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AGENZIA ITALIANA
PER LA COOPERAZIONE
ALLO SVILUPPO

GRANT CONTRACT

Strengthening a Decentralized Health System for protracted displaced population in Nyala - South Darfur

T05-EUTF-HOA-SD-73-01
Reference: **Grant/02/HealthPro/T05-EUTF-HOA-SD-73-01**

(the 'contract')

The Italian Agency for Development Cooperation-AICS Khartoum
Street 33 Amarat- P.O Box 793 Khartoum, Sudan,

Michele Morana
AICS director in Khartoum

(the 'contracting authority')

of the one part,

and

VISNJA CIPCIC

International Medical Corps CROATIA

Trodheimska ul, 4,

21000 Split

Croatia

(the 'coordinator')

of the other part,

(the 'parties')

have agreed as follows:

INTERNATIONAL MEDICAL CORPS CROATIA

AGENZIA ITALIANA PER LA COOPERAZIONE ALLO SVILUPPO

Special conditions

Article 1 — Purpose

1.1 The purpose of this contract is the award of a grant by the contracting authority to finance the implementation of the action entitled: ***Strengthening a Decentralized Health System for protracted displaced population in Nyala North and East, Jebel Marra Localities - South Darfur*** (the 'action') described in Annex I.

1.2 The beneficiary shall be awarded the grant on the terms and conditions set out in this contract, which consists of these special conditions (the 'special conditions') and the annexes, which the beneficiary hereby declares it has noted and accepted.

1.3 The beneficiary accepts the grant and undertakes to be responsible for carrying out the action.

Article 2 — Implementation period of the action

2.1 This contract shall enter into force on the date when the second of the two parties signs.

2.2 Implementation of the action shall begin on:

- the day following that on which the second of the two parties signs

2.3 The implementation period of the action, as laid down in Annex I, is 12 months.

2.4 The execution period of this contract shall end when the payment of the balance is made by the contracting authority and, in any event, at the latest 08 months after the end of the implementation period as stipulated in Article 2.3 unless postponed in accordance with Article 12.5 of Annex II.

Article 3 — Financing the action[1]

3.1 The total eligible costs are estimated at EUR 1,000,000.00, as set out in Annex III.

3.2 The contracting authority undertakes to finance a maximum amount of EUR 1,000,000.00

The grant is further limited to 100% of the total eligible cost of the action specified in paragraph 1.

The final amount of the contracting authority's contribution shall be determined in accordance with Articles 14 and 17 of Annex II.

3.3 Pursuant to Article 14.8 of Annex II, 7% of the final amount of direct eligible costs of the action established in accordance with Articles 14 and 17 of Annex II, may be claimed as indirect costs.

Article 4 — Reporting and payment arrangements

4.1 Payments shall be made in accordance with Article 15 of Annex II option no. 2 as set out in Article 15.1

No initial pre-financing is requested.

1. First interim payment, 30% equal to 300.000,00 EUR after the first progress report (technical and financial) approval and after the achievement of 50% expenditure equal to 150.000,00 EUR;
2. Second interim payment, 60% equal to 600.000,00 EUR after the second progress report (technical and financial) approval and after the achievement of 80% expenditure of the first instalment equal to 240.000,00 EUR;
3. Balance of the final amount of the grant 10% after final report approval (Technical and financial and external audit report), equal to EUR;

4.3 Reporting requirements and payment schedules/length of reporting period:

[1] In case of action grants, note that the amount awarded and percentages stated in this article shall also be updated in Annex III Budget of the action, in the worksheet 'Expected sources of funding and summary of estimated costs'.

Percentage	Description	Reporting time
First instalment: Interim payment 30%	after the first progress report (technical and financial) approval and after the achievement of 50% expenditure	1° Progress Report
Second instalment: Interim payment 60%	after the second progress report (technical and financial) approval and after the achievement of 80% expenditure of the first instalment	2° Progress Report
Balance 10%	4 months after final report approval (Technical and financial and audit report)	Final Report

4.4 An electronic system will be used by the contracting authority and the beneficiary(ies) for all stages of implementation including, inter alia, management of the contract (amendments and notifications), reporting (including reporting on results) and payments. The beneficiary(ies) will be required to register in and use the appropriate electronic exchange system to allow for the e-management of the contract. With regard to interim and final reports, the beneficiary(ies) will be expected to use the forms in the electronic system for encoding and submitting the reports.

The electronic management of the contract through the aforementioned system may commence on the date on which implementation of the contract starts, as described in Article 2 above, or at a later date. In the latter case, the contracting authority will inform the beneficiary(ies) in writing that he/they will be required to use the electronic system for all communications within a maximum period of 3 months.

Article 5 — Contact addresses

5.1 Any communication relating to this contract shall be in writing, state the number and title of the action and be sent to the following addresses:

For the contracting authority

Italian Agency for Development Cooperation

Street 33 Al Amarat

Khartoum, Sudan

procurement.sudan@aics.gov.it

5.2 The expenditure verification(s) referred to in Article 15.7 of Annex II will be carried out by the contracting authority or any external body authorised by the contracting authority[2].

Article 6 — Annexes

6.1 The following documents are annexed to these special conditions and form an integral part of the contract:

[2] In case the contracting authority has its own audit and verification system.

Annex I: Description of the action (including the logical framework of the project, and the concept note)

Annex II: General conditions applicable to European Union-financed grant contracts for external actions

Annex III: Budget for the action (worksheets 1, 2 and 3)

Annex IV: Procurement rules for beneficiary(ies)

Annex V: Standard request for payment and financial identification form

Annex VI: Model narrative and financial report

Annex VII: Terms of reference for an expenditure verification of a European Union financed grant contract for external actions and model report of factual findings

Annex VIII: Model financial guarantee

Annex IX: Standard template for transfer of asset ownership

6.2 In the event of a conflict between the provisions of the present special conditions and any annex thereto, the special conditions shall take precedence. In the event of a conflict between the provisions of Annex II and those of the other annexes, those of Annex II shall take precedence.

Article 7 — Other specific conditions applying to the action

7.1 The general conditions in Annex II are supplemented by the following:

7.1.2 VAT/ taxes, duties and charges are not eligible unless otherwise provided proven justification of the elegibility of the costs,

7.1.3 Where the implementation of the action requires the setting up or the use of a project office, the beneficiary may declare as direct eligible costs the portion of the operating costs of the project office described in the proposal which corresponds to the duration of the Action either based on costs actually incurred by the project office for the action or on the cost apportionment approach presented as part of the proposal.

7.2 The following derogations from Annex II shall apply:

7.2.1 By way of derogation from Article 15.6 of Annex II, once the deadline laid down in Article 15.4 has expired, the coordinator shall be entitled to late payment interest in accordance with Article 15.6. In such a case, a demand must be submitted within two months of receiving late payment.

7.2.2 By derogation to Article 15.10 of Annex II, costs incurred in other currencies than the one used in the beneficiary(ies)'s accounts shall be converted according to its usual accounting practices, provided they respect the following basic requirements: (i) they are written down as an accounting rule, i.e. they are a standard practice of the beneficiary, (ii) they are applied consistently, (iii) they give equal treatment to all types of transactions and funding sources, (iv) the system can be demonstrated and the exchange rates are easily accessible for verifications.

7.2.3 Any report sent with a payment request for further prefinancing or payment of the balance shall be considered approved if there is no written reply from the contracting authority within 45 days of its receipt accompanied by the required documents. Approval of the reports does not imply recognition of their regularity nor of the authenticity, completeness and correctness of the declarations and information they contain.

7.3 The following modifications to the General Conditions shall apply to: International Medical Corps (hereinafter the "Organisation")

- Nothing in this contract shall be interpreted as a waiver of the Organisation's privileges and immunities or of any specific agreement, including on verification, concluded in this respect with the European Union.

- Article 3 of the general conditions shall be supplemented as follows:

  The organisation liability is subject to the rules governing the organisation's privileges and immunities.

- Article 6 of the general conditions shall be supplemented as follows:

  Equipment and vehicles of the Organisation may routinely carry its emblem and other indications of ownership prominently displayed. If during the implementation of the Action, equipment, vehicles, or major supplies are purchased, the organisation shall, however, display appropriate acknowledgement on such vehicles, equipment and major supplies (including display of the European Union logo). Where such display could jeopardise the organisation's privileges and immunities or the safety and security of the organisation's staff or of the final beneficiaries, the organisation shall propose appropriate alternative arrangements. The acknowledgement and European Union logo shall be clearly visible in a manner that does not create any confusion regarding the identification of the action as an activity of the organisation, the ownership of the equipment and supplies by the Organisation, and the application to the Action of the Organisation's privileges and immunities.

- Article 7.5 of the General Conditions shall be supplemented by the following:

  When the Action funded by the EU contributes to a larger action, the Organisation may transfer the equipment, vehicles and supplies paid by the budget of the Action to this larger action, if so provided for in the Special Conditions. In such case, it shall submit an inventory listing the items concerned and their use with the submission of the final report. The visibility requirements regarding the equipment, vehicles and supplies shall continue to apply at least until the end of the larger action.

  Proofs of transfer of any equipment and goods transferred by the Organisation shall be attached to the final report but kept for verification according to Article 16.

- Articles 12.8 to 12.10 (Administrative and financial penalties) of the General Conditions shall be subject to the privileges and immunities of the Organisation.

- Articles 13.1, 13.3 and 13.4 of the General Conditions shall be replaced by the following:

  Without prejudice to any related Financial Framework Partnership Agreement, in default of amicable settlement, the parties may refer the matter to arbitration in accordance with the Permanent Court of Arbitration Optional Rules for Arbitration Involving International Organisations and States in force at the date of conclusion of this Agreement. The appointing authority shall be the Secretary General of the Permanent Court of Arbitration following a written request submitted by either Party. The Arbitrator's decision shall be binding on all Parties and there shall be no appeal.

- Article 14.11 of the General Conditions shall be supplemented by the following:

  The following costs shall not be considered eligible: provisions, reserves or non-remuneration related costs. Employers' contributions to pension or other insurance funds run by the Organisation may only be eligible to the extent they do not exceed the actual payments made by these schemes and that the amount provisioned does not exceed the contribution that could have been made to an external fund;

  The coordinator shall ensure that any financial report as required under Article 2 can be properly and easily reconciled to the accounting and bookkeeping system and to the underlying accounting

and other relevant records. For this purpose, the beneficiary (ies) shall prepare and keep appropriate reconciliations, supporting schedules, analyses and breakdowns for verification.

- Article 16 of the General Conditions shall be replaced by the following:

Accounting

- 16.1 The Organisation shall keep accurate and regular records and accounts of the implementation of the Action. The accounting regulations and rules of the Organisation shall apply to the extent that they ensure accurate, complete, reliable and timely information. Financial transactions and financial statements shall be subject to the internal and external auditing procedures laid down in the regulations and rules of the Organisation.

Archiving

- 16.2 For a period of five (5) years from the payment of the balance and in any case until any on-going audit, verification, appeal, litigation or pursuit of claim or investigation by the European Anti-Fraud Office (OLAF), if notified to the Organisation, has been disposed of, the Organisation shall keep and make available according to this article all relevant financial information (originals or copies) related to the contract and to any procurement contracts and agreements for financial support.

Access and financial checks

- 16.3. The Organisation shall allow the European Commission, or any authorised representatives, to conduct desk reviews and on-the-spot checks on the basis of supporting accounting documents and any other document related to the financing of the Action.
- 16.4. The Organisation agrees that OLAF may carry out investigations, including on-the-spot checks and inspections, in accordance with the provisions laid down by EU law for the protection of the financial interests of the EU against fraud, corruption and any other illegal activity.
- 16.5. The Organisation agrees that the execution of this contract may be subject to scrutiny by the Court of Auditors when the Court of Auditors audits the European Commission's implementation of EU expenditure. In such case, the Organisation shall provide to the Court of Auditors access to the information that is required for the Court to perform its duties.
- 16.6. The European Public Prosecutor's Office also has the right of access for the purpose of checks, audits and investigations.
- 16.7. To that end, the Organisation undertakes to provide officials of the European Commission, the European Public Prosecutor's Office, OLAF and the European Court of Auditors and their authorised agents, upon request, information and access to any documents and computerised data concerning the technical and financial management of operations financed under the contract, as well as grant them access to sites and premises at which such operations are carried out. The Organisation shall take all necessary measures to facilitate these checks in accordance with its regulations and rules. The documents and computerised data may include information that the Organisation considers confidential in accordance with its own established regulations and rules or as governed by contractual agreement. Such information once provided to the European Commission, the European Public Prosecutor's Office, OLAF, the European Court of Auditors, or any other authorised representatives, shall be treated in accordance with EU confidentiality rules and legislation and Article 5. Documents must be accessible and filed in a manner permitting checks, the Organisation being bound to inform the European Commission, the European Public Prosecutor's Office, OLAF or the European Court of Auditors of the exact location at which they are kept. Where appropriate, the parties may agree to send copies of such documents for a desk review.

- 16.8. Where applicable, the desk reviews, investigations, on-the-spot checks and inspections referred to in Article 16.3 to 16.8 shall refer to a verification that shall be performed in accordance with the verification clauses agreed between the Organisation and the European Commission. This is without prejudice to any cooperation arrangement between OLAF and the Organisation's anti-fraud bodies.
- 16.9. The European Commission shall inform the Organisation of the planned on-the-spot missions by agents appointed by the European Commission in due time in order to ensure adequate procedural matters are agreed upon in advance.
- 16.10. Failure to comply with the obligations set forth in this Article 16 constitutes a case of breach of a substantial obligation under this Agreement.

7.4 Articles 1.3 and 1.4 of Annex II shall be replaced by the following:
1. Processing of personal data related to the implementation of the grant contract by the contracting authority takes place in accordance with the national legislation of the state of the contracting authority and with the provisions of the respective financing agreement.

2. To the extent that the grant contract covers an action financed by the European Union, the Contracting Authority may share communications related to the implementation of the grant contract, with the European Commission. These exchanges shall be made to the Commission, solely for the purpose of allowing the latter to exercise its rights and obligations under the applicable legislative framework and under the financing agreement with the Partner country – contracting authority. The exchanges may involve transfers of personal data (such as names, contact details, signatures and CVs) of natural persons involved in the implementation of the grant contract (such as contractors, staff, experts, trainees, subcontractors, insurers, guarantors, auditors and legal counsel). In cases where the contractor is processing personal data in the context of the implementation of the grant contract, he/she shall accordingly inform the data subjects of the possible transmission of their data to the Commission. When personal data is transmitted to the Commission, the latter processes them in accordance with Regulation (EU) 2018/1725 of the European Parliament and of the Council of 23 October 2018 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC[3] and as detailed in the specific privacy statement published at ePRAG.

Done in English in three originals, one original being for the contracting authority, one original being for the European Commission, and one original being for the beneficiary(ies).

For the beneficiary(ies) [4]	**For the contracting authority**
Name VIJNJA CLPLC	Name Michele Morana
Title MANAGING DIR	Title AICS Director in Khartoum
Signature	Signature
Date 07/28/2022	Date 27/07/2022

[3] OJ L 205 of 21.11.2018, p. 39.

[4] In accordance with the mandate conferred on the coordinator, (see application form), the coordinator signs this contract also on behalf of the other beneficiaries, who, therefore, do not need to individually sign this contract to become parties to it.

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Contracting authority: Italian Agency for Development Cooperation

Strengthening a decentralized health system for the protracted displaced populations in South Darfur State, Sudan

T05-EUTF-HOA-SD-73-01

Reference: **Grant/02/HealthPro/T05-EUTF-HOA-SD-73-01**

Grant application form

Deadline for submission of concept notes and full applications
12th June 2022 at 17:00 p.m. GMT +2 (Khartoum, Sudan)

To reduce expense and waste, we strongly recommend that you use only paper for your file (no plastic folders or dividers). Please also use double-sided printing if possible

Title of the action:	**Strengthening a decentralized health system for the protracted displaced populations in South Darfur State, Sudan**
[Number & title of lot]	**Lot 2: Reinforcing the quality of care through rehabilitation and construction works of PHC, training, following ups and monitoring of the targeted clinics, and promoting women and children's health in the targeted areas.**
Location(s) of the action:	**Nyala North and East Jebel Marra Localities, South Darfur State, Sudan**
Name of the lead applicant	International Medical Corps Croatia
Nationality of the lead applicant[1]	Croatian

Dossier No	

(for official use only)

EuropeAid ID[2]	HR-2019-EPV-1203159271

[1] An organisation's statutes must show that it was established under the national law of the country concerned and that the head office is located in an eligible country. Any organisation established in a different country cannot be considered an eligible local organisation. See the footnotes to the guidelines for the call.

[2] To be inserted if the organisation is registered in PADOR (Potential Applicant Data On-Line Registration). For more information and to register, please visit

https://ec.europa.eu/europeaid/funding/about-calls-proposals/pador-helpdesk_en

Ongoing contract/legal entity file number (if available)[3]	N/A
Legal status[4]	Non-profit
Co-applicant [5]	N/A
Affiliated entity[6]	International Medical Corps, US-2021-DIK-1910298368, United States of America, September 6, 1984, non-profit corporation, affiliated entity

Lead applicant's contact details for the purpose of this action	
Postal address:	Trondheimska ul. 4, 21000, Split, Croatia
Telephone number: (fixed and mobile) country code + city code + number	+385 21 549 465
Fax number: country code + city code + number	+385 21 455 298
Contact person for this action:	Visnja Cipcic
Contact person's email:	vcipcic@internationalmedicalcorps.hr
Address:	Trondheimska ul. 4, 21000, Split, Croatia
Website of the lead applicant:	https://internationalmedicalcorps.hr/

Any change in the addresses, phone numbers, fax numbers or e-mail, must be notified in writing to the contracting authority. The contracting authority will not be held responsible in the event that it cannot contact an applicant.

[3] If a lead applicant has already signed a contract with the European Commission and/or has been informed of the legal entity file number. If not, write 'N/A'.

[4] E.g. non-profit, governmental body, international organisation.

[5] Use one row for each co-applicant.

[6] Use one row for each affiliated entity.

NOTICE

Processing of personal data related to this grant award procedure by the contracting authority takes place in accordance with the national legislation of the state of the contracting authority and with the provisions of the respective financing agreement.

The call for proposals and the grant contract relates to an external action funded by the EU, represented by the European Commission. If processing your reply to the call for proposals involves transfer of personal data (such as names, contact details and CVs) to the European Commission, they will be processed solely for the purposes of the monitoring of the grant award procedure and of the implementation of the grant contract by the Commission, for the latter to comply with its obligations under the applicable legislative framework and under the financing agreement concluded between the EU and the Partner Country without prejudice to possible transmission to the bodies in charge of monitoring or inspection tasks in application of EU law.

In cases where you are processing personal data in the context of participation to a call for proposals (e.g. CVs of both key and technical experts) and/or implementation of a contract (e.g. replacement of experts), you shall accordingly inform the data subjects of the possible transmission of their data to EU institutions and bodies and communicate the above-mentioned privacy statement to them.

CONTENTS

Part A. CONCEPT NOTE

1 INSTRUCTIONS FOR DRAFTING THE CONCEPT NOTE

Please note that if this is an open call, only the concept note shall be submitted in the first stage (not the full application). If this is an open call, both the concept note and the full application shall be submitted at the same time.

There is no specific template for the concept note but the lead applicant must ensure that the text:

- includes Page 1 of this document, filled in and submitted as a cover page of the concept note;
- includes the table of the summary of the action (without any limitation of size)
- **includes the description of the action (not exceeding 1 pages) and the relevance of the action (not exceeding 2 pages), the format for both documents being A4 size with 2 cm margins, Arial 10 font characters and single line spacing;**
- provides the information requested under the headings below, in the order requested, and in proportion to its relative importance (see the relevant scores in the evaluation grid in the guidelines for applicants);
- provides full information (as the evaluation will be based solely on the information provided);
- is drafted as clearly as possible to facilitate the evaluation process.

1.1. Summary of the action

Please complete the table below.

Title of the action:	Strengthening a decentralized health system for the protracted displaced populations in South Darfur State, Sudan
- Please tick the box corresponding to the specific lot for which you are applying:	Lot 2: Reinforcing the quality of care through rehabilitation and construction works of PHC, training, following ups and monitoring of the targeted clinics, and promoting women and children's health in the targeted areas.
Location(s) of the action: — specify country(ies), region(s) that will benefit from the action	Nyala North and East Jebelmarra Localities, South Darfur State, Sudan
Total duration of the action (months):	12 Months (01 Aug 2022 – 31 Jul 2023)
Requested EU contribution (amount)	EUR 1,000,000
Requested EU contribution as a percentage of total eligible costs of the action (indicative) [7]	100%
Total indicative budget	EUR 1,000,000
Objectives of the action	**Overall Objective:** Contribution to the achievement of Universal Health Coverage in targeted health facilities in Nyala, South Darfur.

[7] If applicable, insert an additional % of the total accepted costs.

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	Specific Objective (Outcomes) Oc1: Improved availability and utilization of quality PHC services including Sexual Reproductive Health and EPI services in the catchment areas of the supported health facilities; **Oc2:** Improved availability of quality nutrition services in the targeted communities and catchment areas of the supported health facilities.
Target group(s)[8]	IDPs (45,689) and host community members (30,460)
Final beneficiaries[9]	76,149
Expected outputs	Output 1.1: Increased access to health facilities equipped with adequate infrastructure; Output 1.2: Enhanced capacity among supported health facilities to provide routine EPI services; Output 1.3: Improved delivery of sexual reproductive health and family planning services among supported health facilities; Output 1.4: Improved health, hygiene and nutritional knowledge among school teachers and students; Output 2.1: The nutritional status of children <5 and PLWs is improved; Output 2.2: Enhanced nutrition service delivery at facility and community levels; Output 2.3: Improved infrastructure of Severe Acute malnutrition centres based on national guidelines; Output 2.4: Improved household care practices, feeding practices and health seeking behaviour; Output 2.5: Increased awareness among the target population on health, hygiene and nutrition.
Main activities	Key activities of the project include: 1). Rehabilitation/construction of the selected health facilities, 2) Provision of essential medical equipment and furniture to the targeted health facilities, 3) support MoH to establish a sustainable nutrition program, 4) support routine EPI program to scale up immunization coverage,5) reinforce referral mechanisms, 6) supporting health, hygiene, and nutrition activities in schools, 7) Awareness raising and behaviour change intervention, 8) Kitchen gardening, Cooking demonstration, 9) Establish and strengthen mother support groups, 10) supportive supervision at facility and community levels, 11) establish/strengthen referral systems within CMAM program and 12) capacity building of health workers with special focus on RH, GBV, EPI and BEmONC.

1.2. Description of the action (max 1 page)

The proposed action has taken into consideration IMC's strategic priorities (2022-23) for Sudan focusing on multi-sectoral, integrated and results-based programming to improve health outcomes through health and related interventions. The desk review of various assessment and other reports (AICS, HNO-2022, HRP 2022, IPC 2022, S3M1 2020, SMART Survey 2020, humanitarian-development-peace Nexus), as well as IMC's rapid assessment conducted during June 2022 in the proposed locations, has contributed to the design of this action.

The overall objective is "Contribution to the achievement of Universal Health Coverage in targeted health facilities in Nyala, South Darfur". The specific objectives (outcomes)

[8] 'Target groups' are the groups/entities who will directly benefit from the action at the action purpose level.

[9] 'Final beneficiaries' are those who will benefit from the action in the long term at the level of the society or sector at large.

includes; Outcome 1: "Improved availability of quality PHC services including SRH and EPI services in the catchment areas of the supported health facilities" and will be achieved through improving: 1) health facilities infrastructure; 2) coverage of routine EPI; 3) reproductive health and family planning services; and, 4) knowledge of school going children and community members on key health, hygiene and nutrition messages. Outcome 2: "Improved availability of quality nutrition services in the targeted communities and catchment areas of the supported health facilities" and will be achieved through: 1) Enhanced nutrition service delivery at facility and community levels; and, 2) Increased awareness among the target population on health, hygiene and nutrition.

Intervention logic for the project: improving the infrastructure, equipping the health facilities, and capacity of selected health facilities for provision comprehensive primary health including strengthen BEmONC, EPI coverage strong community mobilization and awareness-raising, there will improve access of health services for the most vulnerable people thereby enhancing and contributing to the achievement of Universal Health Coverage in targeted health facilities in South Darfur. Key activities of the project include: 1). Rehabilitation/construction of the selected health facilities.2) Provision of essential medical equipment and furniture to the targeted health facilities, 3) support MoH/ to establish a sustainable nutrition program, 4) support routine EPI program to scale up immunization coverage,5) reinforce referral mechanisms,6) supporting health, hygiene, and nutrition activities in schools,7) Awareness raising and behavior change , ,intervention 8) Kitchen gardening ,Cooking demonstration,9) Establish and strengthen mother support ,10) supportive supervision at facility and community levels,11) establish/strengthen referral systems within CMAM program, 12) capacity building of health workers with special focus on RH, GBV, EPI and BEmONC. The proposed action will adopt inclusive and participatory approaches to ensure gender equality and promotion of fundamental human right to health services. The proposed action is planned for 12 months starting in August 2022 until July 2023.

1.3. Relevance of the action (max 2 pages)

1.3.1. Relevance to the objectives/sectors/themes/specific priorities of the call for proposals

The proposed action is relevant and aligned with the overall objective of the call for proposal. The action will contribute globally to the wider objective of achieving universal health coverage in South Darfur and will be specifically focusing on *Priority 2: Reinforcing the quality of care through rehabilitation and construction works of PHC, trainings, follow ups and monitoring of the targeted clinics and promoting women and children's health in the targeted areas.* The proposed action is relevant to the sectors indicated in the call for proposal and will specifically contributing to *a) Primary Health services in volatile context and according to Nexus approach; b) Reinforcing decentralisation health services system; c) Nutrition; d) Improving the reproductive Health and family planning services e) Reinforcing routinely immunisation services f) Developing a medical preventive plan in Primary Schools* The proposed action will address key results related to EPI, health education, nutrition, EmONC and reproductive health. Interventions proposed are all aligned with the priorities set in the call for proposal.

1.3.2. Relevance to the particular needs and constraints of the target country/countries, region(s) and/or relevant sectors (including synergy with other development initiatives and avoidance of duplication)

The economic crisis, food insecurity and conflict are the main drivers of humanitarian need in South Darfur. Some 1.7m people need humanitarian assistance in South Darfur in 2022, of which 776,000 are vulnerable residents, and 687,000 are IDPs, according to the 2022 HNO. The number of people in need has increased significantly from 2020. Conflict between the Government and armed movements, and subnational violence are the main causes of displacement. There are about 53,800 refugees and asylum seekers hosted in the state as

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of September 2021 (UNHCR). About 10% of the people in South Darfur state, are in crisis and above levels of food security between October 2021 and February 2022, according to the latest Sudan IPC analysis. About 358,600 people in the state are malnourished (2022 HNO). According to SMART survey conducted in East Jabel Mara locality of South Darfur in November 2020, the global acute malnutrition (GAM) prevalence is 18.1 % (14.7 - 22.1 95% C.I.) based on Weight-for-Height (WFH) while the severe acute malnutrition (SAM) prevalence is 5.3% (3.4 - 8.0 95% C.I.). No cases of oedema were identified. This is the highest global acute malnutrition (GAM) level among all the Darfur states.

The assessments conducted by AICS and in selected health facilities of South Darfur and the rapid assessment conducted by IMC indicates satisfactory performance of key health and nutrition indicators in Utash PHC and Leiba including: external supervision, staffing, management meetings, quality assurance, HMIS, laboratory, short stay, minor theatre, outpatient, and drugs. The reports also highlight the gaps and improvements needed in the key areas of Maternity and nutrition services which are currently not available, Provision of a safe and sustainable supply of WASH facilities, establishment of community-based feedback and response mechanism, currently no client opinion detection strategy in place, Strengthening referral system and improve continuity of care procedures, Provision of protocols for health care waste management, Improvement in Lab, including equipment and standard, Accomplish pharmacy standards (some standards missing), Very poor infrastructure, default in design (major or minor defect, critical, not functioning as per standard; non-availability of nutrition stabilization service, due to the lack of infrastructure, Poor knowledge of health, hygiene and nutrition and Poor vaccine coverage, vaccination activities are available only once a week due to unavailability of cold chain and limited support available for transport of vaccines.

The proposed action is aligned with Sudan Federal Ministry of Health National Health policy 2017-2030 and Health Sector Strategic plan 2017-2021, both entailing EU Humanitarian-Development-Peace Nexus approach, together with sector reforms, as the NHIF for the universal health coverage by 2020 give guidance to the EU to grant AICS through indirect management, for a 3-year health intervention in Darfur aiming at strengthening the decentralized health system for sustainable and durable progress: "Humanitarian Development Nexus: Strengthening a Decentralized Health System for protracted displaced populations (HealthPro) in al Fasher and Nyala – North and South Darfur States" T05-EUTF-HOA-SD-73-01. The proposed action will build on the key learnings from the previous EU funded program "Strengthening Resilience for IDPs, Returnees and Host Communities in Al Geneina, Beida, Sirba and Kerenik of West Darfur Sudan". The external evaluation indicated that the overall performance of the project remained substantially successful, however, challenges and delays were encountered in the implementation of some activities. Learnings from the previous action: such as: having limited engagement and leadership of SMOH, and limited collaboration of other agencies, less involvement of SMON on monitoring of construction and other programme activities, will be incorporated in this action to ensure timeliness, ownership and sustainability of interventions. The proposed action is a part of the overall program on Strengthening a Decentralized Health System for protracted displaced population in Nyala - South Darfur State. The action although will specifically be focusing on the Priority-2 of the overall program, however, will also be coordinating with the lead partner for Priority-1 to explore complementarity in the interventions. The current program portfolio is dedicated to humanitarian programming hence covering the aspect of institutional strengthening, capacity building, and infrastructure improvement. The proposed action will allow IMC to continue to link humanitarian to development and peace nexus needs gaps in the area of protection, ES/NFI, nutrition and food security were despite ongoing programming, particularly for acutely displaced IDPs and host localities within Utash camp and surrounding areas. IMC has on going nutrition program for both CMAM and IYCF at facility and community levels in Kalma and Al Salam camps.

1.3.3. Describe and define the target groups and final beneficiaries, their needs and constraints, and state how the action will address these needs

Health Facilities (03): The action will target three health facilities i.e. one facility in Utash Camp (NHI 02.), one health facility (Alskan Alshabi) located at the boarder of Utash Camp and one health facility (Leiba) located in East Jebel Mara localities of South Darfur. The health facilities are selected based on the priority needs identified through various assessment reports. Schools (04): Four schools in Utash Camp will be targeted for development and implementation of health and nutrition preventive plans. Students and teachers of these schools will the primary target for interventions. Conflict Affected IDPs and Host Community Members: It is estimated that this action will directly benefit 76,149, of which. Women are:22,885, Men:22,083, Boys:15,530 and Girls:15,991 conflict-affected affected IDPs residing in the catchment population of the above three targeted health facilities. PHC NHI 02 requires dedicated space for reproductive health and EPI services, Alskan Alshabi health facility also requires dedicated space for reproductive health and EPI services, while currently there is no Stabilisation Centre in Leiba Clinic, therefore, the health facility has been prioritised for the construction of this unit. All health facilities also require the needed medical equipment and furniture. There is also a need of establishing and reinforcement of a sustainable referral mechanism. Schools: There are no medical preventive plans available at the school level. Conflict Affected IDPs and Host Community Members: the beneficiaries are suffering due to the satisfactory level of services provided at the health facility and community level.

The proposed interventions are fully aligned with the needs identified from the initial assessment of AICS and follow-up rapid assessment and stakeholder consultation conducted by IMC. Improved infrastructures at the supported health facilities and enhanced skills of health workers will directly contribute to the service quality and thereby the most vulnerable people will be able to enjoy their right to quality health services. With strong community mobilization, participation, and community empowerment, the local ownership will be enhanced. IMC relies on a consultative and participatory process for engaging relevant government authorities, partner organizations, community members and beneficiaries during the design, implementation and evaluation of its programmes. The beneficiaries actively participated during the design and will be fully engaged during the planning, implementation and monitoring of activities in order to strengthen the accountability and as well as quality service delivery. IMC will build on its existing Community Based Feedback and Response Mechanisms (CBFRM) for receiving community feedback through safe, accessible and preferred channels and will respond to beneficiaries' in a safe and timely manner.

1.3.4. Particular added-value elements

IMC has been working in South Darfur since 2004, very well-established offices also developed good working relationships with SMOH/LHT and other stakeholders. IMC has grounded set of system on HR, programme and other support functions.

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PART B. FULL APPLICATION FORM[10]

To be submitted by all applicants

To reduce expense and waste, we strongly recommend that you use only paper for your file (no plastic folders or dividers). Please also use double-sided printing if possible

GENERAL INFORMATION

Reference of the call for proposals	Grant/02/HealthPro/T05-EUTF-HOA-SD-73-01
Title of the call for proposals	Strengthening a Decentralized Health System for protracted displaced population in Nyala – South Darfur State
Name of the lead applicant	International Medical Corps Croatia
Number of the proposal[11]	not applicable
Title of the action	Strengthening a Decentralized Health System for protracted displaced population in Nyala – South Darfur State
Location of the action	<specify country(ies), region(s) that will benefit from the action>
Duration of the action	12 months
[Number of the lot]	Lot 2: Reinforcing the quality of care through rehabilitation and construction works of PHC, training, following ups and monitoring of the targeted clinics, and promoting women and children's health in the targeted areas

[10] The full application is composed of this full application form, the budget (Annex B) and the logical framework (Annex C).

[11] For restricted procedures only; when the contracting authority has evaluated the concept note it informs the lead applicant of the outcome and allocates a proposal number.

1 THE ACTION[12]

1.1. Description of the action

1.1.1. Description (max 10 pages)

Sudan context: Sudan has experienced decades of deeply entrenched social inequalities, environmental vulnerability, armed conflict and violence, and poor governance. All this has resulted in protracted displacement, resource degradation and competition over access to natural resources, disruption of basic infrastructure and social services, food insecurity, weakened social fabric and loss of livelihoods. The failing economy, political tensions and continuing popular protests for justice and judicial reforms, and inflationary tendencies are all manifestations of Sudan's ongoing fragility, leaving more vulnerable children, families, and communities further behind. These challenges had been compounded by the COVID-19 pandemic. According to the Humanitarian Needs Overview 2022, an estimate that about 14.3 million people – 30 per cent of the population – will need humanitarian assistance in 2022. This is a 0.8-million-person increase compared to 2021. Overall, the number of people in need in Sudan in 2022 is the highest in the past decade. Socioeconomic, political, and security challenges continue to grow— with manifestations of these challenges seen in the failing economy.[13] 46.5% of Sudan's population, approximately 15.6 million individuals, have per capita expenditure below the national poverty line, 1.6 million people are currently displaced[14] and as many as 9.8 million people are food insecure during the lean season. In Sudan, the under-five mortality rate at 58.7 per 1,000 live birth; maternal mortality ratio is 295 per 100,000 live births and 2.7 million children are malnourished. Three million children are out-of-school. One-third of the population has access to basic water and sanitation facilities. These challenges have been compounded by the COVID-19 pandemic which saw schools closed for much of the school year, reduced capacity of government offices and limitations on services, as well as travel restrictions and curfews which severely impacted the people and economy.

Recently Sudan has just undergone a major political crisis following the military takeover on 25 October 2021, dismissal and further reinstallation of the civilian Prime Minister.. While the full impact of these changes is not yet known, the humanitarian community is committed to continue providing much-needed support to the most vulnerable populations. In the meantime, humanitarian needs continue to grow as the economic crisis and food insecurity continue to affect millions of people. About 14.3 million people - almost one in every three persons - across the country are estimated to need humanitarian assistance in 2022. This is about 0.8 million people more than 2021, 9.1 million of the 14.3 million people, will need emergency assistance for life-threatening needs related to critical physical and mental well-being. Low food productivity, unemployment, competition over resources and limited social services has exacerbated existing vulnerabilities, including exposures to shocks and stresses. Low capacities and insufficient governance at all levels has limited the fulfilment of rights, impinged ownership, and thereby sustainability, and led to a lack of measures to prevent and mitigate crises such as floods, drought, and conflict. A lack of ownership and equal representation has isolated social groups and contributed to low levels of trust between communities and with government, driving tensions and conflict between groups with little capacity or commitment for peaceful resolution before escalation. Lack of inclusive, transparent, and accountable mechanisms and processes for prioritizing needs,

[12] The evaluation committee will refer to information provided in the concept note as regards objectives and the relevance of the action.

[13] In July 2021, the situation remains grim; the country's Central Bureau of Statistics reporting an inflation rate of more than 400% with the International Monetary Fund predicting a stagnation of Sudan's economy in 2021. The Sudanese economy has suffered from the fall in global oil prices, a prolonged period of border closure and the necessity to dedicate government resources to the pandemic response.

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planning, and implementing solutions have resulted in people feeling more connected to uncertainty and fear. Decades of armed conflict and violence, significant and enduring displacement has weakened the capacity and authority of traditional community and religious leaders that have historically played central roles in the promotion of social cohesion ownership. This move underscores the significance of parallel interventions to strengthen the self-reliance and resilience of the population in order to prevent the further deterioration of people's ability to cope.

South Darfur context: South Darfur state has experienced armed conflict, tribal disputes, and humanitarian emergencies. These challenges resulted from deeply entrenched social inequalities, environmental vulnerability and poor governance. Most of the areas remains a post-conflict setting and while the overall security situation has improved, it continues to remain precarious with tribal conflict and tensions between settled and nomadic populations, and sporadic fighting between various ethnic groups resulting in death, loss of livelihood and displacement. Some 1.7 million people need humanitarian assistance in South Darfur in 2022, of which 776,000 million are vulnerable residents, and 687,000 are IDPs, according to the 2022 (HNO). The number of people in need has increased significantly from 2020. Conflict between the Government and armed movements, and subnational violence are the main causes of displacement. There are about 53,800 refugees and asylum seekers hosted in the state as of September 2021 (UNHCR).

