above will also be trained on how to screen children under five and PLW for malnutrition and how to refer them to the nearest health and nutrition facilities.

- Referral of undernourished individuals with medical complications to SCs for stabilization
WR will provide transportation costs and TFU caretaker costs for the referral for the targeted 400 SAM children with complication cases. On average WR provides 15 USD in cash or rent a car.

Activity 1.2.3

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

- Monthly review meeting with community nutrition volunteers

Strengthen community referral mechanisms for identified cases to TSFP/OTP centers through house to house visit by nutrition volunteers. Nutrition Assistants and CNVs will perform home visits in order to follow up on the nutritional status of the referred children and PLW. Monthly review meetings with nutrition volunteers to share data and best practices and provide additional training and guidance.

Activity 1.2.4

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

- Train 20 nutrition assistants and nurses on CMAM:
10 nutition assistants and 10 nurses planned to be trained by this project on CMAM. The training will be conducted for 4 days in collaboration with state MOH and UNICEF. The training mainly focuses on Community Management of Acute Malnutrition (CMAM) including screening, admission criteria, rations, and defaulter tracing. After the training the trainees will provide support to the nutrition volunteers and overall nutrition activities under the 10 centers.

Activity 1.2.5

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.)

- Rehabilitate 7 nutrition centers
- Provide materials and equipment for the nutrition centers
- Support nutrition centers monthly running costs

WR is currently providing nutrition supports through 8 nutrition centers including Mali, Jebel Ahmar, Kambila, Kairo, Terbil, Kurmul, and Borgo. Some of the nutrition centers are permanent and some of temporary which need serious rehabilitation. In addition, through this proposal WR would like to expand the nutritional support to two additional sites including Koron and Killing villages to address the pressing community needs in Golo locality.

WR budgeted to rehabilitate 7 nutrition centers including Kairo, Terbil, Borgo, Jebel Ahmar, Kurmul, killing and Koron villages. The main objective of rehabilitating the centers is to to make sure they can provide safe and adequate services. The budget will be used to procure industrial materials such as cement, zink sheet, iron bars, pipes, local materials including stones, mud and skilled labor cost who work on the health facilities. The community will also contribute in providing local materials such as mud and gravel and unskilled labor will be contributed by the community.

In addition the project allocated resources for each nutrition center supported by this project. The budget goes to procurement of tables and chairs, cupbords, plastic mat, benches for waiting area, local water dispenser, water barrel for water storage, white board for weekly reporting, flip chart holder or stand for nutrition education and other field level necessary items.

Furthermore, WRS will also support TSFP/OTP Centers monthly running costs, including consumable office-type supplies like paper, writing utensils, notebooks, cleaning supplies, and detergents.

Activity 1.2.6

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 mass MUAC screening twice a year for children under five and PLW.
Nutrition Assistants and CNVs will conduct assessments in villages covered by the project to register pregnant and lactating women (PLW) and children under five. In addition, they will regularly conduct screening of the same groups for malnutrition by taking mid-upper arm circumference (MUAC) measurements. Based on results of the screenings, they will refer malnourished individuals to feeding centers and/or health facilities as appropriate. Two major campaigns will be coordinated out of each facility each year.

Activity 1.2.7

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

- Train medical assistants and OTP nurses on SAM management
20 medical assistants and OTP nurses will be trained for 4 days on the management of SAM. The training will be provided by trainers from Khartoum or State MoH who have strong experience in nutrition.

Additional Targets :

M & R

Monitoring & Reporting plan

WRS's team will conduct regular monitoring during implementation of this project to measure progress against planned objectives results. The multi-disciplinary team will also make sure timely mobilization of resources, cost effectiveness and quality of the works pertinent to the agreed deliverables. Findings of the monitoring that include the strength, weakness opportunities, and lessons learned will be shared among actors and will be used for further improvement.

WRS country and field office level management and technical staff will be directly involved in monitoring the process, progress of activities and results, resource utilization and compliance to accountability to donor and the beneficiaries. A detailed Monitoring and Evaluation Plan capturing all project key indicators will be used to track progress in achieving targeted outcomes of the projects. Data collection tools: questionnaire, checklist, assessment of PHC toolkits will be developed and health officers in each locality will use them to collect data during monthly supervision and mentorship outreach at the facilities.
Health facility staffs will ensure that all epidemiologic, disease burden, service utilization and community outreach activities are recorded in registers. The Health and Nutrition Program Manager and the Program Development and Quality Assurance Manager will on quarterly basis analyze collected data from all areas and provide feedback for both country level management and health facilities for informed decision making and recommendations to improve respectively. Baseline data for indicators in the M&E plan will be collected for new facilities (Borgo, Killing and& Koron) while the existing supported health facilities will use the previous information as baseline. The sector---- based project officers and area coordinators assigned in the localities will also take responsibility in following up the community mobilization, resource mobilization, the daily routine implementation and holding active communication with the beneficiaries in the localities.

The Central Darfur Area Manager based in Zalingei visits operation sites at least twice a month and provides technical and administrative support required for this action. The Program Development and Quality Assurance Manager and the M&E Coordinator, who is roving between West and Central Darfur, will be supervising and monitoring the project operations and providing technical support. The internal monitoring and coordination enables the sector staff to make follow the work plan, tracking progress against indicators, ensuring the quality of work, cost effectiveness. The M&E staff will oversee accountability to donors and the community, presence of visibility of the donor's finger prints on the deliverables, level of integration and complementarity among the sectors, level of coordination among the actor. Multiples of monitoring tools and approaches will be utilized for this action:

• Field level observation to the activities in health facilities and nutrition centers
• Conducting focus group discussions to discuss on progress, communities satisfaction and challenges
• Monitor the nutrition activities in OTP/SFP centers, recording and compiling, daily and weekly reports
• Conduct joint monitoring visits by sector managers and coordinators and other stakeholders resulting in technical assistance and recommendations
• Continue participating in Cluster meetings and coordinate with other stakeholders on the ground
• Hold monthly review meeting with target communities, committees, community leaders
• Follow up and reviewing financial, nutrition resource utilization reports and comparing against the planned activities and budget
• Using results of Nutrition SMART surveys to monitor progress and take improvement actions
• Preparing, monthly and quarterly reports and monitoring of indicators on a quarterly basis
• Reviewing communities' complaints from the suggestion boxes

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: Maintain service provision of 9 health facilities free of charge consultation and treatment to beneficiaries who will be reached through daily OPD consultations - MOH staff secondment - Support clinic running costs - Referral of complicated patients to rural hospitals To increase the number of functioning health facilities, WRS plans to support the SMoH with operations in 9 primary health care facilities in Golo, Nertiti, and Rokoro localities providing outpatient services, expanded program of immunization (EPI), routine immunization against all national target diseases, cold chain support, and antenatal and post-natal care. WRS has MoU with SMoH on the overall operation and management of the health facilities proposed to be supported by this grant. In the MoU, WRS details roles and responsibilities of parties involved in the management of the health facilities. The project will provide primary health care (consultations and prescriptions, EPI and preventive health education) through the health facilities. These additional services require stronger commitments and better-quality health personnel. WRS will provide incentives to SMoH staff in the health facilities including Medical Assistants, Nurses, Midwives, Outpatient Therapeutic Feeding Program (OTP) Nurses, Clinic CHPs, Lead Vaccinators, Cleaners (1 of each of the aforementioned positions per facility), and Guards (2 per facility) and one cleaner per facility to encourage better attendance and better performance. Most of the health facilities have less than 50% personnel required to be fully functioning. WRS will negotiate with SMoH to second staff, which WRS will pay in incentive form. Health facility staff will receive regular in-service trainings on topics such as integrated management of childhood illnesses (IMCI), maternal and child health, and disease surveillance and reporting. Besides on monthly basis the project supports the 9 health facilities through providing covering clinic running costs. The running costs includes providing water, providing detergents, providing furniture and stationaries needed for the health facilities.	2018				X	X	X	X	X	X	X	X	
	2019	X	X	X									
HEALTH: Activity 1.1.2: - Provide refresher training for 18 medical assistants and nurses on safe handling of biohazard material, and disposal of biomedical waste as per WHO recommendations. WRS will equip each health facility to manage water, waste, and biological waste with the following strategies for different types of waste. • Waste Collection Containers: Wastebaskets will be distributed throughout the facilities, at maximum of 5 meters walking distance from users. Cleaning staff will do daily collection and disposal of all waste containers in covered refuse pits or incinerators. Smoke from incinerators will be controlled. • Sharps (needles, scalpels, syringes): All sharps are considered to be infectious and are collected in yellow containers with lids, preferably puncture proof as available. They will be gathered regularly for disposal, either buried in concrete lined pits or adapted drums. • Non-sharps, infectious waste (anatomical waste, pathological waste, dressings, used single-use gloves): Infectious non-sharps will be collected in yellow or red bags or containers of 15 – 40 liters capacity with lids. They will be gathered for disposal after each intervention or twice daily and buried in a pit fitted with a sealed cover and ventilation pipe. Where facilities are available, they will be put in a high temperature incinerator or steam sterilized. Special arrangements may be needed for disposal of placenta, according to local custom. • Non-sharp, non-infectious waste (paper, packaging): This wasted is collected in black containers, 20 – 60 liters capacity (15 – 40 liters for delivery room and 20 – 60 liters for operating theatre). It is gathered after each intervention or daily and buried in a pit or disposed of via the municipal waste stream if available. If space is limited, it can be burned in a low-temperature incinerator (for example an oil drum) and ashes and residues buried in a pit. • Hazardous waste: It will be placed in appropriately labelled containers in secure locations and sent to the nearest hospital for proper handling and disposal. • Dead Bodies Management: All persons handling and preparing bodies wear gloves and wash their hands with 2% Chlorine solution after handling. All bodies are placed in body bags for transport to the nearest hospital morgue or for burial according to local customs. • Water waste: Water is disposed of in covered pits on the compound of each health facility at least 30 meters away from the storage container for clean water. • Gender and protection will be mainstreamed throughout the trainings and key cross-cutting issues related to health and nutrition.	2018				X	X	X						
	2019												

