OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	CARE International Switzerland in Sudan
Allocation Type :	2018 - SHF Reserve for Emergencies

Primary Cluster	Sub Cluster	Percentage
HEALTH		60.00
NUTRITION		40.00
		100

Project Title :	Health and Nutrition response for newly accessible areas in Al Abbassiya, South Kordofan		
Allocation Type Category :	Special allocations		
OPS Details			
Project Code :		**Fund Project Code :**	SUD-18/HSD20/RE/H-N/INGO/9217
Cluster :		**Project Budget in US$:**	290,014.94
Planned project duration :	8 months	**Priority:**	
Planned Start Date :	01/06/2018	**Planned End Date :**	31/01/2019
Actual Start Date:	01/06/2018	**Actual End Date:**	31/01/2019

Project Summary :

In response to the recent improvement in humanitarian access to western Alabassiya locality, CARE plans to address the life-saving Health and Nutrition needs highlighted by the Inter-Agency Rapid Needs Assessment conducted in February 2018. As humanitarian access to the area opened only in late February 2017, following years of conflict, humanitarian and government presence is almost non-existent, leaving the population without access any basic services, most notably primary and reproductive healthcare and nutrition support. The majority of the population is women and children who have suffered multiple rounds of displacement and are in urgent need of lifesaving support.

CARE will provide an integrated preventive and curative health and nutrition response to 29,620 beneficiaries total: 6,618 IDPs and returnees and 17,019 affected host community members. Particular care will be taken to meet the needs of 4,502 children under the age of five and 1,481 pregnant and lactating women. The estimated nutrition caseload for children is 1173 (411 SAM, 762 MAM) and 200 PLW.

The project will operate from four target villages (Kumsoro, Kalinda, Banat and Tabasa) to provide primary healthcare, maternal and child health, and 3 OTP/ 4 TSFP services to the surrounding area, ensuring accessible and equitable support in an area where none is currently available. In addition to provision of infrastructure, seconded staffing from SMoH (48 healthcare providers across 4 centers) and capacity-building support for health and nutrition facilities and cadres, CARE will implement two sector-specific behavior change initiatives, taking into account the differing needs of men, women, boys and girls across the population groups, to ensure the sustainability of the initiative and to enhance community resilience.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
8,510	10,936	4,876	5,298	29,620

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People/Returnees	2,383	2,647	728	860	6,618
People in Host Communities	6,127	6,808	1,872	2,212	17,019
Children under 5	0	0	2,276	2,226	4,502
Pregnant and Lactating Women	0	1,481	0	0	1,481

Indirect Beneficiaries :

Indirect beneficiaries are 14,810 individuals. These individuals are not directly targeted by the activities but receive benefit by, for example, having family members treated in a health center (this figure includes double-counting).

Catchment Population:

Catchment population is 4500 individuals, living in surrounding satellite villages (Um-Osh, Aldaim, Dagaga and Dadori).

Link with allocation strategy :

The proposed activities in this intervention will contribute to the 2018 HRP Strategic Objective 1, 'Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock', in addition to the health-specific Strategic Actions for the rehabilitation of structures and capacities of healthcare facilities (including the capacity of the healthcare workforce), and for the improved access
and utilization of maternal, new born and child health services. The action also contributes to the Nutrition sector's strategic focus on self-reliance of communities experiencing protracted displacement and the stabilization and reduction of malnutrition.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Manoj Kumar	Country Director	manoj.kumar@care.org	+249923333363
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BACKGROUND

1. Humanitarian context analysis

The humanitarian situation in South Kordofan deteriorated significantly from 2011 to 2016, when conflict between the Sudanese Armed Forces (SAF) and Sudan People's Liberation Movement – North (SPLM-N) was triggered by disputes over the implementation of the Comprehensive Peace Agreement. This conflict took the form of several rounds of fighting which in turn led to multiple cycles of displacement. The western part of Alabassiya locality fell into SPLM-N control, which resulted in their being inaccessible to humanitarian actors despite the area later being overrun by government forces. The security situation has since improved to the extent that UN agencies assessed the security and humanitarian situation in October 2017 and found the needs to be critical. Both government administrative structures and aid actors remain minimally present in the area. The population contains a mix of host communities, IDPs fleeing the conflicts and returnees who have arrived since the cessation of hostilities. The relationship between the different communities is good; however, some IDPs have merged their structures with those of the host community, which may obscure their specific needs. To date, no registration or in-depth vulnerability assessment of the IDPs and returnees has been carried out.

A further (February 2018) Inter-Agency Rapid Needs Assessment revealed that access to basic services for the population in Alabassiya remains almost nonexistent in all sectors, with Health a priority need. The assessment report estimates that 11,796 IDPs, 14,080 returnees, and 9,020 host community members are living in extremely challenging conditions in the targeted areas. Whilst relations between the communities are good and there is no tension, UNOCHA estimates that 60% of the population are women and children, 40% of households are women-headed, and at least 10% of the population is otherwise vulnerable (pregnant and lactating, living with a disability etc.). Livelihoods opportunities for these groups are extremely limited, further restricting their ability to travel to, and/or pay fees for, healthcare and nutrition support. This is likely to become more problematic with the onset of the rainy season; water and sanitation infrastructure in the areas is in a poor state, creating a public health risk and contributing to the spread of diarrheal diseases. In addition to diarrheal diseases, treatable illnesses such as respiratory infections and malaria are the main health complaints. Alabassiya locality had a case fatality rate of 16% in the 2017 AWD outbreak, and patients continued to transfer from within the targeted areas to other health facilities well after the outbreak ended in neighboring areas due to the lack of adequate treatment facilities. Some areas become inaccessible during the rainy season (May-October), leaving the population with no treatment options. There is no nutrition support available within easy reach of the targeted areas, leaving pregnant and lactating women susceptible to conditions such as anemia, which are otherwise easily treated with micronutrients. This lack of preventive and curative nutrition services places children under five at a higher risk of mortality and at risk of stunting due to chronic malnutrition. Poor Infant and Young Child Feeding (IYCF) practices are prevalent in the community, and there are no outreach workers engaged with the community to remedy this.

CARE's response will be aimed at provision of a package of primary healthcare, including reproductive health services, alongside integrated CMAM and IYCF services, to meet the immediate lifesaving needs of the target population and taking into account the differing needs of men, women, boys and girls. CARE will operate four integrated PHCs in Banat, Kalinda, Kumsoro and Tabasa, to serve a population of 29,620 with PHC, SRH, OTP, TSFP and IYCF support.

2. Needs assessment

An Inter-Agency Rapid Needs Assessment of February 2018 revealed urgent health and nutrition needs across the target areas.

Several villages in western Al Abassiya have no functioning health facility and residents are forced to travel to nearby villages for treatment, which becomes more challenging with the onset of the rainy season due to poor quality roads, or to Umrwaba or Alabassiya town, which is around 50km away and is too costly for most of the population. Those villages which do have health facilities present are operating with extremely limited infrastructure: the facility in Banat lacks an incinerator and handwashing stations. No lab facilities are available for diagnosis in Banat, Kumsoro or Tabasa. In Kalinda, four rooms are available but the facility itself is no longer functioning. Health facilities in all target areas are therefore in urgent need of rehabilitation, provision of furniture and essential medical equipment to support provision of services. In general there is no referral service from those facilities in operation.

No facility assessed had reliable access to necessary drugs and supplies due to inadequate supply chain. The primary complaints treated at the health centers are malaria, respiratory tract infections and diarrheal diseases, all of which are easily treatable with appropriate drugs. This shortage of drugs leads many practitioners to offer consultation services only. Availability of EPI for pregnant and lactating women and children under five is also very limited; where available, EPI provision is through a mobile service only, which is likely to become more constrained as the rainy season cuts off road access. Whilst midwives are present in Banat and Tabasa, a lack of supplies such as clean delivery kits results in the provision of a consultancy service only.