A recent rapid assessment conducted by IMC between 30th May to 1st June in South Darfur agreed that health, nutrition, and WASH services are still the main need for women, children, adolescents, and men. Camps in SD lack 24 hours health services especially for critical events happening at night where there is no ambulance or services close to them. Main causes of deaths among population include diarrheal diseases, malnutrition, malaria, and pregnancy related causes. People call for 24 hours PHC services in camps and this requires recruitment of additional infrastructures and well-trained staff. Leiba and Uttash, in particular, have severe shortage in health staff due to low level of incentives in the most difficult area. Uttash PHC and Leiba health facility urgently require the additional establishment of rooms and nutrition stabilization center, waiting area for patients, EPI, short stay, and dressing. Also, in these areas, ambulance does not exist for referrals to Nyala hospitals and the public transport of patient is challenging week. Outbreak of communicable diseases such as acute jaundice syndrome, cutaneous leishmaniasis disease, meningitis, measles and malaria are the commonly reported outbreak in South Darfur specially in east Jebel Mara locality. In the project areas, restrictions and disruptions of commercial and humanitarian imports, mass displacements, loss of income, fuel scarcity and high fuel prices, disrupted market systems, high food prices, and the collapse of public services are aggravating the situation. An economic breakdown across Sudan including South Darfur is the main driver affecting access to basic health services, livelihood opportunities, and food, particularly nutritious foods. The protracted nature of the crisis and the fact that it is severely affecting the majority of the population is putting immense pressure on the humanitarian community to ensure a multi-sectoral response at scale. The move from the humanitarian response to early recovery and to development underscores the significance of parallel interventions to strengthen the self-reliance and resilience of the population to prevent the further deterioration of people's ability to cope.
The access to comprehensive RH services for the camp dwellers is limited, women need travel to Nyala town where such services are provided which often are not generally free and are very corded. This has also led due to very high transportation cost and some treatment cost incurred. There is no space within the PHCs in Uttash cam for RH services

Problem analysis: The economic crisis and other challenges have increased the physical access constraints related to terrain and poor infrastructure, MSNA findings suggest that health, livelihoods and education are the top three priority needs identified Approximately 81

per cent of the population does not have access to a functional health centre within a two hour walk from their home due to the economic crisis and hard currency shortages. In 2022, it is estimated that over 1.5 million women will not have access to life-saving reproductive services, and over 2 million children might miss their routine vaccination doses. During 2022, the health needs are likely to remain high due to the economic crisis, inadequate investment in infrastructure, low access to safe drinking water and sanitation, inadequate environmental sanitation and low vaccination coverage. The protracted humanitarian crisis in Sudan continues to impact the already fragile health system, reducing the capacity to provide basic health services and respond to the multiple emergencies affecting the country. The decline in service provision by the public sector is forcing the population to seek health services in the private sector; 69.3 per cent of current health expenditure is in the private sector. According to the 2021 MSNA, 72.3 per cent of the population had to pay in full for their health services despite a reported coverage by the national health insurance fund of 67 per cent. During 2021, the availability of emergency medicines declined steadily, reaching 43 per cent compared to 57 per cent during 2020. The decline in service provision by the public sector is forcing the population to seek health services in the private sector; 69.3 per cent of current health expenditure is in the private sector.

Children under five years of age are exposed to vaccine-preventable diseases due to reduced coverage of the expanded programme of immunization and a high prevalence of malnutrition. the global acute malnutrition (GAM) prevalence among children under-five continued to remain at elevated levels of 13.6 per cent with 64 localities having World Health Organization (WHO) emergency levels of 15 per cent and above of which 9 have catastrophic levels of 30 per cent and above. Food insecurity remains high in Sudan due to increased and protracted displacement, economic decline and inflation, floods, and high food price hikes exacerbated by the impacts of the COVID-19 pandemic; it is worse during the lean season. The 2020 S3M11 survey report for South Darfur indicated MUAC GAM prevalence of 8.87% and MAM 7.35%. The survey further found out that malnutrition prevalence based on WH Z score in South Darfur is GAM 15.03% and MAM 12.38%. The exclusive breastfeeding for children ages 0-5 months was 69.95 % while the national level was at 62.36%, Minimal Meal Frequency (MMF) for children 6-23-month national level 62.16% and State 61.69%. Most important is Minimum Dietary Diversity (MDD) for children 6-23 months, the national level 25.12% and State 29.97%. Food insecurity remains high in Sudan due to increased and protracted displacement, economic decline and inflation, floods, and high food price hikes exacerbated by the impacts of the COVID-19 pandemic; it is worse during the lean season.

Drawing on the established conceptual framework for understanding nutrition, the role of factors beyond food availability and access must be highlighted to underscore also the centrality of other key factors to chronic undernutrition (including high rates of stunting, wasting, and micronutrient deficiencies) in Sudan, These factors include inadequate dietary diversity, particularly for women, girls, and young children, as well as very low rates of access to safe drinking water, sanitation, and health facilities, coupled with multiple compounding barriers preventing adequate childcare and the overall negative impact of gender inequalities about all potential pathways for improved nutrition. Beyond the humanitarian short-term intervention to save lives, there is a need to strengthen the resilience of the vulnerable communities to help them move into the recovery stage, but also to prevent them from adopting negative coping mechanisms and if possible support them to build more resilient livelihoods paving the way towards development.

The overall objective is "Contribution to the achievement of Universal Health Coverage in targeted health facilities in Nyala, South Darfur". The specific objectives (outcomes) includes; Outcome 1: "Improved availability of quality RH/EmONC and EPI services in the catchment areas of the supported health facilities" and will be achieved through improving 1) health facilities infrastructure; 2) coverage of routine EPI; 3) reproductive health and family planning services; and 4) knowledge of school going children and community members on

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key health, hygiene and nutrition messages. Outcome 2: "Improved availability of quality nutrition services in the targeted communities and catchment areas of the supported health facilities" and will be achieved by 1). 1) Enhanced nutrition service delivery at facility and community levels; and, 2) Increased awareness among the target population on health, hygiene and nutrition

Series of consultation meetings were held with SMoH, National health insurance Nyala and Utash Camp, Rufeyda local NGOs working in Utash camp, AICS, WHO, OCHA, health and nutrition partners operating in South Darfur, Utash camp HAC, community leaders, UNICEF, FAO, Ministry of Education and Nyala North locality health affair administration. These consultation meetings were quite helpful and contributed into the design of this action. Below is the summary;

NHI: Indicated that RH and EPI department are not available in both NHIF in Utash Camp as well as referral mechanism from Utash to secondary level is not functional. The also indicated the establishment of community network for both health facilities as an added value. **SMoH:** Advised to include SMoH managed Alskan Alshabi health facility considering that the clinic is located on the borderline between the camp and villages. **WHO:** emphasizes the need for re-establishment of SC in Leiba which will cover not only 35 villages around Leiba but all EJM with a population of 250,000 (IDP, returnees, host affected by armed conflict in the area); **Health Affairs Administration**: Indicated that the department owns a vehicle that after maintenance can be used for patienta referrals; **Rufeyda:** highlighted about the women's safe space which is functional but requires additional support such as : furniture, equipment for rapid investigation tests (HIV, syphilis and hepatitis , and qualified staff on GBV and protection including capacity building; **FAO**: advised to use available seeds for kitchen gardening and also has pledged to provide; **UNICEF**: provided information/data reading community mobilization activities including school health; **State Ministry of Education**: provided data regarding the number of schools, students and teachers in the Utash camp. The main gaps in school health education, are in teachers' capacity building on the mentioned topics and production of IEC material. Simultaneously, proving wash activities in the schools will improve children's health; **Environment health department:** emphasized on the establishment of health care waste management system.

The project aims to improve health and hygiene knowledge, access to health and nutrition services, quality of health and nutrition services, and the functioning capacity of the health system. Its interventions are articulated around four main project components, capacity building of human resources for health, support for health and nutrition service delivery and service quality; demand generation for health care utilization, and improved household food security and nutrition. By providing a more effective and inclusive health service in the health facilities, this project will engage the MoH and the local authorities, not only in enhancing the quality and the level of health services but also in promoting the respect of human rights and social cohesion within the society, by reducing the discrimination towards the vulnerable people (women, children, people living with HIV and AIDS, indigenous people, from the refugees and IDPs communities).
The project will contribute to the achievement of universal health coverage and consistent with the humanitarian, development, and peace (HDP) nexus that strives to more effectively meet peoples' needs, mitigate risks and vulnerabilities, and move toward early recovery and linking to sustainable development, strengthen the resilience capacities (absorptive, adaptive and transformative) at the state and community level to deal with the multiple shocks and stresses in Darfur. For instance, engagement of community health management will improve local ownership, inclusive governance, whereby youth, women from IDPs and indigenous communities are part of the project implementation, which will strengthen ability to not only resolve current issues but to provide the platform to discuss their health and nutrition concerns. The proposed programme will significantly support the construction/ rehabilitation of vital infrastructures that can contribute to strengthening health system and

self-reliance during the somewhat protracted situation in Sudan. Stakeholders including beneficiaries will be engaged in the selection and prioritization of assets they feel are critical to be rehabilitated.

The programme will build on the current momentum of the country linking humanitarian assistance to early recovery initiatives and aims to contribute to ending the cycle of humanitarian aid dependency, instead of supporting a pivot to development and peace nexus. The project design is fully aligned with the Sudan National Policy and health system strengthening through decentralization, improving service quality and aims at strengthening MoH governance by addressing better ownership, efficiency and transparency. At the wider level project will complement the overall aim of EU/AICS with the harmonization, enhanced strong coordination among donors and consensus on triple Nexus approach and "collective outcomes" of the new aid architecture in Sudan: collective outcome n. 2 Basic Social Services (health, nutrition, education, WASH and reproductive health).

The sustainable impact of the project will be to support improved capacities of key local stakeholders, and the broader community to work together to reduce poverty, economic inequality, hunger, and malnutrition, achieve enhanced inclusion and gender equality, strengthened resilience and social cohesion across diverse groups. This will be achieved through ensuring priorities and preferred approaches of local stakeholders inform final design of the programme, with emphasis on strengthening - broadening and deepening, the reach of institutions and systems, at government and community level, to deliver equal access to basic social services and livelihood opportunities, conflict resolution, disaster risk reduction, preparedness and climate change mitigation.

Output 1.1: Increased access to health facilities, equipped with adequate infrastructure

Activity1. 1.1.1: Conducting a needs assessment in the selected facilities: In order the verify the information collected during the initial rapid assessment and design the comprehensive capacity-building intervention strategy, IMC will conduct a detailed technical assessment both of the facilities and the communities in order to collect more detailed information related to the service delivery, infrastructures, equipment and knowledge gap at the targeted health facilities in line with MoH standard, getting more information on available community structures, their functionality and socio- cultural and risk and enabling factors, dynamics. Organization capacity, including documentation, trainings, integration with the existing health access, the infrastructural needs in terms of facilities and facilities in the schools, access and coverage needs. The technical assessment will be conducted by the IMC technical teams and logistics departments along with the relevant representatives from the MoH. The proposed assessment will result in a detailed report that will be utilized to develop the scope of works (or a road map) for the implementation of the key stages of the project.

Activity 1.1.2: Construction and rehabilitation of health facilities:IMC will make the construction of 1 health facility, NHI02, in Oaths Camp following the assessment findings of AICS, the agreed design and Bill of Quantities (BoQ). In order to make realistic estimations, IMC will make a market survey using the existing BoQ. Upon the request from SMOH and based on the identified need, IMC will also make extension and refurbishment of stabilization centre located in East Jebel Mara and Alsakan Alshabi health facility bordering to Uttash camp. IMC will follow standard procurement procedure for procurement of goods and supplies. IMC will select the most suitable vendor/contractor through a competitive bidding process, regularly monitor the construction through a designated IMC Engineer and also from SMOH to make sure that the construction/rehabilitation is done in line with the agreed standard. IMC will collaborate closely with SMOH and NHIS and use them throughout the process of rehabilitation. All the designs will be in line with MOH standard.

Three out of four health facilities targeted under this action i.e. Utash NHI 02, Utash NHI 06 and Alsakan Alshabi lacks proper and enough space for reproductive health and EPI services. A four-room block, next to the existing clinical block, will be constructed in both health facilities of Utash Camp. The 4 rooms will be used as: 1) Midwives room which will be used for ANC and PNC; 2) Delivery room; and, 3) post delivery room where mothers will stay after delivery. The 4th room will be used for EPI. The block will have a big shelter properly built for both RH and EPI. The construction of the building will be following the structural design already provided in the call for proposal. The BOQ will be used and will be updated with current prices.

Alsakan Alshabi PHCC has one house with 3 rooms but with huge corridors, and one block with two rooms. All of the rooms are currently being used for clinical care, OPD, statistics office, pharmacy and general store. IMC has discussed with locality health team and clinic staff so that they can allow IMC to use two of the rooms, the statistics office and the store, to have space for RH and EPI which they have agreed. Therefore, this clinic will only need a temporary structure to create a room from the large corridors and partitions for RH – midwife room. All the above three clinics will also be provided with incinerators and ashpits for proper disposal of the waste generated in these health facilities. Leiba PHCC is prioritised for the construction of a Stabilisation Centre which is currently not existing; all children under 5 with SAM and medical complications are currently referred to Nyala hospital which is far. WHO and UNICEF have recommended its construction so that the complicated cases will be timely getting the required level of care within the health facility.

Activity 1.1.3: Provision of medical supplies and equipment to the selected health facilities: During the initial assessment, IMC collected the gaps in terms of medical and nonmedical supplies and equipment, especially equipment for SRH services is required. To make the SRH and EPI department fully functional, IMC will provide required furniture, and other equipment such as - BP apparatus, thermometer, adult and baby scale, Ambu bag sterilizer (non-electric) and any additional items identified after the detailed needs assessment adhering to SON and WHO guidelines and essential emergency equipment and supplies checklist. \ IMC will list the detailed technical specifications of the medical supplies and equipment to be provided. IMC will procure the medical supplies and equipment in line with its international technical standards through negotiated sealed bids, per IMC internal procurement procedures. IMC will select the most suitable vendor and will also arrange the delivery and installation of the donations. IMC will regularly monitor the utilization of the medical supplies and equipment to make sure that the donations are used effectively and efficiently.

Activity 1.1.4 Improving accountability to affected persons: IMC plans to provide program information and receive beneficiary feedback throughout the duration of the project. IMC will make sure information on SGBV, EPI, RH, Nutrition and other available services in the form of posters, through meetings and awareness sessions or project beneficiaries, such as name and contact details of key project contacts, a short summary of the project including objectives, activities, results, timescale, and intended beneficiaries, beneficiary selection criteria, feedback, feedback/complaints procedure, and other basic information. IMC will collect the feedback through the established Community Based Feedback and Response Mechanism (CBFRM) and will be incorporated into program implementation, monitoring and evaluation of progress, and designing course corrections will be done as needed.

Output 1.2: Enhanced capacity among supported health facilities to provide routine EPI services

Activity 1.2. 1: Organization of technical training for the selected health facilities' staff on EPI: During the initial assessment, IMC identified the capacity gaps of staff capacities on immunization, data management and recording. IMC will develop a technical training curriculum to address the gaps. With the provision of soaps and hygiene materials and

mentoring support, IMC expects to increase the quality of care provided, hence improving the overall performance of health facilities. Trainings will be provided by a range of people depending on the types of standards set by Ministry of Health. Trained trainers of SMOH will conduct the majority of the trainings along with curriculum development and approval by MoH. Training will be organized for health staff and vaccinators on EPI and data management. The training sessions are therefore designed for MoH and NHIS staff working in targeted health facilities. Similarly, IMC team will conduct on the job sessions for during the supportive visits as per the identified needs

Activity 1. 2. 2 Support to improve immunization coverage: Low immunization coverage has been identified as a gap in Uttash camp. In order to improve immunization coverage, IMC will support the facilities with cold chain equipment (vaccine fridge and cold boxes), provide training to the clinic staff, and vaccinators and also build the capacity of staff on documentation of EPI data and reporting including missed opportunities. Staff will be coached for the proper use of EPI monitoring charts, and mapping of catchment population-based on EPI coverage. Similarly, IMC will train community leaders, elders, community network groups (health volunteers, MSGs. Members of health committees) IMC will also support SMOM for distribution of vaccines from the State to the locality leave with supporting maintenance of SMOH vehicle.

IMC will seek to achieve 100% coverage of the camp by working regular and daily vaccination services rendered at the 3 target clinics, and by expanding the coverage through regular initially bi-monthly community outreach and after the 3rd quarter to be regular monthly outreach programs using micro plans. This is assuming that LHO will be able to provide the required types and quantities of vaccines. IMC will support the vaccinators and LHO mobile teams with logistic support. IMC will include EPI as one of the important topics for the training of the various community networks. These networks with the health committees will lead the EPI outreach campaigns. IMC will also involve community leaders and various stakeholder which are key to support the expansion of the EPI program. AS it is evident that one of the main focus of the program in addition to providing daily service at the facility, will be to completely remove or at least minimize missed opportunities. To this effect IMC will train the clinic staff on significance of EPI and how to avoid missed opportunities and how the trace the defaulters IMC will work with clinic staff to improve the clinic pathways and procedures so that all eligible children who have come to the clinic for purposes other than immunization will be able to be identified and get immunized if they have missed their vaccinations.

Output 1.3: Improved delivery of reproductive health and family planning services among supported health facilities

Activity 1.3.1 Community mobilization and awareness raising for SRH: In order to improve the uptake of the SRH and EmONC service at the facilities and increase the awareness and support of the services, IMC will embark community based SRH campaigns in a quarterly whereby IMC will work with selected community groups; mother support groups, community volunteers, health committees and community leaders, to promote SRH, improve knowledge on proper ANC, PNC, family planning services and skilled delivery enhance the significance of institutional delivery and strengthen community based referral of SRH cases. To this effect IMC will integrate the training of community groups on SRH, nutrition and other important public health matters. IMC will support SMON and NHIS to conduct monthly community outreach through village midwives and MSGs, encouraging them for house to house visits and defaulter tracing and registration ANC and PNC women. The EPI and SRH outreach program will be integrated with other community based PHC and nutrition activities. Such as birth registration or even registration of births from community midwives to identify eligible children, conduct health education for key community leaders and community volunteers on fundamentals of SRH program. This again will be integrated with o other actors working with other sectors to improve the disease surveillance system so that it can generate vaccination coverage information and data. IMC Conduct community mobilization through selected community members such as community leaders, health committee members, mother's and youth groups. Working with the mobilized community groups select community members

who will be engaged as community networks- MSGs, youth volunteers, members of health committees; train youth volunteers on various health, nutrition and WASH topics- with emphasis on EPI and SRH and nutrition; Produce and disseminate IEC materials and other mass media tools such as loud speakers. Support monthly meetings and community-based interventions planned by the community network MC will organize awareness sessions through various community mobilization approaches focusing on family planning, the SGBV, prevention of cervical and breast cancer and FGM, IMC will work closely with community leaders, elders, youth, men and women to establish a support mechanism for the identification of referral of SGBV, cases of cervical and breast cancer and other concerning issues. IMC will promote engaging men and family members to discuss on the issue of RH and family planning.

Activity 1. 3.2 Provision of Supplies for RH supplies- and equipment: Once constructed IMC will modify the MOH clinic to have added space for RH including a delivery room. IMC will equip the RH centers with all required equipment such as delivery beds, full delivery sets, sterilizers, and other required medical supplies and non-medical supplies. IMC will also fully furnish the centers with required furniture such as beds for post-delivery, tables chairs, and cupboards. IMC will also provide all required WASH and IPC materials for the centers. IMC will select the most suitable vendor and will also arrange the delivery and installation of the donations. IMC will regularly monitor the utilization of the medical supplies and equipment to make sure that the donations are used effectively and efficiently.

Activity 1.3.3 Strengthen referral through capacity building, networking, and collaboration: IMC will provide the referral support for emergency obstetric cases from the camp to the referral hospital in Nyala. In doing so, IMC will provide maintenance support to the vehicle of SHOM, NHIS. IMC will make a service mapping of available services and share the details of the service provider with communities including community leaders, community health workers, beneficiaries, school teachers and health service providers, and private sectors (pharmacy). IMC will establish the linkage with the service providers for the following services: CEmONC, family planning, SGBV, psychosocial counselling, provision of PEP kits, cervical cancer screening will collaborate with UFPFA, SMOH, and other relevant actors for the capacity building of health workers at the referral hospital. IMC will provide required technical support as needed. IMC in collaboration with UNFPA and SMOH will provide clean delivery kits to the village midwife. IMC will also collect the information on service availability for HIV, AIDS, TB treatment, and counselling and establish the referral mechanism. IMC will advocate the organization for the formation of the technical working group and conduction of technical workshops, seminars, congress, and visiting teams for coaching on CmONC, family planning, SGBV, psychosocial counselling, cervical cancer screening.

Output 1.4 Increased awareness among the target population on health, hygiene and nutrition

Activity 1.4.1: Development of disease preventive and health improvement plan along with provision of hygiene and sanitation materials to the target School

IMC will be working with four schools namely: Uttash Co-education, Uttash Tabark, Uttash Tabark, Uttash Tabark, in Uttash camp, covering 3000 school children. IMC will conduct health, hygiene and nutrition training for school teachers. There will be a daily, weekly and monthly health action plan made in consultation with school administration and MoE. The activities include: selecting focal point teachers from the schools – 4 from each total of 16, train 16 focal teachers on school health especially focusing on – personal hygiene, prevention of STI, HIV, SRH focusing on adolescent health, violence and substance use as well as nutrition, COVID 19 and WASH in school. In addition, other pertinent activities will be done such as providing hygiene and cleaning supplies for school and compounds and latrines – rack, brooms, sickle, supply of water tanks 2000 lit each), hand washing stands- 3 for each school (12 in total), including establishing water chlorination process. In collaboration with SMOH, IMC will also organize deworming campaigns in the supported schools

Activity 1.4.2: Organize personal hygiene and hand washing promotion: IMC will mobilize school teachers and children on hygiene promotion and behavior change intervention. IMC will also print and distribute various IEC materials and collect some IEC materials from SMOH-UNICEF and distribute to the schools. Relevant messages on health, hygiene and nutrition will be posted in the strategic locations of the school such as Canteen, toilet, in the entrance, office, and class rooms. IMC will provide health, hygiene and nutrition training to the teachers. The trained teachers will then train the students and encourage them to establish good hygiene behaviors. They will also organize sessions and demonstrations on hand washing and personal and–hygiene, environment health. School led health cleaning campaigns, will be organized along with–celebrating special days sus as: global hand washing day, world toilet day, environment day, breast feeding day. IMC presume, the increased knowledge and improved o behaviors of children will be transferred to the families, their peers in the communities, there by transferring the knowledge and contribute to behavior change. IMC will provide hygiene supplies such as soap and hand washing stands (facilities to the supported schools for effective hand washing. IMC will collaborate with UNICEEF and other WASH actors to provided additional water tanks to store the required amount of water. IMC will also train the school teachers, students and other admin staff on water chlorination, so that the water is safe to us. Latrines in the school will be made available for girls and boys, ensuring gender segregation. In collaboration with UHUCEF and UNFPA IMC will promote menstrual hygiene awareness and also ensure adolescents girls on the menstrual hygiene and SRH

Output 2.1 The nutritional status of children <5 and PLWs is improved

Activity 2.1.1 Establish and improve referral of malnourished children and PLWs: IMC will establish referral mechanism through mother to mother support groups. Each facility will have 10 MSGs composed of 15 members making a network of 150 mothers with facility coverage. IMC, with help will map out the households so that each mother within support group will have at least 50 households to be covered per month for sharing and nutrition key messages. The target will 059 months and will be referred dot SC, OTPs nd TSFP

The members of support group will be meeting biweekly for internal review of progress and sharing of their experiences. Each of the mother support groups will have a group leader called lead mother who will coordinating with IMC Nutrition Program Supervisor and Community mobilizer. These mothers will be trained in the family MUAC approach, basic recording and reporting. The Family MUAC approach will enable caregivers of children under 5 to measure their child's nutrition status by MUAC after which they can be referred to the nearest health facility to confirm the measurement and enroll the child in the CMAM program if needed. This will improve early detection, coverage and creates ownership among the community members. Members of mother support groups will be issued with MUAC tapes, referral slips and weekly reporting formats The lead mothers will be meeting IMC technical person once in a month to discuss previous month progress and plan for the following month together with submission of reports.

Activity 2.1.2: Rehabilitation of nutrition center: To ensure conducive working environment for quality management of Severe Acute Malnutrition, IMC will rehabilitate two nutrition sites within Uttash camp providing nutrition services. The rehabilitation will be done at the waiting area, appetite test room, nurse/doctor's room. IMC will equip the canter with necessary stationaries, seats, tables, mats, cupboard, cups, toys for the children, water drinking points and hard washing facility where applicable. IMC will also rehabilitate the stabilization centre located in Leiba clinic of East Jebel Mara, where the services will be provided by another donor support (BHA).

Output 2.2 Enhanced nutrition service delivery at facility and community levels

Activity 2.2.1: Undertake supportive supervision to the health facilities and communities: IMC together with SMOH, UNICEF, and WFP will provide joint monthly supportive supervision with aim of coaching and mentoring through on job training (OJT) approach. The facilities will benefit from technical support from Program Director, Nutrition Coordinator, Deputy Nutrition Coordinator and Nutrition Program supervisor who will be visiting the Nutrition facilities to provide their technical support and strengthening in areas identified of weakness to ensure quality service by implementing stakeholder.

Activity 2.2.2: Conduct supportive supervision done at community level: To ensure that activities are implemented as per the plan at community level which include family MUAC approach, kitchen garden and cooking demonstration, IMC will have a team of Nutrition Coordinator, Deputy Nutrition Coordinator, Nutrition program supervision, M&E officer, and Community mobilizer who will be following up on activities closely based planned schedule to ensure that communities implement well. The design of the activities involves community members with deviant families being the drivers of change in the community to help in getting the results that is culturally acceptable.

Activity 2.2.3: Adaptation of Nutrition Impact and Positive Practice (NIPP) Approach
IMC will support the establishment of kitchen gardening to the families of SMA cases around 500 families, to ensure food security among households with children identified with Severe acute malnutrition. This will be done through the linkage of centres providing nutrition rehabilitation where all caregivers of SAM admitted cases will be referred to IMC for NIPP support. The support will involve kitchen gardening with focus on growth of nutrient dense vegetables, such as: green leaves vegetable will be grown. Practical learning around construction and maintenance of kitchen gardening using farming methods, explain how can use production at household level and training participants on how can produce seeds. In addition, IMC will provide farm inputs including the seeds and tools.

The second component of NIPP will be Cooking Demonstration for improved infant and youth child feeding practices. The project will encourage members of mothers' support groups, around 450 mothers to prepare high energy, micronutrient rich complimentary food. The cooking demonstrations will be organized, will be repeated twice month with use of pictures of vegetables (flash card) drawing must be given a meal after preparation for children and pregnant women should be encouraged mothers replicated at the level household to provide the meal components. IMC will also conduct cooking demonstration for MSGs. This will really help in practical skills in preparation of high density locally found diversified food. The third component are the mother support groups as already mentioned above. The support groups will be meeting twice a month and will be discussion topics related to optimal IYCF practices, Covid-19, hygiene and sanitation. This will likely contribute to an increase in optimal IYCF practices.

Activity 2.2.4: Conduct KAP survey
IMC will conduct a knowledge, attitude and practice survey to determine KAP of mothers and caregivers on curative, preventive and promotive aspects of nutrition, and to gauze the KAP on water supply, sanitation, and hygiene. The baseline survey will also inform IMC on the risk practices and behaviour related to health, nutrition and hygiene, so that programme will be able to design the IEC and the message to address those risky behaviour and practice. End line survey will inform the performance of the project.

Mainstreaming Cross Cutting issues

Climate change: With effective management water and waste management at the level of local health facilities with a positive spill over effect on the environment. Besides, the rehabilitation of health facilities will be conducted with a sustainable and environmental-sensitive approach using local materials, proper decommissioning of the waste produced

from the construction. **Human rights:** In this regard the project is expected to promote human rights, and in particular the right to access health services for IDPs, refugees and communities hosting them. **Resilience building**: Our approach to resilience is based on a simple economic rationale: communities have a quantifiable level of functional capacity. In a crisis situation, that capacity declines at a rate and to a depth that is largely dependent upon the nature of the disruption, the community's level of preparedness for that specific disruption, and the rapidity and effectiveness of that response. More importantly, the recovery rate depends on those same factors. **Gender and protection mainstreaming**: This proposed project positively contributes to gender equality. Resources, tribal structures, social backgrounds, political economy and other factors play a role on the distribution of health care and its access. The activities will specifically address disparities and differences in access to health services among vulnerable populations, including women. The health needs of women will be emphasized, including ensuring women have the knowledge to make reproductive health-related decisions. Within health clinics, tracking tools help to ensure that medical assistants and doctors (often male) provide information about family planning to men; midwives will be equipped with the have tools to prompt similar discussions with women. The safety and security of both beneficiaries and International Medical Corps staff are central to all of International Medical Corps' projects. Every step that can be taken to ensure the safety of our beneficiaries is taken. International Medical Corps health facilities are developed and managed in close coordination with local leaders and government agencies and International Medical Corps works to maintain a positive presence in the communities in which it works.

1.2. Implementation approach (max 4 pages)

IMC will adopt various implementation approaches covering both technical and operational aspects. All the approaches will revolve around building sustainability through health systems strengthening, recognizing and working within an environment with a history of relief conditions and is moving toward a development and sustainability model, strengthening the capacity of the state, locality and communities' and village health authorities to take greater ownership of their health system.

IMC will implement the project in two phases. The first two months of the project will be dedicated to completing the preparations necessary to ensure the successful implementation of the project activities. IMC will conduct regular field visits to the selected health facilities in the inception phase. Preparations will include the planning for procurement, recruitment of the project staff, training of staff and community health workers, and mapping of stakeholders to be engaged in the assessment. The inception phase will focus on establishing the proper network with Ministry of Health, health facilities, and communities, in order to set up a proper implementation plan with the participation of the key stakeholders and relevant local staff. The agreed implementation plan and the proposed project's targets and goals will be debriefed well with all of the relevant authorities and beneficiaries in order to assure a smooth and swift kick-off of the project implementation.

The implementation phase will be for 10 months. The implementation will be inclusive and all activities will focus on community involvement to enhance a bottom-up approach. The overall implementation of the project will be informed by age, gender, and diversity (AGD) mainstreaming to promote equal gender participation in other vulnerable groups including the disabled, people having HIV, AIDS indigenous, and to ensure that all beneficiaries enjoy their rights on an equal footing and are able to participate fully in the decisions that affect their lives and the lives of their family members and communities.

IMC implemented similar nature of the project "Strengthening Resilience for IDPs, Returnees and Host Communities in West Darfur Sudan" with funding support of the EU.

The finding of the external evaluation revealed the overall performance of the project was substantially successful. However, the gap of coordination, limited government leadership, limited understanding of the project and procedure, and capturing the major lesson and improving them was highlighted by the evaluation are key area to improve. IMC, based on the recommendations from past experience, will be adopting the following strategies:

Effective coordination and collaboration with both governmental and non-governmental organizations and community groups is crucial to the success of IMC' work. At the national level, IMC is an active participant in various humanitarian and development forums as well as the health, nutrition, and WASH clusters, FMOH and any relevant forums. At the state level, field-based project team will work closely with local health management structures, and other health providers and continue coordination with stakeholders via cluster-level and bi-lateral coordination. IMC will manage the expectation of stakeholders in a much more efficient and effective manner. IMC has learned that frequent, efficient and effective communication with the different stakeholders (including the Government) is key in clarifying expectations and achieving project deliverables in a timely manner sharing of information, policies and procedures during the course of implementation of the action. IMC will ensure that there is a systematic and structured way of communicating and collaborating. IMC will constantly monitor and evaluate if there is any misunderstanding, and disagreements among the stakeholder and will find out the most effective ways to address them.

Participatory monitoring: This approach will be adopted and improved throughout the project in order to ensure that suitable progress is being made towards the programme outputs. This will be achieved through bringing together the staff from across the departments of MOH with beneficiaries to review the progress to date, identify any challenges or risks to success and develop a plan for the continued implementation of the programme. This will be carried out in each quarter. Linkages will be established between federal ministries of health and finally to the state and locality level for information sharing, resource generation and coordination. IMC will support SMOH and PHC to develop a joint monitoring colander and TOR and means to achieve this.The action is aligned with and will contribute Sudan Federal Ministry of Health National Health policy 2017-2030 and Health Sector strategic plan 2017-2021, both entailing EU Humanitarian-Development-Peace Nexus approach, together with sector reforms, Strengthening the service quality of SMOH-supported facilities will contribute for the universal health coverage by 2020 given the guidance of EU. The proposed project will create synergies with IMC's existing projects supported BY BHA and ECHO projects in the State: e.g. sharing and using standard protocols, methodologies, information and working together to train and build the capacity of local partners. It will also be aligned with National Health Policy of Sudan (2018), National Health Insurance Policy of Sudan (2016) aiming at achieving universal health coverage.

IMC gathered enormous learnings while implementing similar nature of project in West Darfur from 2017 until 2021.The learning from the project such as intensive engagement of stakeholders, alignment with government standards for construction, robust community participation, and a strong exit plan are considered in the project design. IMC will implement a holistic approach with a set of actions and activities under the integrated building blocks of Health System Strengthening to address the key health system issues in targeted localities of South Darfur. The principles of best approach, universality, technical,evidence-based,d and scientific sound and socially acceptability will guide the effective implementation of program activities.

IMC will collaborate with multiple stakeholders, including both humanitarian and development communities. IMC will work in close collaboration with the MoH to implement this action. IMC will endeavour to align its activities with the MOH annual plans and longer-term strategy, and will engage the partner in greater levels of responsibility. Specifically, the MOH will be responsible to provide guidelines, procedures and adequate staff to the supported health offices and facilities, as well as to ensure health services and education for the targeted communities. IMC will maintain good relations also with the Humanitarian Aid Commission who will be responsible to facilitate movement of staff to the project sites and provide support during need assessment, surveys, program monitoring and evaluation. IMC engage with the international NGO working in South Darfur applying for this same opportunity but with the aim to cover two different priority areas, while IMC covers_Priority Area 2: Reinforcing the *quality of care* through rehabilitation and construction works of PHC, trainings, follow ups and monitoring of the targeted clinics and promoting women and children's health in the targeted areas. IMC will work closely with the partner working for priority area 1 to have a better syne synergy, exchange the knowledge, information and resources to have better and sustainable impact of the project.

International Medical Corps intends to conduct baseline and end line KAP survey during the course of this actions. IMC has well established MEAL system to gauge the project performance-. Quantitative and qualitative data will be collected, analysed, and compiled in the final report will be submitted to the donor. The findings from the survey and internal data will particularly focus on: (1) timely completion of the project activities based on the work plan; (2) achievement of program targets; (3) sustainability of the projects by the community; (4) relevance of the action; (5) effectiveness and efficiency. The goals of planned communication and visibility actions are twofold: 1) ensure that beneficiaries receive targeted messages designed to optimize behaviour change and 2) ensure that beneficiaries are aware of the roles of International Medical Corps, and donor. All materials will comply with donors' regulations and guidelines. IMC will implement activities in accordance with the Communication and Visibility Manual for donors. External Actions. During the project inception phase, the IMC will work with all agencies to develop the Communication and Visibility Plan and implementation schedules for the project. The plan will include overall communication objectives, target groups, specific objectives, and messages for each target audience, communication tools chosen, calendar of activities, indicators of the achievement, and human and financial resources. In addition, learning papers, assessments, communication materials targeting organizational actors, and training materials will all adhere to visibility guidelines. They will all display the elements of the project visual identity and add a definition of donor. They will all be available in electronic formats, and when necessary in paper formats. Launch workshops and public events, cross-disciplinary roundtables, workshops, and networks, will adhere to communication and visibility guidelines in relation to banners, panels, educational leaflets and brochures, press releases, and promotional materials.

Key approaches of implementation are listed below:

1) **Integrated programming**: To ensure integration of the health and nutrition components, key project activities which cut across one or more of the project components will be delivered concurrently and/or will be coordinated for efficiency. Implementation of activities and interventions within and across these two program components (heath and nutrition) is expected to lead to the achievement of the desired program result of improved institutional capacity of SMOH. There will be a strong linkage and integration between the health and nutrition sectors to create synergy for better outcome of the project. In addition, strengthening activities of different health system blocks will be implemented in synergy with each other. To ensure strong linkage and coverage of each building block of health systems, a team from IMC and MoH will be created to follow up the level of integration and provide timely recommendations. 2) **Accountability to Beneficiaries:** As part of the MEAL

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approach, an appropriate AAP and community-based feedback and complaints handling mechanism will be established and it will be inclusive and sensitive to the local community providing a platform for the active involvement of beneficiaries in the project. Community meetings and exit interviews will be conducted. This feedback mechanism will help to identify and respond to feedback and complaints from beneficiaries or stakeholders and will encourage the participation of those who may be harder to reach. 3) **Use of conflict-sensitive approaches:** IMC will apply do not harm approach throughout the project. As conflict remains persistent in many areas of South Darfur, the project will adopt a conflict-sensitive approach throughout the project cycle. Beneficiaries will be involved through focus group discussions with clinic beneficiaries, organizing community meetings with both women and men, persons with disabilities, the elderly, youth, and children. Key Informant Interviews will be conducted with community leaders and lead mothers For FGDs and KIIs, multiple questions covered needs, common problems, and views about service improvement will be used. The community health volunteers and mothers support group members of community health committees will be selected by the communities and they are fully engaged in project activities, they also represent the issues of communities during monthly meetings with IMC staff. IMC will make sure information related to the project is shared among all the stakeholders and decisions are made in a participatory way, addressing the clarifying the expectations of different groups. 4) **Supporting Government Strategies:** Activities have been designed in consultation with both communities and the state government. The planned activities and outputs have been developed in line with the government strategy and priority areas. The design, implementation, and monitoring and evaluation of all activities will be guided by the application of national guidelines and standards, where applicable. 5) **Evidence generation:** International Medical Corps will establish strong monitoring, evaluation learning and accountability mandate and will encourage learning and accountability both within the project management team and, between the project states, counties and lower level institutions continue to enhance data collection, analysis and building evidence base for better program decision and learning. It is expected that a volume of data, both quantitative and qualitative, will be consolidated during the project period. This will be used to study the implementation, coverage, quality and equity of the services provided. 6) **Community Participation and Mobilization:** IMC works closely with target communities, to build community trust and acceptance and ensure beneficiaries' feedback is received and given due attention. In each target location. IMC will ensure inclusive and participatory approaches throughout the project implementation making sure no one is left behind with the services, and promoting the fundamental human right to health services. International Medical Corps has well-established connections with the community-level workers. IMC will continue to work with CHVs as much as security permits in order to reach community and religious leader advocates in mosques, community groups and schools. IMC also implements community feedback and response mechanisms through which there are community engagement and information shared about vulnerable people and how these can be identified by the community and provided necessary services. These routines planned community interactions and engagement will enable IMC to reach vulnerable groups that may not otherwise be accessible, as well as to empower communities to create positive change towards supporting the most vulnerable within their communities 7) **Behavior Change Intervention** Prevention and health promotion reduce demand for curative health services, so healthy families do not need to spend limited resources on treatments. IMC will utilize its rich, long-term experience in social and behavior change communications interventions that result in population-level behavior shifts with measurable public health outcomes in the area of nutrition, family planning, and child survival. IMC will work with the school teachers and students to enhance their knowledge of health hygiene and nutrition. IMC will provide the training along with IEC materials to supported schools 8) **Coordination:** Collaboration and intégration with national and international support structures will be à key component of sustainability, giving the project a Technical and logistical support after the completion of the project. 9) **Strategy and Policy:** The project aims at supporting local and state MOH. It is aligned with government strategies

and plans. Tools and technical documents will be sourced from the government where ever possible. These include but not limited to sectoral and operational guidance documents. The project will coordinate to work within the context of government priorities. The policy of the Sudan Government is also conducive to support such type of development activities in health particularly in Darfur.**10).Capacity Building:** Capacity building of personnel, system improvement and multiplying the effect of this project to other localities are expected to be retained after the end of the project, thereby contributing to the sustainabillity of the project.

1.3. Indicative action plan for implementing the action (max 3 pages)

Applicants should not give a specific start-up date for the implementation of the action but simply refer to 'month 1', 'month 2', etc.

It is recommended to base the estimated duration of each activity and the total period on the most probable duration and not on the shortest possible duration, by taking into consideration all relevant factors that may affect the implementation timetable.