HEALTH: Activity 1.1.3: - Procurement of drugs, medical supplies and furniture for needy health facilities - Support transportation of drugs to the health facilities on monthly basis - conduct regular field monitoring on distribution and management of drugs in clinics WR obtain drugs through the OFDA funded WHO support. However, the drug support coming form WHO may not be enough, especially when there is disease outbreaks. Besides the support obtained from WHO doesn't include medical supplies and furniture. To this end, this project will cover the existing gaps and future needs through procuring essential drugs and medical supplies. Both WHO support and project support supplies will be transported to the proposed 9 health facilities on monthly basis. Each health facility sends its monthly need to central warehouse and the pharmacist will prepare drugs and medical supplies disbursement. Vehicle will be hired to transport the monthly distribution of supplies to the health facilities to deliver timely and avoid drug supply pipeline breakage. To ensure proper use of the medical supplies at facility level, the pharmacist, health coordinator and health and nutrition manager conduct field visit on monthly basis.	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
HEALTH: Activity 1.1.4: - Conduct awareness sessions for community leaders and Community Health Promoters (CHPs) on community- based referral and case finding system. Enhanced community health promotion activities both at health facilities and in communities will contribute to early outbreak detection and response. Community level health promotion will be mainly done by CHPs mobilized and strengthened and trained by the project. WRS will provide training for 54 CHPs based on SMoH training protocols for CHPs. Monthly review meetings with CHPs will assist WRS and SMoH in managing and reinforcing community-based referrals and case-finding systems. The health education and promotion activities will be generated from the weekly disease epidemiological trends of health centers. Furthermore, the health sector conducts HIV/AIDS and sexually-transmitted infections (STIs) awareness through the inclusion of HIV/AIDS education topics in both capacity building and public awareness sessions. Simplified community case definitions are adapted to suit to CHPs and community members including traditional healers, birth attendants, village administration, agricultural workers, teachers, and others. Enhanced community health promotion activities both at health facilities and in communities will further contribute to early outbreak detection and response. Community level health promotion will be mainly done by CHPs mobilized and strengthened and trained by the project.	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
HEALTH: Activity 1.1.5: - Train 36 medical assistants and nurses and locality MOH and& HAC staff on emergency preparedness and rapid response system. Proper understanding and function of a disease surveillance system helps health workers at the locality and health units to set priorities, plan interventions, mobilize and allocate resources, detect epidemics early, initiate prompt response to epidemics, and evaluate and monitor health interventions. It also helps to assess long term disease trends. In Sudan, the national MoH uses an integrated diseases surveillance approach. A standard case definition is a set of criteria, agreed on by providers within the country, used to decide if a person has a particular disease, or if the case can be considered for reporting and investigation. A standard case definition can be classified as confirmed, probable and possible or suspected. These definitions must be used at all levels including the community, health professionals working at BHUs, PHCCs and hospitals at different levels, private health facilities, other government health facilities and NGO clinics. Gender and protection will be mainstreamed throughout the trainings and key cross-cutting issues related to health and nutrition.	2018									X			
	2019												
HEALTH: Activity 1.1.6: - Train 18 medical assistants and nurses on integrated management of childhood illnesses (IMCI). In collaboration with state MOH and WHO WR facilitates training on IMCI for health personnel working in the 9 health facilities supported by this project. According to WHO guidelines, Medical Assistants will receive refresher training on all primary components of IMCI, including assessing and classifying the child, identifying treatment, providing service and counseling and following up and making referrals.	2018							X					
	2019												

HEALTH: Activity 1.1.7: - Rehabilitation of 5 health facilities including Koron, Killing, Kairo, Borgo and Kurmul. The identified health facilities lack basic infrastructure such as general wards, improved incinerators and reproductive health (RH) facilities. They do not comply with the proposed new federal Ministry of Health primary health center (PHC) policy, which recommends inclusion of components of basic emergency obstetric care (BEmOC) and laboratory services. Thus, WRS plans to improve the health facility infrastructure by painting walls, plastering cracked walls and floors, replacing plastic carpets, and fixing cracked windows and leaky roofs, which are critical to ensure the cleanliness and safety of the health facilities. All rehabilitation projects will be conducted according to MoH standards. WRS will also refurnish and reequip health facilities with furniture and equipment needed to provide basic services.	2018				X	X	X					
	2019											
HEALTH: Activity 1.1.8: - Support four mobile clinics. Mobile services will be conducted, reaching out to populations who are unable to access the static facilities, thus ensuring that individuals afraid or unable to move to the static facilities are not denied assistance or services. This is particularly important for elderly and disabled beneficiaries who may be unable to walk the required distances to project sites. In order to further ensure that elderly and disabled beneficiaries are also able to access programmatic services, WRS's community outreach teams are able to identify individuals unable to access the facilities and ensure that services are brought to the individual. Vulnerable groups such as people living with HIV/AIDS or people with disabilities will receive equal access to the program. Anyone who meets the admission criteria will automatically be admitted. Operating mobile clinics also adds to the protection aspect.	2018				X	X	X	X	X	X	X	X
	2019	X	X	X								
HEALTH: Activity 1.1.9: - Conduct monthly review meetings with community health promoters to strengthen community-based case finding and referral system. Monthly review meetings with CHPs will assist WRS and SMoH in managing and reinforcing community-based referrals and case-finding systems. The review meeting includes discussion on CHPs performance mainly related to case finding, house to house visit, community education and reporting, challenges, opportunities and future plans. The meeting also discusses on health related risks in their supervision catchment.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X								
HEALTH: Activity 1.2.1: - Support 9 health facilities to provide maternal and child health As much as possible, WRS adheres to the Minimum Initial Standard Package (MISP) for reproductive health in emergencies. All health facilities being supported by the proposed project are BHUs, the lowest level of health facility. Moreover, many of the clinics were not functioning at all prior to WRS's interventions within the past year. Therefore, the capacity to implement all five components of MISP is limited. In the supported facilities, WRS in partnership with the MoH will lead the implementation of any MISP components. The BHUs lack the adequate infrastructure to fully implement the second and third components of MISP. Cases of sexual violence identified will be referred to the nearest partner health facility or hospital with the capacity to treat these types of cases. WRS and health facility staff will be trained on basic counseling and referral for these cases. As discussed below in Sub-Sector 1.4, reduction in the transmission of HIV/AIDS is addressed through community education and awareness. The inclusion of Prevention of Mother to Child Transmission is not yet possible at the supported BHUs due to lack of capacity at the facilities. The fourth and fifth components of MISP, the prevention of mother and newborn death and illness, and the integration of integration of sexual and reproductive health care into primary healthcare is the focus of WRS's reproductive health (RH) sub-sector. WRS will provide RH services to pregnant women and women of child bearing age including information on family planning, routine antenatal health checkups, neonatal tetanus vaccinations, micronutrient supplements, assistance with deliveries for uncomplicated cases, referrals of obstructed labors and other complications to the nearest hospital, postnatal care, and IMCI. WRS will provide transportation for emergency referral cases. Village midwives (VMs), defined as women in the community who are not employed by the health facilities but are formally trained as midwives and supervised by the Midwife at the nearby health facility, attend to pregnant women who are not able to come to health facilities. Post-delivery, VMs will provide follow up with the mother and the newborn for at least the first 45 days. Mothers will be referred to the nearest health facility for a postnatal check-up at 6 weeks, and VMs will follow up on attendance at this appointment and any other resulting appointments.	2018						X			X			X
	2019			X									
HEALTH: Activity 1.2.2: - Refresher 27 training health facilities personnel on basic ANC, delivery, PNC and family planning. WR planned to provide refresher training on basic ANC, delivery, PNC and family planning for 27 medical assistants and nurses for three days. The training is provided for health personnel working in the 9 health facilities supported by this project.	2018				X	X	X						
	2019												

HEALTH: Activity 1.2.3: - Support routine and accelerated immunization WRS plans to support the 9 primary health care facilities in Golo, Nertiti, and Rokoro localities providing outpatient services, expanded program of immunization (EPI), routine immunization against all national target diseases. To this end, WRS will provide logistical (transport of staff and supplies) and personnel support to SMoH to conduct EPI activities particularly in acceleration of routine EPI campaigns and vaccination at fixed and mobile clinics targeting children under five and PLW.	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
HEALTH: Activity 1.2.4: - Build capacity of 90 village midwives (VMWs) on early referral mechanisms in order to enhance their capacity to facilitate safe deliveries in their communities. Village midwives (VMs), defined as women in the community who are not employed by the health facilities but are formally trained as midwives and supervised by the Midwife at the nearby health facility, attend to pregnant women who are not able to come to health facilities. Post-delivery, VMs will provide follow up with the mother and the newborn for at least the first 45 days. Mothers will be referred to the nearest health facility for a postnatal check-up at 6 weeks, and VMs will follow up on attendance at this appointment and any other resulting appointments. VMs are also equipped to provide intensive counseling on family planning, breastfeeding and child care practices. WRS will provide initial and/or refresher trainings to VMs on referrals, reporting, follow-up care, and prevention of sexually-transmitted diseases. To address the low ANC attendance, WRS will also train CHPs to disseminate messaging on critical danger signs during pregnancy, highlighting when mothers should go to the clinic (outside of regular ANC) care or seek help from a VM if a clinic is not accessible.	2018					X							
	2019												
NUTRITION: Activity 1.1.1: - Provide IYCF training for 20 Nutrition assistant and nutrition nurses for 4 days on IYCF. Staff trainings for both WRS and SMoH personnel will be conducted to build their capacity on infant and young child feeding (IYCF) practices and promotion. Trainings will focus on breastfeeding and complimentary feeding, monitoring children under 2 years old, standard measurement for malnutrition, and interviewing techniques. They will be conducted by both WRS and MOH, with technical support expected from UNICEF.	2018				X	X	X						
	2019												
NUTRITION: Activity 1.1.2: - Screening and formation of 40 Mothers' Support Groups - Conduct monthly meeting with 40 Mothers' Support Groups Nutrition Assistants and CNVs will also form Mothers' Groups with a focus on IYCF. The project will organize 40 Mothers' Groups with 15 members each. All Mothers' Groups will receive training on exclusive breastfeeding, complementary feeding and other healthy feeding practices from the Nutrition Assistants and CNVs for three months of bi-monthly meetings. Relevant WASH massages will also be incorporated into the Mothers' Groups discussions. Upon graduation of the first Mothers' Groups, new Mothers Groups each will receive the same training from the same trainers. Graduated mothers are expected to share information with their neighboring mothers and caretakers. The 40 mothers group is divided as follows: Screening and formation of 16 new mother support groups (4 in Koron, 4 in Killing and 8 in Borgo (Rokero) and maintained 24 established in previous project). The total of 40 mother groups will be supported: 12 in West Jebel Marra, 20 in Central Jebel Marra and 8 in North Jebe Marra as WR is supporting only one health facility in the locality.	2018							X	X	X			
	2019												
NUTRITION: Activity 1.1.3: - Train 40 (20 women) nutrition volunteers on IYCF key messages WR planned to provide training to Community Nutrition Volunteers on IYCF key messages for two days so that they can conduct IYCF awareness creation /messages using key messages during TSFP and OTP services. WRS will cascade the IYCF training down to the community level through training of Nutrition Assistants in each health facility. These Nutrition Assistants will in turn help form, train, and manage networks of CNVs. Depending on the location and the workload of the CNV, some CNVs may also be trained as CHPs. Nutrition Assistants and CNVs will perform home visits to provide lessons to mothers on exclusive breastfeeding and complementary feeding practices. In parallel, village midwives will be trained on IYCF to enable them to provide counseling to mothers on breastfeeding. Outreach on feeding practices, including breastfeeding will not only target mothers but also fathers, grandparents, mothers-in-law, traditional healers and traditional birth attendants, and religious and traditional leaders so that healthy practices will become more embedded. Similar lessons will also be provided at the OTP/TSFP sites.	2018					X							
	2019												