Many of the facilities assessed had extremely low staff capacity, often served by community health workers, medical assistants and nurses without the support of trained physicians. In some locations, there are no midwives present. The facilities surveyed cover upwards of 25,000 individuals but only 22 staff were identified in the assessment, which falls well below the SPHERE standards of 22 qualified health workers per 10,000 population. There is therefore a high need to recruit additional healthcare staff and to build the capacity of the entire cadre to ensure the provision of a full package of high-quality primary and reproductive healthcare, including provision of EPI for children and PLW, which can be independently sustained by the State Ministry of Health.

A UNICEF and SMoH-led mass MUAC screening of Alabassiya locality in October 2017 revealed of 27,291 children screened, 1,313 MAM cases, 95, SAM and 31 oedema. With the exception of the SC in Alabassiya hospital, which is run by SMoH, the limited nutrition facilities available are managed by aid agencies, indicating low government capacity to provide general preventive and curative support. There are no nutrition support services within easy reach of the target areas for prevention and treatment of malnutrition, including a lack of micronutrient provision for PLW. Furthermore, there is no community outreach mechanism for case finding or nutrition awareness-raising, and poor feeding behaviors are prevalent in all target areas. There is therefore a need to provide malnutrition treatment services, both in terms of physical infrastructure and qualified staff, alongside training a cadre of community outreach volunteers to support positive IYCF practices, and to identify malnutrition cases for referral to treatment.

The RNA estimates that almost 60% of the IDPs present in the area are women and children, with 40% of households female-headed. The assessment documented two recent cases of SGBV (rape) in the area, indicating a need to ensure SGBV treatment, support, and preventive self-protection messaging for at-risk groups such as women and girls.

3. Description Of Beneficiaries

Through this intervention, 29,620 IDP and host community men, women, boys and girls will receive timely access to lifesaving primary healthcare and nutrition support services. 6618 of the beneficiaries will be internally displaced people, or returnees, and the remaining 23,002, host community members. These beneficiaries were identified by the Inter-Agency Rapid Needs Assessment; however, no full registration of the population has yet taken place. CARE has therefore incorporated population figures from the SMoH 2017 health mapping exercise for South Kordofan in calculating beneficiary numbers alongside the RNA estimates.

Whilst the planned activities provide blanket services, CARE will pay particular attention to the needs of those individuals deemed especially vulnerable, such as pregnant and lactating women, children, those with disabilities, and women-headed households.

4. Grant Request Justification

This proposal is the result of a case for funding made to the SHF Reserve for Emergencies as a result of the recent improvement in humanitarian access to western Alabassiya locality, where neither government structures nor aid agencies have been present to meet the urgent humanitarian needs. This case for funding was approved on 15th May 2018 with regard to the need to support the IDPs living in very difficult conditions and with limited access to basic services.

The Inter-Agency Needs Assessment of February 2018 indicates a critical need to meet the health and nutrition needs of the population in the locality, prioritizing health in particular.

CARE has been working in South Kordofan since 2009 implementing various programs, including health and nutrition interventions with SHF funding, and has well experienced national and international staff in each office. As a result, CARE has developed strong knowledge of the context and has built very strong relationship with the local communities and respective line ministries. For these reasons, CARE is well positioned to implement this proposed project and alleviate the suffering of the target population.

5. Complementarity

CARE is currently implementing several SHF-funded interventions in South Kordofan state: one health intervention for South Sudanese refugees in Elliri locality; one WASH intervention targeting IDPs and host community members in Talodi and Abukarshola localities; one WASH intervention targeting Alabassiya and Rashad localities; and one multi-sector intervention meeting the WASH, health and nutrition needs of IDPs and host community members in Kadugli locality. CARE's experience in these similar contexts and relevant sectors will support the meeting of IDP and host community needs in Alabassiya. Saving lives, empowering women, building communities' resilience, community ownership and sustainability are at the core of CARE's programing and the same approach will be followed to implement this grant.

This project will run in complementarity with a WASH intervention, in the same locations, implemented by Mercy Corps Scotland also under an SHF emergency grant. CARE will collaborate with Mercy Corps Scotland technical teams in the provision of services to ensure complementarity of the WASH interventions with Health and Nutrition messaging. CARE will furthermore collaborate closely with Save the Children, who currently manage the OTP service provision in Tabasa, to ensure that the TSFP service provision in the same area meets acceptable standards and to ensure consistency of approach and messaging, in addition to non-duplication of activities within the targeted community. The application of simultaneous WASH, Health and Nutrition interventions will allow for an integrated approach to reduction in morbidity and mortality of the targeted beneficiaries.

LOGICAL FRAMEWORK

Overall project objective

The morbidity and mortality of IDP, returnee and affected host community women, men, boys and girls living in newly accessible areas in Alabassiya are reduced through the provision of essential health and nutrition services.

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	100

Contribution to Cluster/Sector Objectives :

Outcome 1

Increased access to and utilization of a high-quality package of primary healthcare and reproductive health services which takes into account the differing needs of women, girls, boys and men.

Output 1.1

Description

Four PHCs are supported to function effectively and provide a fully-integrated package of primary healthcare services which meet the needs of men, women, boys and girls.

Assumptions & Risks

Assumptions:
1) There is no sustained, major deterioration of the security situation in operational areas and access is not restricted.
2) CARE is flexible to respond to the changing operating environment and has sufficient capacity to respond to recurring crises.
3) Close collaboration with community partners and local structures enables the uninterrupted continuation of most activities when constraints arise, such as inability to safely access operational areas.
4) Sudanese authorities (The Humanitarian Aid Commission, Ministry of Health, Ministry of Welfare, Commissioner for Refugees) remain supportive at the federal, state, and locality level.
5) Delays in signing Technical Agreements will not negatively impact on providing assistance to beneficiaries in a timely manner
6) Communities will remain engaged and involved in the implementation of the Action.
7) In line with the precautionary protection measures put in place by CARE, access to the services will not present a protection risk to beneficiaries or put them at additional risk.

Risks:

1) There is a low risk that renewed conflict could break out in operational areas (government with rebel forces). In addition to placing a strain on humanitarian access this also presents a significant protection risk for the community, especially women and children, and a barrier to accessing services.
2) Insecurity could lead to new IDP influx, outpacing the capacity of humanitarian actors to provide a comprehensive range of services as per Sphere standard and hindering the timely implementation of the project. Conversely, a sudden influx of returnees could also place additional strain on the services.
3) There may be bureaucratic restrictions to access although this situation has improved in recent months. Project implementation, monitoring and evaluation would be hampered and restricted access would prevent visits from Khartoum-based staffs.
4) The government of Sudan has continued to devalue its currency, Sudanese Pound (SDG) and the inflation might continue to affect market prices significantly, thereby delaying procurement processes due to frequently changing prices.
5) Focusing on women and girls as primary caregivers for health education messaging risks increasing their already-unequal burden. Therefore, CARE actively engages men and boys in health promotion and education activities, involving them in change and sharing concrete ways in which they can reduce the burden of responsibility in a sustainable way.
6) Movement to and from the centers, especially for nighttime emergencies, can create protection risk for women, girls and other vulnerable groups. CARE will disseminate messages to enable those at risk to take preventive protection measures in addition to establishing, through the trained volunteers, a network to accompany nighttime emergencies to the center.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of days of stock out per year for essential medicines.					0
Means of Verification : Health facility storage and consumption reports. CARE monitors provision and stock-out through five tracer drugs (amoxicillin, folic acid, metronizadole, coartem/quinine and paracetamol).							
Indicator 1.1.2	HEALTH	Number of health facilities providing minimum basic package of primary health care services including reproductive and mental health and psychosocial support (HRP 2018).					4
Means of Verification : Health facility weekly and monthly consultation and activity reports.							
Indicator 1.1.3	HEALTH	Number of health workers trained (disaggregated by gender)	12	20			32
Means of Verification : Training reports submitted; attendance sheets signed by participants. This indicator refers specifically to training carried out in support of primary healthcare service provision but does not cover reproductive health training, which sits under output 1.2 of this project.							