The activities stated in the action plan should match those described in detail in Section 2.1.1. The implementing body must be either the lead applicant, co-applicant(s) or any of the affiliated entity(ies), associates or contractors. Any months or interim periods without activities must be included in the action plan and count toward the calculation of the total estimated duration of the action.The action plan for the first 12 months of implementation should be sufficiently detailed to give an overview of the preparation and implementation of each activity. The action plan for each of the subsequent years may be more general and should only list the main activities proposed for those years. To this end, it must be divided into six-month periods (NB: A more detailed action plan for each subsequent year must be submitted before any new pre-financing payments are received under Article 4.1 of the special conditions of the grant contract).

The action plan will be drawn up using the following format:

Year 1													
	Half-year 1						Half-year 2						
Activity	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
A1.1.1: Conducting need assessment													IMC
A1.1.2: rehabilitation/construction of the selected health facilities													IMC
A1.1.3: Provision of essential medical equipment and furniture to the targeted health facilities													IMC
A1.1.4: Improving													IMC

accountability to affected persons													
A1.2.1: Organization of technical training for the selected health facilities' staff on EPI and Data collection and reporting. A1.2.2: Support to improve immunization coverage through Improving and/or reinforcing the cold chain at PHC level and also supporting vaccine distribution.													IMC
A1.3.1: Community mobilization and awareness raising for RH													IMC
A1.3.2: Provision of Supplies for RH, medical supplies- and equipment													IMC
A1.3.3: Capacity building of MoH staff and midwife on EMOC													IMC
A1.3.4: Strengthen referral													IMC

through capacity building, networking, and collaboration													
A1.4.1: development of disease preventive and health improvement plan													IMC
A1.4.2: Provided proper hygiene and sanitation materials to the target Schools													IMC
A1.4.4: Organize personal hygiene and hand washing promotion sessions													IMC
A.2.1.1. Establish and improve referral of PLWs and children													IMC
A2.1.2: Rehabilitation of nutrition centre													IMC
A.2.2.1 Undertake supportive supervision to the supported facilities													IMC
A.2.2.2 Undertake supportive supervision to the community level													IMC
A.2.2.3 Adaptation of Nutrition													IMC

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Impact and Positive Practice (NIPP) Approach													
A.2.2.4: Conduct Knowledge Attitude and Practice (KAP) survey													IMC

1.4. Sustainability of the action (max 2 pages)

Expected impact of the programme

The project is expected to improve access to and quality of health and nutrition services in the four targeted localities in addition to developing the governance capacity of State and Local Health Authorities. Sustainability is at the center of the project's design, planning and implementation strategy. All objectives and activities are geared towards self-propagation and seek to create local and regional ownership, and build capacities to strengthen local government and institutions, economic opportunities, and stabilize local populations. It is expected that several inputs and outputs of this project will contribute to the sustainability of the project. The proposed project is designed, based on the findings from the needs assessment, enhancing the infrastructure and capacity of selected health facilities to improve health services quality and improve the accessibility of health services for the most vulnerable people. The project will include procurement and delivery of equipment, construction, rehabilitation, and refurbishment of health facilities, capacity building of the health staff, and behavior changed interventions to foster more inclusive access to health services in the following facilities in the target health facilities. By providing a more effective and inclusive health service in the health facilities, this project will engage the MoH and the local authorities, not only in enhancing the quality and the level of health services but also in promoting the respect of human rights and social cohesion within the society, by reducing the discrimination towards the vulnerable people (women, children, people living with HIV and AIDS, indigenous people, from the refugees and IDPs communities).The combination of support to enhance the service quality, improve participation, improved infrastructures and capacity building and preventive intervention at the supported are the crucial element of the project to support the general call for proposal's objectives and priorities. In order to bring synergy, IMC will collaborate with the organization who are implementing similar priority and priority 1 activities, sharing the resources, knowledge and filling the gaps and avoiding the overlaps. element, the current project proposal foresees a specific component of capacity building, awareness sessions and info dissemination, inside and outside the targeted health facilities, targeting Libyan civil societies and mixed migrants' communities. The planned intervention will be customized based on the specific activities and target groups in order to deliver the most suitable and understandable inclusive messages aiming to improve, at different levels, the general access to health services. By enhancing the infrastructure, the professional competencies and the equipment of the health facilities, this project will benefit the entire population of the selected areas.

Moreover, as a result of the planned activities within the proposed action, the targeted areas will have newly rehabilitated and maintained health facilities, with improved equipment and trained staff, able to ensure a better management of resources available. In addition, local authorities, HF staff and beneficiaries will discuss about access issues and will be given the knowledge and skills to overcome them independently after project closure.

In addition to the targeted groups, the proposed project includes a strong component of capacity building and awareness. Improving the knowledge asset and resources of existing government-provided Primary Health Care facilities can provide a basis for future improvements, with a view on reconstruction detai.At the individual level, the project aims to enhance the knowledge, attitude and behaviors of the target population, bringing a positive impact on the health and nutrition conditions, of the vulnerable population facing barriers in accessing quality health services. At the community level, engaging community health committed, mother support groups, school teachers and students, and engaging community leaders and decision-makers and key stakeholders will foster the generation of a shared understanding and an increased recognition of the universal right to health care by duty bearers. In addition, the Family MUAC approach will enable caregivers of children under 5 to measure the nutrition status of their own children, creating an enabling and sustainable environment for early detection. From a public health point of view, the improved service quality and local capacity will contribute to decentralized and sustainable health reduce financial barriers (see "Economic" section), thus promoting health as a universal basic right. On the other hand, awareness-raising activities targeting individuals from local organizations, local authorities, will positively increase involvement and promote participation.

Risk analysis and contingency plan

Risk related to security: To mitigate these risks, IMC will conduct regular security risk assessments and will follow SOP mitigating the risks identified during the assessments. IMC has experience working in unstable security situation and key risk factors and mitigation measures are already included on the SOP. Projects with little to no interruptions due the systems put in place to mitigate risks, apolitical and impartial reputation, and good relationships with the community, and national staff capacity.

Risk related to economic crisis: The financial crisis could increase the cost of living and the prices of materials and supplies which in turn will have negative effect on the project implementation. The cost of construction materials could increase if the oil price is escalating. Mitigating economic risks: IMC has opted to adopt blanket purchase agreement for key supplies with firm fixed prices with to mitigate the risks of price fluctuations. Bulk purchases and storage would be utilized to take advantage of the economies of scale. National staff will be paid in international currency to cushion them from economic distress and diminish the risk of industrial action that could affect program implementation.

Risk related to politics: Delays or denial visas travel permits for expatriate staff is a challenge for all INGOs in Sudan.. Mitigating political risks: IMC has been successful in building positive relationships with the GoS and HAC. IMC has had few significant issues obtaining necessary visas or travel permits. Currently, all expatriate staff has the necessary work, residency, and travel permits to address their responsibilities. Again, IMC's reputation as apolitical and impartial also provides a benefit.

Sustainability of the action:

The project is expected to improve access to and quality of health and nutrition services in the targeted localities in additional to developing the capacity of state and local authority. Sustainability is at the canter of the project's design, planning and implementation strategy. All objectives and activities are geared towards self-propagation and seek to create local ownership, and build capacities to strengthen local government and institutions, economic opportunities, and stabilize local populations. It is expected that several inputs and outputs of this project will contribute to the sustainability of the project: **Economic:** The project will have no direct impact on economy, however with improved nutrition and health condition

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and good wellbeing will enable people to exert time on livelihood. Further, a community with good health services is expected to be healthy to achieve its economic potential in the traditional economic sector of Darfur. This will contribute the ownership of the results of the project by the community. **Social/community:** The main focus on inclusiveness. participation and community ownership, while promoting the integration and reconciliation of displaced-host community populations. All activities are aimed at strengthening household and community cohesion so that after the project ends – skills and habits have been developed that can sustain beyond the end of the project. Institutional sustainability will be ensured through community structure (committees) and local partners which will have strong linkage and communication with the line ministries such as ministry of health.

1.5. Logical framework

Please see Annex C for the logical framework.

1.6. Budget, amount requested from the contracting authority and other expected sources of funding

Please see Annex B.

2 LEAD APPLICANT'S EXPERIENCE

Name of the lead applicant: International Medical Corps Croatia					
Project title: Recovery, Stability and Socio-economic Development in Libya		**Sector:** Health			
Location of the action	**Cost of the action (EUR)**	**Role in the action: coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)[16]**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**
Country: Libya; Region: Tripolitania; Towns: Janzur, Zuwara	2,240,000 EUR	Coordinator	AICS	2,240,000 EUR	November 5, 2019 to March 31, 2021
Objectives and results of the action		**Specific objective**: improving the health conditions for the most vulnerable communities, including migrants, refugees, and their host communities by increasing the quality of and access to health services. Expected results: • The supported health facilities are equipped with necessary medical supplies and equipment, • The supported health facilities are maintained and rehabilitated, • The capacity to provide clinical care and to manage services of the staff working in the selected health facilities was strengthened, • A joint multi-stakeholder assessment on the barriers to access to health services was conducted, • Campaigns and awareness raising activities were conducted to promote inclusive access to health services, • IEC campaigns are organized to promote the available health services.		
Name of the lead applicant: International Medical Corps Croatia					

[15] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

Project title: Strengthening protection and resilience of vulnerable groups in COVID-19 emergency		Sector: Health			
Location of the action	**Cost of the action (EUR)**	**Role in the action: coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)[15]**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**
Libya	1,000,000 EUR	Coordinator	EUTF	1,000,000 EUR	June 2020 to March 2021
Objectives and results of the action		The Overall Objective of the intervention was to support improved protection and resilience of refugees, migrants, asylum seekers, IDPs, and host communities in Libya. The Specific Objective of the intervention was to support health system in Tripoli to provide quality COVID-19 related services to mixed migrants and local populations. The supported health facilities are equipped with necessary medical supplies and equipment to combat COVID-19; • Direct services are provided to migrant patients at the primary level; • The capacity of the staff working in the selected health facilities to detect, prevent, and manage COVID-19 patients was strengthened; • IEC campaigns were organized to promote the available health services.			

Name of the affiliated entity: International Medical Corps					
Project title: Strengthening the health system in Vakaga and Haute Kotto Prefectures		**Sector:** Health			
Location of the action	**Cost of the action (EUR)**	**Role in the action: Coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**

[15] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

Central African Republic, Vakaga and Haute Kotto Prefectures	10.7 million EUR	Affiliated Entity (IMC UK as lead)	European Union: Bêkou Trust Fund	10.7 million EUR	July 2018 – March 2022
Objectives and results of the action		This project is the third phase of the Bêkou Trust Fund health and nutrition project implemented since 2015. This phase has the overall objective of providing basic health and nutrition services to the Central African population, while making a gradual transfer of skills to national structures in the Health Districts (HDs) of Haute Kotto and Vakaga. The support to the health districts and facilities consists of strengthening their capacity to provide quality health care and services to the beneficiary populations by strengthening the skills of the management teams through the 6 pillars of the health system: (1) provision of health services in the health facilities and in the community, (2) development of human capital in the health facilities and in the Executive District Teams; (3) supply of products, equipment, medical materials and vaccines at the health district level, (4) health information systems in the health facilities at the health district level; (5) health financing and (6) leadership and governance of the Health District. As agreed with the Ministry of Public Health, throughout this phase moved from total financial support to financial support based on the performance of the health structures. The IMC/Bêkou Fund intervention covers 18 health facilities in the Vakaga health district, i.e., 90% of the health facilities, and 11 health facilities out of 21 in the Haute-Kotto health district, i.e., 52.32% of the health district's health facilities covered by the BPF.		

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Sudan, West Darfur	EUR 4,719,200	Affiliated Entity (IMC UK as lead)	European Union Trust Fund	EUR 4,719,200	March 29, 2017 to July 28, 2021
Objectives and results of the action	The project aimed to "improve the living conditions of IDPs, returnees and local communities, and thereby addressing the root causes of irregular and forced migration" (overall objective) by "strengthening the local health systems to better deliver basic packages of health services in West Darfur with the final aim of creating a more conducive and sustainable living environment for host communities and displaced populations" (specific objective). • Worked in close coordination with the Federal and State Ministry of health in order to provide essential and basic primary health care to 198,034 vulnerable population in Geneina, Krenik, Sirba and Beida. • Provided essential medicines, medical equipment, and non-medical supplies to all 22 targeted health facilities in the four localities. • Carried out rehabilitation and construction, including the construction and expansion of rooms, at 21 supported clinics to ensure effective health and nutrition services delivery at the health facility • 506 people were given training on various topics, among them 100 clinical staff were trained on 15 major topics. • Strengthened the institutional capacity of the SMOH and four Locality Health Management Teams (LHMTs) through various trainings, rehabilitation and construction of office premises for the LHMT and the SMOH, as well as with the provision of furniture and stationery • Provided community-based curative, preventive, and promotive interventions through 223 community volunteers and members of 22 health committees				

i) Other actions

Please provide a detailed description of other actions managed by your organisation in the past three years.

Maximum 1 page per action and maximum 10 actions.

Name of the lead applicant: International Medical Corps Croatia					
Project title: Integrated Humanitarian Health and Nutrition Assistance to Conflict Affected and Vulnerable Populations		**Sector:** Health, Nutrition			
Location of the action	**Cost of the action (EUR)**	**Role in the action: coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)[17]**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**

[17] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

Sudan, Central Darfur, South Darfur and South Kordofan	1,705,000 EURO plus 305,000 EUR for COVAX	Co-Beneficiary (DRC as prime organization)	ECHO	1,705,000 EURO plus 305,000 EUR for COVAX	April 1, 2021 to March 31, 2022
Objectives and results of the action	Under this action, International Medical Corps Croatia delivered a comprehensive package of primary health care services from 10 static health facilities and one mobile unit in Central Darfur, South Darfur, and South Kordofan. During the project, 303,157 beneficiaries were consulted for various medical conditions by medical doctors and medical staff. 6,748 children were immunized for a major vaccine-preventable disease. On reproductive health, IMC assisted 5,679 women with safe delivery services. 152 cases were referred and provided referral support to secondary health care services for advanced medical care. Under the nutrition intervention, IMC implemented community-based management of acute malnutrition (CMAM) package through 8 supported static facilities and one mobile clinic. A total of 19,455 beneficiaries were assisted with various nutrition interventions. Of which, 1,567 children (752 boys, 854 girls) were treated for severe acute malnutrition (SAM) in the 8-outpatient therapeutic program (OTP) sites and the 2 stabilization centres (SC), 819 PLWs and 4452 children (0-59 months) were treated with moderate acute malnutrition (MAM) at the targeted supplementary feeding program (TSFP), and 12,617 mother and caretakers were provided with infant and young child feeding (IYCF) counselling sessions. International Medical Corps Croatia has recently started a follow on project for EUR 1,350,000, through 31 March 2023.				

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Name of the lead applicant: International Medical Corps Croatia					
Project title: Integrated Emergency life-saving Health, Nutrition and WASH support for most vulnerable populations affected by conflict, displacements, natural disasters (floods/drought) and disease outbreaks in South Central Somalia		Sector: Health, Nutrition			
Location of the action	**Cost of the action (EUR)**	**Role in the action: coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)[18]**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**
Somalia	1.3 million EUR	Co-Beneficiary (ACF is lead)	ECHO	1.3 million EUR	January 1, 2021 to March 31, 2022
Objectives and results of the action	Contribute to reducing the risk of morbidity and mortality associated with acute malnutrition, natural disasters (drought/floods), displacements or other shocks among vulnerable population in South Central Somalia. IMC Croatia in partnership with ACF started implementing an ECHO-funded project in January 2020, with a budget of 800k EUR, which finished in December 2021. This action involved integrated life-saving Nutrition, Health, and WASH support for vulnerable populations affected by drought, conflict and rapid onset emergencies in South Central Somalia. IMC Croatia supported health activities at Galkacyo South Hospital providing free, high-quality secondary healthcare services (in patients' medical, surgical, paediatric, tuberculosis, and operation theatre), primary health care services (Outpatient consultations, Immunizations & CMR) as well as health, hygiene, and nutrition promotion services including COVID-19 related messaging. IMC reached 60,760 direct beneficiaries against the yearly targets of 55,008, reaching an achievement of 110.5%. IMC Croatia started the follow on project in Somalia (January 2021) to continue lifesaving services and respond to the current drought crisis in Somalia. IMC provided health care services (at Galkacyo South Hospital) such as: primary health care consultations, inpatient of both paediatrics and adults, EPI, surgery, TB and gender-related violence survivors and children under 5 years with severe acute malnutrition without/with medical complications.				

Name of the affiliated entity: International Medical Corps	
Project title: Integrated Emergency Health, Nutrition and WASH Services for Conflict-Affected Populations in South, Central and West Darfur,	**Sector:** Health, Nutrition, WASH

[18] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

South Kordofan and Blue Nile					
Location of the action	**Cost of the action (EUR)**	**Role in the action: Coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**
South, Central and West Darfur, South Kordofan and Blue Nile	USD 9.8 mill	Coordinator	USAID/BHA	USD 9.8 mill	August 2021 to July 2022 (previous project August 2020 – July 2021 for 7.8 million USD)
Objectives and results of the action	International Medical Corps provides lifesaving health, nutrition, and WASH interventions in targeted areas of Central Darfur, South Darfur, West Darfur, Blue Nile, and South Kordofan states. The project intervention covers 52 health facilities. As of March 2022, we have achieved the following: • IMC reached 766,904 beneficiaries through health interventions. • IMC ensured the provision of medical and non-medical supplies, and guidance materials were developed and shared with the health workers. • Trained 869 MoH staff. • Under the nutrition program, IMC supports nutrition interventions through community-based management of acute malnutrition (CMAM) intervention for children under five years and pregnant and lactating women (PLW). Nutrition services were provided through 47 outpatient therapeutic programs (OTPs), 41 targeted supplementary feeding programs (TSFPs), and 8 stabilization centers (SCs). • All the 52 supported health facilities have provided chlorinated water, and basic sanitation includes gender-segregated sanitation facilities, medical waste management, and hygiene promotion interventions. In addition, around 43,500 people benefited from hygiene promotion activities.				

Name of the lead applicant: International Medical Corps	
Project title: Provision of Integrated lifesaving Health and Nutrition Interventions to Conflict-Affected and vulnerable Population in three localities of West Darfur.	**Sector: Health and Nutrition**

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Location of the action	Cost of the action (EUR)	Role in the action: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)[19]	Amount contributed (by donor)	Dates (from dd/mm/yyyy to dd/mm/yyyy)
West Darfur	$2,384,113	Affiliated Entity (IMC UK as lead)	UNICEF	$181,962	December 8, 2021 to November 30, 2023
Objectives and results of the action		**Provision of Integrated lifesaving Health and Nutrition Interventions to Conflict- Affected and vulnerable Population in three localities of West Darfur.** **El Genina locality;** (Krinding1, Krinding3-Seida, Dorti, Asonga), **Beida locality**; (Tarbiba, Milibida, Kasia, Shosta, Andarinj, Brota, Faganta) and **Sirba locality**; (Beerdagig, Koma) **Number of Beneficiaries:** • Health: 164,715 Male: 79,063 and Female: 85,652 • Nutrition: 12,513 (SAM:2,631; IYCF: 9,882): Male: 6,006 and Female: 6,507 • C4D: 170,491 Male: 81,835 and Female: 88,656 Output-1: Integrated high-impact health and nutrition services are delivered for vulnerable children, adolescents and Women through facility and community levels in development and emergency setting. Output-2: Girls and boys suffering from severe acute malnutrition receive quality treatment integrated with PHC and infant and young child feeding services. Output-3: Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices			

Name of the affiliated entity: International Medical Corps	
Project title: Integrated Sexual Reproductive Health and HIV/AIDS, Mental Health and Psychosocial Support, Gender-Based Violence (GBV), Nutrition project Serving Refugees in Dollo Ado camps, Somali Regions of Ethiopia.	**Sector:** Protection, Health, Nutrition

[19] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

Location of the action	Cost of the action (EUR)	Role in the action: Coordinator, co-beneficiary, affiliated entity	Donors to the action (name)	Amount contributed (by donor)	Dates (from dd/mm/yyyy to dd/mm/yyyy)
Dollo Ado Refugee Camps, Ethiopia	$2,000,000.00	Coordinator	PRM	$2,000,000.00	September 15, 2021 to September 14, 2022
Objectives and results of the action	**Program Goal:** To address SRH, HIV/AIDS and MHPSS needs, as well as to effectively prevent and respond to incidents of GBV of Somali refugees in all Dollo Ado camps. In addition, to contribute to the reduction of morbidity and mortality associated with malnutrition in five Somali refugee camps in Somali Regional State. This includes improving the nutritional status of children 0-59 months, pregnant and lactating women of Somali refugees' communities in Bokolomayo, Kobe, Melkadida, Hilawyne and Buramino Camps of Dollo Ado, including the following activities: - Blanket Supplementary Feeding Program (BSFP) - Community- based nutrition screening - Promote Infant and Young Child Feeding (IYCF) - Establishing school clubs to promote IYCF practices - Promotion of micro-gardening techniques such as sack gardening to contribute to prevent micronutrient deficiencies - Effective and timely community-based management of acute malnutrition and provide Primary health care service at reception center				

2.1. Co-applicant(s)'s experience (if applicable): NOT APPLICABLE

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3 THE LEAD APPLICANT[20]

EuropeAid ID number[21]	HR-2019-EPV-1203159271
Name of the organisation	International Medical Corps Croatia

3.1. Identity

The lead applicant's contact details for the purpose of this action	Visnja Cipcic, vcipcic@internationalmedicalcorps.hr
Legal entity file number[22]	
Abbreviation	IMC Croatia
Registration number (or equivalent)	5051932
Date of registration	February 7, 2019
Place of registration	Croatia
Official address of registration	Trondheimska ul. 4, 21000, Split, Croatia
Country of registration[23]/ Nationality [24]	Croatia/Croatian
Website and e-mail address of the organisation	https://internationalmedicalcorps.hr/

[20] Remember to submit filled in organisation data forms (Annex F) for the lead applicant, each co-applicant and each affiliated entity together with the full application form.

[21] This number is available to an organisation which registers its data in PADOR. For more information and to register, please visit https://ec.europa.eu/europeaid/search/site/pador_en

This information does not need to be provided in case of calls where the European Commission is not the contracting authority.

[22] If the lead applicant has already signed a contract with the European Commission.

[23] For organisations. (If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please give reasons for its location).

[24] For individuals. (If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please give reasons for its location).

Telephone number: country code + city code + number	+385 21 549 465
Fax number: country code + city code + number	+385 21 455 288

The contracting authority must be notified of any change in addresses, phone numbers, fax numbers and e-mail, in particular. The contracting authority will not be held responsible in the event that it cannot contact an applicant.

3.2. The Co-applicant(s): NOT APPLICABLE

4 AFFILIATED ENTITY(IES) PARTICIPATING IN THE ACTION

4.1. Description of the affiliated entity(ies)

This section must be completed for each affiliated entity within the meaning of Section 2.1.2 of the guidelines for applicants. You must make as many copies of this table as necessary to create entries for each affiliated entity.

	Affiliated entity no.1
EuropeAid ID number[25]	US-2021-DIK-1910298368
Full legal name	International Medical Corps
Date of registration	September 6, 1984
Place of registration	United States of America/USA
Legal status	Profit-Making □ Yes □ No. NGO x Yes □ No
Value based	□ Political □ Religious x Humanistic □ Neutral
If fulfilling the criteria and conditions to be considered as affiliated entity(ies)[26] specify to which entity you are affiliated (lead applicant/co-applicant) detailing the specific nature of the affiliation (i.e. parent entity, family organisation / network entity, etc) and, if any, its EuropeAid ID	International Medical Corps (IMC) is a US-registered independent affiliate organization of International Medical Corps Croatia (IMC Croatia), with which IMC Croatia shares the same name and charitable objectives and mission. IMC Croatia and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. IMC Croatia will engage IMC to implement its programs in the field, with IMC Croatia oversight, according to the terms and conditions of any agreement that results from this proposal. For the purpose of the project, IMC Croatia will implement the project in the field through the IMC country office in Sudan, which is operated by IMC. IMC Croatia's management oversight of the project includes monitoring and reporting for program quality and compliance, treasury controls and support of the audit process. IMC provides administrative and operational support to IMC Croatia and to the programs on the ground, including but not limited to financial management, banking, procurement management/international procurements, and logistics. In addition, IMC UK will also be engaged to assist IMC Croatia in providing oversight of program delivery and performance management.
Official address of registration[27]	12400 Wilshire Blvd, Ste 1500, Los Angeles, CA90025

[25] This number is available to an organisation which registers its data in PADOR. For more information and to register, please https://ec.europa.eu/europeaid/search/site/pador_en. This information does not need to be provided in case of calls where the European Commission is not the contracting authority.

[26] As described in Section 2.1.2. of the guidelines for applicants.

[27] If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please justify its location.

Country of registration[28]/ Nationality [29]	United States/USA
Contact person	Ingrid Renaud, Vice President, Finance and Administration
Telephone number: country code + city code + number	+1 310 826 7800
Fax number: country code + city code + number	
E-mail address	Irenaud@internationalmedicalcorps.org
Number of employees	7,363
History of cooperation with the lead applicant/co-applicant	Affiliated Organisation
Category (refer to Section 3.2.1)	
Sector(s) (refer to Section 3.2.2)	100-Social Infrastructure and services 500-Commodity aid and general progamme assistance 700-Humanitarian aid
Target group(s) (refer to Section 3.2.3 3)	Children (less than 18 yrs old) Community Based Organisation(s) Illness affected people (Malaria, Tuberculosis, HIV/AIDS) Migrants Non-Governmental Organisations Refugees and displaced

Important: **This application form must be accompanied by a signed and dated affiliated entities' statement from each affiliated entity, in accordance with the template provided below.**

[28] For organisations.

[29] For individuals.

4.2. Affiliated entity(ies)'s statement

To ensure that the action runs smoothly, the Italian Agency for Development Cooperation (contracting authority) requires all affiliated entity(ies) to acknowledge the principles of set out below.
1. All affiliated entity(ies) must have read the guidelines for applicants and grant application form and understood their role in the action before the application is submitted to the contracting authority.

2. All affiliated entity(ies) must have read the standard grant contract (or Contribution Agreement, where applicable) and understood what their respective obligations under the contract will be if the grant is awarded. They authorise the organisation to which they are affiliated to sign the contract on their behalf with the contracting authority and represent them in all dealings with the contracting authority in the context of the action's implementation.

3. The affiliated entity(ies) must consult regularly with the organisation to which they are affiliated whom, in turn, should keep them fully informed of the progress of the action.

4. All affiliated entity(ies) must receive copies of the reports — narrative and financial — made to the contracting authority.

5. Proposals for substantial changes to the action (e.g. changes in activities that could affect the basic purpose of the action, affiliated entity(ies), etc.) should be agreed by the affiliated entity(ies) before being submitted to the contracting authority.

I have read and approved the contents of the proposal submitted to the contracting authority. I undertake to comply with the principles of good partnership practice.	Ingrid Renaud
Name:	
Organisation:	International Medical Corps
Position:	Vice President, Finance and Administration
Signature:	
Date and place:	6/10/2022 Los Angeles, USA

4.3. Associates participating in the action : NOT APPLICABLE

5 CHECKLIST FOR THE FULL APPLICATION FORM

Ref.: Grant/02/HealthPro/T05-EUTF-HOA-SD-73-01

Title of the call: *Promoting positive social norms towards GEWE*

Budget lines: 3.1.5; 3.2.3; 3.3.3

ADMINISTRATIVE DATA	To be filled in by the lead applicant
Name of the lead applicant	International Medical Corps Croatia
EuropeAid ID number	HR-2019-EPV-1203159271
Nationality[30]/country and date of registration[31]	Croatian/Croatia, February 7, 2019
Legal entity file number[32]	N/A
Legal status[33]	NGO
Co-applicant[34]	
Name of the co-applicant	
EuropeAid ID number	NA
Nationality/country and date of registration	
Legal entity file number (if available)	
Legal status	
Affiliated entity[35]	
Name of the affiliated-entity	International Medical Corps
EuropeAid ID number	US-2021-DIK-1910298368
Nationality/country and date of registration	American/USA, September 6, 1984
Legal status:	Non-profit corporation
Specify to which entity you are affiliated (lead applicant and/or the co-applicant).	IMC Croatia - Lead Applicant

[30] For individuals.

[31] For organisations.

[32] If the lead applicant has already signed a contract with the European Commission.

[33] E.g. non-profit, governmental body, or international organisation.

[34] Add as many rows as co-applicant(s).

[35] Add as many rows as affiliated entities.

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Specify the kind of affiliation you have with that entity.	Affiliated Organization

December 2021
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Logical framework and Activity matrix (annex E3d)

The Logical framework (logframe) matrix is a table that captures in a structured way the hierarchy of results of the action at impact, outcome and output levels. The impact is the long-term expected effect of the action fulfilling the overall objective. The outcomes are the mid-term expected effects of the action fulfilling the specific objective(s). The links between each levels are as important as the results themselves, reflecting the intervention logic (theory of change) and the roles of providers and other stakeholders.

The Logical framework (logframe) matrix should be used as a reporting tool on the achievement of the results during implementation. Values on indicators aimed at measuring the results will be regularly updated in the column foreseen for monitoring and reporting purposes (see "Current value"). Columns for intermediary targets could be added, if needed.

The logframe can be revised as necessary, in line with the provisions defined in Article 9.4 of the General Conditions (annex E3h2).

Results	*Results chain*	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be included in interim and final reports)*	*Sources of data*	Assumptions
Impact (Overall objective)	Contribution to the achievement of Universal Health Coverage in targeted health facilities in Nyala, South Darfur	- Level of availability of full Primary Health Care package of basic health services among supported health facilities - Minimum Dietary Diversity among children 6-23 months in the program target areas - Measles immunization coverage rate (MCV1) among children 12-23 months in the program target areas	*TBD* *TBD* *TBD*	*100%* *35.4%* *85%*		Supervision and baseline assesment IYCF survey Vaccine coverage survey	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 4. Human resources are available, at the required competency (with training if needed).
Outcome (s) (Specific	Outcome 1: Improved availability of quality RH/EmONC and EPI services in the catchment areas	1.1: % of clinic attendees reporting satisfaction with the quality of RH and EPI services provided in the targeted health facilities.	TBD	90%		Pre-post patient satisfaction surveys or exit interviews	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits.

	of the supported health facilities						4. Human resources are available, at the required competency (with training if needed).
		1.2: Level of service quality of RH/EmONC and EPI against SMoH standards	*TBD*	*100%*		Baseline/endline health facility assessment Supportive supervision scoring	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake mentoring, supportive supervision and monitoring visits to the supported facilities to ensure service quality. 4. Human resources are available, at the required competency (with training if needed)
		1.3: % of training participants in reproductive health training with passing score on training pre- and post-tests	TBD	80%		Pre-post training tests	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake mentoring, supportive supervision and monitoring visits. 4. Human resources are available, at the required competency (with training if needed).
		1.4: % of students and teachers attending awareness sessions demonstrating improved knowledge of health, hygiene, and nutrition topics	TBD	85%		Pre-post assessments	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake mentoring, supportive supervision and monitoring visits. 4. Human resources are available, at the required competency (with training if needed).

Outcome (s) (Specific objective(s)	**Outcome 2:** Improved availability of quality nutrition services in the targeted communities and catchment areas of the supported health facilities	2.1: % of caregivers of CMAM patients at supported sites reporting satisfaction with nutrition services of supported nutrition centers	TBD	80%		Pre-post patient satisfaction survey	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake mentoring, supportive supervision and monitoring visits. 4. Human resources are available, at the required competency (with training if needed).
	Output 1.1: Increased access to health facilities equipped with adequate infrastructure	1.1.1: # of HFs rehabilitated or constructed	0	3		Construction report	1. IMC can maintain presence in the target areas. 2. Rehabilitation and construction materials are available in the market. 3. Market inflation does not significantly affect the price of the rehabilitation and construction materials. 4. Security remains calm and access not restricted
		1.1.2: # of HFs equipped and furnished to the standard of RH and EPI services	0	3		Health facility assessment and supervision and monitoring visit report	1. IMC can maintain presence in the target areas. 2. Market inflation does not significantly affect the price of the equipment and furniture. 3. Security remains calm and access not restricted 4. IMC can maintain presence in the target areas.
	Output 1.2: Enhanced capacity among supported health facilities to provide routine EPI services	1.2.1: # of HFs with functional cold chain for routine vaccination	0	3		Health facility assessment	1. IMC can maintain presence in the target areas 2. Market inflation does not significantly affect the price of the equipment and furniture. 3. Security remains calm and access not restricted 4. IMC can maintain presence in the target areas.

		1.2.2 No. of vaccinators trained on EPI, cold and supply chain	0	12		Training attendance lists	1. IMC can maintain presence in the target areas. 2. Program staff can reach catchment areas to conduct trainings on vaccinations and undertake supportive supervision and monitoring visits. 3. Security remains calm and access not restricted 4. IMC can maintain presence in the target areas.
	Output 1.3: Improved delivery of reproductive health and family planning services among supported health facilities	1.3.1: # of health staff trained on EmOC	0	12		Training attendance lists	1. IMC can maintain presence in the target areas. 2. Program staff can reach catchment areas to conduct trainings on EmOC and undertake supportive supervision and monitoring visits. 3. Security remains calm and access not restricted
		1.3..2: # of SGBV cases identified and referred to appropriate services	0	150		Referral registers and Clinic records	1. IMC can maintain presence in the target areas. 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Security remains calm and access not restricted
		1.3.3: # of women trained on RH topics including family planning	0	12		Training attendance sheet	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency
		1.3.4: # of sessions held on GBV prevention	0	30		Activity report	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and

							undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency
	Output 1.4: Improved health, hygiene and nutritional knowledge among school teachers and students	1.4.1: # of schools supported to develop outbreak prevention plans	0	4		School activity report	1. IMC can maintain presence in the target areas 2. 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency
		1.4.2 – # of schools equipped with hygiene and sanitation materials	0	4		Activity and program reports	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
	Output .2.1 The nutritional status of children <5 and PLWs is improved	2.1.1 # of % of beneficiaries of community-based nutrition education reporting improved knowledge of promoted nutrition topics	Minimum Meal Diversity (MDD) 29.9% Minimum Meal Frequency (MMF) 61.7%	Minimum Meal Diversity (MDD) 35% Minimum Meal Frequency (MMF) 66.7%		*IYCF Survey on indicators as* *MDD* *MMF*	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
	Output 2.1: Enhanced nutrition service delivery at	2.2.1: # of supportive supervision visits conducted at supported nutrition centers	0	12		Supervision reports	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and

	facility and community levels.						undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.2: # of children under-5 and PLWs with acute malnutrition referred to the CMAM program of supported health facilities	OTP- 0 TSFP-6-59 PLWs -0	OTP -495 TSFP-6-59 - 1,870 PLWs -187		Nutrition center registers Referral lists	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.3: # of nutrition centers rehabilitated to state and federal standards	0	4		Construction report	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.4 # of people attending cooking demonstrations	0	450		Attendance lists (members of MSGs)	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.6 # of people attending kitchen gardening demonstrations	0	495		Attendance lists (Caregivers/ households of OTP cases)	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.8 # of surveys	0	1		KAP/IYCF survey	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and

							undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
	Output 2.2 Increased awareness among the target population on health, hygiene and nutrition	1.9.1 – no of active and functional community health committees	0	3 -		Monthly meetings minutes, health committees plan	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		1.9.2 No of health volunteers trained on prevention and promotion of health, nutrition and WASH	0	45 (15 each for HF)		Volunteers Training report	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		1.9.3 no of MSG members trained and engaged in health and nutrition work	0	450		MSG Training report	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		1.9.4 % of target community reached through community mobilization and educational interventions	0	80%		Community mobilization reports	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.

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Contracting authority: Italian Agency for Development Cooperation

Strengthening a decentralized health system for the protracted displaced populations in South Darfur State, Sudan

T05-EUTF-HOA-SD-73-01

Reference: **Grant/02/HealthPro/T05-EUTF-HOA-SD-73-01**

Grant application form

Deadline for submission of concept notes and full applications
12th June 2022 at 17:00 p.m. GMT +2 (Khartoum, Sudan)

To reduce expense and waste, we strongly recommend that you use only paper for your file (no plastic folders or dividers). Please also use double-sided printing if possible

Title of the action:	**Strengthening a decentralized health system for the protracted displaced populations in South Darfur State, Sudan**
[Number & title of lot]	**Lot 2: Reinforcing the quality of care through rehabilitation and construction works of PHC, training, following ups and monitoring of the targeted clinics, and promoting women and children's health in the targeted areas.**
Location(s) of the action:	**Nyala North and East Jebel Marra Localities, South Darfur State, Sudan**
Name of the lead applicant	International Medical Corps Croatia
Nationality of the lead applicant[1]	Croatian

Dossier No	

(for official use only)

EuropeAid ID[2]	HR-2019-EPV-1203159271

[1] An organisation's statutes must show that it was established under the national law of the country concerned and that the head office is located in an eligible country. Any organisation established in a different country cannot be considered an eligible local organisation. See the footnotes to the guidelines for the call.

[2] To be inserted if the organisation is registered in PADOR (Potential Applicant Data On-Line Registration). For more information and to register, please visit

https://ec.europa.eu/europeaid/funding/about-calls-proposals/pador-helpdesk_en

Ongoing contract/legal entity file number (if available)[3]	N/A
Legal status[4]	Non-profit
Co-applicant [5]	N/A
Affiliated entity[6]	International Medical Corps, US-2021-DIK-1910298368, United States of America, September 6, 1984, non-profit corporation, affiliated entity

Lead applicant's contact details for the purpose of this action	
Postal address:	Trondheimska ul. 4, 21000, Split, Croatia
Telephone number: (fixed and mobile) country code + city code + number	+385 21 549 465
Fax number: country code + city code + number	+385 21 455 298
Contact person for this action:	Visnja Cipcic
Contact person's email:	vcipcic@internationalmedicalcorps.hr
Address:	Trondheimska ul. 4, 21000, Split, Croatia
Website of the lead applicant:	https://internationalmedicalcorps.hr/

Any change in the addresses, phone numbers, fax numbers or e-mail, must be notified in writing to the contracting authority. The contracting authority will not be held responsible in the event that it cannot contact an applicant.

[3] If a lead applicant has already signed a contract with the European Commission and/or has been informed of the legal entity file number. If not, write 'N/A'.

[4] E.g. non-profit, governmental body, international organisation.

[5] Use one row for each co-applicant.

[6] Use one row for each affiliated entity.

NOTICE

Processing of personal data related to this grant award procedure by the contracting authority takes place in accordance with the national legislation of the state of the contracting authority and with the provisions of the respective financing agreement.

The call for proposals and the grant contract relates to an external action funded by the EU, represented by the European Commission. If processing your reply to the call for proposals involves transfer of personal data (such as names, contact details and CVs) to the European Commission, they will be processed solely for the purposes of the monitoring of the grant award procedure and of the implementation of the grant contract by the Commission, for the latter to comply with its obligations under the applicable legislative framework and under the financing agreement concluded between the EU and the Partner Country without prejudice to possible transmission to the bodies in charge of monitoring or inspection tasks in application of EU law.