NUTRITION: Activity 1.1.4: - Train 40 lead mothers groups on IYCF key messages WR train 40 lead mothers in IYCF awareness, prevention and demonstration including the availability of IYCF education and supportive counselling services. Lead Mothers will receive training on exclusive breastfeeding, complementary feeding and other healthy feeding practices in order to provide counsel and education to the other mothers in their group as well as to help form new groups after the graduation cycle.	2018					X							
	2019												
NUTRITION: Activity 1.1.5: - Graduation and certification of mothers who fully attended IYCF cession The project establishes a graduation criteria for mothers who fully attended the training sessions and ready to graduate. The criteria includes providing oral test for mothers ready to graduate to assess their knowledge. Only mothers who score more than 80% will graduate. The knowledge test questionnaire will be prepared centrally and implemented at field level by nutrition assistants. To further assess the practice of mothers who graduate from the mother group the nutrition assistants pay visit to graduated mothers house and observe how mothers practically translate the lessons they got at household level. The best practices will be captured through case stories and will be used for sharing project impact and at the same time the lessons shared with the others group.	2018							X			X		
	2019		X										
NUTRITION: Activity 1.2.1: - Train 40 (20 women) nutrition volunteers on MUAC screening and community mobilization. The Nutrition Assistants and Community Nutrition Volunteers at the feeding centers will be trained on the proper use of tapes to measure the mid-upper arm circumference of children under five to determine whether they are malnourished and should be referred to either the MAM or SAM program.	2018						X	X	X				
	2019												
NUTRITION: Activity 1.2.2: - Admit children under five and pregnant and lactating women to TSFP and children under five to OTP and provide appropriate treatment and follow up. The nutrition program will target male and female children aged 6-59 months with moderate acute malnutrition and will also target malnourished PLW. Admission and discharge for both MAM and SAM are based on SMoH and WHO standards. Beneficiaries enrolled in the TSFP program will receive biweekly supplementary food distributions in accordance with the Sudanese national guidelines. Food rations include corn-soya blend (CSB), sugar, dry skimmed milk, and vegetable oil. Rations will be provided through a partnership with WFP. Beneficiaries will be visited by Nutrition Assistants and CNVs for nutrition counseling and to assess food preparation, consumption of supplementary food rations, and feeding and hygiene practices in the households. Children in OTP will receive ready-to-use therapeutic food (RUTF) for their rehabilitation and will be instructed not to eat any other foods. The RUTF Plumpy nut, provided by UNICEF is made from ground nuts and is the nutritional equivalent of F-100 but is produced in a paste form that can be eaten directly from the packet. This reduces health complications associated with the use of unsafe water. All children discharged from the OTP will be referred to the TSFP, where they will be enrolled for a minimum of 2 months or longer if they do not attain the TSFP discharge criteria by then. CNV home monitoring and training visits will continue after a child's OTP discharge as well. WRS will also facilitate transportation of TSFP/OTP foods from main ware house to sub-store house and from sub-storehouse to distribution centers. Organize outreach programs for hard to reach communities by using mobile clinic services supported by health project. Health staff operating the mobile clinics mentioned above will also be trained on how to screen children under five and PLW for malnutrition and how to refer them to the nearest health and nutrition facilities. - Referral of undernourished individuals with medical complications to SCs for stabilization WR will provide transportation costs and TFU caretaker costs for the referral for the targeted 400 SAM children with complication cases. On average WR provides 15 USD in cash or rent a car.	2018				X	X					X	X	X
	2019	X	X	X									
NUTRITION: Activity 1.2.3: - Monthly review meeting with community nutrition volunteers Strengthen community referral mechanisms for identified cases to TSFP/OTP centers through house to house visit by nutrition volunteers. Nutrition Assistants and CNVs will perform home visits in order to follow up on the nutritional status of the referred children and PLW. Monthly review meetings with nutrition volunteers to share data and best practices and provide additional training and guidance.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									

NUTRITION: Activity 1.2.4: - Train 20 nutrition assistants and nurses on CMAM: 10 nutition assistants and 10 nurses planned to be trained by this project on CMAM. The training will be conducted for 4 days in collaboration with state MOH and UNICEF. The training mainly focuses on Community Management of Acute Malnutrition (CMAM) including screening, admission criteria, rations, and defaulter tracing. After the training the trainees will provide support to the nutrition volunteers and overall nutrition activities under the 10 centers.	2018						X						
	2019												
NUTRITION: Activity 1.2.5: - Rehabilitate 7 nutrition centers - Provide materials and equipment for the nutrition centers - Support nutrition centers monthly running costs WR is currently providing nutrition supports through 8 nutrition centers including Mali, Jebel Ahmar, Kambila, Kairo, Terbil, Kurmul, and Borgo. Some of the nutrition centers are permanent and some of temporary which need serious rehabilitation. In addition, through this proposal WR would like to expand the nutritional support to two additional sites including Koron and Killing villages to address the pressing community needs in Golo locality. WR budgeted to rehabilitate 7 nutrition centers including Kairo, Terbil, Borgo, Jebel Ahmar, Kurmul, killing and Koron villages. The main objective of rehabilitating the centers is to to make sure they can provide safe and adequate services. The budget will be used to procure industrial materials such as cement, zink sheet, iron bars, pipes, local materials including stones, mud and skilled labor cost who work on the health facilities. The community will also contribute in providing local materials such as mud and gravel and unskilled labor will be contributed by the community. In addition the project allocated resources for each nutrition center supported by this project. The budget goes to procurement of tables and chairs, cupbords, plastic mat, benches for waiting area, local water dispenser, water barrel for water storage, white board for weekly reporting, flip chart holder or stand for nutrition education and other field level necessary items. Furthermore, WRS will also support TSFP/OTP Centers monthly running costs, including consumable office-type supplies like paper, writing utensils, notebooks, cleaning supplies, and detergents.	2018					X	X						
	2019												
NUTRITION: Activity 1.2.6: - Conduct mass MUAC screening twice a year for children under five and PLW. Nutrition Assistants and CNVs will conduct assessments in villages covered by the project to register pregnant and lactating women (PLW) and children under five. In addition, they will regularly conduct screening of the same groups for malnutrition by taking mid-upper arm circumference (MUAC) measurements. Based on results of the screenings, they will refer malnourished individuals to feeding centers and/or health facilities as appropriate. Two major campaigns will be coordinated out of each facility each year.	2018						X						X
	2019												
NUTRITION: Activity 1.2.7: - Train medical assistants and OTP nurses on SAM management 20 medical assistants and OTP nurses will be trained for 4 days on the management of SAM. The training will be provided by trainers from Khartoum or State MoH who have strong experience in nutrition.	2018						X						
	2019												

OTHER INFO

Accountability to Affected Populations

As a process of conducting needs assessment and formulating this action, WRS has mobilized local communities, community leaders and stakeholders in their respective areas & facilitated open discussion among the participants. The participants have discussed the overall situations including how the 2016 conflict displaced them from their areas and mentioned specific problems like loss of their household assets, evictions from their fertile land, looting of livestock, situations of children suffering from malnutrition and diseases, inability to cultivate their land due to lack of inputs and farm tools, women/girls suffering from travelling long distance to fetch water, shortage of food items in their food baskets and other social problems. The WRS team pondered open ended questions to beneficiaries to give their opinions on the needs and priorities then collected and summarized the information by taking the original opinions.

In addition to the situation analysis and needs assessment & planning the communities have also confirmed their commitment to fully participate and contribute in the implementation process. The various partners and stakeholders mentioned above, as well as the beneficiaries themselves, will be asked to participate throughout all stages of the process from beneficiary selection to building the work plan, to scheduling and designing trainings, to monitoring & evaluation.

Overall the community will be involved in the project as depicted below.
- Through their representatives the community had been involved in needs assessment and formulation of this project;
- WR established three layers of community engagement in the project proposed locations. The first layer of engagement with the community is through community level volunteers working on health and nutrition. The volunteers involve in project design, implementation and monitoring of activities in their respective locations. The second layer is through strengthening and working with community level health & nutrition committees. This committee closely work with health facilities & oversee WR engagement in health and nutrition. The third layer is working with community level projects management committees. These committees are established to oversee the work of WR in their respective areas or locality.
- The community level engagement is materialized through conducting regular meeting with community level committees and volunteers. Sector officers and area coordinators regularly conduct meeting at community level and discuss progresses, challenges, future plan and opportunities, community concerns and risks. The monthly meeting feedback will be discussed at WR Zaingi management level which is conveyed on monthly bases at Zalingi.
In each facilities level WRS displays hotline reporting mechanisms so that the community members can report their level of satisfaction on the services provided by WRS to relevant staff in the organization. The information obtained from the hotline report will be verified by WRS's team and for serious allegations, a committee will be established to carry out detailed investigation.

Furthermore, WR will continue using the existing the existing suggestion box and new one in new sites to be placed at each health facilities in collaboration with state ministry of health to get the feedback from beneficiary communities on health facilities services. The beneficiary community will be informed to put their feedback anytime in the suggestion box and WR health coordinator will collect information from the suggestion box on quarterly basis and discuss with health & nutrition manager, & Zalinig area manager on improvements of some of the beneficiary complaints. Also the findings from the beneficiaries will be shared with SMoH for taking collective action.

Project objectives, donors, type of services provided to the community through WR health & nutrition facilities will be displayed using sign posts and erected.

Implementation Plan

This project will be implemented for 12 months starting from April 1, 2018 through March 31, 2019. Depending on approval process and final approval from HC the project the implementation dates might be changed. World Relief will work closely with the State MoH on all technical matters and procure all required project inputs and supplies with a set procurement and implementation schedule as set out in the work plan. The project staff further develop a detail action plan and detail trip plan for each month to enhance project activities implementation. The project activities will be implemented in partnership with a National Sudanese NGO, called Almasar. The Health sector will closely work with 9 health facilities located in Rokero, Nertiti and Golo localities. Project staff will identify the necessary inputs and supplies in consultation with the health facilities in accordance with the plan and request for delivery of the required inputs and supplies. The requested inputs and supplies will be procured at the Geneina, Zalingi and Khartoum levels by the logistics personnel depending on availability of items at each place and will be delivered to implementation sites within the required time frame. All procurement will follow the standard procurement procedures of World Relief and health standards of MoH and WHO.