Indicator 1.1.4	HEALTH	Number of people using the health care facilities (by age and sex) (HRP 2018).	8,150	10,936	4,876	5,298	29,260

Means of Verification : CARE estimates that each community member will have an average of one consultation per eight months and therefore utilizes the number of consultations carried out as a proxy indicator for health facility utilization by the population. Verified using facility weekly reports.

Activities

Activity 1.1.1

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

CARE will provide general clinical services including outpatient consultation services for diagnosis and treatment for common illnesses, basic laboratory investigations, wound dressing and emergency referral to hospital in four facilities in Alabassiya locality (Kumsoro, Banat, Tabasa, and Kalinda).

Activity 1.1.2

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

Contribution to child health through routine immunization by a trained cadre through the PHCs and in collaboration with SMOH according to the immunization coverage strategies for Sudan.

Activity 1.1.3

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

In addition to maintaining a regular supply chain based on need, CARE will ensure that essential drugs, including malarial drugs, and medical supplies are prepositioned in advance of the rainy season. CARE will store these drugs in the rehabilitated facility in Alabassiya (activity 1.1.7) for easy distribution during the rainy season.

Activity 1.1.4

Standard Activity : Conduct health education training for health staff

Capacity building and training of seconded SMOH health workers on the different aspects related to primary health care and service provision (infection control, rational drug use, equitable service provision). CARE aims for 40% male and 60% female participation in the training, contingent on availability of SMOH seconded staff.

Activity 1.1.5

Standard Activity : Conduct health education training for health staff

Provision of technical support and on-the-job training to seconded SMOH service providers working in the four PHCs in Alabassiya locality. This support will be provided by CARE's Senior Health Officer and Health and Nutrition Officer, based in Abujubeiha, remotely via phone and through a mentoring visit to each site four times during the project lifecycle. Additional remote support will be given by the Health and Nutrition Country Advisor, based in Khartoum. CARE aims for 40% male and 60% female participation in the training, contingent on availability of SMOH seconded staff.

Activity 1.1.6

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

CARE will recruit 40 Community Health Promoters (10 per location) who will be trained at the health facility in health promotion messaging, active case finding and community outreach and who will then conduct broader health awareness campaigns in community locations such as markets and mosques. They will also conduct follow-up home visits where required. CARE aims for equal participation of men and women in this activity.

Activity 1.1.7

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

CARE has identified a drug storage unit in Alabassiya town which is in need of rehabilitation. CARE will make repairs to the walls, windows and doors, expand the storage space and install a cooling system to allow for the safe storage of drugs and medical supplies, which can then be prepositioned in this unit to allow for easy dispatch to the four facilities at village level.

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.

CARE will undertake necessary construction and rehabilitation works in facilities in Banat, Tabasa, Kumsoro and Kalinda, to ensure that facilities have the infrastructure and space needed to accommodate provision of an integrated PHC, RH and nutrition package.

Output 1.2

Description

Four facilities are supported and providing a package of reproductive, maternal and child health services including ante- and post-natal care, EmOC, emergency referral, and family planning to meet the differing needs of women and men.

Assumptions & Risks

Assumptions:
1) There is no sustained, major deterioration of the security situation in operational areas and access is not restricted.
2) CARE is flexible to respond to the changing operating environment and has sufficient capacity to respond to recurring crises.
3) Close collaboration with community partners and local structures enables the uninterrupted continuation of most activities when constraints arise, such as inability to safely access operational areas.
4) Sudanese authorities (The Humanitarian Aid Commission, Ministry of Health, Ministry of Welfare, Commissioner for Refugees) remain supportive at the federal, state, and locality level.
5) Delays in signing Technical Agreements will not negatively impact on providing assistance to beneficiaries in a timely manner
6) Communities will remain engaged and involved in the implementation of the Action.
7) In line with the precautionary protection measures put in place by CARE, access to the services will not present a protection risk to beneficiaries or put them at additional risk.

Risks:

1) There is a low risk that renewed conflict could break out in operational areas (government with rebel forces). In addition to placing a strain on humanitarian access this also presents a significant protection risk for the community, especially women and children, and a barrier to accessing services.
2) Insecurity could lead to new IDP influx, outpacing the capacity of humanitarian actors to provide a comprehensive range of services as per Sphere standard and hindering the timely implementation of the project. Conversely, a sudden influx of returnees could also place additional strain on the services.
3) There may be bureaucratic restrictions to access although this situation has improved in recent months. Project implementation, monitoring and evaluation would be hampered and restricted access would prevent visits from Khartoum-based staffs.
4) The government of Sudan has continued to devalue its currency, Sudanese Pound (SDG) and the inflation might continue to affect market prices significantly, thereby delaying procurement processes due to frequently changing prices.
5) Focusing on women and girls as primary caregivers for health education messaging risks increasing their already-unequal burden. Therefore, CARE actively engages men and boys in health promotion and education activities, involving them in change and sharing concrete ways in which they can reduce the burden of responsibility in a sustainable way.
6) Movement to and from the centers, especially for nighttime emergencies, can create protection risk for women, girls and other vulnerable groups. CARE will disseminate messages to enable those at risk to take preventive protection measures in addition to establishing, through the trained volunteers, a network to accompany nighttime emergencies to the center and/or midwives to nighttime deliveries.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	Number of births assisted by skilled birth attendant (HRP 2018).					987
Means of Verification : Weekly and monthly health facility reports in addition to monthly activity reports shared by CHPs.							
Indicator 1.2.2	HEALTH	Number of obstetric emergencies referred to secondary or tertiary care					48
Means of Verification : Weekly and monthly health facility reports; transport logs from vendors targeted to provide the referral services.							
Indicator 1.2.3	HEALTH	Number of health workers trained (disaggregated by gender)	0	20			20
Means of Verification : Training reports and attendance lists signed by participants. The training monitored under this indicator refers specifically to refresher training in EmOC for midwives under the RH outcome of the project.							

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.

Provision of maternal and new born health care services including RH package; antenatal, postnatal care, delivery, EmOC, referral services and pregnant women vaccination, skilled care during childbirth and family planning at four facilities in Banat, Kalinda, Kumsoro and Tabasa. CARE will engage at least two local vendors to provide transport for women who need referral support. These services can also be used in case of nighttime deliveries. CARE will further engage local volunteers in each community to accompany the patient or midwife after dark, thereby minimizing protection risks.

Activity 1.2.2

Standard Activity : Conduct health education training for health staff

Refresher training for 20 midwives (5 midwives per location, averaging five staff per targeted PHC) on infection control and emergency obstetric care. One training will be conducted early on in the project cycle, by CARE in collaboration with SMoH. Where midwives are not currently working in the facilities additional staff will be seconded to meet the need.

Activity 1.2.3

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

Family planning messages and commodities will be provided to the target population, alongside awareness and orientation sessions, within the health facilities. CARE recognizes the importance of involving men in such an activity and, given local gender sensitivities, aims that 80% of those reached with this messaging are female and 20%, male.

Activity 1.2.4

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

Availing the required equipment and materials for midwifery and labor (delivery beds, lab equipment, obstetrics equipment, soap for ANC, clean delivery kits etc.)

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 3: NUTRITION AND RESILIENCE: Vulnerable residents in targeted areas have improved nutrition status and increased resilience	100

Contribution to Cluster/Sector Objectives :

Outcome 1

PLW, girls and boys in IDP and host communities have increased access to preventive and curative nutrition services through targeted OTP and TSFP sites in Alabassiya locality.

Output 1.1

Description

Nutrition infrastructures in 4 centers (4 SFP and 4 OTP) in Alabassiya provide high-impact nutrition care service to an acceptable standard. Ultimately, treatment and care will be provided according to Sudan national CMAM and SFP protocols and in compliance with SPHERE standards. This output contributes to agreed sector priorities of providing integrated programming and providing complete packages for treatment and prevention of acute malnutrition.