In cases where you are processing personal data in the context of participation to a call for proposals (e.g. CVs of both key and technical experts) and/or implementation of a contract (e.g. replacement of experts), you shall accordingly inform the data subjects of the possible transmission of their data to EU institutions and bodies and communicate the above-mentioned privacy statement to them.

CONTENTS

Part A. CONCEPT NOTE

1 INSTRUCTIONS FOR DRAFTING THE CONCEPT NOTE

Please note that if this is an open call, only the concept note shall be submitted in the first stage (not the full application). If this is an open call, both the concept note and the full application shall be submitted at the same time.

There is no specific template for the concept note but the lead applicant must ensure that the text:

- includes Page 1 of this document, filled in and submitted as a cover page of the concept note;
- includes the table of the summary of the action (without any limitation of size)
- **includes the description of the action (not exceeding 1 pages) and the relevance of the action (not exceeding 2 pages), the format for both documents being A4 size with 2 cm margins, Arial 10 font characters and single line spacing;**
- provides the information requested under the headings below, in the order requested, and in proportion to its relative importance (see the relevant scores in the evaluation grid in the guidelines for applicants);
- provides full information (as the evaluation will be based solely on the information provided);
- is drafted as clearly as possible to facilitate the evaluation process.

1.1. Summary of the action

Please complete the table below.

Title of the action:	Strengthening a decentralized health system for the protracted displaced populations in South Darfur State, Sudan
- Please tick the box corresponding to the specific lot for which you are applying:	Lot 2: Reinforcing the quality of care through rehabilitation and construction works of PHC, training, following ups and monitoring of the targeted clinics, and promoting women and children's health in the targeted areas.
Location(s) of the action: — specify country(ies), region(s) that will benefit from the action	Nyala North and East Jebelmarra Localities, South Darfur State, Sudan
Total duration of the action (months)	12 Months (01 Aug 2022 – 31 Jul 2023)
Requested EU contribution (amount)	EUR 1,000,000
Requested EU contribution as a percentage of total eligible costs of the action (indicative) [7]	100%
Total indicative budget	EUR 1,000,000
Objectives of the action	**Overall Objective:** Contribution to the achievement of Universal Health Coverage in targeted health facilities in Nyala, South Darfur.

[7] If applicable, insert an additional % of the total accepted costs.

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	Specific Objective (Outcomes) Oc1: Improved availability and utilization of quality PHC services including Sexual Reproductive Health and EPI services in the catchment areas of the supported health facilities; **Oc2:** Improved availability of quality nutrition services in the targeted communities and catchment areas of the supported health facilities.
Target group(s)[8]	IDPs (45,689) and host community members (30,460)
Final beneficiaries[9]	76,149
Expected outputs	Output 1.1: Increased access to health facilities equipped with adequate infrastructure; Output 1.2: Enhanced capacity among supported health facilities to provide routine EPI services; Output 1.3: Improved delivery of sexual reproductive health and family planning services among supported health facilities; Output 1.4: Improved health, hygiene and nutritional knowledge among school teachers and students; Output 2.1: The nutritional status of children <5 and PLWs is improved; Output 2.2: Enhanced nutrition service delivery at facility and community levels; Output 2.3: Improved infrastructure of Severe Acute malnutrition centres based on national guidelines; Output 2.4: Improved household care practices, feeding practices and health seeking behaviour; Output 2.5: Increased awareness among the target population on health, hygiene and nutrition.
Main activities	Key activities of the project include: 1). Rehabilitation/construction of the selected health facilities, 2) Provision of essential medical equipment and furniture to the targeted health facilities, 3) support MoH to establish a sustainable nutrition program, 4) support routine EPI program to scale up immunization coverage,5) reinforce referral mechanisms, 6) supporting health, hygiene, and nutrition activities in schools, 7) Awareness raising and behaviour change intervention, 8) Kitchen gardening, Cooking demonstration, 9) Establish and strengthen mother support groups, 10) supportive supervision at facility and community levels, 11) establish/strengthen referral systems within CMAM program and 12) capacity building of health workers with special focus on RH, GBV, EPI and BEmONC.

1.2. Description of the action (max 1 page)

The proposed action has taken into consideration IMC's strategic priorities (2022-23) for Sudan focusing on multi-sectoral, integrated and results-based programming to improve health outcomes through health and related interventions. The desk review of various assessment and other reports (AICS, HNO-2022, HRP 2022, IPC 2022, S3M1 2020, SMART Survey 2020, humanitarian-development-peace Nexus), as well as IMC's rapid assessment conducted during June 2022 in the proposed locations, has contributed to the design of this action.

The overall objective is "Contribution to the achievement of Universal Health Coverage in targeted health facilities in Nyala, South Darfur". The specific objectives (outcomes)

[8] 'Target groups' are the groups/entities who will directly benefit from the action at the action purpose level.

[9] 'Final beneficiaries' are those who will benefit from the action in the long term at the level of the society or sector at large.

includes; Outcome 1: "Improved availability of quality PHC services including SRH and EPI services in the catchment areas of the supported health facilities" and will be achieved through improving: 1) health facilities infrastructure; 2) coverage of routine EPI; 3) reproductive health and family planning services; and, 4) knowledge of school going children and community members on key health, hygiene and nutrition messages. Outcome 2: "Improved availability of quality nutrition services in the targeted communities and catchment areas of the supported health facilities" and will be achieved through: 1) Enhanced nutrition service delivery at facility and community levels; and, 2) Increased awareness among the target population on health, hygiene and nutrition.

Intervention logic for the project: improving the infrastructure, equipping the health facilities, and capacity of selected health facilities for provision comprehensive primary health including strengthen BEmONC, EPI coverage strong community mobilization and awareness-raising, there will improve access of health services for the most vulnerable people thereby enhancing and contributing to the achievement of Universal Health Coverage in targeted health facilities in South Darfur. Key activities of the project include: 1). Rehabilitation/construction of the selected health facilities.2) Provision of essential medical equipment and furniture to the targeted health facilities, 3) support MoH/ to establish a sustainable nutrition program, 4) support routine EPI program to scale up immunization coverage,5) reinforce referral mechanisms,6) supporting health, hygiene, and nutrition activities in schools,7) Awareness raising and behavior change , ,intervention 8) Kitchen gardening ,Cooking demonstration,9) Establish and strengthen mother support ,10) supportive supervision at facility and community levels,11) establish/strengthen referral systems within CMAM program, 12) capacity building of health workers with special focus on RH, GBV, EPI and BEmONC. The proposed action will adopt inclusive and participatory approaches to ensure gender equality and promotion of fundamental human right to health services. The proposed action is planned for 12 months starting in August 2022 until July 2023.

1.3. Relevance of the action (max 2 pages)

1.3.1. Relevance to the objectives/sectors/themes/specific priorities of the call for proposals

The proposed action is relevant and aligned with the overall objective of the call for proposal. The action will contribute globally to the wider objective of achieving universal health coverage in South Darfur and will be specifically focusing on *Priority 2: Reinforcing the quality of care through rehabilitation and construction works of PHC, trainings, follow ups and monitoring of the targeted clinics and promoting women and children's health in the targeted areas.* The proposed action is relevant to the sectors indicated in the call for proposal and will specifically contributing to *a) Primary Health services in volatile context and according to Nexus approach; b) Reinforcing decentralisation health services system; c) Nutrition; d) Improving the reproductive Health and family planning services e) Reinforcing routinely immunisation services f) Developing a medical preventive plan in Primary Schools* The proposed action will address key results related to EPI, health education, nutrition, EmONC and reproductive health. Interventions proposed are all aligned with the priorities set in the call for proposal.

1.3.2. Relevance to the particular needs and constraints of the target country/countries, region(s) and/or relevant sectors (including synergy with other development initiatives and avoidance of duplication)

The economic crisis, food insecurity and conflict are the main drivers of humanitarian need in South Darfur. Some 1.7m people need humanitarian assistance in South Darfur in 2022, of which 776,000 are vulnerable residents, and 687,000 are IDPs, according to the 2022 HNO. The number of people in need has increased significantly from 2020. Conflict between the Government and armed movements, and subnational violence are the main causes of displacement. There are about 53,800 refugees and asylum seekers hosted in the state as

of September 2021 (UNHCR). About 10% of the people in South Darfur state, are in crisis and above levels of food security between October 2021 and February 2022, according to the latest Sudan IPC analysis. About 358,600 people in the state are malnourished (2022 HNO). According to SMART survey conducted in East Jabel Mara locality of South Darfur in November 2020, the global acute malnutrition (GAM) prevalence is 18.1 % (14.7 - 22.1 95% C.I.) based on Weight-for-Height (WFH) while the severe acute malnutrition (SAM) prevalence is 5.3% (3.4 - 8.0 95% C.I.). No cases of oedema were identified. This is the highest global acute malnutrition (GAM) level among all the Darfur states.

The assessments conducted by AICS and in selected health facilities of South Darfur and the rapid assessment conducted by IMC indicates satisfactory performance of key health and nutrition indicators in Utash PHC and Leiba including: external supervision, staffing, management meetings, quality assurance, HMIS, laboratory, short stay, minor theatre, outpatient, and drugs. The reports also highlight the gaps and improvements needed in the key areas of Maternity and nutrition services which are currently not available, Provision of a safe and sustainable supply of WASH facilities, establishment of community-based feedback and response mechanism, currently no client opinion detection strategy in place, Strengthening referral system and improve continuity of care procedures, Provision of protocols for health care waste management, Improvement in Lab, including equipment and standard, Accomplish pharmacy standards (some standards missing), Very poor infrastructure, default in design (major or minor defect, critical, not functioning as per standard; non-availability of nutrition stabilization service, due to the lack of infrastructure, Poor knowledge of health, hygiene and nutrition and Poor vaccine coverage, vaccination activities are available only once a week due to unavailability of cold chain and limited support available for transport of vaccines.

The proposed action is aligned with Sudan Federal Ministry of Health National Health policy 2017-2030 and Health Sector Strategic plan 2017-2021, both entailing EU Humanitarian-Development-Peace Nexus approach, together with sector reforms, as the NHIF for the universal health coverage by 2020 give guidance to the EU to grant AICS through indirect management, for a 3-year health intervention in Darfur aiming at strengthening the decentralized health system for sustainable and durable progress: "Humanitarian Development Nexus: Strengthening a Decentralized Health System for protracted displaced populations (HealthPro) in al Fasher and Nyala – North and South Darfur States" T05-EUTF-HOA-SD-73-01. The proposed action will build on the key learnings from the previous EU funded program "Strengthening Resilience for IDPs, Returnees and Host Communities in Al Geneina, Beida, Sirba and Kerenik of West Darfur Sudan". The external evaluation indicated that the overall performance of the project remained substantially successful, however, challenges and delays were encountered in the implementation of some activities. Learnings from the previous action: such as: having limited engagement and leadership of SMOH, and limited collaboration of other agencies, less involvement of SMON on monitoring of construction and other programme activities, will be incorporated in this action to ensure timeliness, ownership and sustainability of interventions. The proposed action is a part of the overall program on Strengthening a Decentralized Health System for protracted displaced population in Nyala - South Darfur State. The action although will specifically be focusing on the Priority-2 of the overall program, however, will also be coordinating with the lead partner for Priority-1 to explore complementarity in the interventions. The current program portfolio is dedicated to humanitarian programming hence covering the aspect of institutional strengthening, capacity building, and infrastructure improvement. The proposed action will allow IMC to continue to link humanitarian to development and peace nexus needs gaps in the area of protection, ES/NFI, nutrition and food security were despite ongoing programming, particularly for acutely displaced IDPs and host localities within Utash camp and surrounding areas. IMC has on going nutrition program for both CMAM and IYCF at facility and community levels in Kalma and Al Salam camps.

1.3.3. Describe and define the target groups and final beneficiaries, their needs and constraints, and state how the action will address these needs

Health Facilities (03): The action will target three health facilities i.e. one facility in Utash Camp (NHI 02,), one health facility (Alskan Alshabi) located at the boarder of Utash Camp and one health facility (Leiba) located in East Jebel Mara localities of South Darfur. The health facilities are selected based on the priority needs identified through various assessment reports. Schools (04): Four schools in Utash Camp will be targeted for development and implementation of health and nutrition preventive plans. Students and teachers of these schools will the primary target for interventions. Conflict Affected IDPs and Host Community Members: It is estimated that this action will directly benefit 76,149, of which. Women are:22,885, Men:22,083, Boys:15,530 and Girls:15,991 conflict-affected affected IDPs residing in the catchment population of the above three targeted health facilities. PHC NHI 02 requires dedicated space for reproductive health and EPI services, Alskan Alshabi health facility also requires dedicated space for reproductive health and EPI services, while currently there is no Stabilisation Centre in Leiba Clinic, therefore, the health facility has been prioritised for the construction of this unit. All health facilities also require the needed medical equipment and furniture. There is also a need of establishing and reinforcement of a sustainable referral mechanism. Schools: There are no medical preventive plans available at the school level. Conflict Affected IDPs and Host Community Members: the beneficiaries are suffering due to the satisfactory level of services provided at the health facility and community level.

The proposed interventions are fully aligned with the needs identified from the initial assessment of AICS and follow-up rapid assessment and stakeholder consultation conducted by IMC. Improved infrastructures at the supported health facilities and enhanced skills of health workers will directly contribute to the service quality and thereby the most vulnerable people will be able to enjoy their right to quality health services. With strong community mobilization, participation, and community empowerment, the local ownership will be enhanced. IMC relies on a consultative and participatory process for engaging relevant government authorities, partner organizations, community members and beneficiaries during the design, implementation and evaluation of its programmes. The beneficiaries actively participated during the design and will be fully engaged during the planning, implementation and monitoring of activities in order to strengthen the accountability and as well as quality service delivery. IMC will build on its existing Community Based Feedback and Response Mechanisms (CBFRM) for receiving community feedback through safe, accessible and preferred channels and will respond to beneficiaries' in a safe and timely manner.

1.3.4. Particular added-value elements

IMC has been working in South Darfur since 2004, very well-established offices also developed good working relationships with SMOH/LHT and other stakeholders. IMC has grounded set of system on HR, programme and other support functions.

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PART B. FULL APPLICATION FORM[10]

To be submitted by all applicants

To reduce expense and waste, we strongly recommend that you use only paper for your file (no plastic folders or dividers). Please also use double-sided printing if possible

GENERAL INFORMATION

Reference of the call for proposals	Grant/02/HealthPro/T05-EUTF-HOA-SD-73-01
Title of the call for proposals	Strengthening a Decentralized Health System for protracted displaced population in Nyala – South Darfur State
Name of the lead applicant	International Medical Corps Croatia
Number of the proposal[11]	not applicable
Title of the action	Strengthening a Decentralized Health System for protracted displaced population in Nyala – South Darfur State
Location of the action	<specify country(ies), region(s) that will benefit from the action>
Duration of the action	12 months
[Number of the lot]	Lot 2: Reinforcing the quality of care through rehabilitation and construction works of PHC, training, following ups and monitoring of the targeted clinics, and promoting women and children's health in the targeted areas

[10] The full application is composed of this full application form, the budget (Annex B) and the logical framework (Annex C).

[11] For restricted procedures only; when the contracting authority has evaluated the concept note it informs the lead applicant of the outcome and allocates a proposal number.

1 THE ACTION[12]

1.1. Description of the action

1.1.1. Description (max 10 pages)

Sudan context: Sudan has experienced decades of deeply entrenched social inequalities, environmental vulnerability, armed conflict and violence, and poor governance. All this has resulted in protracted displacement, resource degradation and competition over access to natural resources, disruption of basic infrastructure and social services, food insecurity, weakened social fabric and loss of livelihoods. The failing economy, political tensions and continuing popular protests for justice and judicial reforms, and inflationary tendencies are all manifestations of Sudan's ongoing fragility, leaving more vulnerable children, families, and communities further behind. These challenges had been compounded by the COVID-19 pandemic. According to the Humanitarian Needs Overview 2022, an estimate that about 14.3 million people – 30 per cent of the population – will need humanitarian assistance in 2022. This is a 0.8-million-person increase compared to 2021. Overall, the number of people in need in Sudan in 2022 is the highest in the past decade. Socioeconomic, political, and security challenges continue to grow— with manifestations of these challenges seen in the failing economy.[13] 46.5% of Sudan's population, approximately 15.6 million individuals, have per capita expenditure below the national poverty line, 1.6 million people are currently displaced[14] and as many as 9.8 million people are food insecure during the lean season. In Sudan, the under-five mortality rate at 58.7 per 1,000 live birth; maternal mortality ratio is 295 per 100,000 live births and 2.7 million children are malnourished. Three million children are out-of-school. One-third of the population has access to basic water and sanitation facilities. These challenges have been compounded by the COVID-19 pandemic which saw schools closed for much of the school year, reduced capacity of government offices and limitations on services, as well as travel restrictions and curfews which severely impacted the people and economy.

Recently Sudan has just undergone a major political crisis following the military takeover on 25 October 2021, dismissal and further reinstallation of the civilian Prime Minister. While the full impact of these changes is not yet known, the humanitarian community is committed to continue providing much-needed support to the most vulnerable populations. In the meantime, humanitarian needs continue to grow as the economic crisis and food insecurity continue to affect millions of people. About 14.3 million people - almost one in every three persons - across the country are estimated to need humanitarian assistance in 2022. This is about 0.8 million people more than 2021, 9.1 million of the 14.3 million people, will need emergency assistance for life-threatening needs related to critical physical and mental well-being. Low food productivity, unemployment, competition over resources and limited social services has exacerbated existing vulnerabilities, including exposures to shocks and stresses. Low capacities and insufficient governance at all levels has limited the fulfilment of rights, impinged ownership, and thereby sustainability, and led to a lack of measures to prevent and mitigate crises such as floods, drought, and conflict. A lack of ownership and equal representation has isolated social groups and contributed to low levels of trust between communities and with government, driving tensions and conflict between groups with little capacity or commitment for peaceful resolution before escalation. Lack of inclusive, transparent, and accountable mechanisms and processes for prioritizing needs,

[12] The evaluation committee will refer to information provided in the concept note as regards objectives and the relevance of the action.

[13] In July 2021, the situation remains grim; the country's Central Bureau of Statistics reporting an inflation rate of more than 400% with the International Monetary Fund predicting a stagnation of Sudan's economy in 2021. The Sudanese economy has suffered from the fall in global oil prices, a prolonged period of border closure and the necessity to dedicate government resources to the pandemic response.

planning, and implementing solutions have resulted in people feeling more connected to uncertainty and fear. Decades of armed conflict and violence, significant and enduring displacement has weakened the capacity and authority of traditional community and religious leaders that have historically played central roles in the promotion of social cohesion ownership. This move underscores the significance of parallel interventions to strengthen the self-reliance and resilience of the population in order to prevent the further deterioration of people's ability to cope.

South Darfur context: South Darfur state has experienced armed conflict, tribal disputes, and humanitarian emergencies. These challenges resulted from deeply entrenched social inequalities, environmental vulnerability and poor governance. Most of the areas remains a post-conflict setting and while the overall security situation has improved, it continues to remain precarious with tribal conflict and tensions between settled and nomadic populations, and sporadic fighting between various ethnic groups resulting in death, loss of livelihood and displacement. Some 1.7 million people need humanitarian assistance in South Darfur in 2022, of which 776,000 million are vulnerable residents, and 687,000 are IDPs, according to the 2022 (HNO). The number of people in need has increased significantly from 2020. Conflict between the Government and armed movements, and subnational violence are the main causes of displacement. There are about 53,800 refugees and asylum seekers hosted in the state as of September 2021 (UNHCR).

A recent rapid assessment conducted by IMC between 30th May to 1st June in South Darfur agreed that health, nutrition, and WASH services are still the main need for women, children, adolescents, and men. Camps in SD lack 24 hours health services especially for critical events happening at night where there is no ambulance or services close to them. Main causes of deaths among population include diarrheal diseases, malnutrition, malaria, and pregnancy related causes. People call for 24 hours PHC services in camps and this requires recruitment of additional infrastructures and well-trained staff. Leiba and Uttash, in particular, have severe shortage in health staff due to low level of incentives in the most difficult area. Uttash PHC and Leiba health facility urgently require the additional establishment of rooms and nutrition stabilization center, waiting area for patients, EPI, short stay, and dressing. Also, in these areas, ambulance does not exist for referrals to Nyala hospitals and the public transport of patient is challenging week. Outbreak of communicable diseases such as acute jaundice syndrome, cutaneous leishmaniasis disease, meningitis, measles and malaria are the commonly reported outbreak in South Darfur specially in east Jebel Mara locality. In the project areas, restrictions and disruptions of commercial and humanitarian imports, mass displacements, loss of income, fuel scarcity and high fuel prices, disrupted market systems, high food prices, and the collapse of public services are aggravating the situation. An economic breakdown across Sudan including South Darfur is the main driver affecting access to basic health services, livelihood opportunities, and food, particularly nutritious foods. The protracted nature of the crisis and the fact that it is severely affecting the majority of the population is putting immense pressure on the humanitarian community to ensure a multi-sectoral response at scale. The move from the humanitarian response to early recovery and to development underscores the significance of parallel interventions to strengthen the self-reliance and resilience of the population to prevent the further deterioration of people's ability to cope.
The access to comprehensive RH services for the camp dwellers is limited, women need travel to Nyala town where such services are provided which often are not generally free and are very corded. This has also led due to very high transportation cost and some treatment cost incurred. There is no space within the PHCs in Uttash cam for RH services

Problem analysis: The economic crisis and other challenges have increased the physical access constraints related to terrain and poor infrastructure. MSNA findings suggest that health, livelihoods and education are the top three priority needs identified Approximately 81

per cent of the population does not have access to a functional health centre within a two hour walk from their home due to the economic crisis and hard currency shortages. In 2022, it is estimated that over 1.5 million women will not have access to life-saving reproductive services, and over 2 million children might miss their routine vaccination doses. During 2022, the health needs are likely to remain high due to the economic crisis, inadequate investment in infrastructure, low access to safe drinking water and sanitation, inadequate environmental sanitation and low vaccination coverage. The protracted humanitarian crisis in Sudan continues to impact the already fragile health system, reducing the capacity to provide basic health services and respond to the multiple emergencies affecting the country. The decline in service provision by the public sector is forcing the population to seek health services in the private sector; 69.3 per cent of current health expenditure is in the private sector. According to the 2021 MSNA, 72.3 per cent of the population had to pay in full for their health services despite a reported coverage by the national health insurance fund of 67 per cent. During 2021, the availability of emergency medicines declined steadily, reaching 43 per cent compared to 57 per cent during 2020. The decline in service provision by the public sector is forcing the population to seek health services in the private sector; 69.3 per cent of current health expenditure is in the private sector.

Children under five years of age are exposed to vaccine-preventable diseases due to reduced coverage of the expanded programme of immunization and a high prevalence of malnutrition. the global acute malnutrition (GAM) prevalence among children under-five continued to remain at elevated levels of 13.6 per cent with 64 localities having World Health Organization (WHO) emergency levels of 15 per cent and above of which 9 have catastrophic levels of 30 per cent and above. Food insecurity remains high in Sudan due to increased and protracted displacement, economic decline and inflation, floods, and high food price hikes exacerbated by the impacts of the COVID-19 pandemic; it is worse during the lean season. The 2020 S3M11 survey report for South Darfur indicated MUAC GAM prevalence of 8.87% and MAM 7.35%. The survey further found out that malnutrition prevalence based on WH Z score in South Darfur is GAM 15.03% and MAM 12.38%. The exclusive breastfeeding for children ages 0-5 months was 69.95 % while the national level was at 62.36%. Minimal Meal Frequency (MMF) for children 6-23-month national level 62.16% and State 61.69%. Most important is Minimum Dietary Diversity (MDD) for children 6-23 months, the national level 25.12% and State 29.97%. Food insecurity remains high in Sudan due to increased and protracted displacement, economic decline and inflation, floods, and high food price hikes exacerbated by the impacts of the COVID-19 pandemic; it is worse during the lean season.

Drawing on the established conceptual framework for understanding nutrition, the role of factors beyond food availability and access must be highlighted to underscore also the centrality of other key factors to chronic undernutrition (including high rates of stunting, wasting, and micronutrient deficiencies) in Sudan, These factors include inadequate dietary diversity, particularly for women, girls, and young children, as well as very low rates of access to safe drinking water, sanitation, and health facilities, coupled with multiple compounding barriers preventing adequate childcare and the overall negative impact of gender inequalities about all potential pathways for improved nutrition. Beyond the humanitarian short-term intervention to save lives, there is a need to strengthen the resilience of the vulnerable communities to help them move into the recovery stage, but also to prevent them from adopting negative coping mechanisms and if possible support them to build more resilient livelihoods paving the way towards development.

The overall objective is "Contribution to the achievement of Universal Health Coverage in targeted health facilities in Nyala, South Darfur". The specific objectives (outcomes) includes; Outcome 1: "Improved availability of quality RH/EmONC and EPI services in the catchment areas of the supported health facilities" and will be achieved through improving 1) health facilities infrastructure; 2) coverage of routine EPI; 3) reproductive health and family planning services; and 4) knowledge of school going children and community members on

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key health, hygiene and nutrition messages. Outcome 2: "Improved availability of quality nutrition services in the targeted communities and catchment areas of the supported health facilities" and will be achieved by 1). 1) Enhanced nutrition service delivery at facility and community levels; and, 2) Increased awareness among the target population on health, hygiene and nutrition

Series of consultation meetings were held with SMoH, National health insurance Nyala and Utash Camp, Rufeyda local NGOs working in Utash camp, AICS, WHO, OCHA, health and nutrition partners operating in South Darfur, Utash camp HAC, community leaders, UNICEF, FAO, Ministry of Education and Nyala North locality health affair administration. These consultation meetings were quite helpful and contributed into the design of this action. Below is the summary;

NHI: Indicated that RH and EPI department are not available in both NHIF in Utash Camp as well as referral mechanism from Utash to secondary level is not functional. The also indicated the establishment of community network for both health facilities as an added value. **SMoH:** Advised to include SMoH managed Alskan Alshabi health facility considering that the clinic is located on the borderline between the camp and villages. **WHO:** emphasizes the need for re-establishment of SC in Leiba which will cover not only 35 villages around Leiba but all EJM with a population of 250,000 (IDP, returnees, host affected by armed conflict in the area); **Health Affairs Administration:** Indicated that the department owns a vehicle that after maintenance can be used for patienta referrals; **Rufeyda:** highlighted about the women's safe space which is functional but requires additional support such as : furniture, equipment for rapid investigation tests (HIV, syphilis and hepatitis , and qualified staff on GBV and protection including capacity building; **FAO:** advised to use available seeds for kitchen gardening and also has pledged to provide; **UNICEF:** provided information/data reading community mobilization activities including school health; **State Ministry of Education:** provided data regarding the number of schools, students and teachers in the Uttash camp. The main gaps in school health education, are in teachers' capacity building on the mentioned topics and production of IEC material. Simultaneously, proving wash activities in the schools will improve children's health; **Environment health department:** emphasized on the establishment of health care waste management system.

The project aims to improve health and hygiene knowledge, access to health and nutrition services, quality of health and nutrition services, and the functioning capacity of the health system. Its interventions are articulated around four main project components, capacity building of human resources for health, support for health and nutrition service delivery and service quality; demand generation for health care utilization, and improved household food security and nutrition. By providing a more effective and inclusive health service in the health facilities, this project will engage the MoH and the local authorities, not only in enhancing the quality and the level of health services but also in promoting the respect of human rights and social cohesion within the society, by reducing the discrimination towards the vulnerable people (women, children, people living with HIV and AIDS, indigenous people, from the refugees and IDPs communities).
The project will contribute to the achievement of universal health coverage and consistent with the humanitarian, development, and peace (HDP) nexus that strives to more effectively meet peoples' needs, mitigate risks and vulnerabilities, and move toward early recovery and linking to sustainable development, strengthen the resilience capacities (absorptive, adaptive and transformative) at the state and community level to deal with the multiple shocks and stresses in Darfur. For instance, engagement of community health management will improve local ownership, inclusive governance, whereby youth, women from IDPs and indigenous communities are part of the project implementation, which will strengthen ability to not only resolve current issues but to provide the platform to discuss their health and nutrition concerns. The proposed programme will significantly support the construction/ rehabilitation of vital infrastructures that can contribute to strengthening health system and

self-reliance during the somewhat protracted situation in Sudan. Stakeholders including beneficiaries will be engaged in the selection and prioritization of assets they feel are critical to be rehabilitated.

The programme will build on the current momentum of the country linking humanitarian assistance to early recovery initiatives and aims to contribute to ending the cycle of humanitarian aid dependency, instead of supporting a pivot to development and peace nexus. The project design is fully aligned with the Sudan National Policy and health system strengthening through decentralization, improving service quality and aims at strengthening MoH governance by addressing better ownership, efficiency and transparency. At the wider level project will complement the overall aim of EU/AICS with the harmonization, enhanced strong coordination among donors and consensus on triple Nexus approach and "collective outcomes" of the new aid architecture in Sudan: collective outcome n. 2 Basic Social Services (health, nutrition, education, WASH and reproductive health).

The sustainable impact of the project will be to support improved capacities of key local stakeholders, and the broader community to work together to reduce poverty, economic inequality, hunger, and malnutrition, achieve enhanced inclusion and gender equality, strengthened resilience and social cohesion across diverse groups. This will be achieved through ensuring priorities and preferred approaches of local stakeholders inform final design of the programme, with emphasis on strengthening - broadening and deepening, the reach of institutions and systems, at government and community level, to deliver equal access to basic social services and livelihood opportunities, conflict resolution, disaster risk reduction, preparedness and climate change mitigation.

Output 1.1: Increased access to health facilities, equipped with adequate infrastructure

Activity1. 1.1.1: Conducting a needs assessment in the selected facilities: In order the verify the information collected during the initial rapid assessment and design the comprehensive capacity-building intervention strategy, IMC will conduct a detailed technical assessment both of the facilities and the communities in order to collect more detailed information related to the service delivery, infrastructures, equipment and knowledge gap at the targeted health facilities in line with MoH standard, getting more information on available community structures, their functionality and socio- cultural and risk and enabling factors, dynamics. Organization capacity, including documentation, trainings, integration with the existing health access, the infrastructural needs in terms of facilities and facilities in the schools, access and coverage needs. The technical assessment will be conducted by the IMC technical teams and logistics departments along with the relevant representatives from the MoH. The proposed assessment will result in a detailed report that will be utilized to develop the scope of works (or a road map) for the implementation of the key stages of the project.

Activity 1.1.2: Construction and rehabilitation of health facilities:IMC will make the construction of 1 health facility, NHI02, in Oaths Camp following the assessment findings of AICS, the agreed design and Bill of Quantities (BoQ). In order to make realistic estimations, IMC will make a market survey using the existing BoQ. Upon the request from SMOH and based on the identified need, IMC will also make extension and refurbishment of stabilization centre located in East Jebel Mara and Alsakan Alshabi health facility bordering to Uttash camp. IMC will follow standard procurement procedure for procurement of goods and supplies. IMC will select the most suitable vendor/contractor through a competitive bidding process, regularly monitor the construction through a designated IMC Engineer and also from SMOH to make sure that the construction/rehabilitation is done in line with the agreed standard. IMC will collaborate closely with SMOH and NHIS and use them throughout the process of rehabilitation. All the designs will be in line with MOH standard.

Three out of four health facilities targeted under this action i.e. Utash NHI 02, Utash NHI 06 and Alsakan Alshabi lacks proper and enough space for reproductive health and EPI services. A four-room block, next to the existing clinical block, will be constructed in both health facilities of Utash Camp. The 4 rooms will be used as: 1) Midwives room which will be used for ANC and PNC; 2) Delivery room; and, 3) post delivery room where mothers will stay after delivery. The 4th room will be used for EPI. The block will have a big shelter properly built for both RH and EPI. The construction of the building will be following the structural design already provided in the call for proposal. The BOQ will be used and will be updated with current prices.

Alsakan Alshabi PHCC has one house with 3 rooms but with huge corridors, and one block with two rooms. All of the rooms are currently being used for clinical care, OPD, statistics office, pharmacy and general store. IMC has discussed with locality health team and clinic staff so that they can allow IMC to use two of the rooms, the statistics office and the store, to have space for RH and EPI which they have agreed. Therefore, this clinic will only need a temporary structure to create a room from the large corridors and partitions for RH – midwife room. All the above three clinics will also be provided with incinerators and ashpits for proper disposal of the waste generated in these health facilities. Leiba PHCC is prioritised for the construction of a Stabilisation Centre which is currently not existing; all children under 5 with SAM and medical complications are currently referred to Nyala hospital which is far. WHO and UNICEF have recommended its construction so that the complicated cases will be timely getting the required level of care within the health facility.

Activity 1.1.3: Provision of medical supplies and equipment to the selected health facilities: During the initial assessment, IMC collected the gaps in terms of medical and nonmedical supplies and equipment, especially equipment for SRH services is required. To make the SRH and EPI department fully functional, IMC will provide required furniture, and other equipment such as - BP apparatus, thermometer, adult and baby scale, Ambu bag sterilizer (non-electric) and any additional items identified after the detailed needs assessment adhering to SON and WHO guidelines and essential emergency equipment and supplies checklist. \ IMC will list the detailed technical specifications of the medical supplies and equipment to be provided. IMC will procure the medical supplies and equipment in line with its international technical standards through negotiated sealed bids, per IMC internal procurement procedures. IMC will select the most suitable vendor and will also arrange the delivery and installation of the donations. IMC will regularly monitor the utilization of the medical supplies and equipment to make sure that the donations are used effectively and efficiently.

Activity 1.1.4 Improving accountability to affected persons: IMC plans to provide program information and receive beneficiary feedback throughout the duration of the project. IMC will make sure information on SGBV, EPI, RH, Nutrition and other available services in the form of posters, through meetings and awareness sessions or project beneficiaries, such as name and contact details of key project contacts, a short summary of the project including objectives, activities, results, timescale, and intended beneficiaries, beneficiary selection criteria, feedback, feedback/complaints procedure, and other basic information. IMC will collect the feedback through the established Community Based Feedback and Response Mechanism (CBFRM) and will be incorporated into program implementation, monitoring and evaluation of progress, and designing course corrections will be done as needed.

Output 1.2: Enhanced capacity among supported health facilities to provide routine EPI services

Activity 1.2. 1: Organization of technical training for the selected health facilities' staff on EPI: During the initial assessment, IMC identified the capacity gaps of staff capacities on immunization, data management and recording. IMC will develop a technical training curriculum to address the gaps. With the provision of soaps and hygiene materials and

mentoring support, IMC expects to increase the quality of care provided, hence improving the overall performance of health facilities. Trainings will be provided by a range of people depending on the types of standards set by Ministry of Health. Trained trainers of SMOH will conduct the majority of the trainings along with curriculum development and approval by MoH. Training will be organized for health staff and vaccinators on EPI and data management. The training sessions are therefore designed for MoH and NHIS staff working in targeted health facilities. Similarly, IMC team will conduct on the job sessions for during the supportive visits as per the identified needs

Activity 1. 2. 2 Support to improve immunization coverage: Low immunization coverage has been identified as a gap in Uttash camp. In order to improve immunization coverage, IMC will support the facilities with cold chain equipment (vaccine fridge and cold boxes), provide training to the clinic staff, and vaccinators and also build the capacity of staff on documentation of EPI data and reporting including missed opportunities. Staff will be coached for the proper use of EPI monitoring charts, and mapping of catchment population-based on EPI coverage. Similarly, IMC will train community leaders, elders, community network groups (health volunteers, MSGs. Members of health committees) IMC will also support SMOM for distribution of vaccines from the State to the locality leave with supporting maintenance of SMOH vehicle.

IMC will seek to achieve 100% coverage of the camp by working regular and daily vaccination services rendered at the 3 target clinics, and by expanding the coverage through regular initially bi-monthly community outreach and after the 3rd quarter to be regular monthly outreach programs using micro plans. This is assuming that LHO will be able to provide the required types and quantities of vaccines. IMC will support the vaccinators and LHO mobile teams with logistic support. IMC will include EPI as one of the important topics for the training of the various community networks. These networks with the health committees will lead the EPI outreach campaigns. IMC will also involve community leaders and various stakeholder which are key to support the expansion of the EPI program. AS it is evident that one of the main focus of the program in addition to providing daily service at the facility, will be to completely remove or at least minimize missed opportunities. To this effect IMC will train the clinic staff on significance of EPI and how to avoid missed opportunities and how the trace the defaulters IMC will work with clinic staff to improve the clinic pathways and procedures so that all eligible children who have come to the clinic for purposes other than immunization will be able to be identified and get immunized if they have missed their vaccinations.

Output 1.3: Improved delivery of reproductive health and family planning services among supported health facilities

Activity 1.3.1 Community mobilization and awareness raising for SRH: In order to improve the uptake of the SRH and EmONC service at the facilities and increase the awareness and support of the services, IMC will embark community based SRH campaigns in a quarterly whereby IMC will work with selected community groups; mother support groups, community volunteers, health committees and community leaders, to promote SRH, improve knowledge on proper ANC, PNC, family planning services and skilled delivery enhance the significance of institutional delivery and strengthen community based referral of SRH cases. To this effect IMC will integrate the training of community groups on SRH, nutrition and other important public health matters. IMC will support SMON and NHIS to conduct monthly community outreach through village midwives and MSGs, encouraging them for house to house visits and defaulter tracing and registration ANC and PNC women. The EPI and SRH outreach program will be integrated with other community based PHC and nutrition activities. Such as birth registration or even registration of births from community midwives to identify eligible children, conduct health education for key community leaders and community volunteers on fundamentals of SRH program. This again will be integrated with o other actors working with other sectors to improve the disease surveillance system so that it can generate vaccination coverage information and data. IMC Conduct community mobilization through selected community members such as community leaders, health committee members, mother's and youth groups. Working with the mobilized community groups select community members

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who will be engaged as community networks- MSGs, youth volunteers, members of health committees; train youth volunteers on various health, nutrition and WASH topics- with emphasis on EPI and SRH and nutrition; Produce and disseminate IEC materials and other mass media tools such as loud speakers. Support monthly meetings and community-based interventions planned by the community network MC will organize awareness sessions through varicus community mobilization approaches focusing on family planning, the SGBV, prevention of cervical and breast cancer and FGM. IMC will work closely with community leaders, elders, youth, men and women to establish a support mechanism for the identification of referral of SGBV, cases of cervical and breast cancer and other concerning issues. IMC will promote engaging men and family members to discuss on the issue of RH and family planning.

Activity 1. 3.2 Provision of Supplies for RH supplies- and equipment: Once constructed IMC will modify the MOH clinic to have added space for RH including a delivery room. IMC will equip the RH centers with all required equipment such as delivery beds, full delivery sets, sterilizers, and other required medical supplies and non-medical supplies. IMC will also fully furnish the centers with required furniture such as beds for post-delivery, tables chairs, and cupboards. IMC will also provide all required WASH and IPC materials for the centers. IMC will select the most suitable vendor and will also arrange the delivery and installation of the donations. IMC will regularly monitor the utilization of the medical supplies and equipment to make sure that the donations are used effectively and efficiently.