Nutrition interventions will be designed using community-based nutrition integrated programs to prevent and treat acute malnutrition. At the community level, Community Nutrition Volunteers (CNVs) and Mothers' Support Groups (MSGs) will mobilize communities on issues of good nutrition and Infant and Young Child Feeding practices. Cooking demonstrations are organized in communities for the good use of locally available food, and also the cereal and vegetable crops production contributes to strengthen availability and diversity of food and nutrition sources for malnourished children, PLWs and other vulnerable people. CNVs also conduct home to home visits and regular screening sessions are organized to monitor the effectiveness of all preventive measures and all identified malnourished beneficiaries are referred to nutrition centers through well-functioning community referral mechanisms. Formal trainings and on-to-the job trainings on CMAM are provided to seconded health and nutrition staff and other project staff to conduct rigorous follow up and screenings and to provide treatment to malnourished children under five and PLWs through targeted supplementary feeding program (TFSP) and outpatient therapeutic feeding program (OTP) sites. The health support and referral systems are integrated with CMAM programs whereby SAM cases with health complications are referred to Golo and Nertiti Hospitals. WRS will work closely together with UNICEF and WFP for supplying of Ready-to-Use Therapeutic Food (RUTF) commodities and all these activities will be supervised by the MoH, through which all protocols and guidelines are disseminated.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Humanitarian Aid Commission (HAC), Almasar, SMOH, WFP, UNICEF, WHO, Other INGOs,	HAC is the government's regulatory body for all NGOs. WRS will collaborate with HAC on monitoring and evaluation and maintaining compliance with government policies.,Almasar is a national NGO partnering with WR as a national entity per the requirement of HAC. Moreover, WR has interest in building local capacity by working closely with local NGOs such as Almasar. The main activities WRS will collaborate with Almasar on include: Identifying and mobilizing beneficiaries and community leaders, raising awareness of the project, providing trainings to community leaders, health facility staff, and beneficiaries, and assisting with monitoring and evaluation.,SMOH is the government line ministry responsible for health and nutrition activities. Activities undertaken in collaboration with SMoH include: training and technical support, provision of guidelines and ensuring compliance with government standards, provision of health related information, and supervision, monitoring and evaluation of the project.,Provides supplementary food and additional resources required to manage food and distribute to the beneficiaries. Also the provide technical support and monitor project performance,Provides RUTF and financial resources that complement this project. Besides UNICEF provides technical support and guidance on nutrition related standards and IEC and BCC materials. UNICEF also coordinates overall SHF nutrition project and monitor project activities,Leads health coordination meetings at federal level and assists in providing national guidelines and ensure coordination of programing at field level. Also monitors projects at field level. ,Complements ongoing activities of WR.,

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The impact of the problems discussed above are more pronounced on women, girls and children. According to the information collected during the FGD sessions, women and girls are overburdened with domestic works like housekeeping, child care, food preparation, fetching firewood, collecting water from distant areas, purchasing food items. In addition, the major farming operations (cultivation, planting, weeding, harvesting) are on the shoulders of women and girls. Regarding food insecurity, FGD participants have confirmed women and girls have less access to nutritious food sources, because priority is given to men and boys in the household. The patriarchy favors men’s access to and control over productive resources while women and girls have almost no decision making power on resources.

Protection Mainstreaming

WRS considers protection to be a major cross cutting issues in the humanitarian setting. Therefore, WRS will take due attention to reduce any unintended risks for all project beneficiaries, but particularly for children, women, disabled, elderly and disabled people. Monitoring milestones will include protection and gender checklists besides the technical tools to ensure the activities and operation environment is women and child friendly. The organization recognizes the importance of the human rights of refugees, returnees, IDPs and especially the most vulnerable groups such women, girls and minority groups. While implementing this project, the organization will make conscious and intentional efforts to avoid all situations which expose beneficiaries to risk, threat, violence and abuse of their rights.

Mobile services will be conducted, reaching out to populations who are unable to access the static facilities, thus ensuring that individuals afraid or unable to move to the static facilities are not denied assistance or services. This is particularly important for elderly and disabled beneficiaries who may be unable to walk the required distances to project sites. In order to further ensure that elderly and disabled beneficiaries are also able to access programmatic services, WRS’s community outreach teams are able to identify individuals unable to access the facilities and ensure that services are brought to the individual. Vulnerable groups such as people living with HIV/AIDS or people with disabilities will receive equal access to the program. Anyone who meets the admission criteria will automatically be admitted.

Besides the strategic choice of service locations, strategic choice of staff can also strengthen protection of beneficiaries. WRS will also be sure to promote peace sensitivity by ensuring that all community groups including IDPs, host community members, returnees, pastoralists, and varying tribal and ethnic groups have equal access to project services by selecting project sites in areas accessible to the different groups and hiring diverse staff. This minimizes the risk of conflict due to competition over social services. The possibility of discrimination by locally hired staff against beneficiaries who do not hold the same tribal or political affiliations is mitigated by ensuring that program teams which consist of combinations of locally hired national staff representing all ethnic groups, national staff hired from outside the programmatic area and international staff. In addition, WRSS will continue to work closely with protection actors to ensure that its interventions respond to the protection related needs of beneficiaries and ensure that discrimination does not occur as a result of project activities.

Accessing and providing quality services to minority groups and related issues are part of the review agendas of the committees. On top of this, WRS's M&E system intentionally segregates data by groups to clearly measure and analyze how the project is impacting marginalized groups. To this end, WRS will focus on building the capacity of the staff to strengthen their understanding on the fundamental human rights and serving beneficiaries with dignity. Training on gender and protection mainstreaming has been planned for project staff to ensure that vulnerable beneficiaries (women, girls, men and boys and minorities) are respected and feel protected. Efforts will also be made to ensure maximum care for children and women by ensuring children seeking health services will be accompanied by adult members of their family. Medical personnel will also be aware of protection protocols and work for the protection of the rights of individuals, including minors. Maximum efforts will be made to maintain all the midwives who are female themselves in the clinics and other operational areas to provide care and support with comfort to pregnant and lactating mothers.

Country Specific Information

Safety and Security

Although it seems calm and stable at this moment, the security situation in the selected three localities of Central Darfur is unpredictable. Criminal activities including shooting, theft, robbery cattle raiding, sexual and gender-based violence and killings are reported through the UNDSS network and our internal security management structures. Reports indicated the war between GoS and the armed rebel forces in 2016 displaced more than 195,000 people from out of which more than 75% from Northern, Central and Western Jebel Mara localities. Fortunately, IDPs displaced from these localities have been returning because of the relative improvements in the security situations. On top the security situations, humanitarian access is further hindered by logistical challenges, especially the lack of road access among locations like Nertiti, Golo and Rokero. In line with this, WRS has conducted security risk assessment, analysis and developed contingency plan pertinent to the selected localities. The security management plan is updated every six months and internalized to all staff. All visitors and resident staff receive security updates once in a week and any time whenever there is need to alert on specific security situations. The security focal person in Central Darfur participates in weekly UNDSS meetings and shares vital information to the management. Generally, WRS will continue working with UNDSS, local communities and other NGOs to share security intelligence and to ensure safe movement of staff and assets in the targeted localities.

Access

Although the security situation is unpredictable, WRS has been closely following up the situations and updating its preparedness plan. WRS has very good acceptance by communities, stakeholders and local leaders in its operation areas of West Darfur, central Darfur and at Federal level. The Jebel Maraa region is still constrained with security concerns calling for maximum precaution and preparedness for violence while providing the much- needed services to communities. The common security threats include abductions, sporadic killings, inter-tribal conflicts, property lootings, criminal activities and carjacking. The identified project implementation sites are currently accessible to both national and international staff. WRS has been employing a flexible approach to access the community by using locally rented vehicles and deploying national staff and community volunteers as well as engagement of local partner National NGOs. International staff visit project sites at least once per month to provide technical support to national staff at field level and monitor project activities performance at grassroots level following security updates obtained from UNDSS.

WRS has been implementing various projects in the proposed localities, and the organization is optimistic that the security situation will remain stable enough to implement the proposed action. As WRS is an active member of the state level security coordination system and obtains daily security SitRep, the organization will continue in monitoring grassroots level situation and provide required information to its staff especially those who are based in deep field sites. The impact of the security situation on the action will also be analyzed and precautions will be taken when needed, and the same will be communicated to the donor proactively to seek advice based on WRS's security protocols.

The organization coordinates well with the UN security system while at the same time developing local acceptance by working closely with various community level committees. The Nertiti, Golo and Zalingei office and guest staff house are located in safe neighborhoods with modest security infrastructures. The organization believes it can maintain the safety and security of the staff members both at the field site levels and Zalingei office to properly implement the action.

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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	Country Director	S	1	5,500.00	12	10.00	6,600.00
	The Country Director (International) located at WRS's Khartoum Office will help in coordination of SHF funded project at national level and 10% of his salary will be charged under SHF while 90% will be charged from other donors. *- Apart from coordination role the CD will help in reviewing field reports before submission. He will also participate in periodic monitoring and evaluation of project implementation at field level.* *- The CD is a holder of Masters in project management.* *- The Unit costs is based on staff current contract and WR salary scale .* *- The cost included in the monthly unit cost covers the salary only as per the current staff contract.* *5500 per month X 10% time X 12 months = 6600USD* *the duty station of the position is in Khartoum*						
1.2	Program manager	D	1	4,700.00	12	10.00	5,640.00
	The Program Manager (International) located in between WRS Geneina Office and Zalingi will assist in coordination and monitoring of SHF project at Field level and 1% of his salary will be charged under SHF donor while 90% will be charged from other donors. *- PM should be a holder of Masters in similar discipline.* *- Unit Number has been estimated based on the staff current contract and WR's salary scale* *- The cost included in the monthly unit cost covers the salary only as per the staff member current contract.* *4700 per moth X 10 % time X 12 months = 5640 USD* *the duty station of the position is in both West and Central Darfur and directly involved in project execution*						
1.3	Finance manager	S	1	4,200.00	12	10.00	5,040.00