Assumptions & Risks

Assumptions:
1) There is no sustained, major deterioration of the security situation in operational areas and access is not restricted.
2) CARE is flexible to respond to the changing operating environment and has sufficient capacity to respond to recurring crises.
3) Close collaboration with community partners and local structures enables the uninterrupted continuation of most activities when constraints arise, such as inability to safely access operational areas.
4) Sudanese authorities (The Humanitarian Aid Commission, Ministry of Health, Ministry of Welfare, Commissioner for Refugees) remain supportive at the federal, state, and locality level.
5) Delays in signing Technical Agreements will not negatively impact on providing assistance to beneficiaries in a timely manner
6) Communities will remain engaged and involved in the implementation of the Action.
7) In line with the precautionary protection measures put in place by CARE, access to the services will not present a protection risk to beneficiaries or put them at addtional risk.

Risks:

1) There is a low risk that renewed conflict could break out in operational areas (government with rebel forces). In addition to placing a strain on humanitarian access this also presents a significant protection risk for the community, especially women and children, and a barrier to accessing services.
2) Insecurity could lead to new IDP influx, outpacing the capacity of humanitarian actors to provide a comprehensive range of services as per Sphere standard and hindering the timely implementation of the project. Conversely, a sudden influx of returnees could also place additional strain on the services.
3) There may be bureaucratic restrictions to access although this situation has improved in recent months. Project implementation, monitoring and evaluation would be hampered and restricted access would prevent visits from Khartoum-based staffs.
4) The government of Sudan has continued to devalue its currency, Sudanese Pound (SDG) and the inflation might continue to affect market prices significantly, thereby delaying procurement processes due to frequently changing prices.
5) Focusing on women and girls as primary caregivers for nutrition education messaging risks increasing their already-unequal burden. Therefore, CARE actively engages men and boys in health promotion and education activities, involving them in change and sharing concrete ways in which they can reduce the burden of responsibility in a sustainable way.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	NUTRITION	Number of outpatient therapeutic feeding centers (OTP) supported by partner.					3
Means of Verification : Weekly and monthly reports from the facilities in Kumsoro, Kalinda and Banat (the OTP facility in Tabasa is managed by Save the Children).							
Indicator 1.1.2	NUTRITION	Number of support groups established					4
Means of Verification : Monthly activity reports from CNVs, in addition to CARE monitoring and support visit reports.							
Indicator 1.1.3	NUTRITION	% of boys and girls 0-59 months with SAM cured among the discharged children (target >75% according to SPHERE)					75
Means of Verification : Weekly and monthly nutrition center reports. CARE's caseload target for children discharged from the SAM treatment program is at least 308 of estimated 411 total cases (75%).							
Indicator 1.1.4	NUTRITION	% of boys and girls 0-59 months with SAM defaulted among the discharged children (target <15% according to SPHERE)					15
Means of Verification : Weekly and monthly nutrition center reports. CARE's target for defaulters is no more than 62 of estimated 411 cases (15%).							
Indicator 1.1.5	NUTRITION	% of boys and girls 0-59 months SAM deaths among the discharged children (target < 10% according to SPHERE)					5
Means of Verification : Weekly and monthly nutrition center reports. CARE's target for SAM deaths is no more than 20 of estimated 411 cases (5%).							
Indicator 1.1.6	NUTRITION	% of 0-59 month with MAM discharged?					80
Means of Verification : Weekly and monthly nutrition center reports. CARE's discharge caseload target for MAM cases is at least 610 of estimated 762 cases (80%).							
Indicator 1.1.7	NUTRITION	Number of PLWs in need receiving acute malnutrition treatment services. (HRP 2018)		200			200
Means of Verification : Weekly and monthly nutrition center reports.							
Indicator 1.1.8	NUTRITION	Number of TSFP sites supported by partner.					4
Means of Verification : Activity reports, weekly and monthly patient logs and reports from the centers in Kumsoro, Kalinda, Banat and Tabasa.							
Indicator 1.1.9	NUTRITION	Number of children under five receiving treatment for SAM/MAM in OTP/TSFP centers supported by the partner.					1,173
Means of Verification : Weekly and monthly patient logs from the nutrition centers.							

Activities

Activity 1.1.1

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)

Conduct mass MUAC screening campaign and referral twice in each location during project cycle in collaboration with SMoH.

Activity 1.1.2

Standard Activity : Establish mother support group for promotion of IYCF

Establishment and training of 4 mother support groups (10 women per location). Women will engage with the formal MSGs, and community nutrition volunteers will also work to engage men in broader IYCF awareness activities. CARE will aim to include 20% men in the MSG training, so that men are equipped to share IYCF messages and thus challenge the perception of women as exclusive caregivers. However, CARE recognizes the important of maintaining a safe space for women and so the MSGs will be for women only.

Activity 1.1.3

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

Conduct OTP/SFP training for nutrition providers in 4 facilities. 10 volunteers will be trained per location in community outreach, IYCF messaging, MSG facilitation and active case finding. CARE will aim for at least 30% of the recruited volunteers to be male.

Activity 1.1.4

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

CARE will conduct three general community health and nutrition awareness campaigns in each of the four locations during the project life cycle

Activity 1.1.5

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

CARE, in collaboration with SMoH, will provide joint supervision for seconded SMoH staff working in the nutrition centers. This support will be provided by CARE's Senior Health Officer and Health and Nutrition Officer, based in Abujubeiha, remotely via phone and through a mentoring visit to each site four times during the project lifecycle. Additional remote support will be given by the Health and Nutrition Country Advisor, based in Khartoum.

Activity 1.1.6

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.)

Availing the anthropometric tools necessary for service provision.

Additional Targets :

M & R

Monitoring & Reporting plan

At project inception, a start-up workshop will take place to clarify roles among stakeholders and to develop the Detailed Implementation Plan. This is a comprehensive work-plan matrix and is the primary tool used for monitoring of the interventions. The DIP details the activities to be implemented at specific times and possible completion dates of the activities, including key monitoring and reporting activities. At this workshop, the date of a midterm review session – which will measure progress against the DIP and develop plans for the remaining project period – will be fixed. CARE will also plan for two joint supervisory trips and a donor visit at start-up. The project partner, Mubadirrun, SMoH and other stakeholders such as community leaders will be involved in this process from the inception phase.

CARE will utilize institutional monitoring and reporting tools to manage and measure the progress of the project, including weekly and monthly reports. CARE will use SMoH standard reporting formats to capture data on a weekly basis from the health and nutrition facilities; where needed, additional formats will be used to capture project achievements. These formats include space for the recording of sex- and age-disaggregated data. These reports will be compiled into a monthly progress update which is reviewed by CARE's Program Managers and Health and Nutrition Advisor; these monthly reports then form the basis of the quarterly progress updates submitted to SHF. Monthly updates will also be shared with the Health and Nutrition sectors. Where reports indicate that changes in programming are necessary, joint supervision and monitoring, including SMoH, technical partners, local stakeholders and the relevant sector, to ensure collective decision-making.Throughout the project, SMoH will be responsible for providing seconded staff to work with project staff and ensure that services such as child vaccinations, and proper recording, reporting and patient charts are done according to WHO and Federal MoH guidelines.

Health Project Managers will create weekly internal work plans, detailing the activities planned for the week. PMs will track and report on the completion of planned activities. Field visits during the project by the Health and Nutrition Advisor, and the Country Coordinator, Program Quality (international) will be made to verify that activities are completed to the highest standards, with community endorsement and participation.

The Health PM will ensure proper data collection methods are used and assess the achievement of results. Results will be measured through various means of quantitative and qualitative data collection, including MUAC screening results.