Activity 1.3.3 Strengthen referral through capacity building, networking, and collaboration: IMC will provide the referral support for emergency obstetric cases from the camp to the referral hospital in Nyala. In doing so, IMC will provide maintenance support to the vehicle of SHOM, NHIS. IMC will make a service mapping of available services and share the details of the service provider with communities including community leaders, community health workers, beneficiaries, school teachers and health service providers, and private sectors (pharmacy). IMC will establish the linkage with the service providers for the following services: CEmONC, family planning, SGBV, psychosocial counselling, provision of PEP kits, cervical cancer screening will collaborate with UFPFA, SMOH, and other relevant actors for the capacity building of health workers at the referral hospital. IMC will provide required technical support as needed. IMC in collaboration with UNFPA and SMOH will provide clean delivery kits to the village midwife. IMC will also collect the information on service availability for HIV, AIDS, TB treatment, and counselling and establish the referral mechanism. IMC will advocate the organization for the formation of the technical working group and conduction of technical workshops, seminars, congress, and visiting teams for coaching on CmONC, family planning, SGBV, psychosocial counselling, cervical cancer screening.

Output 1.4 Increased awareness among the target population on health, hygiene and nutrition

Activity 1.4.1: Development of disease preventive and health improvement plan along with provision of hygiene and sanitation materials to the target School

IMC will be working with four schools namely: Uttash Co-education, Uttash Tabark, Uttash Tabark, Uttash Tabark, in Uttash camp, covering 3000 school children. IMC will conduct health, hygiene and nutrition training for school teachers. There will be a daily, weekly and monthly health action plan made in consultation with school administration and MoE. The activities include: selecting focal point teachers from the schools – 4 from each total of 16, train 16 focal teachers on school health especially focusing on – personal hygiene, prevention of STI, HIV, SRH focusing on adolescent health, violence and substance use as well as nutrition, COVID 19 and WASH in school. In addition, other pertinent activities will be done such as providing hygiene and cleaning supplies for school and compounds and latrines – rack, brooms, sickle, supply of water tanks 2000 lit each), hand washing stands- 3 for each school (12 in total), including establishing water chlorination process. In collaboration with SMOH, IMC will also organize deworming campaigns in the supported schools

Activity 1.4.2: Organize personal hygiene and hand washing promotion: IMC will mobilize school teachers and children on hygiene promotion and behavior change intervention. IMC will also print and distribute various IEC materials and collect some IEC materials from SMOH-UNICEF and distribute to the schools. Relevant messages on health, hygiene and nutrition will be posted in the strategic locations of the school such as Canteen, toilet, in the entrance, office, and class rooms. IMC will provide health, hygiene and nutrition training to the teachers. The trained teachers will then train the students and encourage them to establish good hygiene behaviors. They will also organize sessions and demonstrations on hand washing and personal and–hygiene, environment health. School led health cleaning campaigns, will be organized along with–celebrating special days sus as: global hand washing day, world toilet day, environment day, breast feeding day. IMC presume, the increased knowledge and improved o behaviors of children will be transferred to the families, their peers in the communities, there by transferring the knowledge and contribute to behavior change. IMC will provide hygiene supplies such as soap and hand washing stands (facilities to the supported schools for effective hand washing. IMC will collaborate with UNICEEF and other WASH actors to provided additional water tanks to store the required amount of water. IMC will also train the school teachers, students and other admin staff on water chlorination, so that the water is safe to us. Latrines in the school will be made available for girls and boys, ensuring gender segregation. In collaboration with UHUCEF and UNFPA IMC will promote menstrual hygiene awareness and also ensure adolescents girls on the menstrual hygiene and SRH

Output 2.1 The nutritional status of children <5 and PLWs is improved

Activity 2.1.1 Establish and improve referral of malnourished children and PLWs: IMC will establish referral mechanism through mother to mother support groups. Each facility will have 10 MSGs composed of 15 members making a network of 150 mothers with facility coverage. IMC, with help will map out the households so that each mother within support group will have at least 50 households to be covered per month for sharing and nutrition key messages. The target will 059 months and will be referred dot SC, OTPs nd TSFP

The members of support group will be meeting biweekly for internal review of progress and sharing of their experiences. Each of the mother support groups will have a group leader called lead mother who will coordinating with IMC Nutrition Program Supervisor and Community mobilizer. These mothers will be trained in the family MUAC approach, basic recording and reporting. The Family MUAC approach will enable caregivers of children under 5 to measure their child's nutrition status by MUAC after which they can be referred to the nearest health facility to confirm the measurement and enroll the child in the CMAM program if needed. This will improve early detection, coverage and creates ownership among the community members. Members of mother support groups will be issued with MUAC tapes, referral slips and weekly reporting formats The lead mothers will be meeting IMC technical person once in a month to discuss previous month progress and plan for the following month together with submission of reports.

Activity 2.1.2: Rehabilitation of nutrition center: To ensure conducive working environment for quality management of Severe Acute Malnutrition, IMC will rehabilitate two nutrition sites within Uttash camp providing nutrition services. The rehabilitation will be done at the waiting area, appetite test room, nurse/doctor's room. IMC will equip the canter with necessary stationaries, seats, tables, mats, cupboard, cups, toys for the children, water drinking points and hard washing facility where applicable. IMC will also rehabilitate the stabilization centre located in Leiba clinic of East Jebel Mara, where the services will be provided by another donor support (BHA).

Output 2.2 Enhanced nutrition service delivery at facility and community levels

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Activity 2.2.1: Undertake supportive supervision to the health facilities and communities: IMC together with SMOH, UNICEF, and WFP will provide joint monthly supportive supervision with aim of coaching and mentoring through on job training (OJT) approach. The facilities will benefit from technical support from Program Director, Nutrition Coordinator, Deputy Nutrition Coordinator and Nutrition Program supervisor who will be visiting the Nutrition facilities to provide their technical support and strengthening in areas identified of weakness to ensure quality service by implementing stakeholder.

Activity 2.2.2: Conduct supportive supervision done at community level: To ensure that activities are implemented as per the plan at community level which include family MUAC approach, kitchen garden and cooking demonstration, IMC will have a team of Nutrition Coordinator, Deputy Nutrition Coordinator, Nutrition program supervision, M&E officer, and Community mobilizer who will be following up on activities closely based planned schedule to ensure that communities implement well. The design of the activities involves community members with deviant families being the drivers of change in the community to help in getting the results that is culturally acceptable.

Activity 2.2.3: Adaptation of Nutrition Impact and Positive Practice (NIPP) Approach
IMC will support the establishment of kitchen gardening to the families of SMA cases around 500 families, to ensure food security among households with children identified with Severe acute malnutrition. This will be done through the linkage of centres providing nutrition rehabilitation where all caregivers of SAM admitted cases will be referred to IMC for NIPP support. The support will involve kitchen gardening with focus on growth of nutrient dense vegetables, such as: green leaves vegetable will be grown. Practical learning around construction and maintenance of kitchen gardening using farming methods, explain how can use production at household level and training participants on how can produce seeds. In addition, IMC will provide farm inputs including the seeds and tools.

The second component of NIPP will be Cooking Demonstration for improved infant and youth child feeding practices. The project will encourage members of mothers' support groups, around 450 mothers to prepare high energy, micronutrient rich complimentary food. The cooking demonstrations will be organized, will be repeated twice month with use of pictures of vegetables (flash card) drawing must be given a meal after preparation for children and pregnant women should be encouraged mothers replicated at the level household to provide the meal components. IMC will also conduct cooking demonstration for MSGs. This will really help in practical skills in preparation of high density locally found diversified food. The third component are the mother support groups as already mentioned above. The support groups will be meeting twice a month and will be discussion topics related to optimal IYCF practices, Covid-19, hygiene and sanitation. This will likely contribute to an increase in optimal IYCF practices.

Activity 2.2.4: Conduct KAP survey
IMC will conduct a knowledge, attitude and practice survey to determine KAP of mothers and caregivers on curative, preventive and promotive aspects of nutrition, and to gauze the KAP on water supply, sanitation, and hygiene. The baseline survey will also inform IMC on the risk practices and behaviour related to health, nutrition and hygiene, so that programme will be able to design the IEC and the message to address those risky behavicur and practice. End line survey will inform the performance of the project.

Mainstreaming Cross Cutting issues

Climate change: With effective management water and waste management at the level of local health facilities with a positive spill over effect on the environment. Besides, the rehabilitation of health facilities will be conducted with a sustainable and environmental-sensitive approach using local materials, proper decommissioning of the waste produced

from the construction. **Human rights:** In this regard the project is expected to promote human rights, and in particular the right to access health services for IDPs, refugees and communities hosting them. **Resilience building**: Our approach to resilience is based on a simple economic rationale: communities have a quantifiable level of functional capacity. In a crisis situation, that capacity declines at a rate and to a depth that is largely dependent upon the nature of the disruption, the community's level of preparedness for that specific disruption, and the rapidity and effectiveness of that response. More importantly, the recovery rate depends on those same factors. **Gender and protection mainstreaming**: This proposed project positively contributes to gender equality. Resources, tribal structures, social backgrounds, political economy and other factors play a role on the distribution of health care and its access. The activities will specifically address disparities and differences in access to health services among vulnerable populations, including women. The health needs of women will be emphasized, including ensuring women have the knowledge to make reproductive health-related decisions. Within health clinics, tracking tools help to ensure that medical assistants and doctors (often male) provide information about family planning to men; midwives will be equipped with the have tools to prompt similar discussions with women. The safety and security of both beneficiaries and International Medical Corps staff are central to all of International Medical Corps' projects. Every step that can be taken to ensure the safety of our beneficiaries is taken. International Medical Corps health facilities are developed and managed in close coordination with local leaders and government agencies and International Medical Corps works to maintain a positive presence in the communities in which it works.

1.2. Implementation approach (max 4 pages)

IMC will adopt various implementation approaches covering both technical and operational aspects. All the approaches will revolve around building sustainability through health systems strengthening, recognizing and working within an environment with a history of relief conditions and is moving toward a development and sustainability model, strengthening the capacity of the state, locality and communities' and village health authorities to take greater ownership of their health system.

IMC will implement the project in two phases. The first two months of the project will be dedicated to completing the preparations necessary to ensure the successful implementation of the project activities. IMC will conduct regular field visits to the selected health facilities in the inception phase. Preparations will include the planning for procurement, recruitment of the project staff, training of staff and community health workers, and mapping of stakeholders to be engaged in the assessment. The inception phase will focus on establishing the proper network with Ministry of Health, health facilities, and communities, in order to set up a proper implementation plan with the participation of the key stakeholders and relevant local staff. The agreed implementation plan and the proposed project's targets and goals will be debriefed well with all of the relevant authorities and beneficiaries in order to assure a smooth and swift kick-off of the project implementation.

The implementation phase will be for 10 months. The implementation will be inclusive and all activities will focus on community involvement to enhance a bottom-up approach. The overall implementation of the project will be informed by age, gender, and diversity (AGD) mainstreaming to promote equal gender participation in other vulnerable groups including the disabled, people having HIV, AIDS indigenous, and to ensure that all beneficiaries enjoy their rights on an equal footing and are able to participate fully in the decisions that affect their lives and the lives of their family members and communities.

IMC implemented similar nature of the project "Strengthening Resilience for IDPs, Returnees and Host Communities in West Darfur Sudan" with funding support of the EU.

The finding of the external evaluation revealed the overall performance of the project was substantially successful. However, the gap of coordination, limited government leadership, limited understanding of the project and procedure, and capturing the major lesson and improving them was highlighted by the evaluation are key area to improve. IMC, based on the recommendations from past experience, will be adopting the following strategies:

Effective coordination and collaboration with both governmental and non-governmental organizations and community groups is crucial to the success of IMC' work. At the national level, IMC is an active participant in various humanitarian and development forums as well as the health, nutrition, and WASH clusters, FMOH and any relevant forums. At the state level, field-based project team will work closely with local health management structures, and other health providers and continue coordination with stakeholders via cluster-level and bi-lateral coordination. IMC will manage the expectation of stakeholders in a much more efficient and effective manner. IMC has learned that frequent, efficient and effective communication with the different stakeholders (including the Government) is key in clarifying expectations and achieving project deliverables in a timely manner sharing of information, policies and procedures during the course of implementation of the action. IMC will ensure that there is a systematic and structured way of communicating and collaborating. IMC will constantly monitor and evaluate if there is any misunderstanding, and disagreements among the stakeholder and will find out the most effective ways to address them.

Participatory monitoring: This approach will be adopted and improved throughout the project in order to ensure that suitable progress is being made towards the programme outputs. This will be achieved through bringing together the staff from across the departments of MOH with beneficiaries to review the progress to date, identify any challenges or risks to success and develop a plan for the continued implementation of the programme. This will be carried out in each quarter. Linkages will be established between federal ministries of health and finally to the state and locality level for information sharing, resource generation and coordination. IMC will support SMOH and PHC to develop a joint monitoring colander and TOR and means to achieve this.The action is aligned with and will contribute Sudan Federal Ministry of Health National Health policy 2017-2030 and Health Sector strategic plan 2017-2021, both entailing EU Humanitarian-Development-Peace Nexus approach, together with sector reforms, Strengthening the service quality of SMOH-supported facilities will contribute for the universal health coverage by 2020 given the guidance of EU. The proposed project will create synergies with IMC's existing projects supported BY BHA and ECHO projects in the State: e.g. sharing and using standard protocols, methodologies, information and working together to train and build the capacity of local partners. It will also be aligned with National Health Policy of Sudan (2018), National Health Insurance Policy of Sudan (2016) aiming at achieving universal health coverage.

IMC gathered enormous learnings while implementing similar nature of project in West Darfur from 2017 until 2021.The learning from the project such as intensive engagement of stakeholders, alignment with government standards for construction, robust community participation, and a strong exit plan are considered in the project design. IMC will implement a holistic approach with a set of actions and activities under the integrated building blocks of Health System Strengthening to address the key health system issues in targeted localities of South Darfur. The principles of best approach, universality, technical,evidence-based,d and scientific sound and socially acceptability will guide the effective implementation of program activities.

IMC will collaborate with multiple stakeholders, including both humanitarian and development communities. IMC will work in close collaboration with the MoH to implement this action. IMC will endeavour to align its activities with the MOH annual plans and longer-term strategy, and will engage the partner in greater levels of responsibility. Specifically, the MOH will be responsible to provide guidelines, procedures and adequate staff to the supported health offices and facilities, as well as to ensure health services and education for the targeted communities. IMC will maintain good relations also with the Humanitarian Aid Commission who will be responsible to facilitate movement of staff to the project sites and provide support during need assessment, surveys, program monitoring and evaluation. IMC engage with the international NGO working in South Darfur applying for this same opportunity but with the aim to cover two different priority areas, while IMC covers_Priority Area 2: Reinforcing the *quality of care* through rehabilitation and construction works of PHC, trainings, follow ups and monitoring of the targeted clinics and promoting women and children's health in the targeted areas. IMC will work closely with the partner working for priority area 1 to have a better syne synergy, exchange the knowledge, information and resources to have better and sustainable impact of the project.

International Medical Corps intends to conduct baseline and end line KAP survey during the course of this actions. IMC has well established MEAL system to gauge the project performance-. Quantitative and qualitative data will be collected, analysed, and compiled in the final report will be submitted to the donor. The findings from the survey and internal data will particularly focus on: (1) timely completion of the project activities based on the work plan; (2) achievement of program targets; (3) sustainability of the projects by the community; (4) relevance of the action; (5) effectiveness and efficiency. The goals of planned communication and visibility actions are twofold: 1) ensure that beneficiaries receive targeted messages designed to optimize behaviour change and 2) ensure that beneficiaries are aware of the roles of International Medical Corps, and donor. All materials will comply with donors' regulations and guidelines. IMC will implement activities in accordance with the Communication and Visibility Manual for donors. External Actions. During the project inception phase, the IMC will work with all agencies to develop the Communication and Visibility Plan and implementation schedules for the project. The plan will include overall communication objectives, target groups, specific objectives, and messages for each target audience, communication tools chosen, calendar of activities, indicators of the achievement, and human and financial resources. In addition, learning papers, assessments, communication materials targeting organizational actors, and training materials will all adhere to visibility guidelines. They will all display the elements of the project visual identity and add a definition of donor. They will all be available in electronic formats, and when necessary in paper formats. Launch workshops and public events, cross-disciplinary roundtables, workshops, and networks, will adhere to communication and visibility guidelines in relation to banners, panels, educational leaflets and brochures, press releases, and promotional materials.

Key approaches of implementation are listed below:

1) Integrated programming: To ensure integration of the health and nutrition components, key project activities which cut across one or more of the project components will be delivered concurrently and/or will be coordinated for efficiency. Implementation of activities and interventions within and across these two program components (heath and nutrition) is expected to lead to the achievement of the desired program result of improved institutional capacity of SMOH. There will be a strong linkage and integration between the health and nutrition sectors to create synergy for better outcome of the project. In addition, strengthening activities of different health system blocks will be implemented in synergy with each other. To ensure strong linkage and coverage of each building block of health systems, a team from IMC and MoH will be created to follow up the level of integration and provide timely recommendations. 2) **Accountability to Beneficiaries:** As part of the MEAL

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approach, an appropriate AAP and community-based feedback and complaints handling mechanism will be established and it will be inclusive and sensitive to the local community providing a platform for the active involvement of beneficiaries in the project. Community meetings and exit interviews will be conducted. This feedback mechanism will help to identify and respond to feedback and complaints from beneficiaries or stakeholders and will encourage the participation of those who may be harder to reach. 3) **Use of conflict-sensitive approaches:** IMC will apply do not harm approach throughout the project. As conflict remains persistent in many areas of South Darfur, the project will adopt a conflict-sensitive approach throughout the project cycle. Beneficiaries will be involved through focus group discussions with clinic beneficiaries, organizing community meetings with both women and men, persons with disabilities, the elderly, youth, and children. Key Informant Interviews will be conducted with community leaders and lead mothers For FGDs and KIIs, multiple questions covered needs, common problems, and views about service improvement will be used. The community health volunteers and mothers support group members of community health committees will be selected by the communities and they are fully engaged in project activities, they also represent the issues of communities during monthly meetings with IMC staff. IMC will make sure information related to the project is shared among all the stakeholders and decisions are made in a participatory way, addressing the clarifying the expectations of différent groups. 4) **Supporting Government Strategies:** Activities have been designed in consultation with both communities and the state government. The planned activities and outputs have been developed in line with the government strategy and priority areas. The design, implementation, and monitoring and evaluation of all activities will be guided by the application of national guidelines and standards, where applicable. 5) **Evidence generation:** International Medical Corps will establish strong monitoring, evaluation learning and accountability mandate and will encourage learning and accountability both within the project management team and, between the project states, counties and lower level institutions continue to enhance data collection, analysis and building evidence base for better program decision and learning. It is expected that a volume of data, both quantitative and qualitative, will be consolidated during the project period. This will be used to study the implementation, coverage, quality and equity of the services provided. 6) **Community Participation and Mobilization:** IMC works closely with target communities, to build community trust and acceptance and ensure beneficiaries' feedback is received and given due attention. In each target location. IMC will ensure inclusive and participatory approaches throughout the project implementation making sure no one is left behind with the services, and promoting the fundamental human right to health services. International Medical Corps has well-established connections with the community-level workers. IMC will continue to work with CHVs as much as security permits in order to reach community and religious leader advocates in mosques, community groups and schools. IMC also implements community feedback and response mechanisms through which there are community engagement and information shared about vulnerable people and how these can be identified by the community and provided necessary services. These routines planned community interactions and engagement will enable IMC to reach vulnerable groups that may not otherwise be accessible, as well as to empower communities to create positive change towards supporting the most vulnerable within their communities 7) **Behavior Change Intervention** Prevention and health promotion reduce demand for curative health services, so healthy families do not need to spend limited resources on treatments. IMC will utilize its rich, long-term experience in social and behavior change communications interventions that result in population-level behavior shifts with measurable public health outcomes in the area of nutrition, family planning, and child survival. IMC will work with the school teachers and students to enhance their knowledge of health hygiene and nutrition. IMC will provide the training along with IEC materials to supported schools 8) **Coordination:** Collaboration and intégration with national and international support structures will be à key component of sustainability, giving the project a Technical and logistical support after the completion of the project. 9) **Strategy and Policy:** The project aims at supporting local and state MOH. It is aligned with government strategies

and plans. Tools and technical documents will be sourced from the government where ever possible. These include but not limited to sectoral and operational guidance documents. The project will coordinate to work within the context of government priorities. The policy of the Sudan Government is also conducive to support such type of development activities in health particularly in Darfur.10).**Capacity Building:** Capacity building of personnel, system improvement and multiplying the effect of this project to other localities are expected to be retained after the end of the project, thereby contributing to the sustainabillity of the project.

1.3. Indicative action plan for implementing the action (max 3 pages)

Applicants should not give a specific start-up date for the implementation of the action but simply refer to 'month 1', 'month 2', etc.

It is recommended to base the estimated duration of each activity and the total period on the most probable duration and not on the shortest possible duration, by taking into consideration all relevant factors that may affect the implementation timetable.

The activities stated in the action plan should match those described in detail in Section 2.1.1. The implementing body must be either the lead applicant, co-applicant(s) or any of the affiliated entity(ies), associates or contractors. Any months or interim periods without activities must be included in the action plan and count toward the calculation of the total estimated duration of the action.The action plan for the first 12 months of implementation should be sufficiently detailed to give an overview of the preparation and implementation of each activity. The action plan for each of the subsequent years may be more general and should only list the main activities proposed for those years. To this end, it must be divided into six-month periods (NB: A more detailed action plan for each subsequent year must be submitted before any new pre-financing payments are received under Article 4.1 of the special conditions of the grant contract).

The action plan will be drawn up using the following format:

Year 1													
	Half-year 1						Half-year 2						
Activity	1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
A1.1.1: Conducting need assessment													IMC
A1.1.2: rehabilitation/construction of the selected health facilities													IMC
A1.1.3: Provision of essential medical equipment and furniture to the targeted health facilities													IMC
A1.1.4: Improving													IMC

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accountability to affected persons													
A1.2.1: Organization of technical training for the selected health facilities' staff on EPI and Data collection and reporting. A1.2.2: Support to improve immunization coverage through Improving and/or reinforcing the cold chain at PHC level and also supporting vaccine distribution.													IMC
A1.3.1: Community mobilization and awareness raising for RH													IMC
A1.3.2: Provision of Supplies for RH; medical supplies- and equipment													IMC
A1.3.3: Capacity building of MoH staff and midwife on EMOC													IMC
A1.3.4: Strengthen referral													IMC

through capacity building, networking, and collaboration													
A1.4.1: development of disease preventive and health improvement plan													IMC
A1.4.2: Provided proper hygiene and sanitation materials to the target Schools													IMC
A1.4.4: Organize personal hygiene and hand washing promotion sessions													IMC
A.2.1.1. Establish and improve referral of PLWs and children													IMC
A2.1.2: Rehabilitation of nutrition centre													IMC
A.2.2.1 Undertake supportive supervision to the supported facilities													IMC
A.2.2.2 Undertake supportive supervision to the community level													IMC
A.2.2.3 Adaptation of Nutrition													IMC

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Impact and Positive Practice (NIPP) Approach													
A.2.2.4: Conduct Knowledge Attitude and Practice (KAP) survey													IMC

1.4. Sustainability of the action (max 2 pages)

Expected impact of the programme

The project is expected to improve access to and quality of health and nutrition services in the four targeted localities in addition to developing the governance capacity of State and Local Health Authorities. Sustainability is at the center of the project's design, planning and implementation strategy. All objectives and activities are geared towards self-propagation and seek to create local and regional ownership, and build capacities to strengthen local government and institutions, economic opportunities, and stabilize local populations. It is expected that several inputs and outputs of this project will contribute to the sustainability of the project. The proposed project is designed, based on the findings from the needs assessment, enhancing the infrastructure and capacity of selected health facilities to improve health services quality and improve the accessibility of health services for the most vulnerable people. The project will include procurement and delivery of equipment, construction, rehabilitation, and refurbishment of health facilities, capacity building of the health staff, and behavior changed interventions to foster more inclusive access to health services in the following facilities in the target health facilities. By providing a more effective and inclusive health service in the health facilities, this project will engage the MoH and the local authorities, not only in enhancing the quality and the level of health services but also in promoting the respect of human rights and social cohesion within the society, by reducing the discrimination towards the vulnerable people (women, children, people living with HIV and AIDS, indigenous people, from the refugees and IDPs communities).The combination of support to enhance the service quality, improve participation, improved infrastructures and capacity building and preventive intervention at the supported are the crucial element of the project to support the general call for proposal's objectives and priorities. In order to bring synergy, IMC will collaborate with the organization who are implementing similar priority and priority 1 activities, sharing the resources, knowledge and filling the gaps and avoiding the overlaps. element, the current project proposal foresees a specific component of capacity building, awareness sessions and info dissemination, inside and outside the targeted health facilities, targeting Libyan civil societies and mixed migrants' communities. The planned intervention will be customized based on the specific activities and target groups in order to deliver the most suitable and understandable inclusive messages aiming to improve, at different levels, the general access to health services. By enhancing the infrastructure, the professional competencies and the equipment of the health facilities, this project will benefit the entire population of the selected areas.

Moreover, as a result of the planned activities within the proposed action, the targeted areas will have newly rehabilitated and maintained health facilities, with improved equipment and trained staff, able to ensure a better management of resources available. In addition, local authorities, HF staff and beneficiaries will discuss about access issues and will be given the knowledge and skills to overcome them independently after project closure.

In addition to the targeted groups, the proposed project includes a strong component of capacity building and awareness. Improving the knowledge asset and resources of existing government-provided Primary Health Care facilities can provide a basis for future improvements, with a view on reconstruction detai.At the individual level, the project aims to enhance the knowledge, attitude and behaviors of the target population, bringing a positive impact on the health and nutrition conditions, of the vulnerable population facing barriers in accessing quality health services. At the community level, engaging community health committed, mother support groups, school teachers and students, and engaging community leaders and decision-makers and key stakeholders will foster the generation of a shared understanding and an increased recognition of the universal right to health care by duty bearers. In addition, the Family MUAC approach will enable caregivers of children under 5 to measure the nutrition status of their own children, creating an enabling and sustainable environment for early detection. From a public health point of view, the improved service quality and local capacity will contribute to decentralized and sustainable health reduce financial barriers (see "Economic" section), thus promoting health as a universal basic right. On the other hand, awareness-raising activities targeting individuals from local organizations, local authorities, will positively increase involvement and promote participation.

Risk analysis and contingency plan

Risk related to security: To mitigate these risks, IMC will conduct regular security risk assessments and will follow SOP mitigating the risks identified during the assessments. IMC has experience working in unstable security situation and key risk factors and mitigation measures are already included on the SOP. Projects with little to no interruptions due the systems put in place to mitigate risks, apolitical and impartial reputation, and good relationships with the community, and national staff capacity.

Risk related to economic crisis: The financial crisis could increase the cost of living and the prices of materials and supplies which in turn will have negative effect on the project implementation. The cost of construction materials could increase if the oil price is escalating. Mitigating economic risks: IMC has opted to adopt blanket purchase agreement for key supplies with firm fixed prices with to mitigate the risks of price fluctuations. Bulk purchases and storage would be utilized to take advantage of the economies of scale. National staff will be paid in international currency to cushion them from economic distress and diminish the risk of industrial action that could affect program implementation.

Risk related to politics: Delays or denial visas travel permits for expatriate staff is a challenge for all INGOs in Sudan.. Mitigating political risks: IMC has been successful in building positive relationships with the GoS and HAC. IMC has had few significant issues obtaining necessary visas or travel permits. Currently, all expatriate staff has the necessary work, residency, and travel permits to address their responsibilities. Again, IMC's reputation as apolitical and impartial also provides a benefit.

Sustainability of the action:

The project is expected to improve access to and quality of health and nutrition services in the targeted localities in additional to developing the capacity of state and local authority. Sustainability is at the canter of the project's design, planning and implementation strategy. All objectives and activities are geared towards self-propagation and seek to create local ownership, and build capacities to strengthen local government and institutions, economic opportunities, and stabilize local populations. It is expected that several inputs and outputs of this project will contribute to the sustainability of the project: **Economic:** The project will have no direct impact on economy, however with improved nutrition and health condition

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and good wellbeing will enable people to exert time on livelihood. Further, a community with good health services is expected to be healthy to achieve its economic potential in the traditional economic sector of Darfur. This will contribute the ownership of the results of the project by the community. **Social/community:** The main focus on inclusiveness. participation and community ownership, while promoting the integration and reconciliation of displaced-host community populations. All activities are aimed at strengthening household and community cohesion so that after the project ends – skills and habits have been developed that can sustain beyond the end of the project. Institutional sustainability will be ensured through community structure (committees) and local partners which will have strong linkage and communication with the line ministries such as ministry of health.

1.5. Logical framework

Please see Annex C for the logical framework.

1.6. Budget, amount requested from the contracting authority and other expected sources of funding

Please see Annex B.

2 LEAD APPLICANT'S EXPERIENCE

Name of the lead applicant: International Medical Corps Croatia					
Project title: Recovery, Stability and Socio-economic Development in Libya		**Sector:** Health			
Location of the action	**Cost of the action (EUR)**	**Role in the action: coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)[15]**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**
Country: Libya; Region: Tripolitania; Towns: Janzur, Zuwara	2,240,000 EUR	Coordinator	AICS	2,240,000 EUR	November 5, 2019 to March 31, 2021
Objectives and results of the action		**Specific objective:** improving the health conditions for the most vulnerable communities, including migrants, refugees, and their host communities by increasing the quality of and access to health services. Expected results: • The supported health facilities are equipped with necessary medical supplies and equipment, • The supported health facilities are maintained and rehabilitated, • The capacity to provide clinical care and to manage services of the staff working in the selected health facilities was strengthened, • A joint multi-stakeholder assessment on the barriers to access to health services was conducted, • Campaigns and awareness raising activities were conducted to promote inclusive access to health services, • IEC campaigns are organized to promote the available health services.		
Name of the lead applicant: International Medical Corps Croatia					

[15] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

Project title: Strengthening protection and resilience of vulnerable groups in COVID-19 emergency		Sector: Health			
Location of the action	**Cost of the action (EUR)**	**Role in the action: coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)[16]**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**
Libya	1,000,000 EUR	Coordinator	EUTF	1,000,000 EUR	June 2020 to March 2021
Objectives and results of the action		The Overall Objective of the intervention was to support improved protection and resilience of refugees, migrants, asylum seekers, IDPs, and host communities in Libya. The Specific Objective of the intervention was to support health system in Tripoli to provide quality COVID-19 related services to mixed migrants and local populations. The supported health facilities are equipped with necessary medical supplies and equipment to combat COVID-19; • Direct services are provided to migrant patients at the primary level; • The capacity of the staff working in the selected health facilities to detect, prevent, and manage COVID-19 patients was strengthened; • IEC campaigns were organized to promote the available health services.			

Name of the affiliated entity: International Medical Corps					
Project title: Strengthening the health system in Vakaga and Haute Kotto Prefectures		**Sector:** Health			
Location of the action	**Cost of the action (EUR)**	**Role in the action: Coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**

[16] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

Central African Republic, Vakaga and Haute Kotto Prefectures	10.7 million EUR	Affiliated Entity (IMC UK as lead)	European Union: Bêkou Trust Fund	10.7 million EUR	July 2018 – March 2022
Objectives and results of the action		This project is the third phase of the Bêkou Trust Fund health and nutrition project implemented since 2015. This phase has the overall objective of providing basic health and nutrition services to the Central African population, while making a gradual transfer of skills to national structures in the Health Districts (HDs) of Haute Kotto and Vakaga. The support to the health districts and facilities consists of strengthening their capacity to provide quality health care and services to the beneficiary populations by strengthening the skills of the management teams through the 6 pillars of the health system: (1) provision of health services in the health facilities and in the community, (2) development of human capital in the health facilities and in the Executive District Teams; (3) supply of products, equipment, medical materials and vaccines at the health district level, (4) health information systems in the health facilities at the health district level; (5) health financing and (6) leadership and governance of the Health District. As agreed with the Ministry of Public Health, throughout this phase moved from total financial support to financial support based on the performance of the health structures. The IMC/Bêkou Fund intervention covers 18 health facilities in the Vakaga health district, i.e., 90% of the health facilities, and 11 health facilities out of 21 in the Haute-Kotto health district, i.e., 52.32% of the health district's health facilities covered by the BPF.			

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Sudan, West Darfur	EUR 4,719,200	Affiliated Entity (IMC UK as lead)	European Union Trust Fund	EUR 4,719,200	March 29, 2017 to July 28, 2021
Objectives and results of the action	The project aimed to "improve the living conditions of IDPs, returnees and local communities, and thereby addressing the root causes of irregular and forced migration" (overall objective) by "strengthening the local health systems to better deliver basic packages of health services in West Darfur with the final aim of creating a more conducive and sustainable living environment for host communities and displaced populations" (specific objective). • Worked in close coordination with the Federal and State Ministry of health in order to provide essential and basic primary health care to 198,034 vulnerable population in Geneina, Krenik, Sirba and Beida. • Provided essential medicines, medical equipment, and non-medical supplies to all 22 targeted health facilities in the four localities. • Carried out rehabilitation and construction, including the construction and expansion of rooms, at 21 supported clinics to ensure effective health and nutrition services delivery at the health facility • 506 people were given training on various topics, among them 100 clinical staff were trained on 15 major topics. • Strengthened the institutional capacity of the SMOH and four Locality Health Management Teams (LHMTs) through various trainings, rehabilitation and construction of office premises for the LHMT and the SMOH, as well as with the provision of furniture and stationery • Provided community-based curative, preventive, and promotive interventions through 223 community volunteers and members of 22 health committees				

l) Other actions

Please provide a detailed description of other actions managed by your organisation in the past three years.

Maximum 1 page per action and maximum 10 actions.

Name of the lead applicant: International Medical Corps Croatia					
Project title: Integrated Humanitarian Health and Nutrition Assistance to Conflict Affected and Vulnerable Populations		**Sector:** Health, Nutrition			
Location of the action	**Cost of the action (EUR)**	**Role in the action: coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)[17]**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**

[17] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

Sudan, Central Darfur, South Darfur and South Kordofan	1,705,000 EURO plus 305,000 EUR for COVAX	Co-Beneficiary (DRC as prime organization)	ECHO	1,705,000 EURO plus 305,000 EUR for COVAX	April 1, 2021 to March 31, 2022
Objectives and results of the action	Under this action, International Medical Corps Croatia delivered a comprehensive package of primary health care services from 10 static health facilities and one mobile unit in Central Darfur, South Darfur, and South Kordofan. During the project, 303,157 beneficiaries were consulted for various medical conditions by medical doctors and medical staff. 6,748 children were immunized for a major vaccine-preventable disease. On reproductive health, IMC assisted 5,679 women with safe delivery services. 152 cases were referred and provided referral support to secondary health care services for advanced medical care. Under the nutrition intervention, IMC implemented community-based management of acute malnutrition (CMAM) package through 8 supported static facilities and one mobile clinic. A total of 19,455 beneficiaries were assisted with various nutrition interventions. Of which, 1,567 children (752 boys, 854 girls) were treated for severe acute malnutrition (SAM) in the 8-outpatient therapeutic program (OTP) sites and the 2 stabilization centres (SC), 819 PLWs and 4452 children (0-59 months) were treated with moderate acute malnutrition (MAM) at the targeted supplementary feeding program (TSFP), and 12,617 mother and caretakers were provided with infant and young child feeding (IYCF) counselling sessions. International Medical Corps Croatia has recently started a follow on project for EUR 1,350,000, through 31 March 2023.				

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Name of the lead applicant: International Medical Corps Croatia					
Project title: Integrated Emergency life-saving Health, Nutrition and WASH support for most vulnerable populations affected by conflict, displacements, natural disasters (floods/drought) and disease outbreaks in South Central Somalia		**Sector:** Health, Nutrition			
Location of the action	**Cost of the action (EUR)**	**Role in the action: coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)[18]**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**
Somalia	1.3 million EUR	Co-Beneficiary (ACF is lead)	ECHO	1.3 million EUR	January 1, 2021 to March 31, 2022
Objectives and results of the action	Contribute to reducing the risk of morbidity and mortality associated with acute malnutrition, natural disasters (drought/floods), displacements or other shocks among vulnerable population in South Central Somalia. IMC Croatia in partnership with ACF started implementing an ECHO-funded project in January 2020, with a budget of 800k EUR, which finished in December 2021. This action involved integrated life-saving Nutrition, Health, and WASH support for vulnerable populations affected by drought, conflict and rapid onset emergencies in South Central Somalia. IMC Croatia supported health activities at Galkacyo South Hospital providing free, high-quality secondary healthcare services (in patients' medical, surgical, paediatric, tuberculosis, and operation theatre), primary health care services (Outpatient consultations, Immunizations & CMR) as well as health, hygiene, and nutrition promotion services including COVID-19 related messaging. IMC reached 60,760 direct beneficiaries against the yearly targets of 55,008, reaching an achievement of 110.5%. IMC Croatia started the follow on project in Somalia (January 2021) to continue lifesaving services and respond to the current drought crisis in Somalia. IMC provided health care services (at Galkacyo South Hospital) such as: primary health care consultations, inpatient of both paediatrics and adults, EPI, surgery, TB and gender-related violence survivors and children under 5 years with severe acute malnutrition without/with medical complications.				

Name of the affiliated entity: International Medical Corps	
Project title: Integrated Emergency Health, Nutrition and WASH Services for Conflict-Affected Populations in South, Central and West Darfur,	**Sector:** Health, Nutrition, WASH

[18] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

South Kordofan and Blue Nile					
Location of the action	**Cost of the action (EUR)**	**Role in the action: Coordinator, co-beneficiary, affiliated entity**	**Donors to the action (name)**	**Amount contributed (by donor)**	**Dates (from dd/mm/yyyy to dd/mm/yyyy)**
South, Central and West Darfur, South Kordofan and Blue Nile	USD 9.8 mill	Coordinator	USAID/BHA	USD 9.8 mill	August 2021 to July 2022 (previous project August 2020 – July 2021 for 7.8 million USD)
Objectives and results of the action	International Medical Corps provides lifesaving health, nutrition, and WASH interventions in targeted areas of Central Darfur, South Darfur, West Darfur, Blue Nile, and South Kordofan states. The project intervention covers 52 health facilities. As of March 2022, we have achieved the following: • IMC reached 766,904 beneficiaries through health interventions. • IMC ensured the provision of medical and non-medical supplies, and guidance materials were developed and shared with the health workers. • Trained 869 MoH staff. • Under the nutrition program, IMC supports nutrition interventions through community-based management of acute malnutrition (CMAM) intervention for children under five years and pregnant and lactating women (PLW). Nutrition services were provided through 47 outpatient therapeutic programs (OTPs), 41 targeted supplementary feeding programs (TSFPs), and 8 stabilization centers (SCs). • All the 52 supported health facilities have provided chlorinated water, and basic sanitation includes gender-segregated sanitation facilities, medical waste management, and hygiene promotion interventions. In addition, around 43,500 people benefited from hygiene promotion activities.				