	1 Expatriate Finance Manager will be involved in the Financial management including budgeting, cash management and supervision of financial reporting of the project. The Finance manager will dedicate 10% of the her time to the project at a rate of $4200 per month for 12 months. The salary is based on the staff member's current contract and WR's salary scales. The Finance Manager is a certified public Accountant and holds a bachelors degree in Accounting. *$4200 per month x 10 % time X 12 months = 5040 USD* *The duty station of the position is in Khartoum*						
1.4	DME manager	D	1	4,500.00	12	5.00	2,700.00
	An expat will be involved in the project monitoring and evaluation. He will be assessing the extent of the project in integrating crosscutting issues including Gender, protection, environment and accountability to affected community in the implementation of the project at field level. *The DME manager will dedicate 5% of the her time to the project at a rate of $4500 per month for 12 months. The salary is based on the staff member's current contract and WR's salary scales. The Finance Manager is a certified public Accountant and holds a bachelors degree in Accounting.* *$4500 per month x 5% time X 12 months = 2700 USD* *the duty station of the position is in Khartoum, west and central Darfur and directly involved in project execution*						
1.5	Central Darfur area manager	D	1	3,750.00	12	10.00	4,500.00
	One Area Manager (international) based in Zalingi will be responsible for overall coordination and M&E of World Relief Sudan activities in Zalinigi. He will be mainly responsible in supervising health team in Zalingi and field level and networking and coordination with state level government line ministries. 10% of his salary will be charged under SHF donor while 85% will be charged from other donors. He holds a Masters in humanitarian management. Unit Number has been estimated based on the current staff contract and WR's salary scale. The cost included in the monthly unit cost covers the salary only as per the staff member current contract. *3750 per month x 10 % time x 12 months = 4500 USD* *the duty station of the position is in Central Darfur- Zalingi and directly involved in project execution*						
1.6	Health and nutrition manager	D	1	4,000.00	12	30.00	14,400.00
	1 Expatriate Health and Nutrition Manager will be involved in the direct implementation and supervision of the project in the field.The Health and Nutrition Manager will dedicate 30% of his time to the project at a rate of $ 4000 per month for 12 months. The salary is based on the current staff contract and WR's Salary scale. The Health and Nutrition Manager holds a degree in Public Health. *4000 per month X 30 % time X 12 months = 14400 USD* *the duty station of the position is in Central Darfur- Zalingi and directly involved in project execution*						
1.7	Central Darfur health coordinator	D	1	1,550.00	12	30.00	5,580.00
	One national staff Health coordinators will be involved in the daily implementation and supervision of the health activities in the field and coordination at state and locality level. 30% of his time will be dedicated to the project at a rate of $1,550 per month for 12 months. The health team leader holds a Bachelor's degree in Medicine. The monthly salary for the position includes Gross salary, NSIF and gratuity. The Unit costs is based on WR's current Salary scales *1 health coordinator X 1550 per month x 30% time X 12 months = 5580 USD* *the duty station of the position is in Central Darfur- Zalingi and the three localities and directly involved in project execution*						
1.8	Central Darfur Nutrition coordinator	D	1	1,550.00	12	20.00	3,720.00
	One national staff nutrition coordinators will be involved in the daily implementation and supervision of the nutrition activities in the field and coordination at state and locality level. 20% of his time will be dedicated to the project at a rate of $1,550 per month for 12 months. The health team leader holds a Bachelor's degree in Medicine. The monthly salary for the position includes Gross salary, NSIF and gratuity. The Unit costs is based on WR's current Salary scales *1 health coordinator X 1550 per month x 20% time X 12 months = 3720 USD* *the duty station of the position is in Central Darfur- Zalingi and the three localities and directly involved in project execution*						
1.9	Finance officers	S	2	1,200.00	12	10.00	2,880.00
	Two finance officers (national) located at the field level office in Zalingi will be engaged in the preparation of payment for all the goods and services which will be procured in the project and preparation of the quarterly financial reports for the project. 10% of the finance Assistant salary will be cover by the project. Finance Assistant hold a Bachelor degree in Accounting. The unit cost of the staff salary is based on their current contract and WR's Salary scale which includes Gross salary, NSIF and gratuity as per World Relief Salary scales. *2 Finance officers x 1200 per month x 10% time x 12 months = 2880 USD* *the duty station of the position is in Central Darfur- Zalingi the duty station of the position is in Central Darfur- Zalingi and the three localities*						
1.10	Logistic officer	S	1	1,050.00	12	15.00	1,890.00
	One logistics officer (National) will dedicate 15% of his time for this project. The Logistics officer will support the senor operation officer in all procurement processes and logistical supports for the project. The salary per month is based on the current salary scale.The monthly salary includes, Gross salary, NSIF contribution, Medical allowance and gratuity. *1 logistic officer x 1050 per month x 15% time x 12 months = 1890USD* *the duty station of the position is in Central Darfur- Zalingi and the three localities*						
1.11	Senior operation officer	S	1	1,300.00	12	15.00	2,340.00

	One national staff based in Zalingi will be responsible for coordinating logistic activities and human resources function of the personnel involved in the project. The staff will be involved in the recruitment, appraisal, leave management and preparation of the payroll, proforma collection, bid and bid analysis and awarding of procurement. The staff will dedicate 15% of their time to this project. The salary of the staff is based on WRS salary scale, The salary per month includes, Basic salary, NSIF contribution, and gratuity. *1 staff x 1300 USD per month x 12 months x 15% = 2340 USD* *the duty station of the position is in Central Darfur- Zalingi*						
1.12	Pharmacist	D	1	750.00	12	30.00	2,700.00
	One pharmacist (national) will be involved in the implementation of the project activities. 30% of his time will be invested on the project. The gross salary for the position is $750 per month. The salary are based on the current salary grades of World Relief and current staff contracts. The salary include Gross salary, NSIF and Gratuity. The Pharmacist hold a diploma in pharmacy. *pharmacist x 750 per month x 30% time x 12 months = 2700 USD* *the duty station of the position is in Central Darfur- Zalingi and directly involved in project execution*						
1.13	Monitoring and evaluation coordinator	D	1	1,550.00	12	10.00	1,860.00
	One M&E coordinator (national) will be supporting this project. This position is mainly responsible for conducting independent project activities monitoring and provide feedback to WRS management to support organizational level informed decision. The M&E person allocates 10% his/her time on monitoring of this project. The unit cost of the staff salary is based on current staff contract and WR's Salry scales .The salary includes Gross salary, NSIF and gratuity as per World Relief Salary scales. *1550 per month x 10% time x 12 months = 1860 USD* *the duty station of the position is both in West and Central Darfur and directly involved in project execution*						
1.14	Senior Liaison officer	S	1	1,300.00	12	10.00	1,560.00
	One Liaison Officer and khartoum logistics (National) will contribute 10% of his time to SHF project. The staff will be responsible for liaising with the government of Sudan in processes such as registration, applying for visas, and facilitating travel permits. The staff members monthly salary included Gross salary, NSIF contribution, and Gratuity. The monthly salary is based on the staff member's current contract and World Relief salary scale. *1300 per month x 10% time x 12 months = 1560 USD* *the duty station of the position is in Khartoum*						
1.15	Field nutrition officers	D	1	1,050.00	12	100.00	12,600.00
	One Nutrition officer (National) located in the field rotate in between (Nertiti, Golo and Rokero) will directly work in the nutrition activities together with the community volunteers. The Nutrition officers holders BA in Nutrition. The Salary included Gross salaries and NSIF. The salary is based on WR salary scale. SHF will pay for 100% of the Staff salary. *1 officer x 12 months x 1050 per month = 12600USD* *the duty station of the position is in Central Darfur- Golo*						
1.16	Field health officers	D	1	1,050.00	12	100.00	12,600.00
	One health officer (National) located in the field rotate between (Nertiti, Golo and Rokero) will directly work in the nutrition activities together with the community volunteers. The Nutrition officers holders BA in Nutrition. The Salary included Gross salaries and NSIF. The salary is based on WR salary scale. SHF will pay for 100% of the Staff salary. *1 officer x 12 months x 1050per month = 12600USD* *the duty station of the position is in Central Darfur- Nertiti*						
1.17	Area coordinators	D	3	1,050.00	12	15.00	5,670.00
	Three area coordinators (national) are based in the fields, Golo, Rokero and Nertiti to provide administrative support and supervise the works of WRS, including the health and nutrition activities. They are contact point between local leaders and WRS. Area coordinators at will allocate 15% of their time on this project. Area coordinators have BA in different disciplines. The salary is based on the current salary scales of World Relief and current staff contracts which is 1050 USD per month. The salary include gross salary, NSIF and Gratuity. *Three area coordinators X 1050 per month x 15% time X 12 months = 5670 USD* *the duty station of the position is in Central Darfur- Nertit, Golo and Rokero localities and directly involved in project execution*						
1.18	Guards and cleaners	S	16	350.00	12	10.00	6,720.00
	12 guards and 4 cleaners (all national) will provide support in Nertiti, Rokero, Zalingi,and Golo where SHF health project will be implemented. 10% of their salary will be charged under SHF grant. The cost included in the monthly unit cost covers salary, gratuity and NSIF only as per World Relief salary scale. *16 guards and cleaners x 350 USD per month x 12 months x 10% = 6720 USD*						
1.19	National staff medical benefit	S	30	450.00	1	10.00	1,350.00
	All national staff are entitled to medical cover of $ 450 per year as per World Relief Human Resource policy. The project will pay 10% of the medical cover for all the staff working under the project. *30 national stuff supported by the project x $450 per year for medical benefit x 10% = 1350 USD* *the duty station of the position is in Central Darfur- Zalingi, Nertit, Golo and Rokero localities*						
1.20	International staff R&R allowance and flight charges	S	6	1,110.00	3	10.00	1,998.00