CARE's regular program and financial monitoring systems of the project will extend equally to activities managed through the sub-grant. CARE will conduct regular field visits and review meetings to assess achievements against targets and related expenses. CARE will also attend Mubadirrun's community outreach training events and document them. CARE employs these and other similar measures to ensure responsible and efficient use of resources to achieve the anticipated results.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: CARE will provide general clinical services including outpatient consultation services for diagnosis and treatment for common illnesses, basic laboratory investigations, wound dressing and emergency referral to hospital in four facilities in Alabassiya locality (Kumsoro, Banat, Tabasa, and Kalinda).	2018						X	X	X	X	X	X	X
	2019	X											
HEALTH: Activity 1.1.2: Contribution to child health through routine immunization by a trained cadre through the PHCs and in collaboration with SMOH according to the immunization coverage strategies for Sudan.	2018						X	X	X	X	X	X	X
	2019	X											
HEALTH: Activity 1.1.3: In addition to maintaining a regular supply chain based on need, CARE will ensure that essential drugs, including malarial drugs, and medical supplies are prepositioned in advance of the rainy season. CARE will store these drugs in the rehabilitated facility in Alabassiya (activity 1.1.7) for easy distribution during the rainy season.	2018						X	X	X	X	X	X	X
	2019	X											
HEALTH: Activity 1.1.4: Capacity building and training of seconded SMOH health workers on the different aspects related to primary health care and service provision (infection control, rational drug use, equitable service provision). CARE aims for 40% male and 60% female participation in the training, contingent on availability of SMOH seconded staff.	2018							X	X	X			
	2019												
HEALTH: Activity 1.1.5: Provision of technical support and on-the-job training to seconded SMOH service providers working in the four PHCs in Alabassiya locality. This support will be provided by CARE's Senior Health Officer and Health and Nutrition Officer, based in Abujubeiha, remotely via phone and through a mentoring visit to each site four times during the project lifecycle. Additional remote support will be given by the Health and Nutrition Country Advisor, based in Khartoum. CARE aims for 40% male and 60% female participation in the training, contingent on availability of SMOH seconded staff.	2018						X	X	X	X	X	X	X
	2019	X											
HEALTH: Activity 1.1.6: CARE will recruit 40 Community Health Promoters (10 per location) who will be trained at the health facility in health promotion messaging, active case finding and community outreach and who will then conduct broader health awareness campaigns in community locations such as markets and mosques. They will also conduct follow-up home visits where required. CARE aims for equal participation of men and women in this activity.	2018							X	X	X			
	2019												
HEALTH: Activity 1.1.7: CARE has identified a drug storage unit in Alabassiya town which is in need of rehabilitation. CARE will make repairs to the walls, windows and doors, expand the storage space and install a cooling system to allow for the safe storage of drugs and medical supplies, which can then be prepositioned in this unit to allow for easy dispatch to the four facilities at village level.	2018						X	X	X				
	2019												
HEALTH: Activity 1.1.8: CARE will undertake necessary construction and rehabilitation works in facilities in Banat, Tabasa, Kumsoro and Kalinda, to ensure that facilities have the infrastructure and space needed to accommodate provision of an integrated PHC, RH and nutrition package.	2018						X	X	X				
	2019												
HEALTH: Activity 1.2.1: Provision of maternal and new born health care services including RH package; antenatal, postnatal care, delivery, EmOC, referral services and pregnant women vaccination, skilled care during childbirth and family planning at four facilities in Banat, Kalinda, Kumsoro and Tabasa. CARE will engage at least two local vendors to provide transport for women who need referral support. These services can also be used in case of nighttime deliveries. CARE will further engage local volunteers in each community to accompany the patient or midwife after dark, thereby minimizing protection risks.	2018						X	X	X	X	X	X	X
	2019	X											
HEALTH: Activity 1.2.2: Refresher training for 20 midwives (5 midwives per location, averaging five staff per targeted PHC) on infection control and emergency obstetric care. One training will be conducted early on in the project cycle, by CARE in collaboration with SMoH. Where midwives are not currently working in the facilities additional staff will be seconded to meet the need.	2018							X	X	X			
	2019												
HEALTH: Activity 1.2.3: Family planning messages and commodities will be provided to the target population, alongside awareness and orientation sessions, within the health facilities. CARE recognizes the importance of involving men in such an activity and, given local gender sensitivities, aims that 80% of those reached with this messaging are female and 20%, male.	2018						X	X	X	X	X	X	X
	2019	X											
HEALTH: Activity 1.2.4: Availing the required equipment and materials for midwifery and labor (delivery beds, lab equipment, obstetrics equipment, soap for ANC, clean delivery kits etc.)	2018						X	X	X	X	X	X	X
	2019	X											
NUTRITION: Activity 1.1.1: Conduct mass MUAC screening campaign and referral twice in each location during project cycle in collaboration with SMoH.	2018							X			X		
	2019	X											
NUTRITION: Activity 1.1.2: Establishment and training of 4 mother support groups (10 women per location). Women will engage with the formal MSGs, and community nutrition volunteers will also work to engage men in broader IYCF awareness activities. CARE will aim to include 20% men in the MSG training, so that men are equipped to share IYCF messages and thus challenge the perception of women as exclusive caregivers. However, CARE recognizes the important of maintaining a safe space for women and so the MSGs will be for women only.	2019												
	2018							X	X	X	X		

NUTRITION: Activity 1.1.3: Conduct OTP/SFP training for nutrition providers in 4 facilities. 10 volunteers will be trained per location in community outreach, IYCF messaging, MSG facilitation and active case finding. CARE will aim for at least 30% of the recruited volunteers to be male.	2018												
	2019												
NUTRITION: Activity 1.1.4: CARE will conduct three general community health and nutrition awareness campaigns in each of the four locations during the project life cycle	2019	X											
	2018							X			X		
NUTRITION: Activity 1.1.5: CARE, in collaboration with SMoH, will provide joint supervision for seconded SMoH staff working in the nutrition centers. This support will be provided by CARE's Senior Health Officer and Health and Nutrition Officer, based in Abujubeiha, remotely via phone and through a mentoring visit to each site four times during the project lifecycle. Additional remote support will be given by the Health and Nutrition Country Advisor, based in Khartoum.	2019	X											
	2018						X	X	X	X	X	X	X
NUTRITION: Activity 1.1.6: Availing the anthropometric tools necessary for service provision.	2018						X	X	X	X	X	X	X
	2019	X											

OTHER INFO

Accountability to Affected Populations

CARE has a well-established mechanism for accountability to affected populations, which is implemented through the Complaints Response and Feedback Mechanism (CRM). Within current health projects in South Kordofan, CARE is actively implementing the CRM, ensuring accountability to the affected population and efficiency and effectiveness of the CRM. This includes complaints and suggestions boxes in the PHC facilities and specific signboards in each settlement and at each project site to inform beneficiaries of activities, in addition to various monitoring and evaluation mechanisms. CARE has a dedicated phone line for beneficiary feedback and complaints and is currently negotiating with local telecommunications suppliers to ensure this is toll-free. Feedback received from beneficiaries is used to inform further programming.

Implementation Plan

CARE will provide primary healthcare services to the affected population through the existing facilities in Banat, Kalinda, Kumsoro and Tabasa, following some necessary rehabilitation works, to cover 29,620 beneficiaries across western Alabassiya locality. Nutrition support services will be integrated into the healthcare facilities. In addition to the staff already working at these facilities, further staff will be seconded from the State Ministry of Health in the target areas, alongside outreach volunteers recruited from the IDP, returnee and host communities. CARE will work directly with SMOH to implement health and nutrition outreach activities within these communities, and to train both staff and volunteers. Seconded staff will provide high-quality primary health care and SRH services, alongside preventive and curative nutrition support. Community health workers will work within the communities to further disseminate health awareness messaging, especially among those members of the community who are more marginalized such as PLW, women-headed households and child-headed households. Similarly, community nutrition volunteers will generate positive behavior change through promoting positive IYCF practices, targeting PLW in particular, facilitating mother support groups, and active case finding alongside MUAC screening. In all cases, community outreach interventions will take place, in addition to communal locations, in locations more frequented by men, such as mosques, including targeted messaging for men. This will help to ensure that the burden of caregiving does not rest solely with women and will help to alert the community to the plight of women-headed households.