Name of the lead applicant: International Medical Corps	
Project title: Provision of Integrated lifesaving Health and Nutrition Interventions to Conflict-Affected and vulnerable Population in three localities of West Darfur.	**Sector: Health and Nutrition**

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Location of the action	Cost of the action (EUR)	Role in the action: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)[19]	Amount contributed (by donor)	Dates (from dd/mm/yyyy to dd/mm/yyyy)
West Darfur	$2,384,113	Affiliated Entity (IMC UK as lead)	UNICEF	$181,962	December 8, 2021 to November 30, 2023
Objectives and results of the action		**Provision of Integrated lifesaving Health and Nutrition Interventions to Conflict- Affected and vulnerable Population in three localities of West Darfur.** **El Genina locality**; (Krinding1, Krinding3-Seida, Dorti, Asonga), **Beida locality**; (Tarbiba, Milibida, Kasia, Shosta, Andarinj, Brota, Faganta) and **Sirba locality**; (Beerdagig, Koma) **Number of Beneficiaries:** • Health: 164,715 Male: 79,063 and Female: 85,652 • Nutrition: 12,513 (SAM:2,631; IYCF: 9,882): Male: 6,006 and Female: 6,507 • C4D: 170,491 Male: 81,835 and Female: 88,656 Output-1: Integrated high-impact health and nutrition services are delivered for vulnerable children, adolescents and Women through facility and community levels in development and emergency setting. Output-2: Girls and boys suffering from severe acute malnutrition receive quality treatment integrated with PHC and infant and young child feeding services. Output-3: Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices			

Name of the affiliated entity: International Medical Corps	
Project title: Integrated Sexual Reproductive Health and HIV/AIDS, Mental Health and Psychosocial Support, Gender-Based Violence (GBV), Nutrition project Serving Refugees in Dollo Ado camps, Somali Regions of Ethiopia.	**Sector:** Protection, Health, Nutrition

[19] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.

Location of the action	Cost of the action (EUR)	Role in the action: Coordinator, co-beneficiary, affiliated entity	Donors to the action (name)	Amount contributed (by donor)	Dates (from dd/mm/yyyy to dd/mm/yyyy)
Dollo Ado Refugee Camps, Ethiopia	$2,000,000.00	Coordinator	PRM	$2,000,000.00	September 15, 2021 to September 14, 2022
Objectives and results of the action		**Program Goal:** To address SRH, HIV/AIDS and MHPSS needs, as well as to effectively prevent and respond to incidents of GBV of Somali refugees in all Dollo Ado camps. In addition, to contribute to the reduction of morbidity and mortality associated with malnutrition in five Somali refugee camps in Somali Regional State. This includes improving the nutritional status of children 0-59 months, pregnant and lactating women of Somali refugees' communities in Bokolomayo, Kobe, Melkadida, Hilawyne and Buramino Camps of Dollo Ado, including the following activities: - Blanket Supplementary Feeding Program (BSFP) - Community- based nutrition screening - Promote Infant and Young Child Feeding (IYCF) - Establishing school clubs to promote IYCF practices - Promotion of micro-gardening techniques such as sack gardening to contribute to prevent micronutrient deficiencies - Effective and timely community-based management of acute malnutrition and provide Primary health care service at reception center			

2.1. Co-applicant(s)'s experience (if applicable): NOT APPLICABLE

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3 THE LEAD APPLICANT[20]

EuropeAid ID number[21]	HR-2019-EPV-1203159271
Name of the organisation	International Medical Corps Croatia

3.1. Identity

The lead applicant's contact details for the purpose of this action	Visnja Cipcic, vcipcic@internationalmedicalcorps.hr
Legal entity file number[22]	
Abbreviation	IMC Croatia
Registration number (or equivalent)	5051932
Date of registration	February 7, 2019
Place of registration	Croatia
Official address of registration	Trondheimska ul. 4, 21000, Split, Croatia
Country of registration[23]/ Nationality [24]	Croatia/Croatian
Website and e-mail address of the organisation	https://internationalmedicalcorps.hr/

[20] Remember to submit filled in organisation data forms (Annex F) for the lead applicant, each co-applicant and each affiliated entity together with the full application form.

[21] This number is available to an organisation which registers its data in PADOR. For more information and to register, please visit https://ec.europa.eu/europeaid/search/site/pador_en

This information does not need to be provided in case of calls where the European Commission is not the contracting authority.

[22] If the lead applicant has already signed a contract with the European Commission.

[23] For organisations. (If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please give reasons for its location).

[24] For individuals. (If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please give reasons for its location).

Telephone number: country code + city code + number	+385 21 549 465
Fax number: country code + city code + number	+385 21 455 288

The contracting authority must be notified of any change in addresses, phone numbers, fax numbers and e-mail, in particular. The contracting authority will not be held responsible in the event that it cannot contact an applicant.

3.2. The Co-applicant(s): NOT APPLICABLE

4 AFFILIATED ENTITY(IES) PARTICIPATING IN THE ACTION

4.1. Description of the affiliated entity(ies)

This section must be completed for each affiliated entity within the meaning of Section 2.1.2 of the guidelines for applicants. You must make as many copies of this table as necessary to create entries for each affiliated entity.

	Affiliated entity no.1
EuropeAid ID number[25]	US-2021-DIK-1910298368
Full legal name	International Medical Corps
Date of registration	September 6, 1984
Place of registration	United States of America/USA
Legal status	Profit-Making □ Yes □ No. NGO x Yes □ No
Value based	□ Political □ Religious x Humanistic □ Neutral
If fulfilling the criteria and conditions to be considered as affiliated entity(ies)[26] specify to which entity you are affiliated (lead applicant/co-applicant) detailing the specific nature of the affiliation (i.e. parent entity, family organisation / network entity, etc) and, if any, its EuropeAid ID	International Medical Corps (IMC) is a US-registered independent affiliate organization of International Medical Corps Croatia (IMC Croatia), with which IMC Croatia shares the same name and charitable objectives and mission. IMC Croatia and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. IMC Croatia will engage IMC to implement its programs in the field, with IMC Croatia oversight, according to the terms and conditions of any agreement that results from this proposal. For the purpose of the project, IMC Croatia will implement the project in the field through the IMC country office in Sudan, which is operated by IMC. IMC Croatia's management oversight of the project includes monitoring and reporting for program quality and compliance, treasury controls and support of the audit process. IMC provides administrative and operational support to IMC Croatia and to the programs on the ground, including but not limited to financial management, banking, procurement management/international procurements, and logistics. In addition, IMC UK will also be engaged to assist IMC Croatia in providing oversight of program delivery and performance management.
Official address of registration[27]	12400 Wilshire Blvd, Ste 1500, Los Angeles, CA90025

[25] This number is available to an organisation which registers its data in PADOR. For more information and to register, please https://ec.europa.eu/europeaid/search/site/pador_en. This information does not need to be provided in case of calls where the European Commission is not the contracting authority.

[26] As described in Section 2.1.2. of the guidelines for applicants.

[27] If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please justify its location.

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Country of registration[28]/ Nationality [29]	United States/USA
Contact person	Ingrid Renaud, Vice President, Finance and Administration
Telephone number: country code + city code + number	+1 310 826 7800
Fax number: country code + city code + number	
E-mail address	Irenaud@internationalmedicalcorps.org
Number of employees	7,363
History of cooperation with the lead applicant/co-applicant	Affiliated Organisation
Category (refer to Section 3.2.1)	
Sector(s) (refer to Section 3.2.2)	100-Social Infrastructure and services 500-Commodity aid and general progamme assistance 700-Humanitarian aid
Target group(s) (refer to Section 3.2.3 3)	Children (less than 18 yrs old) Community Based Organisation(s) Illness affected people (Malaria, Tuberculosis, HIV/AIDS) Migrants Non-Governmental Organisations Refugees and displaced

Important: **This application form must be accompanied by a signed and dated affiliated entities' statement from each affiliated entity, in accordance with the template provided below.**

[28] For organisations.

[29] For individuals.

4.2. Affiliated entity(ies)'s statement

To ensure that the action runs smoothly, the Italian Agency for Development Cooperation (contracting authority) requires all affiliated entity(ies) to acknowledge the principles of set out below.
1. All affiliated entity(ies) must have read the guidelines for applicants and grant application form and understood their role in the action before the application is submitted to the contracting authority.

2. All affiliated entity(ies) must have read the standard grant contract (or Contribution Agreement, where applicable) and understood what their respective obligations under the contract will be if the grant is awarded. They authorise the organisation to which they are affiliated to sign the contract on their behalf with the contracting authority and represent them in all dealings with the contracting authority in the context of the action's implementation.

3. The affiliated entity(ies) must consult regularly with the organisation to which they are affiliated whom, in turn, should keep them fully informed of the progress of the action.

4. All affiliated entity(ies) must receive copies of the reports — narrative and financial — made to the contracting authority.

5. Proposals for substantial changes to the action (e.g. changes in activities that could affect the basic purpose of the action, affiliated entity(ies), etc.) should be agreed by the affiliated entity(ies) before being submitted to the contracting authority.

I have read and approved the contents of the proposal submitted to the contracting authority. I undertake to comply with the principles of good partnership practice.	Ingrid Renaud
Name:	
Organisation:	International Medical Corps
Position:	Vice President, Finance and Administration
Signature:	
Date and place:	6/10/2022 Los Angeles, USA

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4.3. **Associates participating in the action : NOT APPLICABLE**

5 CHECKLIST FOR THE FULL APPLICATION FORM

Ref.: Grant/02/HealthPro/T05-EUTF-HOA-SD-73-01

Title of the call: *Promoting positive social norms towards GEWE*

Budget lines: 3.1.5; 3.2.3; 3.3.3

ADMINISTRATIVE DATA	To be filled in by the lead applicant
Name of the lead applicant	International Medical Corps Croatia
EuropeAid ID number	HR-2019-EPV-1203159271
Nationality[30]/country and date of registration[31]	Croatian/Croatia, February 7, 2019
Legal entity file number[32]	N/A
Legal status[33]	NGO
Co-applicant[34]	
Name of the co-applicant	
EuropeAid ID number	NA
Nationality/country and date of registration	
Legal entity file number (if available)	
Legal status	
Affiliated entity[35]	
Name of the affiliated-entity	International Medical Corps
EuropeAid ID number	US-2021-DIK-1910298368
Nationality/country and date of registration	American/USA, September 6, 1984
Legal status:	Non-profit corporation
Specify to which entity you are affiliated (lead applicant and/or the co-applicant).	IMC Croatia - Lead Applicant

[30] For individuals.

[31] For organisations.

[32] If the lead applicant has already signed a contract with the European Commission.

[33] E.g. non-profit, governmental body, or international organisation.

[34] Add as many rows as co-applicant(s).

[35] Add as many rows as affiliated entities.

Specify the kind of affiliation you have with that entity.	Affiliated Organization

December 2021
e3d_logframe_en.docx

Logical framework and Activity matrix (annex E3d)

The Logical framework (logframe) matrix is a table that captures in a structured way the hierarchy of results of the action at impact, outcome and output levels. The impact is the long-term expected effect of the action fulfilling the overall objective. The outcomes are the mid-term expected effects of the action fulfilling the specific objective(s). The links between each levels are as important as the results themselves, reflecting the intervention logic (theory of change) and the roles of providers and other stakeholders.

The Logical framework (logframe) matrix should be used as a reporting tool on the achievement of the results during implementation. Values on indicators aimed at measuring the results will be regularly updated in the column foreseen for monitoring and reporting purposes (see "Current value"). Columns for intermediary targets could be added, if needed.

The logframe can be revised as necessary, in line with the provisions defined in Article 9.4 of the General Conditions (annex E3h2).

Results	*Results chain*	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be included in interim and final reports)*	*Sources of data*	Assumptions
Impact (Overall objective)	Contribution to the achievement of Universal Health Coverage in targeted health facilities in Nyala, South Darfur	- Level of availability of full Primary Health Care package of basic health services among supported health facilities - Minimum Dietary Diversity among children 6-23 months in the program target areas - Measles immunization coverage rate (MCV1) among children 12-23 months in the program target areas	*TBD* *TBD* *TBD*	*100%* *35.4%* *85%*		Supervision and baseline assesment IYCF survey Vaccine coverage survey	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 4. Human resources are available, at the required competency (with training if needed).
Outcome(s) (Specific objective)	**Outcome 1:** Improved availability of quality RH/EmONC and EPI services in the catchment areas	1.1: % of clinic attendees reporting satisfaction with the quality of RH and EPI services provided in the targeted health facilities.	TBD	90%		Pre-post patient satisfaction surveys or exit interviews	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits.

	of the supported health facilities						4. Human resources are available, at the required competency (with training if needed).
		1.2: Level of service quality of RH/EmONC and EPI against SMoH standards	*TBD*	*100%*		Baseline/endline health facility assessment Supportive supervision scoring	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake mentoring, supportive supervision and monitoring visits to the supported facilities to ensure service quality. 4. Human resources are available, at the required competency (with training if needed).
		1.3: % of training participants in reproductive health training with passing score on training pre- and post-tests	TBD	80%		Pre-post training tests	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake mentoring, supportive supervision and monitoring visits. 4. Human resources are available, at the required competency (with training if needed).
		1.4: % of students and teachers attending awareness sessions demonstrating improved knowledge of health, hygiene, and nutrition topics	TBD	85%		Pre-post assessments	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake mentoring, supportive supervision and monitoring visits. 4. Human resources are available, at the required competency (with training if needed).

Outcome (s) (Specific objective(s)	**Outcome 2:** Improved availability of quality nutrition services in the targeted communities and catchment areas of the supported health facilities	2.1: % of caregivers of CMAM patients at supported sites reporting satisfaction with nutrition services of supported nutrition centers	TBD	80%		Pre-post patient satisfaction survey	1. IMC can maintain presence in the target areas 2. Security remains calm and access not restricted 3. Program staff can reach catchment areas to conduct trainings and undertake mentoring, supportive supervision and monitoring visits. 4. Human resources are available, at the required competency (with training if needed).
	Output 1.1: Increased access to health facilities equipped with adequate infrastructure	1.1.1: # of HFs rehabilitated or constructed	0	3		Construction report	1. IMC can maintain presence in the target areas. 2. Rehabilitation and construction materials are available in the market. 3. Market inflation does not significantly affect the price of the rehabilitation and construction materials. 4. Security remains calm and access not restricted
		1.1.2: # of HFs equipped and furnished to the standard of RH and EPI services	0	3		Health facility assessment and supervision and monitoring visit report	1. IMC can maintain presence in the target areas. 2. Market inflation does not significantly affect the price of the equipment and furniture. 3. Security remains calm and access not restricted 4. IMC can maintain presence in the target areas.
	Output 1.2: Enhanced capacity among supported health facilities to provide routine EPI services	1.2.1: # of HFs with functional cold chain for routine vaccination	0	3		Health facility assessment	1. IMC can maintain presence in the target areas. 2. Market inflation does not significantly affect the price of the equipment and furniture. 3. Security remains calm and access not restricted 4. IMC can maintain presence in the target areas.

		1.2.2 No. of vaccinators trained on EPI, cold and supply chain	0	12		Training attendance lists	1. IMC can maintain presence in the target areas. 2. Program staff can reach catchment areas to conduct trainings on vaccinations and undertake supportive supervision and monitoring visits. 3. Security remains calm and access not restricted 4. IMC can maintain presence in the target areas.
	Output 1.3: Improved delivery of reproductive health and family planning services among supported health facilities	1.3.1: # of health staff trained on EmOC	0	12		Training attendance lists	1. IMC can maintain presence in the target areas. 2. Program staff can reach catchment areas to conduct trainings on EmOC and undertake supportive supervision and monitoring visits. 3. Security remains calm and access not restricted
		1.3.2: # of SGBV cases identified and referred to appropriate services	0	150		Referral registers and Clinic records	1. IMC can maintain presence in the target areas. 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Security remains calm and access not restricted
		1.3.3: # of women trained on RH topics including family planning	0	12		Training attendance sheet	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency
		1.3.4: # of sessions held on GBV prevention	0	30		Activity report	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and

							undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency
	Output 1.4: Improved health, hygiene and nutritional knowledge among school teachers and students	**1.4.1:** # of schools supported to develop outbreak prevention plans	0	4		School activity report	1. IMC can maintain presence in the target areas 2. 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency
		1.4.2 – # of schools equipped with hygiene and sanitation materials	0	4		Activity and program reports	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
	Output .2.1 The nutritional status of children <5 and PLWs is improved	2.1.1 # of % of beneficiaries of community-based nutrition education reporting improved knowledge of promoted nutrition topics	Minimum Meal Diversity (MDD) 29.9% Minimum Meal Frequency (MMF) 61.7%	Minimum Meal Diversity (MDD) 35% Minimum Meal Frequency (MMF) 66.7%		*IYCF Survey on indicators as* *MDD* *MMF*	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
	Output 2.1: Enhanced nutrition service delivery at	**2.2.1:** # of supportive supervision visits conducted at supported nutrition centers	0	12		Supervision reports	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and

	facility and community levels.						undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.2: # of children under-5 and PLWs with acute malnutrition referred to the CMAM program of supported health facilities	OTP- 0 TSFP-6-59 PLWs -0	OTP -495 TSFP-6-59 - 1,870 PLWs -187		Nutrition center registers Referral lists	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.3: # of nutrition centers rehabilitated to state and federal standards	0	4		Construction report	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.4 # of people attending cooking demonstrations	0	450		Attendance lists (members of MSGs)	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.6 # of people attending kitchen gardening demonstrations	0	495		Attendance lists (Caregivers/ households of OTP cases)	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		2.2.8 # of surveys	0	1		KAP/IYCF survey	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and

							undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
	Output 2.2 Increased awareness among the target population on health, hygiene and nutrition	1.9.1 – no of active and functional community health committees	0	3 -		Monthly meetings minutes, health committees plan	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		1.9.2 No of health volunteers trained on prevention and promotion of health, nutrition and WASH	0	45 (15 each for HF)		Volunteers Training report	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		1.9.3 no of MSG members trained and engaged in health and nutrition work	0	450		MSG Training report	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.
		1.9.4 % of target community reached through community mobilization and educational interventions	0	80%		Community mobilization reports	1. IMC can maintain presence in the target areas 2. Program staff can reach catchment areas to conduct trainings and undertake supportive supervision and monitoring visits. 3. Human resources are available, at the required competency.

1. Budget for the Action[1]	All Years				Year 1[2]			
Costs	Unit [3]	# of units	Unit value (in EUR)	Total Cost (in EUR)[3]	Unit	# of units	Unit value (in EUR)	Total Cost (in EUR)
1. Human Resources								
1.1 Salaries (gross salaries including social security charges and other related costs, local staff)[4]								
1.1.1 Technical	Per month							
1.1.1.1 - Program Manager - KHT10%	Per month	12	276,31	3.315,71	Per month	12	276,31	3.315,71
1.1.1.2 - Program support officer -KHT - 10%	Per month	12	106,91	1.282,89	Per month	12	106,91	1.282,89
1.1.1.3-Senior Program officer - NYAL -10%	Per month	12	114,10	1.369,21	Per month	12	114,10	1.369,21
1.1.1.4 Nutrition Program Supervisor NYAL -10%	Per month	12	64,86	778,31	Per month	12	64,86	778,31
1.1.1.5-Deputy Medical Cordinator -NYAL -10%	Per month	12	176,82	2.121,82	Per month	12	176,82	2.121,82
1.1.1.6 -Monitoring and Eval officer - NYAL -10%	Per month	12	49,16	589,93	Per month	12	49,16	589,93
1.1.1.7 Medical Warehouse officer -NYAL -10%	Per month	12	51,38	616,57	Per month	12	51,38	616,57
1.1.1.8 Health officer 100%	Per month	12	1.067,58	12.810,92	Per month	12	1.067,58	12.810,92
1.1.1.9 Nutrition officer 100%	Per month	12	1.067,58	12.810,92	Per month	12	1.067,58	12.810,92
1.1.1.10 Protection officer 100%	Per month	12	1.067,58	12.810,92	Per month	12	1.067,58	12.810,92
1.1.1.11 Livelihood officer 100%	Per month	12	1.067,58	12.810,92	Per month	12	1.067,58	12.810,92
1.1.1.12 Community outreach officer 100%	Per month	12	1.067,58	12.810,92	Per month	12	1.067,58	12.810,92
1.1.1.13 Construction Eng - NYAL -100%	Per month	12	1.601,36	19.216,38	Per month	12	1.601,36	19.216,38
1.1.2 Administrative/ support staff	Per month				Per month			
1.1.2.1 Snr HR Manager -KHT -10%	Per month	12	383,46	4.601,52	Per month	12	383,46	4.601,52
1.1.2.2 Asst Procurement officer-KHT -10%	Per month	12	93,61	1.123,26	Per month	12	93,61	1.123,26
1.1.2.3 Snr Finance officer-KHT -10%	Per month	12	137,39	1.648,73	Per month	12	137,39	1.648,73
1.1.2.4 Transport officer-KHT -10%	Per month	12	145,96	1.751,49	Per month	12	145,96	1.751,49
1.1.2.5 Assistant Finance Manager-KHT -10%	Per month	12	306,06	3.672,70	Per month	12	306,06	3.672,70
1.1.2.6 Snr Procurement officer-KHT -10%	Per month	12	227,69	2.732,25	Per month	12	227,69	2.732,25
1.1.2.7 procurement officer-KHT -10%	Per month	12	145,93	1.751,11	Per month	12	145,93	1.751,11
1.1.2.8 Logistics Coordinator-KHT -10%	Per month	12	271,20	3.254,42	Per month	12	271,20	3.254,42
1.1.2.9 Snr HR and Admin officer-KHT -10%	Per month	12	226,54	2.718,52	Per month	12	226,54	2.718,52
1.1.2.10 Finance officer-KHT -10%	Per month	12	108,38	1.300,52	Per month	12	108,38	1.300,52
1.1.2.11 Logistics Support officer-KHT -10%	Per month	12	124,42	1.493,03	Per month	12	124,42	1.493,03
1.1.2.12 HR /Admin officer-KHT -10%	Per month	12	127,49	1.529,93	Per month	12	127,49	1.529,93
1.1.2.13 Warehouse officer-KHT -10%	Per month	12	109,21	1.310,51	Per month	12	109,21	1.310,51
1.1.2.14 Snr IT officer-KHT -10%	Per month	12	174,33	2.091,94	Per month	12	174,33	2.091,94
1.1.2.15 Logistics Reporting officer-KHT -10%	Per month	12	82,00	983,94	Per month	12	82,00	983,94
1.1.2.16 Finance Assistant-KHT -10%	Per month	12	49,00	587,97	Per month	12	49,00	587,97
1.1.2.17 Finance Assistant-KHT -10%	Per month	12	49,00	587,97	Per month	12	49,00	587,97
1.1.2.18 Tranpsort Assistant-KHT -10%	Per month	12	49,53	594,38	Per month	12	49,53	594,38
1.1.2.19 Assistant procurement officer -KHT -10%	Per month	12	51,00	611,99	Per month	12	51,00	611,99
1.1.2.20 Admin liason officer -KHT -10%	Per month	12	66,88	802,56	Per month	12	66,88	802,56
1.1.2.21 Finance Assistant -KHT -10%	Per month	12	49,00	587,97	Per month	12	49,00	587,97
1.1.2.22 Finance officer -KHT -10%	Per month	12	92,93	1.115,11	Per month	12	92,93	1.115,11
1.1.2.23 Site Manager -NYAL -10%	Per month	12	229,10	2.749,24	Per month	12	229,10	2.749,24
1.1.2.24 Snr Finance Officer -NYAL -10%	Per month	12	209,27	2.511,29	Per month	12	209,27	2.511,29
1.1.2.25 General Warehouse officer -NYAL -10%	Per month	12	69,18	830,18	Per month	12	69,18	830,18
1.1.2.26 Logistics officer -NYAL -10%	Per month	12	74,99	899,92	Per month	12	74,99	899,92
1.1.2.27 HR officer -NYAL -10%	Per month	12	76,95	923,35	Per month	12	76,95	923,35
1.1.2.28 Finance officer -NYAL -10%	Per month	12	69,93	839,21	Per month	12	69,93	839,21
1.1.2.29 Drivers -KHT (5) -10%	Per month	60	56,89	3.413,61	Per month	60	56,89	3.413,61
1.1.2.30 Cleaners /cooks -KHT (7) -10%	Per month	84	38,33	3.219,38	Per month	84	38,33	3.219,38
1.1.2.31 Driver/ Cleaners /cooks -NYAL (10) -10%	Per month	120	38,37	4.604,93	Per month	120	38,37	4.604,93

1.2 Salaries (gross salaries including social security charges and other related costs, expat/int. staff)	Per month							
1.2.1 Country Director -10%	Per month	12	1.336,12	16.033,44	Per month	12	1.336,12	16.033,44
1.2.2 Finance and Admin Director -10%	Per month	12	1.186,42	14.237,08	Per month	12	1.186,42	14.237,08
1.2.3 Program Director -10%	Per month	12	1.059,71	12.716,53	Per month	12	1.059,71	12.716,53
1.2.4 M and E Cordinator -10%	Per month	12	814,32	9.771,82	Per month	12	814,32	9.771,82
1.2.5 Operations Manager -10%	Per month	12	1.000,68	12.008,11	Per month	12	1.000,68	12.008,11
1.2.6 Finance Manager- Darfur -10%	Per month	12	984,79	11.817,48	Per month	12	984,79	11.817,48
1.2.7 Medical Cordinator SD -10%	Per month	12	801,78	9.621,33	Per month	12	801,78	9.621,33
1.2.8 Nutrition Cordinator Darfur -10%	Per month	12	768,65	9.223,74	Per month	12	768,65	9.223,74
1.2.9 Area Cordinator S Darfur -100%	Per month	12	7.687,54	92.250,50	Per month	12	7.687,54	92.250,50
1.2.10 Medical Director -10%	Per month	12	986,97	11.843,66	Per month	12	986,97	11.843,66
1.3 Per diems for missions/travel[5]								
1.3.1 Abroad (staff assigned to the Action)	Per diem	1	1.711,51	1.711,51	Per diem	1	1.711,51	1.711,51
1.3.3 Seminar/conference participants	Per diem				Per diem	0	-	-
Subtotal Human Resources				351.423,57				351.423,57
2. Travel[6]								
2.1. International travel	Per flight	13	181,29	2.356,82	Per flight	13	181,29	2.357
2.2 Local transportation	Per month	24	380,34	9.128,06	Per month	24	380,34	9.128
2.3 Visa / Departure taxes /work permits	Per month	40	190,17	7.606,72	Per month	40	190,17	7.607
2.4 National travel	per trip	24	33,28	798,71	Per month	24	33,28	799
2.5 in country Transport	per trip	2	4.754,20	9.508,40	Per month	2	4.754,20	9.508
Subtotal Travel				29.398,71				29.398,71
3. Equipment and supplies[7]								
3.1 Purchase or rent of vehicles	Per vehicle				Per vehicle			
3.2 computer equipment	per computer	4	1.711,51	6.846,05	per computer	4	1.711,51	6.846,05
3.3 Printer	per printer	1	950,84	950,84	per printer	1	950,84	950,84
3.4 Scanner	per scaner	1	1.045,92	1.045,92	per scaner	1	1.045,92	1.045,92
3.5 Mobile phones	er mobile phor	3	95,08	285,25	er mobile phor	3	95,08	285,25
3.6 Vehicle rental	Per month	12	705,12	8.461,41	Per month	12	705,12	8.461,41
3.7 Vehicle Fuel	Per month	72	4,39	315,97	Per month	72	4,39	315,97
3.8 Vehicle Insurance	Per month	72	7,92	570,50	Per month	72	7,92	570,50
3.9 Vehicle spare part/ Repairs/ Service & maintenance	Per month	72	23,77	1.711,51	Per month	72	23,77	1.711,51
Subtotal Equipment and supplies				20.187,46				20.187,45
4. Project office[14]								
4.1 Vehicle costs	Per month				Per month			
4.1 Office, Warehouse and G/hse rent	Per month	60	247,22	14.833,10	Per month	60	247,22	14.833,10
4.2 Staff Capacity building	Per month	1	1.426,26	1.426,26	Per month	1	1.426,26	1.426,26
4.3 Other services (tel/fax, electricity/heating, maintenance etc	Per month	12	3.227,62	38.731,49	Per month	12	3.227,62	38.731,49
Subtotal Project office				54.990,86				54.990,86
5. Other costs, services[8]								
5.1 External Audit for IMC Sudan Mission-10%	per yr	1	1.426,26	1.426,26	per yr	1	1.426,26	1.426,26
5.2 External Verification	per yr	1	6.000,00	6.000,00	per yr	1	6.000,00	6.000,00
5.3 Visibility	/lumpsum	1	11.813,76	11.813,76	/lumpsum	1	11.813,76	11.813,76
Subtotal Other costs, services				19.240,02				19.240,02

6. Other								
6.1 Medical Eqlips and supplies	/lumpsum	1	57.947,6	57.947,61	/lumpsum	1	57.947,61	57.947,61
6.2 Shipping and handling cost	/lumpsum	1	34.768,6	34.768,57	/lumpsum	1	34.768,57	34.768,57
6.3 Pharmacists - Mission Monitoring of drugs (2)	/Month	12	376,6	4.519,76	/Month	12	376,65	4.519,76
6.4 EPI Support	/Month	24	99,2	2.381,93	/Month	24	99,25	2.381,93
6.5 Patient Referral Support	/Month	12	471,8	5.661,74	/Month	12	471,81	5.661,74
6.6 Non Cash Incentives for CHVs, MSGs, FSGs etc	/lumpsum	610	0,7	412,41	/lumpsum	610	0,68	412,41
6.7 Reproductive health campaigns	/lumpsum	196	19,7	3.863,31	/lumpsum	196	19,71	3.863,31
6.8 Monthly meetings with health facilities	/Month	132	7,6	999,13	/Month	132	7,57	999,13
6.10 Monthly meetings with schools	/Month	12	83,3	999,13	/Month	12	83,26	999,13
6.11 WASH supplies for school and HF	/lumpsum	1	3.689,4	3.689,41	/lumpsum	1	3.689,41	3.689,41
6.12 Furnitures for Health department	/lumpsum	20	820,0	16.399,08	/lumpsum	20	819,95	16.399,08
6.13 Mother Support Monthly Meeting	/Month	12	210,7	2.527,80	/Month	12	210,65	2.527,80
6.14 Sanitary supplies	/lumpsum	1	151,2	151,24	/lumpsum	1	151,24	151,24
6.15 Stationary Supply	/lumpsum	1	803,8	803,84	/lumpsum	1	803,84	803,84
5.16 Nutrition supplies forNutrition dpt	/lumpsum	1	424,7	424,65	/lumpsum	1	424,65	424,65
5.17 Furniture Supply	/lumpsum	1	1.348,8	1.348,83	/lumpsum	1	1.348,83	1.348,83
5.18 Non cash incentives for mother support groups	PCS	5400	0,8	4.361,21	PCS	5400	0,81	4.361,21
619' Community based activities	/lumpsum	1	5.892,7	5.892,72	/lumpsum	1	5.892,72	5.892,72
6.20 Supporting support groups trainings	/Training	1	1.707,6	1.707,64	/Training	1	1.707,64	1.707,64
6.21 Kitchen Garden supplies	/lumpsum	500	50,5	25.241,21	/lumpsum	500	50,48	25.241,21
6.22 Emoc Training	/Training	100	32,8	3.283,81	/Training	100	32,84	3.283,81
6.23 Training Vacinators on Quidelines, Cold chain etc	/Training	60	28,3	1.698,52	/Training	60	28,31	1.698,52
6.24 Training school Teachers	/Training	180	19,5	3.501,96	/Training	180	19,46	3.501,96
6.25 IPC Training	/Training	60	24,3	1.460,40	/Training	60	24,34	1.460,40
6.26 Voluntear Training	/Training	200	18,1	3.616,86	/Training	200	18,08	3.616,86
6.28 Quarterly Project Review meetings	/Meetings	4	1.911,2	7.644,75	/Meetings	4	1.911,19	7.644,75
6.29 Accountability and CBFRM training+Establishment and strengthening f	/Trainings	4	2.757,4	11.029,74	/Trainings	4	2.757,44	11.029,74
6.30 MEAL capacity building training for MEAL and Program Staff	/Trainings	4	458,6	1.835,12	/Trainings	4	458,78	1.835,12
6.31 Final IMC-Gov and Other key sectors joint suppervision and evaluation	/day	1	2.472,2	2.472,18	/day	1	2.472,18	2.472,18
6.32 KAP Survey	/lumpsum	1	366,3	366,35	/lumpsum	1	366,35	366,35
6.33 Rehabilitation of Laiba clinic	/lumpsum	1	47.250,9	47.250,91	/lumpsum	1	47.250,91	47.250,91
6.34 construtcion NH02	/lumpsum	1	177.306,0	177.306,00	/lumpsum	1	177.306,00	177.306,00
6.35 rehabiliation MOH clinic	/lumpsum	1	23.771,0	23.771,00	/lumpsum	1	23.771,00	23.771,00
				459.338,82				459.338,82
				934.579,44				934.579,44
8. Indirect costs (maximum 7% of 7, subtotal of direct eligible costs of the Action)				65.420,56				65.420,56
9. Total eligible costs of the Action, excluding reserve and volunteers' work (7+ 8)				1.000.000,00				1.000.000,00
10.1 Provision for contingency reserve (maximum 5% of 7 'Subtotal of direct eligible costs of the Action')								
10.2 Volunteers' work [10]	Per day				Per day			
11. Total eligible costs (9+10)								
12. - Taxes [11] - Contributions in kind [12]								
13. Total accepted [13] costs of the Action (11+12)				1.000.000,00				1.000.000,0

indications provided. The budget has to include costs related to the Action as a whole, regardless the part financed by the Contracting Authority.
2. This section must be completed if the Action is to be implemented over more than one reporting period (usually 12 months).
3. The budget may be established in euro or in the currency of the country of the Contracting Authority. Costs and unit values are rounded to the nearest euro.
4. If staff are not working full time on the Action, the percentage should be indicated alongside the description of the item and reflected in the number of units (not the unit value).
Per diems are not considered a simplified cost option for the purposes of Union financing when the Grant Beneficiary reimburses a fixed amount to its staff according to its internal rules and asks for the documents) or through airplane company programmes when available. Indicate the place of departure and the destination. If information is not available, enter a global amount.
7. Please separate cost for purchase or rental.
8. Specify the typology of costs or services. Global amounts will not be accepted.
9. Only indicate here when fully subcontracted.
10. Communication and visibility activities should be properly planned and budgeted at each stage of the project implementation.
Practical Guide to contract procedures for EU external actions for the definition of taxes. Please note that direct taxes are not included (such as taxes on salary of staff working for the action which are doesn't include contributions in kind in the form of volunteers' work that have to be presented in budget line 10.2.
In worksheet 2, the methods used to determine and calculate them must be clearly described and substantiated and the Beneficiary proposing and using them must be univocally identified. (for more direct eligible costs by applying a cost apportionment approach.
indirect costs does not apply. Volunteers' work may comprise up to 50 % of the co-financing and shall be declared as unit cost as defined and authorised by the European Commission at the following
NB: The Beneficiary(ies) alone is/are responsible for the correctness of the financial information provided in these tables.

2. Justification of the Budget for the Action

Costs	All Years	
	Clarification of the budget items *Provide a narrative clarification of each budget item demonstrating the necessity of the costs and how they relate to the action (e.g. through references to the activities and/or results in the Description of the Action).*	*Justification of the estimated costs. Provide a justification of the calculation of the estimated costs. Note that the calculation should be based on actual costs or on simplified cost options if allowed as described in section 2.1.5 of the Guidelines for Grants Applicants*
1. Human Resources (1)		
1.1 Salaries (gross salaries including social security charges and other related costs, local staff)	National Staff Benefits are calculated at 25.33% of local staff salaries and include social security benefits, and additional 31.03 USD for medical allowances, this is in line with our national staff manual to ensure IMC Sudan office keep qualified staff	
1.1.1 Technical		
1.1.1.1 - Program Manager - KHT 10%	Program Manager KHT This is national position based in Khartoum. This position will provide technical support, coordination and management of the project activities at the field level with provision of direct technical and program support. This position will charge 10% of salary and benefits to this project for 12 months	10 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
		Column1
1.1.1.2 - Program support officer - KHT - 10%	This is national position based in Khartoum. This position will be responsible for overall technical coordination and implementation of project at field level.	10 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.3 Senior Program officer - NYAL - 10%	This position is based in Nyala and will coordinate the program implementation in line with the program plans, will also coordinate with MoH and other stakeholders, ensuring reports are on timely submitted to the program leads and country office	10 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.4 Nutrition Program Supervisor NYAL - 10%	Nutrition Program Supervisor. This is a national staff position based in Nyala project site. The position is responsible for organization of community-based activities, community awareness for nutrition programs. This position will charge 10% of salary and benefits to this project for 12 months	10 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.5 Deputy Medical Coordinator - NYAL - 10%	This is a national staff position and based in the Nyala project site. The position is responsible to oversee implementation of quality of health services through regular supervision of health facilities, build capacity of health facility-based staff via on job the job and classroom training, ensure availability of health care supplies, collect information and compile report of the project. This position will charge 10% of salary and benefits to this project for 12 months	10 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.6 - Monitoring and Eval officer - NYAL - 10%	This is national position based in Nyala. The Monitoring & Evaluation Officer is responsible MEAL activities and supporting to the field site while M&E officer will be responsible for day to day data management and MEAL activities in the field. This positions will charge 10% of salary and benefits to this project for 12 months	10 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.7 Medical Warehouse officer - NYAL - 10%	Medical warehouse office will be based in Nyala and will devote 10% of his time to this project, he will ensure proper keeping of medical supplies in our stores.	10% of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.8 Health officer - 100%	Health officer will be responsible for ensuring adherence to the MoH guidelines of all aspects of the health sector, s/he will coordinate trainings and health meetings with the stake holders, will also be instrumental in reporting and will devote 100% of his / her time to this project	100 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.9 Nutrition officer 100%	Nutrition officer will be responsible for ensuring adherence to the MoH guidelines of all aspects of the Nutrition sector, s/he will coordinate trainings and health meetings with the stake holders, will also be instrumental in reporting and will devote 100% of his / her time to this project	100 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.10 Protection officer 100%	Protection officer will be responsible for ensuring adherence to the MoH guidelines of all aspects of the livelihood sector, s/he will coordinate trainings and health meetings with the stake holders, will also be instrumental in reporting and will devote 100% of his / her time to this project	100 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.11 Livelihood officer 100%	Protection officer will be responsible for ensuring adherence to the MoH guidelines of all aspects of the nutrition sector, s/he will coordinate trainings and health meetings with the stake holders, will also be instrumental in reporting and will devote 100% of his / her time to this project	100 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.12 Community outreach officer 100%	Community outreach officer will be responsible for mobilizing of the community during meetings, ensuring the community is kept abreast on program implementation	100 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.1.13 Construction Eng - NYAL - 100%	Eng will be made to ensure constructions are done as per approved MoH plan, payments must always be approved by the eng and the line ministry before any payments are done.	100 % of monthly Salary for 12 months as per detailed budget and salary scale for IMC
1.1.2 Administrative/ support staff		
1.1.2.1 Snr HR Manager - KHT - 10%	This position is based in Khartoum. The role includes provide support to senior procurement officer in procurement of supplies, observing best practice in getting quality fairly priced commodities and ensuring transportation of food items, medical supplies and drugs to the feeding sites. Their position will charge 10% of salary and benefits to this project for 12 months.	Snr HR Manager Khartoum 1*12months*10%* of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.2 Asst Procurement officer KHT - 10%	These staff will handle the all activities related to processing payments, staff salary payments, MOH seconded staff DSA/ per diem payments, entering all financial data in IMC accounting database, generating monthly financial numbers and assisting in reports generation and audits. This position will charge 10% of salary and benefits to this project for 12 months	Assistant Procurement officer Khartoum 1*12months*10%* of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.3 Snr Finance officer - KHT - 10%	Transport Officer will be based in Khartoum and will be will be responsible for organizing staff travel to and from the project field site, through road and booking staff to travel on UNHAS flights, managing IMC vehicle fleet by ensuring drivers are well allocated, vehicles are fueled and serviced. Coordinating with logistics staff on arranging convoys to transport both program staff and supplies by road etc. This position will charge 10% of salary and benefits to this	Senior Finance officer Khartoum 1*12months*10%* of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.4 Transport officer KHT - 10%	Transport officer is responsible for all Vehicle movements and repairs, he is in charge of booking staff to WFP flights and other commercial flights within the relation levels, he will devote an estimated 10% of his time to this grant	Transport officer Khartoum 1*12months*10%* of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.5 Assistant Finance Manager KHT - 10%	This is national position based in Khartoum. AFM is responsible for overall accounting and finance function at Khartoum office and manages Khartoum based finance team. This includes accounting, national staff payroll, and bank payments, field transfer of cash to field offices etc.	Assistant Finance Manager Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.6 Snr Procurement officer KHT - 10%	This position is based in Khartoum. The role includes procurement of supplies, observing best practice in getting quality fairly priced commodities and ensuring transportation of food items, medical supplies and drugs to the feeding sites. Their position will charge 10% of salary and benefits to this project for 12 months	Snr Procurement Officer Khartoum 1*12months*10%* of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.7 procurement officer - KHT - 10%	This position is based in Khartoum. The position work closely with senior procurement officer and Khartoum in procurement of supplies, observing best practice in getting quality fairly priced commodities and ensuring transportation of food items, medical supplies and drugs to the feeding sites. Their position will charge 10% of salary and benefits to this project for 12 months	Procurement Officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.8 Logistics Coordinator KHT - 10%	Logistic Coordinator is based in Khartoum. The role includes supply chain management, ensuring transport of project supplies, medical supplies and drugs to the health facilities in project site. This position will charge 10% of salary and benefits to this project for 12 months	Logistic Coordinator Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.9 Snr HR and Admin officer KHT - 10%	This is national position based in Khartoum and supports snr HR Manager in HR related function of Sudan mission. The position will support staff recruitment process, staff deployment, payroll processing, keeping staff files and records, processing international staff work permits and other immigration procedures and providing administration support to program. This position will devote 10% of its time to this project.	Snr HR and Admin officer Khartoum 1*12months*10%*of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.10 Finance officer - KHT - 10%	This position is based in Khartoum and works under AFM. This position is mainly responsible for management of bank payments and cash transfers to field offices. This position will charge 10% of salary and benefits to this project for 12 months.	Finance officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.