	Six international staffs (Country Director, Finance Manager, Program Manager and Zalingi area manager, health and nutrition manager and DME manager) flights charges and R &R for three trips are estimated at USD 1110 per trip. 10% of this cost will be charged under SHF donor while 90% will be contribution from other donors. *- The number of trips are estimated based on the number of quarters per year, staff travel once per quarter.* *- Although this budget line is indirect but it is necessary because it supports only the staff involved in one way or the other as described under staff section above. This will facilitate the presence of expert at field level to ensure quality control and donor reporting. The international staff are required to go for R&R according to the organizational policy once per quarter.* *- Unit cost estimates are based on the current market price and WRS's past experience on the same.* *6 staff x 1110 USD per trip x 3 trips x 10% = 1998USD*						
	Section Total						**102,348.00**
2. Supplies, Commodities, Materials							
2.1	MoH staff secondment for health and nutrition sector	D	110	100.00	12	70.00	92,400.00
	Average monthly rate is calculated for 9 medical assistants, 9 nurses, 9 VTMW, 9 midwifes, 9 vacinators, 9 nutrition nurses, 9 lead community promoters 18 clinic guards and 9 cleaners working in health facilities. *In addition the project covers incentives for 10 nutrition assistants, 10 OTP nurses supporting 10 nutrition facilities.* *This is an incentive paid to government staff who are working in the clinics and involved in the implementation of the project activities. The project shall pay an average of $100 per month. The incentive is based on the current agreed rate between WRS and MoH. The project covers 70% of the incentives.* *110 seconded staff x 100 USD per month (on average) x 12 months x 70% = 92,400 USD*						
2.2	Health and nutrition facilities running cost	D	19	100.00	12	100.00	22,800.00
	It is estimated that the project will incur $100 per month for each clinic and nutrition centers as running costs, the costs will include cost for purchase of utilities like water, lighting, detergents and disinfectants for cleaning, mops, scrubbing brushes and dust coats and gloves for cleaners. The unit cost is as per our previous experience of the running the clinics in our operation areas. 100% of the cost will be covered by SHF. SHF project covers 100% of the cost. *19 facilities (9 health and 10 nutrition) x 100 USD per month per facility x 12 months = 20,400 USD.*						
2.3	Rehabilitation of health facilities	D	3	5,000.00	1	100.00	15,000.00
	Additional block construction and rehabilitation of health facilities in Golo area including Killing, Keiro and Borgo is planned to be supported by this project. The rehabilitation works is done in participation with the communities of the above five villages. WR has good experience of construction of health facilities through active participation of the community in Centrer 8 of Central Darfur, Tenjekeie, and Kirkir health facilities of West Darfur. The budget also includes procurement of industrial materials such as cement, zink sheet, iron bars, pipes, local materials including stones, mud and skilled labor cost who work on the health facilities. The community will also contribute in providing local materials such as mud and gravel and unskilled labor will be contributed by the community. The unit costs for each Health facility has been estimated using our previous experience and the average unit costs for the different items which will be procured at the current market rate. SHF project covers 100% of the cost. *3 health facilities x 5000 USD per facility = 15000 USD*						
2.4	Medical supplies, drugs, furniture and equipment purchase for the health facilities	D	9	5,000.00	1	100.00	45,000.00
	The project will procure assorted essential drugs for each of the clinics at $4,000 per year. The cost is based on our past experience in purchase of the non-essential drugs. The drugs includes Paracetamol Syrup 500 mg, Co-tirmaxazole tabs 480 mg syrup, Artemether 40 ml, Co-tirmaxazole syrup 125 mg, Amoxycilin tabs 250, Amoxycilin cabs 500, Doxcyclline 100 mg, Paracetamol tabs 500 mg and some others. *The drugs will be procured based on needs of the health sector and as per sector guidelines.* *In addition, the project provides furniture and medical equipment for the health facilities. The furniture includes shelfs, tables, chair, bench and some medical supplies, and etc. 1000 USD is allocated for each facility to procure furniture and medical supplies per health facilities. SHF project covers 100% of the cost.* *(1500 USD furniture and medical supplies + 3500 USD drugs) x 9 health facilities = 45,000 USD*						
2.5	Rehabilitation of SFC centers	D	3	3,000.00	1	100.00	9,000.00
	WR is currently providing nutrition supports through 8 nutrition centers including Mali, Jebel Ahmar, Kambila, Kairo, Terbil, Kurmul, and Borgo. Some of the nutrition centers are permanent and some of temporary which need serious rehabilitation. In addition, through this proposal WR would like to expand the nutritional support to two additional sites including Koron and Killing villages to address the pressing community needs in Golo locality. *WR budget to rehabilitate 3 nutrition centers including Kairo, Terbil and Borgo The budget will be used to procure industrial materials such as cement, zink sheet, iron bars, pipes, local materials including stones, mud and skilled labor cost who work on the health facilities. The community will also contribute in providing local materials such as mud and gravel and unskilled labor will be contributed by the community. The unit costs for each the facility has been estimated based on Kambila nutrition center constructed by WR and the current market rate for industrial and local materials. SHF project covers 100% of the cost.* *3 nutrition centers x 3000 USD per nutrition center = 9000 USD*						
2.6	Support two mobile clinics in Rokero	D	2	300.00	12	100.00	7,200.00

	Two locations Borgo and Arow in Rokero localities are selected for mobile clinic activities. These locations are identified based on their access to nearest health facilities. These locations are identified that there is a big beneficiary needs and are not mainly covered through fixed clinics. It is estimated that the project will incur $300 as running costs per month. The cost includes vehicle rent, perdiem for the medical staff involved in mobile clinics and purchase of water and dust coats and other protective clothing for Health Staff. The detail cost is as follows. *- Medical assistance, nurse, OTP nurse and vaccinator daily incentive= 4 x $37 /day x 1month = 148 USD* *- Vehicle rent = 1 X $110/day x 1 month = 110 USD* *- Water = $20 USD* *- Protective cloths cost and other related costs = 22 USD* *- Total monthly cost for one location is $148 +$110 + $20 + $22= $300 USD.* *- Total annual cost is 12 months x $300* 2 location = 7200 USD.* *SHF project covers 100% of the cost.*						
2.7	Vehicle rental and perdiem for distribution of drugs to all health facilities on monthly basis	D	9	105.00	12	100.00	11,340.00
	This a cost covered for renting a vehicle and fuel to transport drugs, medical supplies and furniture from Zalingi warehouses to the 9 health facilities. It is estimated that one vehicle will be hired for one day for each clinic per month to transport the drugs.The unit costs per day is estimated using the current market rate in our operation area. 100 USD per-day per month per clinic. *In addition 5 USD is allocated for perdiem for the pharmacist on daily basis for distribution of the drugs and medical supplies to the health facilities. SHF project covers 100% of the cost.* *9 Clinics x $105 per day x 12 months= $11,340.*						
2.8	Logistical support to EPI acceleration campaigns	D	4	1,500.00	3	100.00	18,000.00
	It is estimated that the project will support the MoH with hiring of vehicles and fueling of the vehicles and other logistical support including perdiem for at least 4 accelerated EPI campaigns with in the project period at the rate of $1500 per campaign. SHF project covers 100% of the cost. *4 campaigns x 3 localities x 1500 USD per campaign = 18,000 USD.*						
2.9	Provide refresher training to medical assistants and nurses on safe handling of biohazard material and disposal of biomedical waste as per WHO recommendation	D	18	30.00	3	100.00	1,620.00
	18 medical staff (9 women) will be trained on management of medical wastes for 2 days. The training costs will include meals for participants, facilitation fees and training materials. The unit costs has been estimated using the previous costs incurred for a similar training. SHF project covers 100% of the cost. *18 staff x 30 USD per day x 2 days = 1620 USD*						
2.10	Refresher training for medical assistants and nurses, locality MoH and HAC staff on emergency preparedness and rapid response system	D	36	30.00	3	100.00	3,240.00
	A total of 36 people (13 women) from locality MoH, HAC and medical staff from 9 clinics will be trained for three days on on emergency preparedness and rapid response plans with the aim of building their capacity. The participants are 18 from health facilities (2 from each health facility), 6 from locality MoH (2 from each locality), 6 from locality WES (2 from each locality) and 6 from locality HAC (2 from each locality). The training costs will include meals for participants, facilitation fees and training materials. SHF project covers 100% of the cost. *3 days x 36 participants x 30 USD = 3240 USD*						
2.11	Train village midwifes from the operational areas on the prevention of sexually transmited infections and referral pathways for child delivery at health facilities	D	90	15.00	4	100.00	5,400.00
	90 villages midwifes will be trained on STI, community awareness on safe delivery, conducting safe delivery, and early referral of complicated cases for 4 days. The training costs will include meals for participants, facilitation fees and training materials. SHF project covers 100% of the cost. *90 midwives x 15 USD per day x 4 days = 5400 USD*						
2.12	Refresher training for medical assistants and nurses on IMCI	D	18	30.00	5	100.00	2,700.00
	18 medical assistants and nurses from nine health facilities will be trained for six days on IMCI with the aim of building their capacity. The training costs will include meals for participants, facilitation fees and training materials. SHF project covers 100% of the cost. *18 participants x 30 USD per day x 5 days = 2700 USD*						
2.13	Strengthen community based referral and case finding system through engaging community health promoters	D	54	15.00	12	100.00	9,720.00
	Community health promoters jointly with lead community health promoters will conduct regular health educations, house to house visits, finding of diseases cases and referral systems, promotion of environmental health. Every month the CHP meet and discuss on monthly performances and next month plan. $15 per person per month is allocated for the meeting as an incentives to the community health promoters. *A total of 54 health promoters (6 health promoters per health facility catchment area) will be engaged in supporting the project. SHF project covers 100% of the cost.* *72 health promoters x 15 USD per month x 12 months = 9720 USD*						
2.14	Refresher training for nutrition assistants and nutrition nurses on IYCF	D	20	30.00	4	100.00	2,400.00