The community outreach network will also function as an early warning system for medical emergencies or women delivering who are at a distance from the PHCs. Health outreach volunteers will monitor ongoing medical cases and pregnancies and contact health workers or midwives should assistance be necessary. To minimize protection risks, especially at night or where transport was unavailable, a health worker will either accompany the patient to the facility or the midwife to the patient.

CARE will provide all necessary drugs, therapeutic food (procured from SMOH, UNICEF and WFP) and medical equipment and supplies for the smooth running of the facilities, establishing a regular supply chain from a storage facility in Alabassiya town.

Activities will be supervised by the Senior Health and Nutrition Officer, who will also supervise the running of the health and nutrition facilities and will lead coordination with the State Ministry of Health.

CARE has strong coordination with local line ministries in Alabassiya locality, including HAC and SMOH. CARE maintains a high degree of transparency in all communications to authorities and partners, especially those regarding activities, budgets and plans, generating a longstanding positive relationship. CARE will maintain coordination with other implementing partners operating in the locality, in particular Mercy Corps Scotland.

In working with SMOH, CARE supports the sustainability of the intervention by building SMOH capacity to take on and maintain health and nutrition facilities after closure of the project. In particular, nutrition behavior change interventions will support the population to take ownership of their own IYCF practices, helping to tackle root causes of malnutrition and apply preventive actions in the long term. CARE works to ensure that interventions do not focus only on women and girls as primary caregivers, but also on men and boys to ensure that they are engaged in behavior change, challenging existing power imbalances and creating a better situation for all beyond the project lifecycle.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Mercy Corps Scotland,Save the Children	Implementing complementary WASH intervention in same areas,Managing nutrition support services in Tabasa village

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Gender equality represents a core area in CARE's strategic plan. CARE project staff receive training on 'Gender in Emergencies' and will address gender-specific issues in the project as they arise. The project aims to achieve sustainable impact by tailoring to the specific needs of the most vulnerable groups of malnourished children (under age five) and pregnant and lactating women. This is done while also involving other women, men, boys and girls in the project design and activities, ensuring that neither group is excluded. Community expectations have been incorporated into the project design and there will be ongoing consultation with women, men, boys and girls during the project to ensure that interventions carried out are appropriate, are based on needs, and remain acceptable to the community. The project will work to increase equal participation in meetings, decision-making and trainings, with a focus on women and girls whilst working with men and boys to ensure that participation does not place an additional burden on women in their traditional role as caregivers. The project will emphasize that health centers be "gender friendly", and ensure adequate privacy and gender-balanced teams. Tools for data collection, analyses and reporting will include gender and age disaggregation. Women, men, boys and girls will be interviewed during Monitoring and Evaluation (M&E) missions. CARE M&E missions are usually gender balanced, and M&E findings from activities and results will go through a gender-perspective analysis, to improve and better inform current and future projects.

Protection Mainstreaming

CARE has consistent and strong capacities in gender mainstreaming, and a strong focus on protection for vulnerable women, girls, boys and men. Gender has been a main consideration in the design of this project. Special attention is paid to the needs of vulnerable groups, such as children, pregnant women, poor female-headed households, elderly people, malnourished people, and people who are ill or immunocompromised and people with disabilities.

CARE's project design takes into account vulnerabilities highlighted in the Inter-Agency Rapid Needs Assessment, incorporating different vulnerability demographics into the development of activities. For instance, the project sites chosen are those which are most easily accessible (maximum distance 2.5km) to a large catchment population, ensuring equitable access to assistance and services. Should medical assistance be needed at night, CARE will mobilize a network of volunteers to accompany either the patient or medical staff member, thereby minimizing protection risks. For the nutrition component in particular, the involvement of community outreach workers will support active case finding for those vulnerable groups who are often confined to the home, such as PLWs, those with disabilities and children under 5, especially child-headed households, and volunteers will target these groups in particular.

Furthermore, training for health and nutrition cadres includes an explicit component on the importance of providing fair, equitable and high-quality services to all in need, regardless of status, background, gender or ethnicity. CARE will ensure that the trainings provided to the residents and SMoH seconded staff are designed to encourage female participation. This will allow women to take leadership roles in their community and influence decisions that impact their wellbeing and that of their children. Trainings will take place in areas and at times convenient to the highest number of female participants possible. This project will ensure that women are properly represented among the community mobilizers and health promoters to ensure their active involvement in project-related activities. Culturally, women are not normally encouraged to speak in public or make decisions in front of men; therefore, CARE plans to be intentional about ensuring female involvement and will make certain that female CARE staff members are present and able to encourage further female participation and decision-making. In addition, lessons specific to female needs, such as feminine hygiene, will be included in health education in a gender-separated environment, as necessary. CARE will measure the degree of female participation to ensure compliance with gender-equality goals.

CARE provides training to all staff and partners on the Prevention of Sexual Exploitation and Abuse in line with CARE's international PSEA policy. Furthermore, at-risk groups such as women and girls will receive, as part of ordinary planned outreach activities, PSEA- and SGBV-related preventive messaging to enable them to keep themselves safe, alongside information about support services and reporting lines for those who are affected by PSEA or SGBV. CARE also works to minimize the protection risks to those community members supporting the project; for instance, by recruiting volunteers to accompany patients or midwives after dark so that they do not need to travel alone.

CARE will continue to monitor the vulnerabilities and protection needs of vulnerable groups, especially as the population is registered, to ensure that programming continues to meet these needs.

Country Specific Information

Safety and Security

Since the cessation of the conflict in the targeted localities, the security situation remains calm and the relationship between IDPs and host communities good with no reported clashes. CARE has also observed the situation to be stable in the course of other project implementation in Alabassiya locality.

CARE will follow the standard safety and security protocols guided by the UN during the implementation of the project. CARE's country-level and field security managers constantly evaluate the security situation, making plans to ensure that projects can be implemented and the safety of staff is guaranteed. To ensure maximum security and safety, CARE coordinates and collaborates on a daily basis with local police, local authorities, UNDSS, UNAMID and OCHA. Furthermore, CARE works closely with state authorities, other organizations and UN offices, both in the field and in Khartoum, to ensure risk reduction in security protocol implementation. If the security situation changes rapidly, deviation from the proposed work plan and budget may be required. If changes to the plan are needed, they will be made in close coordination with SHF and the Health sector.

Access

Humanitarian access to the targeted area has recently opened up but appears to be consistent. CARE has offices in Abujubeiha and Kadugli and has good access to the implementation area year-round. Whilst some limitations in road access may exist with the onset of the rainy season, activities will be planned accordingly, and movements are not expected to be restricted for longer than a week on any one occasion.