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1.1.2.11 Logistics Support officer-KHT -10%	Logistic support officer is based in Khartoum. The role provides support to logistic coordinator in supply chain management, ensuring transport of project supplies, medical supplies and drugs to the health facilities in project site. This position will charge 10% of salary and benefits to this project for 12 months	Logistic Support officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.12 HR /Admin officer-KHT -10%	This is Khartoum based position and work with the HR/admin officer to manage HR and administrative issues related to Khartoum office. Also provides supports to field offices. This position will charge 10% of salary and benefits to this project for 12 months	HR/Admin officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.13 Warehouse officer KHT -10%	This position is based in Khartoum. The Warehouse officer will handle all aspects of stores management, dispensing drugs etc. These positions will charge 10% of salary and benefits to this project for 12 months	Warehouse officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.14 Snr IT officer-KHT -10%	This is a Khartoum based position. This position handles all IT related support for Sudan country offices. This position also provides support to all field sites for IT related issues. This position will charge 10% of salary and benefits to this project for 12 months	Senior IT officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.15 Logistics Reporting officer-KHT -10%	This is Khartoum based position responsible for preparing logistic reporting for Sudan mission. This position will charge 10% of salary and benefits to this project for 12 months	Logistic Reporting Officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.16 Finance Assistant-KHT -10%	This is Khartoum based position responsible for management of cash. This includes making cash payments, updating cash book, weekly and monthly cash counts etc. This position will charge 10% of salary and benefits to this project for 12 months	Finance Assistant Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.17 Finance Assistant KHT -10%	This is Khartoum based position responsible for scanning all finance documents and updating soft files as well as hard copies. This position also coordinates and update vouchers from all field offices. This position will charge 10% of salary and benefits to this project for 12 months	Finance Assistant Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.18 Transport Assistant KHT -10%	Transport Officer is based in Khartoum and is responsible in providing support to transport of IMC in organizing staff travel to and fro the project field site, through road and booking staff to travel on UNHAS flights, managing IMC vehicle fleet by ensuring drivers are well allocated, vehicles are fueled and serviced. Coordinating with logistics staff on arranging convoys to transport both program staff and supplies by road etc. This position will charge 10% of salary and benefits to this project for 12 months	Transport Assistant Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.19 Assistant procurement officer -KHT -10%	This position is based in Khartoum. The position work closely with procurement officer and Khartoum in procurement of supplies, observing best practice in getting quality fairly priced commodities and ensuring transportation of food items, medical supplies and drugs to the feeding sites. The position will charge 10% of salary and benefits to this project for 12 months	Assistant Procurement Officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.20 Admin liaison officer-KHT -10%	This position is based in Khartoum. The position work closely with HR/ Admin officer and Khartoum in ensuring Staff work permits and visas are up to date, also ensuring organizational technical agreements are timely made and registered, and will devote 10% of his / her time to this project	Admin liaison Officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.21 Finance Assistant -KHT -30%	Assistant finance officer will be based in Khartoum to help in Cash office management, she /he will devote 10% of her time to this project	Finance Assistant Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.22 Finance officer -KHT -10%	This is Khartoum based position responsible for management of bank. This includes making payments via bank and updating bank book. This position will charge 10% of salary and benefits to this project for 12 months	Finance Officer Khartoum 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.23 Site Manager -NYAL -10%	The site manager is based in Nyala project site and will assist the Area coordinator in management of the site to ensure HR, Administration, Support, Representation functions and finance are well managed. This position will charge 10% of salary and benefits to this project for 12 months	Site Manager Nyala 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll
1.1.2.24 Snr Finance Officer -NYAL -10%	The Snr Finance officer is based in Nyala project site and will assist the Area coordinator in management of the site to ensure finance and, Support, Representation functions and finance are well managed. This position will charge 10% of salary and benefits to this project for 12 months	Snr Finance Nyala 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll
1.1.2.25 General Warehouse officer -NYAL -10%	This position is based in Nyala. The Warehouse officer will handle all aspects of stores management, dispensing drugs etc. These position will charge 10% of salary and benefits to this project for 12 months	General warehouse officer Nyala 1*12months*10% of the monthly salary. This is based on actual salaries for the position as per IMC national staff payroll
1.1.2.26 logistics officer -NYAL -10%	Logistic officer is based in Nyala. The role includes supply chain management, ensuring transport of project supplies, medical supplies and drugs to the health facilities in project site. This position will charge 10% of salary and benefits to this project for 12 months	Logistics officer Nyala 1*12months*10% of the monthly. This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.27 HR officer -NYAL -10%	HR officer is based in Nyala. The role will manage all HR related matters of Nyala field site. This position will charge 10% of salary and benefits to this project for 12 months	HR officer Nyala 1*12months*10% of the monthly This is based on actual salaries for the position as per IMC national staff payroll
1.1.2.28 Finance officer -NYAL -10%	This position is based in Nyala field office and is responsible for all finance related matters of the field office. The books, cash and bank management, data entry in system, reconciliations etc. This position will charge 10% of salary and benefits to this project for 12 months	Finance officer Nyala 1*12months*10% of the monthly. This is based on actual salaries for the position as per IMC national staff payroll
1.1.2.29 Drivers -KHT (5) -10%	These are five national staff positions that will support the project implementation at Khartoum. They will be responsible for driving IMC vehicles for official administration/program errands including delivery of project related supplies where required. They are also responsible for ensuring the vehicles are well kept and well maintained. These positions will charge 10% of salary and benefits to this project for 12 months	Drivers Khartoum 5*12months*10%* of monthly salary(Average). This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.30 Cleaners /cooks -KHT (7) -10%	These are national staff positions based in Khartoum that support the cleaning and creating hygienic and secure environment in the ware houses, office and guest houses. The 9 cleaners/cooks will charge 10% of salary and benefits to this project for 12 months	Cleaners/Cooks Khartoum 7*12months*10%* of the monthly salary(average). This is based on actual salaries for the position as per IMC national staff payroll.
1.1.2.31 Drivers/ Cleaners /cooks -NYAL (10) -10%	These are national staff positions based in Nyala that support the cleaning and creating hygienic and secure environment in the ware houses, office and guest houses. The 9 cleaners/cooks will charge 10% of salary and benefits to this project for 12 months	Cleaners/Cooks Khartoum 7*12months*10%* of the monthly salary(average). This is based on actual salaries for the position as per IMC national staff payroll.

1.2 Salaries (gross salaries including social security charges and other related costs, expat/int. staff)	International staff Salaries are set in line with our international staff salary scale; the monthly package includes Monthly living allowance set up in the payroll in line with the cost of living where the international staff are based and includes R&R allowance; the package includes hardship allowance of 25% for all Sudan based international staff due to hash living condition. Fringe Benefits International Staff: International Medical Corps provides benefits such as health, life, and disability insurance, social security and retirement plans, foreign workers compensation and emergency medical evacuation to its eligible employees. Eligibility depends upon the specific requirements of each benefit plan (prior employment (position eligibility), age and annual salary (life insurance, disability) residence etc. For budgeting purposes the standard rate of fringe benefits is 28%. Actual cost of fringe benefits is charged to projects through established methodology following the national total fringe benefits costs to total all salaries charged.	This is in line with IMC - International staff policy manual for field based staff in Sudan
1.2.1 Country Director - 10%	Country Director based in Khartoum and is responsible for the overall management of the program. He will devote 10% of his time to the project for total of 12 months. The specific responsibilities of the Country Director include identification and development of program initiatives for emergency response, development and implementation of program policies and protocols, coordination of organizational liaison and presentation of proposals and interim reports to donor agencies. He will also supervise staff activity in the country.	Country Director 1* 12months* 10% of the monthly Salary. This is based on actual salaries for the position as per IMC International staff payroll.
1.2.2 Finance and Admin Director - 10%	The Finance & Admin Director (FAD) will provide overall management of the finance administration matters required in grant management. This person will be responsible for financial reporting and management based on donor requirement and regulations. The FAD will ensure the budget tracking and spending analysis against implementation plan are approved by donor. S/he will ensure that all finance and administration related activities comply with local law. He will devote 10% of his time to the project for total of 12 months.	Finance and Admin Director 1* 12months* 10%* of the monthly salary. this is based on actual salaries for the position as per IMC international staff payroll.
1.2.3 Program Director - 10%	The Program director is responsible for overseeing and coordinating proposal development, program implementation and monitoring in various sites. The Program Director, in addition to providing guidance and supervision to the medical coordinators on all facets of the health/nutrition program, also advises the Country Director and is expected to ensure required attention and resources is given to the program. He/She is also involved in reporting and liaising with Ministry of Health (MoH) and other stakeholders, participation in relevant coordination mechanisms, etc. He is based in Khartoum, with regular trips to field sites to provide supportive supervision for coordination purposes. He will devote 10% of his time to the project for total of 12 months.	Program Director 1* 12months* 10% of the monthly salary. this is based on actual salaries for the position as per IMC international staff payroll.
1.2.4 M and E Coordinator - 10%	M & E Coordinator is based in Khartoum, the Monitoring & Evaluation Coordinator will assist in the coordination all necessary monitoring and evaluation requirements for the entire program. S/he will be responsible for developing and implementing M&E Systems focused on data collection, analysis and reporting. S/he will develop systematic and realistic monitoring plans and capture qualitative and quantitative data to report on the project performance indicato	M and E Coordinator 1* 12months* 10% of the monthly salary. this is based on actual salaries for the position as per IMC international staff payroll.
1.2.5 Operations Manager - 10%	He is based in Khartoum, he will be responsible for providing direction to the logistic, supply chain and fleet team in accordance with project objectives and the proposal. He will provide support for project procurement, asset/inventory and liaising with the site manager to ensure lead time between purchasing and delivery of supplies and other is kept minimal and determined beforehand. He will partially work under this project. He will devote 10% of his time to the project for 12 months.	Operations Manager 1* 12months* 10% of the monthly salary. this is based on actual salaries for the position as per IMC International staff payroll.
1.2.6 Finance Manager- Darfur - 10%	Is based in Darfur. The Finance Manager will rove between sites, with the primary objective of ensuring compliance with donor and International Medical Corps UK financial rules and regulations. he will ensure accurate coding of expenses, and liaises with internal and external auditors as needed. He will also carry out capacity building of the both Khartoum and field finance staff and participate in formulation of monthly financial reports, budgets and donor reports. He will devote 10% of his time to the project for total of 12 months.	Finance Manager Darfur 1* 12months* 10% of the monthly Salary. this is based on actual salaries for the position as per IMC international staff payroll.
1.2.7 Medical Coordinator SD - 10%	Is based in Darfur. The medical coordinators are responsible for the day to day management, implementation and monitoring of the program, including: being site-specific project Budget holder, supervising program staff; addressing training needs; ensuring high quality provision of health care; liaising with local MOH representatives, local partners, and other humanitarian actors and ensuring the timely and accurate submission of local monitoring data and reports	Medical Coordinator SD and WD 1* 12months* 10%* of the monthly salary. this is based on actual salaries for the position as per IMC International staff payroll.
1.2.8 Nutrition Coordinator Darfur - 10%	Is based in Darfur. S/he will devote 10% of his time to the project for total of 12 months. The nutrition coordinator is responsible for the day to day implementation, management and monitoring of the nutrition program, including: supervising program staff, addressing training needs; ensuring high quality care; liaising with local MOH representatives, local sub awards and other humanitarian actors; and ensuring the timely and accurate submission of local monitoring data and reports.	Nutrition Coordinator Darfur 1* 12months* 10% of the monthly salary. this is based on actual salaries for the position as per IMC international staff payroll.
1.2.9 Area Coordinator S Darfur - 100%	The Area Coordinator is based in Darfur. Medical Corps UK field offices and are primarily responsible for coordinating and facilitating the support required for the smooth implementation of the project in the respective field sites by coordinating administration, HR, logistics, finance, security and liaison / representation functions. Area Coordinator is expected to devote 100% of time to this project for total of 12 months.	Area Coordinator Darfur 1* 12months* 10% of the monthly salary. this is based on actual salaries for the position as per IMC international staff payroll.
1.2.10 Medical Director - 10%	The medical director based in Khartoum will provide technical support and oversee the implementation of the project activities for all program areas. He/she will make follow up with medical coordinators to ensure quality and standard implementation project activities and services delivery and monitor project spending and adherence to donor/compliance rules and regulation / protocols. He will partially work under this project and devote 10% of his time to this project for total of 12 months	Medical Director 1* 12months* 10% of the monthly Salary. this is based on actual salaries for the position as per IMC international staff payroll.
1.3 Per diems for missions/travels	This line item is made to cover trips for our HQ based technical staff while visiting our Field to ensure program implementation quality checks and guidance.	Field trips have been budgeted once trip for each of the technical staff to the Field proportionately to the work for this grant /project
1.3.1 Abroad (staff assigned to the Action)		
1.3.2 Seminar/conference participants		
1.3.3 Seminar/conference participants		
Subtotal Human Resources		
2. Travel		
2.1 International travel	Air tickets are budgeted in order to cover travel arrangements of international staff to the country and out of country for purpose of employment for this project or home leave. Average price of return air ticket from/to home destination to/from Sudan has been estimated. One trip per year for 13 international staff once for 12 months has been budgeted this is in line with the current ticket pricing for the existing international staff and the cost is proportionate to the %age charged to this grant.	International travel for of the international staff for home leave or deployment in line with the contract
2.2 Local transportation	In country travel is defined domestic (WFP-UNHAS) travel within Sudan for official purposes. This line also covers any incidental/hotel accommodation related to in country travel. It is anticipated that budgeted in country travel to the various project sites will be needed. Estimation of monthly average costs has been used from past experience and existing rates in Sudan. The cost estimate is made based on projected number of travels by member of SMT for field monitoring, seeing technical and support staff movements (RH, Nutrition, Finance and Operations) between sites for field work, relocation by national staff annual leave related movements between duty station and home of record.	The cost includes WFP flights and staff per diems in line with our per diem policy
2.3 Visa / Departure taxes Work permits	IMC is required to purchase exit visas and work permits for all international staff working in Sudan. Rate for all required visas and work permits is priced at the agreed rate established by the Sudanese government. These fees are charged as per staff list	Visa/departure/work permit 10 experts*1month* visa at prevailing visa price for Sudan
2.4 National travel	International Medical Corps UK provides per diem to national staff that are traveling outside their duty station for required work related activities. The per diem rate payable and applicable is based on International Medical Corps UK Sudan established HR policy/rates and is consistently applied to all donors/programs and is in compliance with the local labor law.	National Travel Trips 6* 12 months* 32.52
2.5 In country Transport	This will be used to cover cost of transport of program materials and supplies such as drugs, medicines, medical equipment and clinic supplies and any other supplies to the various field sites by air and land. Most items/supplies sent from Khartoum to field site locations are airlifted due the long distances, however, International Medical Corps UK will endeavor to transport most supplies/materials by road as it is cost effective. The estimated prices are based on prevailing market rates and past experience	In country transport 2*4045.1

Subtotal Travel		
3. Equipment and supplies		
3.1 Purchase or rent of vehicles		
3.2 computer equipment	Additional Four Laptop computers are needed to support the field project staff and for direct project implementation reporting. This line will be used to provide new project staff with working stations. The estimated cost is based on past experience and prevailing market rates.	4 laptops will be procured for program implementation in line with our IT policy
3.3 Printer	One Printer is required to support the field on direct project implementation, reporting. The estimated cost is based on past experience and prevailing market rates	1 printer will be procured for program implementation in line with our IT policy
3.4 Scanner	One scanner will be required in order to support the country office in processing of financial and program documents; this is for ensuring approvals are done in line with the approval protocols documented in Khartoum mission. The estimated cost is based on past experience and prevailing market rates.	1 scanner will be procured for program implementation in line with our IT policy
3.5 Mobile phones	Three Mobile telephone handsets will be required not only to facilitate and enhance communication between field sites with other sites and Khartoum but also for M&E database management. This means key program data will be collected and shared on the mobile telephony platform through use of a web program application. The estimated cost is based on past experience and prevailing market rates.	Mobiles phones: 3 simple mobile phones will be procured for this program
3.6 Vehicle rental	To ensure safety of staff and effective and uninterrupted program delivery, International Medical Corps UK rents vehicles for program use. The rented vehicles which are sometimes Four-Wheel drive vehicles are required due to the rough and challenging terrain, and will be hired to be used in supporting delivery program activities. Three vehicles will be rented for this purpose. The rental cost is based on the prevailing vehicle rental costs in [illegible].	one Rental vehicle in [illegible] as per current rental vehicle cost
3.7 Vehicle Fuel	This line item will be used to fuel International Medical Corps UK non rented office vehicles in Khartoum and [illegible] based on prevailing market rates. Cost are based on current market prices. Fuel cost for 5 Vehicles in Khartoum and 3 in [illegible] will be partially charged to the project 10% per month for the life of project.	vehicle fuel cost for office use, this is for both Khartoum based and field based, as [illegible] used for the project only
3.8 Vehicle insurance	Vehicle Insurance includes the International comprehensive insurance cover and the third party in-country insurance cover for International Medical Corps UK owned vehicles which is in line with the best financial and assets/fleet management practices. The rates are based on the current insurance premium rates available in the market. The insurance costs will be charged partially to this project 10% as onetime cost during the life of the project.	vehicle insurance cost for office use, this is for both Khartoum based and field based, as [illegible] used for the project only
3.9 Vehicle spare parts/ Repairs/ Service & maintenance	The estimated costs are for ordinary/regular repairs/service/replacement of spare parts/maintenance of International Medical Corps UK owned vehicles based on the normal wear and tear of the vehicles. The estimated prices are based on prevailing market rates and past experience. The cost will be charged 10% to the project for total of 12 months.	vehicle fuel cost for office use, this is for both Khartoum based and field based, as [illegible] used for the project only
Subtotal Equipment and supplies		
4. Project office		
4.1 Vehicle costs		
4.2 Office, Warehouse and GH rent	To run the project, International Medical Corps UK rents various offices, guest houses and warehouses in various sites in Sudan. International Medical Corps UK provides shared housing facilities to its international staff in Khartoum and all field sites. This line will be used to cover monthly rent of the office, warehouses and guest houses and is based on prevailing rates in the market. The cost will be charged 10% for Khartoum to the project for total of 12 months.	Warehouses, offices, and guest houses needed for implementation of the project
4.3 Other costs		
5.12 Staff Capacity building	This budget line item will be utilised for upgrading staff capacity in various field which will be a form of motivation to the mission staff, the [illegible] charged here is only 10% in line with the grant contribution to the mission portfolio	10% of the total yearly cost of training for the mission
4.4 Other services (tel/fax, electricity/heating, maintenance etc	This line item is made to cover the cost of utilities, repairs and maintenance, equipment maintenance, office supplies, Communication, postage, software maintenance, ACP costs, bank charges legal fee. The costs have been calculated using the average for the last one year	The cost has been calculated using the average for the last one year, cost charged to the grant is in line with the best accounting procedures and methods proportionate to the grant weight compared with the total portfolio
Subtotal Project office		
5. Other costs, services		
5.1 External Audit for IMC Sudan Mission 10%	An external audit is conducted for Sudan country office for full financial year and 10% of the cost will be charged to this project	External Audit for IMC-Sudan mission
5.2 External Verification	External verification process in line with Donor regulations will be done before the last payment is released to IMC. The amount reflects the actual amount negotiated by the Donor	lumpsum amount
Subtotal Other costs, services		
6. Other		
6.1 Medical Equips and supplies	This line will be used for the procurement and provision of the essential medical equipments required in the targeted health facilities. The budget line is aligned with the priorities for this action and will contribute to improving health service delivery	The cost is based on prevailing market rates for procurement through IDA [illegible]
6.2 Shipping and handling cost	This line estimation is based on previous experience of importing drugs, Medical Supplies / lab supplies & reagents / equipment to Sudan. This line item covers costs related to shipping/ freight insurance and clearing/handling and storage costs at customs port before the drugs are released to IMC by the port authorities.	The cost is based on prevailing market rates.
6.3 Pharmacists - Mission Monitoring of drugs (2)	This line item is made to cover the cost of 2 IMC pharmacists based in Khartoum, the cost is in line with IMC salary scale and it will only cover 10% of their costs	10% of 2 IMC pharmacists for 12 months, the cost is in line with their current salary scale
6.4 EPI Support	This line will be used for accelerated EPI campaigns to improve coverage in selected areas.	The cost is based on prevailing market rates.
6.5 Patient Referral Support	This line will be used for establishing a referral mechanism for patients who will be requiring high level of care.	The cost is based on prevailing market rates.
6.6 Non Cash Incentives for CHVs, MSGs, FEGs etc	Community health and nutrition interventions will be focusing on the engagement of formal and informal structures. These structures will be provided with basic non-cash incentives for motivation purposes to take forward the various community engagement interventions	The cost is based on prevailing market rates.
6.7 Reproductive health campaigns	This line will be used for accelerated reproductive health campaigns for the uptake of various reproductive health indicators.	The cost is based on prevailing market rates.
6.8 Monthly meetings with health facilities	Monthly meetings with the health facilities staff, SMOH and IMC will happen during the project period through which it will be ensured that the project deliverables are on track and plans are developed and acted upon.	The cost is based on prevailing market rates.
6.10 Monthly meetings with schools	This line will cover the expenses related to the celebration of various global days including breast feeding, hand washing, world toilet day etc.	The cost is based on prevailing market rates.
6.11 WASH supplies for school and HF	This line is aligned with the approach of developing and implementing the medical preventive plan at school level. Monthly meetings will be held in targeted schools to assess the performance in the schools over the preventive plans.	The cost is based on prevailing market rates.
6.12 Furnitures for Health department	This line is based on the prevailing needs existing in the targeted health facilities for the provision of essential furniture.	The cost is based on prevailing market rates.
6.13 Mother Support Monthly Meeting	The project will target 450 mother support groups for community level nutrition related interventions. This line item will be used for the monthly meetings with the lead mothers.	The cost is based on prevailing market rates.
6.14 Sanitary supplies	The line item will be used for improving the general hygiene of the nutrition centres.	The cost is based on prevailing market rates.
6.15 Stationery Supply	The line item will be used for the provision of essential stationary items required for the nutrition program	The cost is based on prevailing market rates.
6.16 Nutrition supplies for Nutrition cpt	This line item will be required for the various non-medical nutrition supplies required in the nutrition centres for the implementation of the nutrition program	The cost is based on prevailing market rates.
6.17 Furniture Supply	Metallic cupboard and benches will be provided in the nutrition centres that will be used for various nutrition related interventions.	The cost is based on prevailing market rates.
6.18 Non cash incentives for mother support groups	The 450 Mother support Groups will be provided with basic non-cash incentives that will enable them to take forward the community level nutrition related interventions.	The cost is based on prevailing market rates.
6.19 Community based activities	Community volunteers will be hired in the targeted locations for the uptake of community nutrition interventions. This line will be used for facilitating the engagement of community volunteers.	The cost is based on prevailing market rates.
6.20 Supporting support groups trainings	This line will be used for providing trainings to the mother support groups	The cost is based on prevailing market rates.

6.21 Kitchen Garden supplies	This line item is aligned with the PEP approach and will be used to procure the needed supplies and tools for kitchen gardening	The cost is based on prevailing market rates.
6.22 Ernest Training	The line item will be used for training the staff on EMOC	The cost is based on prevailing market rates.
6.23 Training Vaccinators on Q-Mollies, Cold chain etc	The line item will be used for training the staff on various IPC topics	The cost is based on prevailing market rates.
6.24 Training school Teachers	schools teachers will be trained on the medical prevention plans say health, hygiene and nutrition topics	The cost is based on prevailing market rates.
6.25 IPC Training	MMOH staff will be trained on the IPC protocols that will help to reduce cross infection in the targeted health facilities	The cost is based on prevailing market rates.
6.26 Volunteer Training	IMC will conduct a project kickoff meeting with all the stakeholders and select community response actors. The Participant includes beneficiaries at each health centre at population (at least 30 per each Chair catchment). This budget line shall be use for lunch, refreshment, stationeries and accomodation of some staffs who will be coming from deep field to attend the meeting. The kickoff meeting will be for two days	The cost is based on prevailing market rates.
6.28 Quarterly Project Review meetings	International Medical Corps will conduct quarterly review meetings to review project progress with all the team and stakeholders. The review meeting will be conducted at state level. At least 20 participants from each Clinic conducted (population plus 10 participants from the Medical Officers and other stakeholders. The review meeting will be conducted for 2 days. The budget line will be used for lunch, lunch, refreshments, stationeries, travel and accomodation costs.	The cost is based on prevailing market rates.
6.29 Accountability and CBFRM trainings (establishment and strengthening feedback channels	International Medical Corps will conduct training on the Community Based Feedback and Response Mechanism to staffs including Clinic staffs. At least 30 staffs from each clinics plus Field based staffs will be trained on CBFRM. The cost will cover training related costs which include refreshments, stationeries, lunch, travel and accomodation costs.	The cost is based on prevailing market rates.
6.30 MEAL capacity building training for MEAL and Program Staff	International Medical Corps will conduct capacity building trainings on various topics related to MEAL based on the training needs. Training participants including MEAL staff in South Sudan and Khartoum office and Clinic staffs (10 per clinic 3 * 10=30). The cost will cover training related costs including hall rent, refreshments, lunch, per diem, travel and accomodation.	The cost is based on prevailing market rates.
6.31 Final IMC-Clinic and Other key sectors joint supervision and evaluation	International Medical Corps will undertake a joint supervision (project finalization) visits by state MOH, IMC and IMC staff (8 persons) to evaluate project performance against its set target. The proposed cost will cover per diem for participants plus vehicle rental.	The cost is based on prevailing market rates.
6.32 KAP Survey	International Medical Corps will undertake KAP in order to assess age knowledge, attitude and practices of the beneficiaries before and after the project implementation.	The cost is based on prevailing market rates.
6.33 Rehabilitation of Lotus clinic	This line will be used for the construction of rehabilitation centre in Lotus which is currently not existing	The cost is based on prevailing market rates.
6.34 construction MMH2	This line will be used for the construction of Reproductive Health and IPT unit in the health facility	The cost is based on prevailing market rates.
6.35 rehabilitation MOH clinic	This line will be used for the rehabilitation of Abukaka Ambatori HCC	The cost is based on prevailing market rates.
Subtotal of Other costs, services		
9. Other		
10.2 Volunteers work		
Subtotal Other		
12. - Taxes - Contributions in kind		

1. Please specify the number of staff working at the Project office

3. Expected sources of funding & summary of estimated costs[1]

	Amount EUR	Percentage %
Expected sources of funding		
EU/EDF contribution sought in this application **(A)**	1.000.000,0	100%
CO-FINANCING (1+2+3+4) **(B)**	0	
1. Other contributions (Applicant, other Donors etc)		
Name / *Conditions*		
2. Revenue from the Action [6]		
To be inserted if applicable and allowed by the guidelines:		
3. In-kind contributions [7]	0	
4. Volunteers' work [8]	0	
Expected TOTAL CONTRIBUTIONS **(A)+(B)**	1.000.000,00	
Estimated Costs		
Estimated TOTAL ELIGIBLE COSTS [2] **(C)**	1.000.000,0	
EU/EDF contribution expressed as a percentage of total eligible costs [4] **(A/C x 100)**		100%
To be inserted if applicable and allowed by the guidelines:		
Taxes/In-kind contributions [5]		
Estimated TOTAL ACCEPTED COSTS [3] **(D)**		
EU/EDF contribution expressed as a percentage of total accepted costs[4] **(A/D x 100)**		

points included in the checklist for the full application form (part 7 of the full application form)

2. as per heading 11 of the Budget of the Action
3. as per heading 13 of the Budget of the Action
4. EU contribution cannot finance volunteers' work. Do not round, enter percentage with 2 decimals (e.g. 74,38%).
5. as per heading 12 of the Budget of the Action
6. with reference to art.17.4 (b) of the General Conditions
7. as per heading 12 of the Budget of the Action
8. as per heading 10.2 of the Budget of the Action, up to 50% of the co-financing.

ANNEX II

General conditions applicable to European Union-financed grant contracts for external actions

CONTENTS

Explanations of the terms used throughout these general conditions may be found in the 'Glossary of terms', Annex A1a to the practical guide.

In case of operating grants, the term 'action' should be understood as 'work programme'.

The term 'coordinator' refers to the beneficiary identified as the coordinator in the special conditions.

The term 'beneficiary(ies)' refers collectively to all beneficiaries, including the coordinator, of the action. When there is only one beneficiary of the action, the terms beneficiary(ies) and coordinator should both be understood as referring to the only beneficiary of the action.

The term 'party(ies) to this contract' refers to the party signatory of this contract (i.e. the beneficiary(ies) and the contracting authority).

All references to 'days' in this contract are to calendar days, unless otherwise specified.

Table of content

GENERAL AND ADMINISTRATIVE PROVISIONS

ARTICLE 1 - GENERAL PROVISIONS

General principles

1.1. The beneficiary(ies) and the contracting authority are the only parties to this contract. Where the European Commission is not the contracting authority, it is not party to this contract, which confers on the European Commission only the rights and obligations explicitly mentioned in this contract.

1.2. This contract and the payments attached to it may not be assigned to a third party in any manner whatsoever without the prior written consent of the contracting authority.

Processing of personal data by the Commission

1.3. Any personal data included in the grant contract must be processed by the Commission in accordance with Regulation (EU) No 2018/1725.

Such data must be processed by the data controller identified in the special conditions solely for implementing, managing and monitoring the grant contract or to protect the financial interests of the EU, including checks, audits and investigations in accordance with Article 16 of these general conditions.

The beneficiaries have the right to access, rectify or erase their own personal data and the right to restrict the processing of their personal data or, where applicable, the right to data portability or the right to object to data processing in accordance with Regulation (EU) No 2018/1725. For this purpose, they must send any queries about the processing of their personal data to the data controller identified in the special conditions.

The beneficiaries may have recourse at any time to the European Data Protection Supervisor.

Processing of personal data by the beneficiaries

1.4. The beneficiaries must process personal data under the Agreement in compliance with applicable EU and national law on data protection (including authorisations or notification requirements).

The beneficiaries may grant their personnel access only to data that is strictly necessary for implementing, managing and monitoring the grant contract. The beneficiary must ensure that the personnel authorised to process personal data has committed itself to confidentiality or is under appropriate statutory obligation of confidentiality.

The beneficiaries must adopt appropriate technical and organisational security measures having regard to the risks inherent in the processing and to the nature, scope, context and purposes of processing of the personal data concerned. This is in order to ensure, as appropriate:

(a) the pseudonymisation and encryption of personal data;

(b) the ability to ensure the ongoing confidentiality, integrity, availability and resilience of processing systems and services;

(c) the ability to restore the availability and access to personal data in a timely manner in the event of a physical or technical incident;

(d) a process for regularly testing, assessing and evaluating the effectiveness of technical and organisational measures for ensuring the security of the processing;

(e) measures to protect personal data from accidental or unlawful destruction, loss, alteration, unauthorised disclosure of or access to personal data transmitted, stored or otherwise processed.

Role of the beneficiary(ies)

1.5. The beneficiary(ies) shall:

a) carry out the action jointly and severally vis-a-vis the contracting authority taking all necessary and reasonable measures to ensure that the action is carried out in accordance with the description of the action in Annex I and the terms and conditions of this contract.

To this purpose, the beneficiary(ies) shall implement the action with the requisite care, efficiency, transparency and diligence, in line with the principle of sound financial management and with the best practices in the field;

b) be responsible for complying with any obligation incumbent on them from this contract jointly or individually;

c) forward to the coordinator the data needed to draw up the reports, financial statements and other information or documents required by this contract and the annexes thereto, as well as any information needed in the event of audits, checks, monitoring or evaluations, as described in Article 16;

d) ensure that all information to be provided and requests made to the contracting authority are sent via the coordinator;

e) agree upon appropriate internal arrangements for the internal coordination and representation of the beneficiary(ies) vis-a-vis the contracting authority for any matter concerning this contract, consistent with the provisions of this contract and in compliance with the applicable legislation(s).

1.5 bis. Grant beneficiaries and contractors must ensure that the subcontractors and all natural persons linked to the contract, including participants to workshops and/or trainings and recipients of financial support to third parties, do not include entities/persons included in the lists of EU restrictive measures.

Role of the coordinator

1.6. The coordinator shall:

a) monitor that the action is implemented in accordance with this contract and ensure coordination with all beneficiary(ies) in the implementation of the action;

b) be the intermediary for all communications between the beneficiary(ies) and the contracting authority;

c) be responsible for supplying all documents and information to the contracting authority which may be required under this contract, in particular in relation to the narrative reports and the requests for payment. Where information from the beneficiary(ies) is required, the coordinator shall be responsible for obtaining, verifying and consolidating this information before passing it on to the contracting authority.

Any information given, as well as any request made by the coordinator to the contracting authority, shall be deemed to have been given in agreement with all beneficiary(ies);

d) inform the contracting authority of any event likely to affect or delay the implementation of the action;

e) inform the contracting authority of any change in the legal, financial, technical, organisational or ownership situation of any of the beneficiary(ies), as well as, of any change in the name, address or legal representative of any of the beneficiary(ies);

f) be responsible in the event of audits, checks, monitoring or evaluations, as described in Article 16 for providing all the necessary documents, including the accounts of the beneficiary(ies), copies of the most relevant supporting documents and signed copies of any contract concluded according to Article 10;

g) have full financial responsibility for ensuring that the action is implemented in accordance with this contract;

h) make the appropriate arrangements for providing the financial guarantee, when requested, under the provisions of Article 4.1 of the special conditions;

i) establish the payment requests in accordance with the contract;

j) be the sole recipient, on behalf of all of the beneficiary(ies), of the payments of the contracting authority. The coordinator shall ensure that the appropriate payments are then made to the beneficiary(ies) without unjustified delay;

k) not delegate or subcontract any, or part of, these tasks to the beneficiary(ies) or other entities.

ARTICLE 2 - OBLIGATION TO PROVIDE FINANCIAL AND NARRATIVE REPORTS

2.1. The beneficiary(ies) shall provide the contracting authority with all required information on the implementation of the action. The report shall describe the implementation of the action according to the activities envisaged , difficulties encountered and measures taken to overcome problems, eventual changes introduced, as well as the degree of achievement of its results (impact, outcomes or outputs) as measured by corresponding indicators. The report shall be laid out in such a way as to allow monitoring of the objective(s), the means envisaged or employed and the budget details for the action. The level of detail in any report should match that of the description of the action and of the budget for the action. The coordinator shall collect all the necessary information and draw up consolidated interim and final reports. These reports shall:

a) cover the action as a whole, regardless of which part of it is financed by the contracting authority;

b) consist of a narrative and a financial report drafted using the templates provided in Annex VI;

c) provide a full account of all aspects of the action's implementation for the period covered, including in case of simplified cost options the qualitative and quantitative information needed to demonstrate the fulfilment of the conditions for reimbursement established in this contract;

d) include the current results within an updated table based on the logical framework matrix including the results achieved by the action (impact, outcomes or outputs) as measured by their corresponding indicators; agreed baselines and targets, and relevant sources of verification;

e) determine if the intervention logic is still valid and propose any relevant modification including regarding the logical framework matrix;

f) be drafted in the currency and language of this contract;

g) include any update on the communication plan as provided by Article 6.2;

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h) include any relevant reports, publications, press releases and updates related to the action;

i) include any update on the self-evaluation questionnaire on sexual exploitation, abuse and harassment (SEA-H) or on the related list of envisaged measures indicated therein and submitted during the award procedure.

2.2. Additionally the final report shall:

a) cover any period not covered by the previous reports;

b) include the proofs of the transfers of ownership as referred to in Article 7.6.

2.3. The special conditions may set out additional reporting requirements.

2.4. The contracting authority may request additional information at any time. The coordinator shall provide this information within 30 days of the request, in the language of the contract.

2.5. Reports shall be submitted with the payment requests, according to Article 15. If the coordinator fails to provide any report or fails to provide any additional information requested by the contracting authority within the set deadline without an acceptable and written explanation of the reasons, the contracting authority may terminate this contract according to Article 12.2 (a) and (f).

ARTICLE 3 - LIABILITY

3.1. The contracting authority cannot under any circumstances or for any reason whatsoever be held liable for damage or injury sustained by the staff or property of the beneficiary(ies) while the action is being carried out or as a consequence of the action. The contracting authority cannot, therefore, accept any claim for compensation or increases in payment in connection with such damage or injury.