	20 (20 women) nutrition assistants and nurses will be trained on IYCF approaches, education and counseling and key messages. The training costs will include meals for participants, facilitation fees and training materials. SHF project covers 100% of the cost. *20 participants x 30 USD per day x 4 days = 2400 USD*						
2.15	Train community nutrition volunteers on IYCF Key messages	D	40	15.00	2	100.00	1,200.00
	40 (20 women) community nutrition monitors will be trained on IYCF approaches, education and counseling and key messages. The training costs will include meals for participants, facilitation fees and training materials. SHF project covers 100% of the cost. The cost is allocated as follows: *40 participants x 15 USD per day x 2 days = 1200 USD*						
2.16	Train lead mother groups in IYCF Key messages	D	40	15.00	3	100.00	1,800.00
	40 lead mothers will be training for 3 days on IYCF key messages. The training costs include, food and refreshment for the participants, facilitation fees, stationery and training materials (Laminated IYCF key messages). The unit costs is estimated using our past experience in undertaking such training). SHF will cover 100% of the training cost. *the cost is allocated as follows:* *40 participants x 15 USD per day x 3 days = 1800 USD*						
2.17	Screening and formation of of Mother Groups	D	600	5.00	1	100.00	3,000.00
	The project will establish 40 mother groups (10 in each nutrition center catchment areas). One meeting with community leaders, community volunteers and nurses to select mother group members and lead mothers and explain the objectives of the MGS. The unit costs includes refreshments for the participants. 100% of the cost will be covered by SHF.						
2.18	Conduct monthly meeting with mother support groups	D	600	1.00	8	100.00	4,800.00
	Review meetings will be held for 40 mother groups (600 mothers) monthly for 8 times in one year. The mother groups consists of 15 mothers, a total of 600 mothers. The unit costs consist of tea items and dates for the mothers during the meetings. The unit costs has been established using past experience in similar activity. 100% of the costs will be covered by SHF. *600 participants x 1 USD per day per participant x 8 times a year = 4800 USD*						
2.19	Graduation and certification of mothers who fully attended IYCF every month.	D	600	4.00	1	100.00	2,400.00
	The costs will include printing of certificate and banners and incentives for SMOHs and locality leaders attending the graduation. the unit cost has been estimated using our past experience. The cost will be used for purchase of soft drinks, printing of certificates, procurement of sweets, and printing of banners for the celebration. 100% of the cost is covered by SHF. *The assumption is that all mother will complete their education. The cost is allocated as follows:* *600 graduates x 4 USD for celebration x 1 day = 2400 USD*						
2.20	Train nutrition assistants and OTP nurses on CMAM	D	20	30.00	4	100.00	2,400.00
	10 nutrition assistants and 10 OTP nurses planned to be trained by this project. The training will be for 4 days and the costs includes, facilitation fees, meals and refreshments for the participants, stationery and training materials, training hall hire and transport reimbursement for facilitators. The unit cost for the training per day has be estimated based on our past experience in carry out similar training. SHF covers 100% of the training cost. *20 participants x 30 USD per month x 4 days = 2400 USD*						
2.21	Train nutrition volunteers on MUAC screening and community mobilization.	D	40	15.00	2	100.00	1,200.00
	Two days training for 40 community Nutrition Volunteers on MUAC screening is planned by the project. The costs include, training materials procurement, Meals and refreshments and trainer fee. 100% of the total cost will be charged to the project. *40 participants x 15 USD per day x 2 days = 1200 USD*						
2.22	Monthly review meeting with community nutrition volunteers	D	40	15.00	11	100.00	6,600.00
	Review meetings will be held for 40 Community Nutrition Volunteers per month for 11 months. The Cost relate to incentives provided to nutrition volunteers who actively involve in implementation of nutrition activities including community awareness, conducting routine screening, distribution of supplementary food and malnurished children follow-up and case finding. Unit costs has been established using past experience in similar activity. 100% of the costs will be covered by SHF. *40 volunteers x 11 months x 15 USD per person per month = 6600 USD*						
2.23	Printing of key IYCF messages, nutrition and health protocols, registration books, and IEC materials	D	5000	2.00	1	100.00	10,000.00
	The project planned to procure different health and nutrition field level reporting and registration documents. The printings includes, community volunteers reporting format, MUAC screening forms, OTP registration, patients registration and printing of different health and nutrition protocols. The project will cover 100% of the costs. *5000 different printings x 2 USD per printing = 10,000 USD*						
2.24	Conduct mass MUAC screening twice a year by community nutrition volunteers	D	8100	2.00	1	100.00	16,200.00
	The costs will include hire of motor vehicles and per diem for the team undertaking the mass screening. The cost is allocated as follows: *- 12 vehicles x 1 vehicle in each locations x 3 days in each location (12 vehicles x $150 x 3 days = $5400) The cost of hiring a land cruiser with fuel per day is $150. The costs per day is as per current market price for hiring the vehicles in our operation areas.* *- Perdiem (60 nutrition monitors x 3 days x 15 USD = $2,700)* *- Total cost = 5,400 + 2,700 = $8,100* *The screening will be undertaken onces during the project period. 100% of the cost will be covered by SHF.*						

2.25	Train medical assistants and OTP nurses on SAM management for 4 days	D	20	30.00	4	100.00	2,400.00
	20 Nurses and medical assistants will be trained for 4 days . The costs includes, training materials, stationery, Facilitation fees, meals for the participant and transport and accommodation. 100% of the cost will be covered by SHF. The cost is calculated as follows: *20 participants x 30 USD per day x 4 days for training = 2400 USD*						
2.26	Facilitate referral of undernourished individuals with medical complications to SCs for stabilization	D	400	15.00	1	100.00	6,000.00
	The cost include transport costs and TFU caretaker costs for the referral for the targeted 500 SAM with complications cases. The unit cost is estimated using past experience in the same activities. 100% of the costs will be covered by SHF. The cost is estimated as follows: *500 children x 15 USD per child = 7500 USD*						
2.27	Procure RTFU for OTP program of 2000 children SAM cases without complication	D	0	0.00	0	0.00	0.00
	The cost to purchase 2000 Cartons RTFU						
2.28	Referral of patients with complicated cases to hospitals from 9 health facilities	D	500	20.00	1	100.00	10,000.00
	WR planned to provide transportation fee (ambulance fee) for patients with medical complications and refereed to nearby hospitals. A total of 550 patients will be supported. The payment will be in cash on average of 20 USD per patient. 100% of the costs will be covered by SHF. *500 patients x 20 USD per patient = 10,000 USD*						
2.29	Refresher training for health facility personnel on ANC, delivery, PNC and family planning	D	27	30.00	3	100.00	2,430.00
	27 medical assistants and nurses from nine health facilities will be trained for three days on basic ANC, delivery, PNC and family planning with the aim of building their capacity. The training costs will include meals for participants, facilitation fees, transportation and training materials. 100% of the project cost is allocated to this project. *27 participants x 30 USD per day x 3 days = 2430*						
2.30	MoH staff secondment health and nutrition officers and roving medical staff	D	5	440.00	12	100.00	26,400.00
	Four health and nutrition officers mainly for Golo and Rokero will be seconded from SMOH to strengthen field level community mobilization, project activities implementation and monitoring. *4 officers x 400 USD per month x 12 months = 19,200 USD.* *One roving medical will be seconded from MOH and he or she will be involved in supporting all the health facilities at field level.* *1 medical doc x 600 USD per month x 12 months = 7200 USD* *Average unit cost will be (7200 + 19200)/12/5 = 440 USD* *Finally, 5 seconded personnel x 440 USD x 12 months x 100% = 26400 USD*						
	Section Total						**342,650.00**
3. Equipment							
3.1	Procurement of computer	S	2	800.00	1	100.00	1,600.00
	Two Dell laptops will be purchased for the nutrition Coordinators. The price of the computer is as per the current market price						
	Section Total						**1,600.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
5.1	Visa and travel permits for five international staff	S	6	150.00	4	30.00	1,080.00
	Six International staffs (H&N Manager, Country Director, Finance Manager, Program Manager, ME& manager and Zalingi area manager) visa and travel permits charges for four trips are estimated at USD 150 per trip. 30% of this cost will be charged under SHF donor while 70% will be contribution from other donors.						
5.2	In country flights	D	9	200.00	4	100.00	7,200.00

	Nine WR staff including (2 coordinators (health & nutrition), 2 officers (health & nutrition), 2 area coordinators, H&N Manager, program manager and Zalingi area manager) will visit field or travel between Zalingi and field bases including Rokero, Nertiti and Golo for project related meetings and field monitoring. The trip is planned to be once in a quarter or 4 times a year for each staff. *A round trip of flight at rate of 200 USD is estimated and 100% of this cost will be charged under SHF donor. - Unit cost is estimated from the current in country air travel cost.*						
5.3	Vehicle hire and fuel and other forms of ground travel for field operations	D	3	1,500.00	12	100.00	54,000.00
	three land cruisers allocated to SHF project will be hired at a cost of USD 1500 per month for 12 months. The vehicle will be used for implementation of project activities only. The vehicle will be used to transport the project staff to the field sites for monitoring and activities implementation. 100% of the cost will be charged to SHF project. The cost is estimated as follows. *3 vehicles x 1500 USD per month x 12 months = 54000 USD.* *There other areas which are not accessible by road which we will hire the local forms of travel like donkey and camel to access the areas especially in Golo area.*						
5.4	Daily Subsistence Allowance for project Staff	S	9	6.00	264	70.00	9,979.20
	The Daily subsistence allowance will be paid to 9 national staff who will be implementing this project based in the field bases. The amount will cater for Food for the staff while in the field bases and tea items. The staff will spend at least 22 days per month in the field. *The staff will be paid $6 per day for x 22 days per month x 12 months x 9 staff X 70% = $14256. SHF will contribute 70% of the costs. The unit costs is per WR DSA rates for field staff.*						
5.5	Joint project activities monitoring including SMoH and other partners	D	1	1,068.00	4	100.00	4,272.00
	The joint monitoring will be undertaken on quarterly basis including 2 people from the SMOH and 1 Staff State HAC and 1 WR staff. The costs include motor vehicle costs and perdiem during the monitoring visits and incentives for the officials from the ministries and HAC. The motor vehicle costs will be 4 days x $150 x 4 Quarters = $ 2,400 and *Daily Subsistence Allowance is as follows:* *• HAC daily rate = 250 SDG (35 USD) = 35 x 1 person x 4 days x 4 quarter = 560 USD* *• Line ministries Daily rate = 250 SDG (35USD) = 35 x 2 person x 4 days x 4 quarter = 1120* *• WR staff daily rate = 85 SDG (12 USD) = 12 x 1 person x 4 days x 4 quarter = 192* *o Total 1872* *The unit costs has been estimated using the past experience in our operation areas. The total costs for the activity is ($ 2,400 + $1872=$ 4272). 100% of the cost will be covered by SHF.* *After each visit the team produces report and put recommendations including agreed action plans for the field findings.*						
	Section Total						**76,531.20**
6. Transfers and Grants to Counterparts							
6.1	Almasar Staff and Other Personnel Costs	S	5	450.00	12	35.00	9,450.00
	Five field staff including field coordinator, accountant, logistics, nutrition officer, health officer will be supported by the project. On average $450 with 35% time is allocated as SHF contribution.						
6.2	Almasar Vehicle rent for project activities implementation and monitoring	D	1	600.00	12	100.00	7,200.00
	$600 per month is allocated for the partner for renting vehicle to do project related activities in the field.						
6.3	Almasar Travel daily subsistence allowance for project field Staff	S	4	90.00	12	100.00	4,320.00
	Four field staff of the partner will be visit field 10 times a month at daily rate of 9 USD.						
6.4	Rehabilitation of health facility	D	2	5,000.00	1	100.00	10,000.00
	Additional block construction and rehabilitation of health facilities in Golo area in Kurmul and Koron villages is planned to be supported by this project by Almasar . The rehabilitation works is done in participation with the communities of the above five villages. Both WR and Almasar have good experience of construction of health facilities through active participation of the community. The budget also includes procurement of industrial materials such as cement, zink sheet, iron bars, pipes, local materials including stones, mud and skilled labor cost who work on the health facilities. The community will also contribute in providing local materials such as mud and gravel and unskilled labor will be contributed by the community. The unit costs for each Health facility has been estimated using our previous experience and the average unit costs for the different items which will be procured at the current market rate. SHF project covers 100% of the cost. *2 health facilities x 5000 USD per facility = 10000 USD*						
6.5	Rehabilitation of SFC centers	D	4	3,000.00	1	100.00	12,000.00
	WR through Almasar budget to rehabilitate 4 nutrition centers including Jebel Ahmar, Kurmul, killing and Koron villages. The budget will be used to procure industrial materials such as cement, zink sheet, iron bars, pipes, local materials including stones, mud and skilled labor cost who work on the health facilities. The community will also contribute in providing local materials such as mud and gravel and unskilled labor will be contributed by the community. The unit costs for each the facility has been estimated based on Kambila nutrition center constructed by WR and the current market rate for industrial and local materials. SHF project covers 100% of the cost. *4 nutrition centers x 3000 USD per nutrition center = 12000 USD*						
6.6	Support two mobile clinics in Nertiti	D	2	300.00	12	100.00	7,200.00