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	Health and Nutrition Advisor	D	1	3,200.00	8	10.00	2,560.00
	National position - The Health and Nutrition Adviser provides strategic leadership and technical oversight to CARE health project staff. S/he ensures health quality and accountability. *The unit cost represents the monthly gross salary with benefits.* *10% of this position efforts and time are assigned toward this projects and the equivalent budget amount is requested from SHF*						
1.2	Senior Health and Nutrition Officer	D	1	1,500.00	8	30.00	3,600.00
	This is a national position based in Abujubeiha, with responsibility for project coordination in the field, strategic advisory, implementation, monitoring and reporting. The unit cost represents the gross monthly salary with benefits. 30% of this position is assigned to this project and the equivalent budget amount is requested from SHF						
1.3	Health and Nutrition Officer	D	1	900.00	8	40.00	2,880.00
	This national position will be responsible to closely follow up the implementation at the health facilities and directly contact with the beneficiaries and partners to ensure smooth implementation. The officer will also be responsible to collect data from the health facilities, analyse and report. The unit cost represents the gross monthly salary with benefits. 40% of this position is assigned to this project and the equivalent budget amount is requested from SHF						
1.4	Health and Nutrition Assistant	D	1	700.00	8	40.00	2,240.00
	This national position will be responsible for tracking drugs and program supplies to all health facilities, storage and drug dispatches. S/he keeps records and assists in new drugs requests, liaises with SMoH. 80% of this role will be spent in the field. The unit cost represents the gross monthly salary with benefits. 40% of this position is assigned to this project and the equivalent budget amount is requested from SHF						
1.5	Contribution to South Kordofan Program Support Staff	S	6	1,100.00	8	12.00	6,336.00
	Lumpsum contriibution to national staffing including Head of Office, Accountant, Admin Assistant, helper, driver and guards. The amount includes salary and medical allowance. 12% charged to SHF						
1.6	Khartoum Support Staff	S	11	1,350.00	8	7.00	8,316.00
	Lumpsum contriibution to national staffing including Head of operations, Grant and Contract Manager, Sr. HR Officer, Procurement Officer, IT Officer, Accountant, Cashier, Admin Assistant, Capacity Building Coordinator, Partnership Coordinator, compliance Officer and SMT Assistant. The amount includes salary and medical allowance. 7% charged to SHF						
1.7	South Kordofan Monitoring and Evaluation Officer	D	1	1,500.00	8	15.00	1,800.00
	This national position provides monitoring and evaluation support for this project, alongside other interventions in South Kordofan. The unit cost represents the gross monthly salary with benefits. 15% of this position is assigned to this project and the equivalent budget amount is requested from SHF						
1.8	International staff salaries	S	4	6,529.17	8	3.00	6,268.00
	Contribution to the salaries of Khartoum-based international staff who support the overall strategic direction and smooth running of CIS operations (such as Country Director, Assistant Country Director, Funding Coordinator, Head of Finance). This unit cost includes salary and medical allowance.						
	Section Total						**34,000.00**
2. Supplies, Commodities, Materials							
2.1	Provision of essential medicines and medical supplies	D	4	1,000.00	8	100.00	32,000.00
	The estimated cost of supplying 4 PHCs with the primary health care services with essential medicines, medical supplies , lab-supplies, and non-medical supplies and consumables items (hygiene materials, cotton, lining materials), to ensure the sustainability of the basic service for treated beneficiaries and intervention areas. These materials will be supplied on a regular basis based on monthly consumption and attendance. 100% charged to SHF						
2.2	Soap for ANC and diarrhea patients	D	4	70.00	8	100.00	2,240.00

	The program plans to provide soap among program beneficiaries who suffer from diarrhea, acute jaundice syndrome, skin infection, pregnant women for ANC and women who delivers at PHC clinics; (2 soap bar per beneficiary) per month. *Lifeboy Soap 40 carton (5040 pcs) to the 4 clinic for 8 month.* *70x unit price 20$ = 400$* *Washing soap 300 CRT (8100 pcs) to the 4 clinics for 8 month. 300X unit price 6.13$= 1840$* *Total number of soap estimated at 13140 pieces (240 CRT) in the one clinic per all project duration. 100% charged to SHF*						
2.3	Clean Delivery Kits	D	1000	10.10	1	100.00	10,100.00
	Provision of clean delivery kits to women in their third trimester, both at the centers and distributed by CHPs						
2.4	Stationery for PHC facilities	D	4	50.00	8	70.00	1,120.00
	Provide support for 4 PHC clinic and the reception center with stationary. This includes medical and non-medical stationery (register, books, papers, pen, art liner, health education materials etc.) 70% charged to SHF						
2.5	Consumables for infection control and water supply	D	4	200.00	8	100.00	6,400.00
	Supplies per clinic such as cleaning soap and detergents, cleaning tools, rubber gloves and masks, safety boxes for sharp objects, 1000L water containers, water pots. 100% charged to SHF						
2.6	Capacity building for healthcare service providers	D	3	2,000.00	1	100.00	6,000.00
	Capacity building and training workshops targeting 4 PHC service providers in South Kordufan (infection control 20 person, rational drugs use 15 person and 20 midwives for EmOC). All the staff are newly seconded to the program sites and will be in need for training on the subjects below to assure quality of care and adherence to national and international standards. The trainings are coordinated by CIS with facilitators from, CIS, SMOH, WHO, UNICEF, or UNFPA. the perdiom, incentives , meals, hall rental, facilitator fees, stationaries for all training, transportation for participants for two ways, transportation for facilitators for two ways. Three trainings total will be covered, each one including staff from all four facilities. 100% charged to SHF						
2.7	Establish community complaint mechanism in the 4 health facilities	D	4	100.00	1	100.00	400.00
	CARE will establish 4 community complaint mechanism, drawing from the previous health project implementation, including fabrication of metallic boxes for complaints and suggestions and tollfree hotline for verbal comments. 100% charged to SHF						
2.8	IEC /BCC material	D	4	600.00	1	100.00	2,400.00
	This includes cost of printing of IEC/BCC materials (different health messages on malaria and self-referral, STI/HIV prevention, pregnancy and childbirth danger signs and where/when to seek help, breast feeding, child home care, AWD, case management AWD, hygiene promotion) and case management guidelines including IMCI and communicable diseases. 100% charged to SHF						
2.9	Project startup workshop	D	4	375.00	1	100.00	1,500.00
	Startup workshop in each location where communities will receive information regarding the services available, complaints and feedback, PSEA and protection messaging. Cost covers materials, sweets and dates plus facilitator travel to location. 100% charged to SHF						
2.10	Incentive allowances for 48 seconded SMOH staff	D	48	30.00	8	100.00	11,520.00
	Monthly supplementary payments for total of 48 PHC facility staff in five health facilities seconded from SMOH and working directly for the project. These supplementary allowances are paid through the SMoH finance system to the seconded staff as top-up to their salaries to in order to attract sufficient numbers of staff because the hardship posting. CARE has long experience paying seconded staff in this way and has mitigation measures in place to ensure that the payments are correctly managed. Furthermore, staff are expected to work long hours in an over-stretched humanitarian PHC system, some parts of which operate 24 hours per day. Therefore, providing supplementary payments to seconded personnel is essential to ensure that the facilities are staffed and it is for work to be performed above and beyond the host government staff's normal scope of work. 100% charged to SHF						
2.11	Medical and nutrition equipment provision to facilities	D	4	3,000.00	1	100.00	12,000.00
	Medical equipment for each clinic include equipment at PHC level: 2 height/weight scales, 2 stands, 2 stethoscope (Littmann type), 2 mercury sphygmomanometers, 1 glucometer, 1 oxygen concentrator ,1 delivery tables, 1 electrical suction machine, 1 trolley for patients, , 3 light Torch, 1 examination couch, 2 head lamps, 1 NEBULIZER Device, 1 Surgical Kits (wound dressing, abscess drainage, sterilization), 1 Normal Delivery Set, utensils for infection control and water supply (hand washing basins, water containers, etc.) 100% charged to SHF						
2.12	Support to routine EPI campaigns	D	4	200.00	8	100.00	6,400.00
	Logistical support to routine EPI in the 4 clinic in addition to general EPI campaigns conducted by SMoH. The cost covers incentives for vaccinators, fuel, recording supplies and rent of cars to reach far areas in Alabassiya. Estimate cost to $200 per month for 1 clinic. 100% charged to SHF						
2.13	Furniture for PHC facilities	D	4	1,700.00	1	100.00	6,800.00
	Furniture for each PHC facility including desks and chairs (consultation, registration, RH, EPI), cupboards, 10 benches for patient waiting areas and health education sessions, board for monitoring, lab table and chair etc. 100% charged to SHF						
2.14	Rehabilitation of 4 health facilities	D	4	6,000.00	1	100.00	24,000.00