	Two locations Meti and Radba in Nertiti locality selected for mobile clinic activities. These locations are identified based on their access to nearest health facilities. These locations are identified that there is a big beneficiary needs and are not mainly covered through fixed clinics. It is estimated that the project will incur $300 as running costs per month. The cost includes vehicle rent, perdiem for the medical staff involved in mobile clinics and purchase of water and dust coats and other protective clothing for Health Staff. The detail cost is as follows. *- Medical assistance, nurse, OTP nurse and vaccinator daily incentive= 4 x $37 /day x 1month = 148 USD* *- Vehicle rent = 1 X $110/day x 1 month = 110 USD* *- Water = $20 USD* *- Protective cloths cost and other related costs = 22 USD* *- Total monthly cost for one location is $148 +$110 + $20 + $22= $300 USD.* *- Total annual cost is 12 months x $300* 2 location = 7200 USD.* *SHF project covers 100% of the cost.*						
6.7	Gender and protection mainstreaming for health and nutrition facilities personnel	D	38	20.00	2	100.00	1,520.00
	A total of 18 health facilities personnel (medical assistants and nurses) and 20 OTP nurses and nutrition assistants will be trained for 2 days on gender and protection mainstreaming with the aim of building their capacity. The training costs will include meals for participants, facilitation fees and training materials. 100% of the training cost is covered by the project. *38 participants x 20 USD per day x 2 days = 1520 USD*						
6.8	Gender and protection mainstreaming for health and nutrition volunteers training	D	94	15.00	2	100.00	2,820.00
	A total of 94 health and nutrition volunteers will be trained for 2 days on gender and protection mainstreaming with the aim of creating awareness on the subject. The training costs will include meals for participants, facilitation fees and training materials. 100% of the training cost is covered by the project. *94 participants x 15 USD per day x 2 days = 2820 USD*						
6.9	Materials and equipments support to nutrition centers	D	10	1,000.00	1	100.00	10,000.00
	1000 USD is allocated for each nutrition center supported by this project. the cost goes to procurement of tables and chairs, cupbords, plastic mat, benches for waiting area, local water dispenser, water barrel for water storage, white board for weekly reporting, flip chart holder or stand for nutrition education and other field level necessary items. *1000 per nutrition centers x 10 centers = 10,000 USD*						
6.10	General Operating and Other Direct Costs	S	1	610.00	12	70.00	5,124.00
	This is Almasar's field offices cost which includes Zalingi office rent, partner's field staff communication cost, Zalingi office supplies and utilities and bank charges. Average monthly cost is included to estimate unit costs of the costs. The detail cost includes office rent 300 USD, office supplies, utilities and bank charges cost monthly 150 USD and field staff communication cost 60 USD monthly. *Additionally, monthly Zaling office running cost, fuel for generator and generator maintenance cost of 100 USD per month is added.* *The total cost on monthly will be 610 USD and this project covers 70% of these costs.*						
6.11	Almasar priject support cost	S	1	69,634.00	1	7.00	4,874.38
	7% of the total cost allocated for Almasar						
	Section Total						**74,508.38**
7. General Operating and Other Direct Costs							
7.1	Khartoum Office rent, maintenance and office running cost	S	1	4,000.00	12	25.00	12,000.00
	Office rent is used to calculate for Khartoum office. Khartoum office the coordination office in the country. The cost is estimated based on current WR rent and running cost rate and SHF will support 25%. *1 office x 4000 USD rent and running cost per month x 12 months x 25% = 12000 USD*						
7.2	Zalingi Office rent, maintenance and office running cost	S	1	1,250.00	12	25.00	3,750.00
	Office rent is used to calculate for Zalingi office. Zalingi office coordinates project implementation at state level. The cost is estimated based on current WR rent and running cost rate and SHF will support 25%. *1 office x 1250 USD rent and running cost per month x 12 months x 25% = 3750 USD*						
7.3	Field office rent , maintenance and office running cost	S	3	450.00	12	25.00	4,050.00
	Office rent is used to calculate for Nertiti, Golo and Rokero offices. These offices are used for coordinating projects implemented in the three localities. The cost is estimated based on current WR rent and running cost rate and SHF will support 40%. *Three offices x 450 USD rent and running cost per month x 12 months x 25% = 4050 USD*						
7.4	Monthly communication costs and visat services for Golo, Nertiti, Zalingi and Khartoum offices	S	4	600.00	12	25.00	7,200.00
	Communication costs will include telephone bill for staff working on the project and internet costs for Zalingi, Golo, Nertiti and Khartoum office. The cost has been estimated using our past experience. SHF will contribute 25% of the cost. *600 USD per month per offices x 4 offices x 12 months x 25% = 7200 USD*						

7.5	Bank charges	S	1	500.00	12	25.00	1,500.00
	Bank charges will include cost for transferring funds from Khartoum office to field offices in Khartoum and Zalingi. The unit costs as been estimated using our past experience. SHF contributes 25%.						
7.6	Office supplies and furniture	S	1	4,000.00	1	100.00	4,000.00
	WR will be buying stationary including cartilage, papers, note books and pen and pencil for project staff. In addition office tables and furniture for field, Khartoum and Zalingi offices will be purchased by this project to support the smooth running of the program. The costs are estimated based on current market prices at Khartoum and field level and previous experiences. 100% of the cost charged to the project.						
7.7	Generator fuel and maintenance	S	4	500.00	12	25.00	6,000.00
	The cost includes fuel for running the office generator and field base generators and maintenance of the generators which includes purchase of spare parts, lubricants. The unit cost is as per our previous experience and market rates for fuel. the cost is as follows: 4 generators (Golo, Zalingi, Nertit and Khartoum) x 500 USD per month for fuel and maintenance x 12 months x 25% = 6000 USD						
7.8	WR owned vehilcle operation and maintenance	S	3	500.00	12	25.00	4,500.00
	WR is using three vehicles for supporting program operation in the country. This project contributes to fuel, vehicle inspection and vehicle insurances. a total of 4500 USD is allocated by this project. 3 vehicles x 500 USD per month on average x 12 months x 25% = 4500 USD						
	Section Total						**43,000.00**
SubTotal			16,709.00				**640,637.58**
Direct							530,832.00
Support							109,805.58
PSC Cost							
PSC Cost Percent							6.00
PSC Amount							38,438.25
Total Cost							**679,075.83**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Central Darfur -> Nertiti (West Jebel Marra)	38	10,962	11,773	8,526	9,338	40,599	HEALTH: Activity 1.1.1: Maintain service provision of 9 health facilities free of charge consultation and treatment to beneficiaries who will be reached through daily OPD co... HEALTH: Activity 1.1.2: - Provide refresher training for 18 medical assistants and nurses on safe handling of biohazard material, and disposal of biomedical waste as per WHO... HEALTH: Activity 1.1.3: - Procurement of drugs, medical supplies and furniture for needy health facilities - Support transportation of drugs to the health facilities on m... HEALTH: Activity 1.2.1: - Support 9 health facilities to provide maternal and child health As much as possible, WRS adheres to the Minimum Initial Standard Package (MISP... HEALTH: Activity 1.2.2: - Refresher 27 training health facilities personnel on basic ANC, delivery, PNC and family planning. WR planned to provide refresher training o... NUTRITION: Activity 1.1.1: - Provide IYCF training for 20 Nutrition assistant and nutrition nurses for 4 days on IYCF. Staff trainings for both WRS and SMoH personnel wil... NUTRITION: Activity 1.1.2: - Screening and formation of 40 Mothers' Support Groups - Conduct monthly meeting with 40 Mothers' Support Groups Nutrition Assistants and CNVs...
Central Darfur -> Rokoro (North Jebel Marra)	24	6,923	7,436	5,385	5,897	25,641	HEALTH: Activity 1.1.1: Maintain service provision of 9 health facilities free of charge consultation and treatment to beneficiaries who will be reached through daily OPD co... HEALTH: Activity 1.1.2: - Provide refresher training for 18 medical assistants and nurses on safe handling of biohazard material, and disposal of biomedical waste as per WHO... HEALTH: Activity 1.1.3: - Procurement of drugs, medical supplies and furniture for needy health facilities - Support transportation of drugs to the health facilities on m... HEALTH: Activity 1.2.1: - Support 9 health facilities to provide maternal and child health As much as possible, WRS adheres to the Minimum Initial Standard Package (MISP... HEALTH: Activity 1.2.2: - Refresher 27 training health facilities personnel on basic ANC, delivery, PNC and family planning. WR planned to provide refresher training o... NUTRITION: Activity 1.1.1: - Provide IYCF training for 20 Nutrition assistant and nutrition nurses for 4 days on IYCF. Staff trainings for both WRS and SMoH personnel wil... NUTRITION: Activity 1.1.2: - Screening and formation of 40 Mothers' Support Groups - Conduct monthly meeting with 40 Mothers' Support Groups Nutrition Assistants and CNVs...

Central Darfur -> Golo (Central Jebel Marra)	38	10,962	11,774	8,527	9,339	40,602	HEALTH: Activity 1.1.1: Maintain service provision of 9 health facilities free of charge consultation and treatment to beneficiaries who will be reached through daily OPD co... HEALTH: Activity 1.1.2: - Provide refresher training for 18 medical assistants and nurses on safe handling of biohazard material, and disposal of biomedical waste as per WHO... HEALTH: Activity 1.1.3: - Procurement of drugs, medical supplies and furniture for needy health facilities - Support transportation of drugs to the health facilities on m... HEALTH: Activity 1.2.1: - Support 9 health facilities to provide maternal and child health As much as possible, WRS adheres to the Minimum Initial Standard Package (MISP... HEALTH: Activity 1.2.2: - Refresher 27 training health facilities personnel on basic ANC, delivery, PNC and family planning. WR planned to provide refresher training o... NUTRITION: Activity 1.1.1: - Provide IYCF training for 20 Nutrition assistant and nutrition nurses for 4 days on IYCF. Staff trainings for both WRS and SMoH personnel wil... NUTRITION: Activity 1.1.2: - Screening and formation of 40 Mothers' Support Groups - Conduct monthly meeting with 40 Mothers' Support Groups Nutrition Assistants and CNVs...

Documents

Category Name	Document Description
Project Supporting Documents	Final Report- Rokero IA Assessment.pdf
Project Supporting Documents	WR Rokero Mission Report December 2016 Final.pdf
Budget Documents	WR 7798 - TRC.1.xlsx
Extension Supporting Documents	WRS Killing and Koron Needs Assessment Report February 2017.docx
Technical Review	Project Proposal Health WR (7798) SHF TU Input.doc
Technical Review	WR 7798 technical inputs 18032018.doc