	The rehabilitation will include expansion of building, repair of doors and windows, plastering of walls, construction of waiting areas, etc (exact needs per PHC to be defined based on further assessment). Estimate cost for one shelter of waiting area 9X5 m built with bricks and iron sheets and will including seating benches 3107$, repairing doors 500$, plastering and painting 693 $ and expected expansion include latrines which roughly cost 1700$. 100% charged to SHF						
2.15	Construction of 4 incinerators	D	4	2,000.00	1	100.00	8,000.00
	The incinerator is single chamber, cross-drought furnace with outer casing made from ordinary clay bricks and inner core is made from fire bricks. It includes vent pipes 6m high, allowing for the effective dispersal of fumes beyond the clinic. It is usually located at the boundary of PHC center-compound and downwind from the center itself. It is an important component to mitigate negative environmental impact of the health clinic. 100% charged to SHF						
2.16	Medical store rehabilitation in Alabassiya	D	1	7,500.00	1	100.00	7,500.00
	The medical store rehabilitation/expansion of the space, will include repair of windows, ventilation, fixing air conditioning, plaster the floor, fixing of second roof, painting. The estimated breakdown of costs is as follows: Air conditioning installation 1700$, expansion of the store (bricks, cement, iron bar, roof and labour cost) 3200$, 3 metallic windows, one door 400$, internal shelves and metallic table 400$, ceramic floor and second roof 1800$. 100% charged to SHF						
2.17	Conduct 3 mass MUAC screening campaigns	D	3	1,900.00	1	100.00	5,700.00
	MUAC screening will be carried out 3 times covering the 4 health clinincs areas. 40 well trained volunteers will participate in the screening, while technical staff of the project and from MOH will enter the data and analysis. 100% charged to SHF						
2.18	Establish and support Mother Support Groups	D	4	800.00	1	100.00	3,200.00
	4 groups to be established, 10 mothers per location. They will receive a training in IYCF practices. 100% charged to SHF						
2.19	OTP/TSFP training for nutrition providers in 4 health facilities	D	1	2,000.00	1	100.00	2,000.00
	A training event will be carried out to build the capacity of nutrition service providers from the 4 health facilities in order to ensure quality of services. This will be carried out in collaboration with UNICEF, WFP and SMoH and covers the costs of facilitation, refreshment, per diem and transport. 100% charged to SHF						
2.20	Support joint supervision and on-job training for the health cadre in the 4 health facilities	D	4	500.00	1	100.00	2,000.00
	CARE, in collaboration with SMoH, will provide joint supervision for seconded SMoH staff working in the nutrition centers. This support will be provided by CARE's Senior Health Officer and Health and Nutrition Officer, based in Abujubeiha, remotely via phone and through a mentoring visit to each site 4 times during the project lifecycle. Additional remote support will be given by the Health and Nutrition Country Advisor, based in Khartoum. 100% charged to SHF						
2.21	Emergency referral cost	D	1	4,500.00	1	100.00	4,500.00
	The project will identify local transporters within the health facility area to be contracted for transporting emergency and critical cases to Alabassiya hospital. 100% charged to SHF						
	Section Total						**155,780.00**
3. Equipment							
3.1	Laptop	D	1	1,200.00	1	100.00	1,200.00
	One laptop for use by project staff in Abujubeiha.						
	Section Total						**1,200.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
5.1	Vehicle rental costs	S	4	300.00	8	41.00	3,936.00
	Vehicle rental for supporting the project through the supervision, monitoring and follow up of activity implementation. This cost includes movement to and from project sites (two vehicles) and transport of goods and supplies to sites (two larger vehicles). Vehicles are rented as a general practice by CARE in South Kordofan. 41% charged to SHF						
5.2	Air and road travel to and from Khartoum	D	4	400.00	6	70.00	6,720.00
	Supervision and monitoring of program sites by senior management team from Khartoum (H&N Advisor, Capacity building Coordinator, Gender Specialist, Operations Manager, & Program Coordinator visits). 70% charged to SHF						
5.3	Per diem	D	6	100.00	8	100.00	4,800.00

	Per diem at $20/day for staff visits to field sites. Travel is estimated at 5 days per month for six staff. 100% charged to SHF						
	Section Total						**15,456.00**
6. Transfers and Grants to Counterparts							
6.1	Contribution to partner personnel costs	D	5	900.00	8	15.00	5,400.00
	Contribution to partner personnel, such as Country Director, Operations Manager, Head of Programs, Procurement Officer, Health Officer etc. Includes salary and medical allowance, average $900/month for 8 months. 15% charged to SHF						
6.2	Vehicle rent	D	2	300.00	8	100.00	4,800.00
	"Vehicle rent for implementation of health project through the activities intended by the partner. This amount includes fuel, vehicle maintenance and driver cost. 100% charged to SHF						
6.3	Partner office operational costs	D	1	3,600.00	1	100.00	3,600.00
	Lumpsum contribution to partner's office running costs (rent, utilities, supplies, communications). 100% charged to SHF						
6.4	Training of Community Health Promoters	D	2	2,800.00	1	100.00	5,600.00
	Two rounds of training for Community Health Promoters, who will contribute to active case finding, dissemination of health messages and general outreach work. CHPs are selected based on their good standing within the community and their willingness to serve as natural leaders; CARE strives to recruite a balanced group of women and men and to recruit CHPs from each of the IDP, refugee and host communities to ensure needs are accurately represented. 100% charged to SHF						
6.5	Conduct 3 Health and Nutrition Awareness campaigns	D	3	2,100.00	1	100.00	6,300.00
	3 campaigns per location will be carried out to increase awareness of the community on health care, RH, nutrition, EPI and HIV/AIDS. 100% charged to SHF						
6.6	Outreach incentives for CHPs	D	40	15.00	7	100.00	4,200.00
	Monthly supplementary payments for total of 40 community health promoters. 100% charged to SHF						
6.7	In-kind incentives for Mother Support Groups	D	4	150.00	7	100.00	4,200.00
	Provision of in-kind incentives to mother support groups to ensure continued meaningful participation, follow-up, and to encourage the dissemination of good practices to the wider community. 100% charged to SHF						
6.8	Partner PSC cost	D	1	2,178.00	1	100.00	2,178.00
	Contribution to partner share of PSC costs. Charged at 6% of total partner budget.						
	Section Total						**36,278.00**
7. General Operating and Other Direct Costs							
7.1	Building repairs and maintenance	S	2	1,000.00	8	10.00	1,600.00
	Contribution to shared costs for routine maintenance and repairs to the office and guesthouse buildings in Kadugli and Abujubeiha. 10% is charged to SHF.						
7.2	Fuel for office and guesthouse generators and vehicles	S	2	600.00	8	50.00	4,800.00
	Contribution to fuel for office generators and vehicles in Kadugli and Abujubeiha. 50% is charged to SHF						
7.3	Office supplies and stationery	S	2	1,000.00	8	30.00	4,800.00
	Office consumables and stationery items for use in Kadugli and Abujubeiha. 30% is charged to SHF						
7.4	Office and guesthouse rent and utilities	S	2	750.00	8	40.00	4,800.00
	Rent, water, gas and electricity for office and guesthouse buildings in Kadugli and Abujubeiha. 40% charged to SHF						
7.5	Communication costs	S	1	1,000.00	8	50.00	4,000.00
	Contribution to communications (mobile phone and internet) for CARE's operations in support of the project. 50% charged to SHF						
7.6	Khartoun office operational costs	S	1	15,820.00	8	5.00	6,328.00
	Contribution to the rent, utilities and communication costs of CARE's Sudan country office in Khartoum. 5% charged to SHF						
7.7	Visibility	S	1	2,000.00	1	100.00	2,000.00

	Visibility materials for the project, including dedicated sign boards in project sites. SHF's logo will be clearly displayed on all visibility materials including a description of the project in English and Arabic. 100% charged to SHF			
	Section Total			**28,328.00**
SubTotal		1,223.00		**271,042.00**
Direct				217,858.00
Support				53,184.00
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				18,972.94
Total Cost				**290,014.94**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
South Kordofan -> El Abassiya	100	8,510	10,936	4,876	5,298	29,620	

Documents

Category Name	Document Description
Budget Documents	CIS 9217 TRC1.xls
Technical Review	CARE_9217_comments.doc