3.2. The beneficiary(ies) shall assume sole liability towards third parties, including liability for damage or injury of any kind sustained by them while the action is being carried out or as a consequence of the action. The beneficiary(ies) shall discharge the contracting authority of all liability arising from any claim or action brought as a result of an infringement of rules or regulations by the beneficiary(ies) or the beneficiary(ies)'s employees or individuals for whom those employees are responsible, or as a result of violation of a third party's rights. For the purpose of this Article 3 employees of the beneficiary(ies) shall be considered third parties.

ARTICLE 4 - CONFLICT OF INTERESTS AND CODE OF CONDUCT

4.1. The beneficiary(ies) shall take all necessary measures to prevent or end any situation that could compromise the impartial and objective performance of this contract. Such conflict of interests may arise in particular as a result of economic interest, political or national affinity, family or emotional ties, or any other relevant connection or shared interest.

4.2. Any conflict of interests which may arise during performance of this contract must be notified in writing to the contracting authority without delay. In the event of such conflict, the coordinator shall immediately take all necessary steps to resolve it.

4.3. The contracting authority reserves the right to verify that the measures taken are appropriate and may require additional measures to be taken if necessary.

4.4. The beneficiary(ies) shall ensure that its staff, including its management, is not placed in a situation which could give rise to conflict of interests. Without prejudice to its obligation

under this contract, the beneficiary(ies) shall replace, immediately and without compensation from the contracting authority, any member of its staff in such a situation.

4.5. The beneficiary (ies) shall at all-time act impartially and as a faithful adviser in accordance with the code of conduct of its profession as well as with appropriate discretion. It shall refrain from making any public statements concerning the action or the services without the prior approval of the contracting authority. It shall not commit the contracting authority in any way whatsoever without its prior consent, and shall make this obligation clear to third parties.

4.6. Physical abuse or punishment, or threats of physical abuse, sexual abuse or exploitation, harassment and verbal abuse, as well as other forms of intimidation shall be prohibited. The beneficiary (ies) shall also inform the contracting authority of any breach of ethical standards or code of conduct as set in the present Article. In case the beneficiary (ies) is aware of any violations of the abovementioned standards, it shall report in writing within 30 days to the contracting authority.

4.7. The beneficiary(ies) and its/their staff shall respect human rights, applicable data protection rules and environmental legislation applicable in the country(ies) where the action is taking place and internationally agreed core labour standards, e.g. the ILO core labour standards, conventions on freedom of association and collective bargaining, elimination of forced and compulsory labour, elimination of discrimination in respect of employment and occupation, and the abolition of child labour.

4.8. The beneficiary(ies) or any related person shall not abuse of its entrusted power for private gain. The beneficiary(ies) or any of its subcontractors, agents or staff shall not receive or agree to receive from any person or offer or agree to give to any person or procure for any person, gift, gratuity, commission or consideration of any kind as an inducement or reward for performing or refraining from performing any act relating to the performance of the contract or for showing favour or disfavour to any person in relation to the contract. The beneficiary(ies) shall comply with all applicable laws and regulations and codes relating to anti-bribery and anti-corruption.

4.9. The payments to the beneficiary(ies) under the contract shall constitute the only income or benefit it may derive in connection with the contract, with the exception of revenue generating activities. The beneficiary(ies) and its/their staff must not exercise any activity or receive any advantage inconsistent with their obligations under the contract.

4.10. The execution of the contract shall not give rise to unusual commercial expenses. Unusual commercial expenses are commissions not mentioned in the contract or not stemming from a properly concluded contract referring to the contract, commissions not paid in return for any actual and legitimate service, commissions remitted to a tax haven, commissions paid to a recipient who is not clearly identified or commission paid to a company which has every appearance of being a front company. The contracting authority and the European Commission may carry out documentary or on-the-spot checks they deem necessary to find evidence in case of suspected unusual commercial expenses.

4.11. The respect of the code of conduct set out in the present Article constitutes a contractual obligation. Failure to comply with the code of conduct is always deemed to be a breach of the contract under Article 12 of the General Conditions. In addition, failure to comply with the provision set out in the present Article can be qualified as grave professional misconduct that may lead either to suspension or termination of the contract, without prejudice to the application of administrative sanctions, including exclusion from participation in future contract award procedures. In case of breach of Article 4.6, the contracting authority will take into consideration, amongst others, the information contained in the self-evaluation questionnaire on sexual exploitation, abuse and

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harassment (SEA-H) and in the related list of envisaged measures indicated therein and submitted during the award procedure.

ARTICLE 5 - CONFIDENTIALITY

5.1. Subject to Article 16, the contracting authority and the beneficiary(ies) undertake to preserve the confidentiality of any information, notwithstanding its form, disclosed in writing or orally in relation to the implementation of this contract and identified in writing as confidential until at least 5 years after the payment of the balance.

5.2. The beneficiary(ies) shall not use confidential information for any aim other than fulfilling their obligations under this contract unless otherwise agreed with the contracting authority.

5.3. Where the European Commission is not the contracting authority it shall still have access to all documents communicated to the contracting authority and shall maintain the same level of confidentiality.

ARTICLE 6 - VISIBILITY

6.1. Unless the European Commission agrees or requests otherwise, the beneficiary(ies) shall take all necessary steps to publicise the fact that the European Union has financed or co-financed the action. Such measures shall comply with the Requirements for Visibility Communication for European Union External Actions laid down and published by the European Commission or with any other guidelines agreed between the European Commission and the beneficiary(ies).

6.2. The coordinator shall submit a communication plan for the approval of the European Commission and report on its implementation in accordance with Article 2.

6.3. In particular, the beneficiary(ies) shall mention the action and the European Union's financial contribution in information given to the final recipients of the action, in its internal and annual reports, and in any dealings with the media. It shall display the European Union logo wherever appropriate.

6.4. Any notice or publication by the beneficiary(ies) concerning the action, including those given at conferences or seminars, shall specify that the action has received European Union funding. Any publication by the beneficiary(ies), in whatever form and by whatever medium, including the internet, shall include the following statement: 'This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of < beneficiary(ies)'s name > and can under no circumstances be regarded as reflecting the position of the European Union.'

6.5. The beneficiary(ies) authorises the contracting authority and the European Commission (where it is not the contracting authority) to publish its name and address, nationality, the purpose of the grant, duration and location as well as the maximum amount of the grant and the rate of funding of the action's costs, as laid down in Article 3 of the special conditions. Derogation from publication of this information may be granted if it could endanger the beneficiary(ies) or harm their interests.

ARTICLE 7 - OWNERSHIP/USE OF RESULTS AND ASSETS

7.1. Unless otherwise stipulated in the special conditions, ownership of, and title and intellectual and industrial property rights to, the action's results, reports and other documents relating to it will be vested in the beneficiary(ies).

7.2. Without prejudice to Article 7.1, the beneficiary(ies) grant the contracting authority (and the European Commission or the Partner country where it is not the contracting authority) the right to use freely and as it sees fit, and in particular, to store, modify, translate, display, reproduce by any technical procedure, publish or communicate by any medium all documents deriving from the action whatever their form, provided it does not thereby breach existing industrial and intellectual property rights.

7.3. The beneficiary(ies) shall ensure that it has all rights to use any pre-existing intellectual property rights necessary to implement this contract.

7.4. In case natural, recognizable persons are depicted in a photograph or film, the coordinator shall, in the final report to the contracting authority, submit a statement of these persons giving their permissions for the described use of their images. The above does not refer to photographs taken or films shot in public places where random members of the public are identifiable only hypothetically and to public persons acting in their public activities.

7.5. Unless otherwise clearly specified in the description of the action in Annex I, the equipment, vehicles and supplies paid for by the budget for the action shall be transferred to the final beneficiaries of the action, at the latest when submitting the final report.

If there are no final beneficiaries of the action to whom the equipment, vehicles and supplies can be transferred, the beneficiary(ies) may transfer these items to:

- local authorities
- local beneficiary(ies)
- local affiliated entiy(ies)
- another action funded by the European Union
- or, exceptionally, retain ownership of these items.

In such cases, the coordinator shall submit a justified written request for authorisation to the contracting authority, with an inventory listing the items concerned and a proposal concerning their use, in due time and at the latest with the submission of the final report.

In no event may the end use jeopardize the sustainability of the action or result in a profit for the beneficiary(ies).

7.6 Copies of the proofs of transfer of any equipment and vehicles for which the purchase cost was more than EUR 5000 per item, shall be attached to the final report. Proofs of transfer of equipment and vehicles whose purchase cost was less than EUR 5000 per item shall be kept by the beneficiary(ies) for control purposes.

ARTICLE 8 – MONITORING AND EVALUATION OF THE ACTION

8.1. Annex I shall describe in detail the monitoring and evaluation arrangements that the beneficiary(ies) will put in place.

8.2. If the European Commission carries out an interim or ex post evaluation or a monitoring exercise, the coordinator shall undertake to provide it and/or the persons authorised by it with the documents or information necessary for the evaluation or monitoring exercise.

Representatives of the European Commission shall be invited to participate in the main monitoring and in the evaluation exercises relating to the performance of the action performed by the beneficiary(ies). The European Commission shall be invited to comment the evaluation(s) terms of reference before the exercise is launched as well as the draft report(s) before they are finalised.

8.3. If either the beneficiary(ies) or the European Commission carries out or commissions an evaluation or monitoring exercise in the course of the action, it shall provide the other with a copy of the related report. All the evaluation and monitoring reports, including final values for each of the indicators in the logical framework, shall be submitted to the European Commission with the final narrative report (annex VI).

ARTICLE 9 — AMENDMENT OF THE CONTRACT.

9.1. Any amendment to this contract, including the annexes thereto, shall be set out in writing. This contract can be modified only during its execution period.

9.2. The amendment may not have the purpose or the effect of making changes to this contract that would call into question the grant award decision or be contrary to the equal treatment of applicants. The maximum grant referred to in Article 3.2 of the special conditions shall not be increased.

9.3. If an amendment is requested by the beneficiary(ies), the coordinator shall submit a duly justified request to the contracting authority thirty days before the date on which the amendment should enter into force, unless there are special circumstances duly substantiated and accepted by the contracting authority.

9.4. Where the amendment to the budget does not affect the expected results of the action (i.e. impact, outcomes, outputs), and the financial impact is limited to a transfer between items within the same main budget heading including cancellation or introduction of an item, or a transfer between main budget headings involving a variation of 25% or less of the amount originally entered (or as modified by addendum) in relation to each concerned main heading for eligible costs, the coordinator may amend the budget and must inform the contracting authority accordingly, in writing and at the latest in the next report. This method may not be used to amend the headings for indirect costs, for the contingency reserve, for in-kind contributions or the amounts or rates of simplified cost options defined in the contract.

Changes in Description of the Action and the Logical Framework that affect the expected results (impact, outcomes, outputs) shall be agreed in writing with the contracting authority before the modification takes place. Approved changes must be explained in the next report.

9.5. Changes of address, bank account or auditor may simply be notified by the coordinator. However, in duly substantiated circumstances, the contracting authority may oppose the coordinator's choice.

9.6. The contracting authority reserves the right to require that the auditor referred to in Article 5.2 of the special conditions be replaced if considerations which were unknown when this contract was signed cast doubt on the auditor's independence or professional standards.

ARTICLE 10 — IMPLEMENTATION

Implementation contracts

10.1. If the implementation of the action requires the beneficiary(ies) to procure goods, works or services, it shall respect the contract-award rules and rules of nationality and origin set out in Annex IV of this contract.

10.2. To the extent relevant, the beneficiary(ies) shall ensure that the conditions applicable to them under Articles 3, 4, 6 and 16 of these general conditions are also applicable to contractors awarded an implementation contract.

10.3. The coordinator shall provide in its report to the contracting authority a comprehensive and detailed report on the award and implementation of the contracts awarded under Article 10.1, in accordance with the reporting requirements in section 2 of Annex VI.

Subcontracting

10.4. Beneficiary(ies) may subcontract tasks forming part of the action. If it does so, it must ensure that, in addition to the conditions specified in Article 10.1, 10.2 and 10.3, the following conditions are also complied with:

- subcontracting does not cover core tasks of the action;
- recourse to subcontracting is justified because of the nature of the action and what is necessary for its implementation;
- the estimated costs of the subcontracting are clearly identifiable in the estimated budget set out in Annex III;
- any recourse to subcontracting, if not provided for in Annex I, is communicated by the beneficiary and approved by the contracting authority.

Financial support to third parties

10.5. In order to support the achievement of the objectives of the action, and in particular where the implementation of the action requires financial support to be given to third parties, the beneficiary(ies) may award financial support if so provided by the special conditions.

10.6. The maximum amount of financial support shall be limited to EUR 60 000 per each third party, except where achieving the objectives of the actions would otherwise be impossible or overly difficult.

10.7. The description of the action, in conformity with the relevant instructions given in this regard by the contracting authority, shall define the types of entities eligible for financial support and include a fixed list with the types of activity which may be eligible for financial support. The criteria for the selection of the third parties recipient of this financial support, including the criteria for determining its exact amount, shall also be specified.

10.8. The coordinator shall provide in its report to the contracting authority a comprehensive and detailed report on the award and implementation of any financial support given. These reports should provide, amongst other, information on the award procedures, on the identities of the recipient of financial support, the amount granted, the results achieved, the problems encountered and solutions found, the activities carried out as well as a timetable of the activities which still need to be carried out.

10.9. To the extent relevant, the beneficiary(ies) shall ensure that the conditions applicable to them under Articles 3, 4.1-4.4, 6 and 16 of these general conditions are also applicable to third parties awarded financial support.

ARTICLE 11 – EXTENSION AND SUSPENSION

Extension

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11.1. The coordinator shall inform the contracting authority without delay of any circumstances likely to hamper or delay the implementation of the action. The coordinator may request an extension of the action's implementation period as laid down in Article 2 of the special conditions in accordance with Article 9. The request shall be accompanied by all the supporting evidence needed for its appraisal.

Suspension by the coordinator

11.2. The coordinator may suspend implementation of the action, or any part thereof, if exceptional circumstances, notably of force majeure, make such implementation excessively difficult or dangerous. The coordinator shall inform the contracting authority without delay, stating the nature, probable duration and foreseeable effects of the suspension.

11.3. The coordinator or the contracting authority may then terminate this contract in accordance with Article 12.1. If the contract is not terminated, the beneficiary(ies) shall endeavour to minimise the time of its suspension and any possible damage and shall resume implementation once circumstances allow, informing the contracting authority accordingly.

Suspension by the contracting authority

11.4. The contracting authority may request the beneficiary(ies) to suspend implementation of the action, or any part thereof, if exceptional circumstances, notably of force majeure, make such implementation excessively difficult or dangerous. To this purpose, the contracting authority shall inform the coordinator stating the nature and probable duration of the suspension.

11.5. The coordinator or the contracting authority may then terminate this contract in accordance with Article 12.1. If the contract is not terminated, the beneficiary(ies) shall endeavour to minimise the time of its suspension and any possible damage and shall resume implementation once circumstances allow and after having obtained the approval of the contracting authority.

11.6. The contracting authority may also suspend this contract or the participation of a beneficiary(ies) in this contract if the contracting authority has evidence that, or if, for objective and well justified reasons, the contracting authority deems necessary to verify whether presumably:

a) the grant award procedure or the implementation of the action have been subject to breach of obligations, irregularities or fraud;

b) the beneficiary(ies) have breached any substantial obligation under this contract.

11.7. The coordinator shall provide any requested information, clarification or document within 30 days of receipt of the requests sent by the contracting authority. If, notwithstanding the information, clarification or document provided by the coordinator, the award procedure or the implementation of the grant prove to have been subject to breach of obligations, irregularities, fraud, or breach of obligations, then the contracting authority may terminate this contract according to Article 12(2) h.

Force majeure

11.8. The term force majeure, as used herein covers any unforeseeable events, not within the control of either party to this contract and which by the exercise of due diligence neither party is able to overcome such as acts of God, strikes, lock-outs or other industrial disturbances, acts of the public enemy, wars whether declared or not, blockades, insurrection, riots, epidemics, landslides, earthquakes, storms, lightning, floods, washouts,

civil disturbances, explosion. A decision of the European Union to suspend the cooperation with the partner country is considered to be a case of force majeure when it implies suspending funding under this contract.

11.9. The beneficiary(ies) shall not be held in breach of its contractual obligations if it is prevented from fulfilling them by circumstances of force majeure.

Extension of the implementation period following a suspension.

11.10. In case of suspension according to Articles 11.2, 11.4 and 11.6, the implementation period of the action shall be extended by a period equivalent to the length of suspension, without prejudice to any amendment to the contract that may be necessary to adapt the action to the new implementing conditions. This Article 11.10 does not apply in case of an operating grant.

ARTICLE 12 — TERMINATION OF THE CONTRACT

Termination in case of force majeure

12.1. In the cases foreseen in Article 11.2 and 11.4, if the coordinator or the contracting authority believes that this contract can no longer be executed effectively or appropriately, it shall duly consult the other. Failing agreement on a solution, the coordinator or the contracting authority may terminate this contract by serving two months written notice, without being required to pay indemnity.

Termination by the contracting authority

12.2. Without prejudice to Article 12.1, in the following circumstances the contracting authority may, after having duly consulted the coordinator, terminate this contract or the participation of any beneficiary(ies) in this contract without any indemnity on its part when:

a) a beneficiary(ies) fails, without justification, to fulfil any substantial obligation incumbent on them individually or collectively by this contract and, after being given notice by letter to comply with those obligations, still fails to do so or to furnish a satisfactory explanation within 30 days of receipt of the letter;

b) a beneficiary(ies) or any person that assumes unlimited liability for the debts of the beneficiary(ies) is bankrupt, subject to insolvency or winding up procedures, is having its assets administered by a liquidator or by the courts, has entered into an arrangement with creditors, has suspended business activities, or is in any analogous situation arising from a similar procedure provided for under any national law or regulations relevant to the beneficiary(ies);

c) a beneficiary(ies), or any related entity or person, have been found guilty of grave professional misconduct proven by any means which the contracting authority can justify;

d) it has been established by a final judgment or a final administrative decision or by proof in possession of the contracting authority that the beneficiary(ies) has been guilty of fraud, corruption, involvement in a criminal organisation, money laundering or terrorist financing, terrorist related offences, child labour or other forms of trafficking in human beings or circumventing fiscal, social or any other applicable legal obligations, including through the creation of an entity for this purpose;

e) a change to a beneficiary(ies)'s legal, financial, technical, organisational or ownership situation or the termination of the participation of a beneficiary(ies);

substantially affects the implementation of this contract or calls into question the decision awarding the grant;

f) a beneficiary(ies) or any related person, are guilty of misrepresentation in supplying the information required in the award procedure or in the implementation of the action or fail to supply – or fail to supply within the deadlines set under this contract - any information related to the action required by the contracting authority;

g) a beneficiary(ies) has not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which it is established;

h) the contracting authority has evidence that a beneficiary(ies), or any related entity or person, has committed breach of obligations, irregularities or fraud in the award procedure or in the implementation of the action;

i) a beneficiary(ies) is subject to an administrative penalty referred to in Article 12.8;

j) the contracting authority has evidence that a beneficiary(ies) is subject to a conflict of interests;

k) the European Commission has evidence that a beneficiary(ies) has committed systemic or recurrent errors or irregularities, fraud, or serious breach of obligations under other grants financed by the European Union and awarded to that specific beneficiary(ies) under similar conditions, provided that those errors, irregularities, fraud or serious breach of obligations have a material impact on this grant.

The cases of termination under points (b), (c), (d), (h), (j) and (k) may refer also to persons who are members of the administrative, management or supervisory body of the beneficiary(ies) and/or to persons having powers of representation, decision or control with regard to the beneficiary(ies).

12.3. In the cases referred to in points (c), (f), (h) and (k) above, any related person means any physical person with powers of representation, decision-making or control in relation to the beneficiary(ies). Any related entity means, in particular, any entity which meets the criteria laid down by Article 1 of the Seventh Council Directive No 83/349/EEC of 13 June 1983.

Termination of a beneficiary(ies) participation by the coordinator

12.4. In duly justified cases, the participation of a beneficiary(ies) in this contract may be also terminated by the coordinator. To this purpose, the coordinator shall communicate to the contracting authority the reasons for the termination of its participation and the date on which the termination shall take effect, as well as a proposal on the reallocation of the tasks of the beneficiary(ies) whose participation is terminated, or on its possible replacement. The proposal shall be sent in good time before the termination is due to take effect. If the contracting authority agrees, the contract shall be amended accordingly in conformity with Article 9.

End date

12.5. The payment obligations of the European Union under this contract shall end 18 months after the implementation period laid down in Article 2 of the special conditions, unless this contract is terminated according to Article 12.

The contracting authority shall postpone this end date, so as to be able to fulfil its payment obligations, in all cases where the coordinator has submitted a payment request in accordance with contractual provisions or, in case of dispute, until completion of the dispute settlement procedure provided for in Article 13. The contracting authority shall notify the coordinator of any postponement of the end date.

12.6. This contract will be terminated automatically if it has not given rise to any payment by the contracting authority within two years of its signature.

Effects of termination

12.7. Upon termination of this contract, the coordinator shall take all immediate steps to bring the action to a close in a prompt and orderly manner and to reduce further expenditure to a minimum.

Without prejudice to Article 14, the beneficiary(ies) shall be entitled to payment only for the part of the action carried out, excluding costs relating to current commitments that are due to be executed after termination.

To this purpose, the coordinator shall introduce a payment request to the contracting authority within the time limit set by Article 15.2 starting from the date of termination.

In the event of termination according to Article 12.1, the contracting authority may agree to reimburse the unavoidable residual expenditures incurred during the notice period, provided, the first paragraph of this Article 12.7 has been properly executed.

In the cases of termination foreseen in Article 12.2 a), c), d), f), h) and k) the contracting authority may, after having properly consulted the coordinator and depending on the gravity of the failings, request full or partial repayment of amounts unduly paid for the action.

Administrative sanctions

12.8 Without prejudice to the application of other remedies laid down in the contract, a sanction of exclusion from all contracts and grants financed by the EU, may be imposed, after an adversarial procedure in line with the applicable Financial Regulation, upon the beneficiary(ies) who, in particular,

a) is guilty of grave professional misconduct, has committed irregularities or has shown significant deficiencies in complying with the main obligations in the performance of the contract or has been circumventing fiscal, social or any other applicable legal obligations, including through the creation of an entity for this purpose. The duration of the exclusion shall not exceed the duration set by final judgement or final administrative decision or, in the absence thereof, three years;

b) is guilty of fraud, corruption, participation in a criminal organisation, money laundering, terrorist-related offences, child labour or trafficking in human beings. The duration of the exclusion shall not exceed the duration set by final judgement or final administrative decision or, in the absence thereof, five years;

12.9 In the situations mentioned in Article 12.8, in addition or in alternative to the sanction of exclusion, the beneficiary(ies) may also be subject to financial penalties up to 10% of the contract value.

12.10 Where the contracting authority is entitled to impose financial penalties, it may deduct such financial penalties from any sums due to the beneficiary(ies) or call on the appropriate guarantee.

12.11 The decision to impose administrative sanctions may be published on a dedicated internet site, explicitly naming the beneficiary(ies).

ARTICLE 13 — APPLICABLE LAW AND DISPUTE SETTLEMENT

13.1. This contract shall be governed by the law of the country of the contracting authority or, where the contracting authority is the European Commission, by the applicable European Union law complemented where necessary by the law of Belgium.

13.2. The parties to this contract shall do everything possible to settle amicably any dispute arising between them during the implementation of this contract. To that end, they shall communicate their positions in writing, and meet each other at either's request. The coordinator and the contracting authority shall reply to a request sent for an amicable settlement within 30 days. Once this period has expired, or if the attempt to reach amicable settlement has not produced an agreement within 120 days of the first request, the coordinator or the contracting authority may notify the other part that it considers the procedure to have failed.

13.3. In the event of failure to reach an amicable agreement, the dispute may by common agreement of the coordinator and the contracting authority be submitted for conciliation by the European Commission if it is not the contracting authority. If no settlement is reached within 120 days of the opening of the conciliation procedure, each party may notify the other that it considers the procedure to have failed.

13.4. In the event of failure of the above procedures, each party to this contract may submit the dispute to the courts of the country of the contracting authority, or to the Brussels courts where the contracting authority is the European Commission.

FINANCIAL PROVISIONS

ARTICLE 14 — ELIGIBLE COSTS

Cost eligibility criteria

14.1. Eligible costs are actual costs incurred by the beneficiary(ies) which meet all the following criteria:

a) they are incurred during the implementation of the action as specified in Article 2 of the special conditions. In particular:

(i) Costs relating to services and works shall relate to activities performed during the implementation period. Costs relating to supplies shall relate to delivery and installation of items during the implementation period. Signature of a contract, placing of an order, or entering into any commitment for expenditure within the implementation period for future delivery of services, works or supplies after expiry of the implementation period do not meet this requirement. Cash transfers between the coordinator and/or the other beneficiary(ies) and/or affiliated entity(ies) may not be considered as costs incurred;

(ii) Costs incurred should be paid before the submission of the final reports. They may be paid afterwards, provided they are listed in the final report together with the estimated date of payment;

(iii) An exception is made for costs relating to final reports, including expenditure verification, audit and final evaluation of the action, which may be incurred after the implementation period of the action;

(iv) Procedures to award contracts, as referred to in Article 10, may have been initiated and contracts may be concluded by the beneficiary(ies) before the

start of the implementation period of the action, provided the provisions of Annex IV have been respected.

b) they are indicated in the estimated overall budget for the action;

c) they are necessary for the implementation of the action;

d) they are identifiable and verifiable, in particular being recorded in the accounting records of the beneficiary(ies) and determined according to the accounting standards and the usual cost accounting practices applicable to the beneficiary(ies);

e) they comply with the requirements of applicable tax and social legislation;

f) they are reasonable, justified and comply with the requirements of sound financial management, in particular regarding economy and efficiency.

Eligible direct costs

14.2. Subject to Article 14.1 and, where relevant, to the provisions of Annex IV being respected, the following direct costs of the beneficiary(ies) shall be eligible:

a) the cost of staff assigned to the action, corresponding to actual gross salaries including social security charges and other remuneration-related costs (excluding bonuses); salaries and costs shall not exceed those normally borne by the beneficiary(ies), unless it is justified by showing that it is essential to carry out the action;

b) travel and subsistence costs for staff and other persons taking part in the action, provided they do not exceed those normally borne by the beneficiary(ies) according to its rules and regulations. In addition, the rates published by the European Commission at the time of contract signature may never be exceeded;

c) purchase costs for equipment (new or used) and supplies specifically dedicated to the purposes of the action, provided that ownership is transferred at the end of the action when required in Article 7.5.

d) depreciation, rental or leasing costs for equipment (new or used) and supplies specifically dedicated to the purposes of the action;

e) costs of consumables specifically dedicated to the action;

f) costs of service, supply and work contracts awarded by the beneficiary(ies) for the purposes of the action referred to in Article 10; this includes the costs for mobilising expertise to improve the quality of the logical framework (e.g. accuracy of baselines, monitoring systems, etc.), both at the beginning and during the implementation of the Action.

g) costs deriving directly from the requirements of the contract (dissemination of information, evaluation specific to the action, audits, translation, reproduction, insurance, etc.) including financial service costs (in particular the cost of transfers and financial guarantees where required according to the contract);

h) duties, taxes and charges, including VAT, related to the purposes of the action, paid and not recoverable by the beneficiary(ies), unless otherwise provided in the special conditions;

i) overheads, in the case of an operating grant.

j) project office costs:

Costs actually incurred in relation to a project office used for the action or a portion of these costs may be accepted as eligible direct costs if:

1. the need for setting up or using a project office is recognised by the Contracting Authority in the Special Conditions;

2. the description of the project office, the services or resources it makes available, its overall capacity and (where applicable) the distribution key are provided in the Description of the Action and the Budget;

3. (where applicable) the distribution key reasonably reflects the portion of the resources or services needed by and actually used for the Action;

4. the costs concerned comply with the cost eligibility criteria referred to in Article 14.1;

5. they fall within one of the following categories:

i) costs of staff directly assigned to the operations of the project office;

ii) depreciation costs, rental costs or lease of building, equipment and assets;

iii) costs of maintenance and repair contracts;

iv) costs of consumables and supplies specifically dedicated to the action;

v) costs of IT and telecommunication services;

vi) costs of facility management contracts including security fees and insurance costs;

vii) duties, taxes and charges, including VAT, related to the purposes of the action, paid and not recoverable by the beneficiary(ies), unless otherwise provided in the special conditions.

Performance-based financing

14.3. The payment of the EU contribution may be partly or entirely linked to the achievement of results measured by reference to previously set milestones or through performance indicators. Such performance-based financing is not subject to other sub-articles of Article 14. The relevant results and the means to measure their achievement shall be clearly described in Annex I.

The amount to be paid per achieved result shall be set out in Annex III. The method to determine the amount to be paid per achieved result shall be clearly described in Annex I, take into account the principle of sound financial management and avoid double financing of costs.

The organisation shall not be obliged to report on costs linked to the achievement of results. However, the organisation shall submit any necessary supporting documents, including where relevant accounting documents, to prove that the results triggering the payment as defined in Annex I and III have been achieved. Articles 15.1 (schedule of payment), 15.7 (expenditure verification), 17.3 (no profit) do not apply to the part of the action supported by way of result-based financing.

Simplified cost options

14.4. In accordance with the detailed provisions in Annex III and Annex K to the Guidelines for grant applicants, eligible costs may also be constituted by any or a combination of the following cost options:

a) unit costs;
b) lump sums;
c) flat-rate financing;

14.5. The methods used by the beneficiary(ies) to determine unit costs, lump sums, flat-rates shall be clearly described and substantiated in Annex III and shall ensure compliance with the principle of co-financing and no double funding. The information used can be based on the beneficiary(ies)'s historical and/or actual accounting and cost accounting data, external information where available and appropriate, statistical data or expert judgment (provided by internally available experts or procured) or other objective information.

Where possible and appropriate, lump sums, unit costs or flat rates shall be determined in such a way as to allow their payment upon achievement of concrete outputs and/or results. If a result entails several outputs or sub-results, it should be broken down into sub budget lines and each output or sub-result should be attributed a portion of the amount stated for the result to allow partial payments in case the result is not achieved.

Costs declared under simplified cost options shall satisfy the eligibility criteria set out in Article 14.1 and 14.2. They do not need to be backed by accounting or supporting documents, save those necessary to demonstrate the fulfillment of the conditions for reimbursement established in Annex I, III and Annex K to the Guidelines for grant applicants.

These costs may not include ineligible costs as referred to in Article 14.11 or costs already declared under another costs item or heading of the budget of this contract.

The amounts or rates of unit costs, lump sums or flat rates set out in Annex III may not be amended unilaterally and may not be challenged by ex post verifications.

14.6. Simplified cost options that are not result based shall not be authorized unless they have been ex ante-assessed in accordance with Annex K to the Guidelines for grant applicants.

Contingency reserve

14.7. A reserve for contingencies and/or possible fluctuations in exchange rates not exceeding 5% of the direct eligible costs may be included in the budget for the action, to allow for adjustments necessary in the light of unforeseeable changes of circumstances on the ground. It can be used only with the prior written authorisation of the contracting authority, upon duly justified request by the coordinator.

Indirect costs

14.8. The indirect costs for the action are those eligible costs which may not be identified as specific costs directly linked to the implementation of the action and may not be booked to it directly according to the conditions of eligibility in Article 14.1. However, they are incurred by the beneficiary(ies) in connection with the eligible direct costs for the action. They may not include ineligible costs as referred to in Article 14.11 or costs already declared under another costs item or heading of the budget of this contract.

To the extent that it would not generate a profit within the framework of the action, a fixed percentage of the total amount of direct eligible costs of the action not exceeding the

percentage laid down in Article 3.3 of the special conditions may be claimed to cover indirect costs for the action.

Indirect costs shall not be eligible under a grant for an action awarded to a beneficiary who already receives an operating grant financed from the European Union budget during the period in question.

Article 14.8 does not apply in the case of an operating grant.

In kind contributions

14.9. Any contributions in kind, which shall be listed separately in Annex III, do not represent actual expenditure and are not eligible costs. Unless otherwise specified in the special conditions, contributions in kind may not be treated as co-financing by the beneficiary(ies).

If contributions in kind are accepted as co-financing, the beneficiary(ies) shall ensure they comply with national tax and social security rules.

Notwithstanding the above, if the description of the action provides for contributions in kind, such contributions have to be provided.

Volunteers' work

14.10. The value of the work provided by volunteers can be recognised as eligible cost of the action and may be treated as co-financing by the beneficiary(ies).

Where the estimated eligible costs include costs for volunteers' work, the EC contribution shall not exceed the estimated eligible costs other than the costs for volunteers' work.

Beneficiaries shall declare personnel costs for the work carried out by volunteers on the basis of unit costs authorised in accordance with Article 14.4 and following[1].

This type of costs must be presented separately from other eligible costs in the estimated budget. The value of the volunteers' work must always be excluded from the calculation of indirect costs.

Volunteers' work may comprise up to 50 % of the co-financing, the latter corresponding to the part not financed by the EU contribution.

Non-eligible costs

14.11. The following costs shall not be considered eligible:

[1] The value of such unit costs are defined by the Commission at the following address: https://ec.europa.eu/transparency/regdoc/?fuseaction=list&coteId=3&year=2019&number=2646&version=ALL&language=en.

a) debts and debt service charges (interest);

b) provisions for losses, debts or potential future liabilities;

c) costs declared by the beneficiary(ies) and financed by another action or work programme receiving a European Union grant (including through the European Development Fund);

d) purchases of land or buildings, except where necessary for the direct implementation of the action and according to the conditions specified in the special conditions; in all cases the ownership shall be transferred in accordance with Article 7.5, at the latest at the end of the action;

e) currency exchange losses;

f) credits to third parties, unless otherwise specified in the special conditions;

g) in kind contributions (except for volunteers' work);

h) salary costs of the personnel of national administrations, unless otherwise specified in the special conditions and only to the extent that they relate to the cost of activities which the relevant public authority would not carry out if the action were not undertaken;

i) bonuses included in costs of staff;

j) Negative interest charged by banks or other financial institutions.

Affiliated entities

14.12. Where the special conditions contain a provision on entities affiliated to a beneficiary, costs incurred by such entity may be eligible, provided that they satisfy the same conditions under Articles 14 and 16, and that the beneficiary ensures that Articles 3, 4, 5, 6, 8, 10 and 16 are also applicable to the entity.

ARTICLE 15 — PAYMENT AND INTEREST ON LATE PAYMENT

Payment procedures

15.1. The contracting authority must pay the grant to the coordinator following one of the payment procedures below, as set out in Article 4 of the special conditions.

Option 1: Actions with an implementation period of 12 months or less or grant of EUR 100 000 or less

(i) an initial pre-financing payment of 80 % of the maximum amount referred to in Article 3.2 of the special conditions (excluding contingencies);

(ii) the balance of the final amount of the grant.

Option 2: Actions with an implementation period of more than 12 months and grant of more than EUR 100 000

(i) an initial pre-financing payment of 100 % of the part of the estimated budget financed by the contracting authority for the first reporting period (excluding contingencies). The part of the budget financed by the contracting authority is

calculated by applying the percentage set out in Article 3.2 of the special conditions;

(ii) further pre-financing payments of 100 % of the part of the estimated budget financed by the contracting authority for the following reporting period (excluding not authorised contingencies):

- the reporting period is intended as a twelve-month period unless otherwise provided for in the special conditions. When the remaining period to the end of the action is up to 18 months, the reporting period shall cover it entirely;
- within 60 days following the end of the reporting period, the coordinator shall present an interim report or, if unable to do so, it shall inform the contracting authority of the reasons and provide a summary of progress of the action;
- if at the end of the reporting period the part of the expenditure actually incurred which is financed by the contracting authority is less than 70 % of the previous payment (and 100 % of any previous payments), the further pre-financing payment shall be reduced by the amount corresponding to the difference between the 70 % of the previous pre-financing payment and the part of the expenditure actually incurred which is financed by the contracting authority;
- the coordinator may submit a request for further pre-financing payment before the end of the reporting period, when the part of the expenditure actually incurred which is financed by the contracting authority is more than 70 % of the previous payment (and 100 % of any previous payments). In this case, the following reporting period starts anew from the end date of the period covered by this payment request;
- in addition, for grants of more than EUR 5 000 000, a further pre-financing payment may be made only if the part financed by the contracting authority of the eligible costs approved is at least equal to the total amount of all the previous payments excluding the last one;
- the total sum of pre-financing payments may not exceed 90 % of the amount referred to in Article 3.2 of the special conditions, excluding not authorised contingencies;

(iii) the balance of the final amount of the grant.

Option 3: All actions

(i) the final amount of the grant.

Submission of final reports

15.2. The coordinator shall submit the final report to the contracting authority no later than three months after the implementation period as defined in Article 2 of the special conditions. The deadline for submission of the final report is extended to six months where the coordinator does not have its headquarters in the country where the action is implemented.

Payment request

15.3. The payment request shall be drafted using the model in Annex V and shall be accompanied by:

a) a narrative and financial report in line with Article 2;

b) a forecast budget for the following reporting period in case of request of further pre-financing;

c) an expenditure verification report or a detailed breakdown of expenditure if required under Article 15.7;

For the purposes of the initial pre-financing payment, the signed contract serves as payment request. A financial guarantee shall be attached if required in the special conditions.

Payment shall not imply recognition of the regularity or of the authenticity, completeness and correctness of the declarations and information provided.

Payment deadlines

15.4. The initial pre-financing payment shall be made within 30 days of receipt of the payment request by the contracting authority.

Further pre-financing payments and payments of the balance shall be made within 60 days of receipt of the payment request by the contracting authority.

However, further pre-financing payments and payments of the balance shall be made within 90 days of receipt of the payment request by the contracting authority in any of the following cases:

a) one beneficiary with affiliated entity(ies);

b) if more than one beneficiary is party to this contract;

c) if the Commission is not the contracting authority;

d) for grants exceeding EUR 5 000 000.

The payment request is deemed accepted if there is no written reply by the contracting authority within the deadlines set above.

Suspension of the period for payments

15.5. Without prejudice to Article 12, the time-limits for payments may be suspended by notifying the coordinator that:

a) the amount indicated in its request of payments is not due, or;

b) proper supporting documents have not been supplied, or;

c) clarifications, modifications or additional information to the narrative or financial reports are needed, or;

d) there are doubts on the eligibility of expenditure and it is necessary to carry out additional checks, including on-the-spot checks or an audit to make sure that the expenditure is eligible, or;

e) it is necessary to verify, including through an OLAF investigation, whether presumed breach of obligations, irregularities or fraud have occurred in the grant award procedure or the implementation of the action, or;

f) it is necessary to verify whether the beneficiary(ies) have breached any substantial obligations under this contract, or;

g) the visibility obligations set out in Article 6 are not complied with.

The suspension of the time-limits for payments starts when the above notification is sent to the coordinator. The time-limit starts running again on the date on which a correctly formulated request for payment is recorded. The coordinator shall provide any requested information, clarification or document within 30 days of the request.

If, notwithstanding the information, clarification or document provided by the coordinator, the payment request is still inadmissible, or if the award procedure or the implementation of the grant proves to have been subject to irregularities, fraud, or breach of obligations, then the contracting authority may suspend payments, and in the cases foreseen in Article 12, terminate accordingly this contract.

In addition, the contracting authority may also suspend payments as a precautionary measure without prior notice, prior to, or instead of, terminating this contract as provided for in Article 12.

Interest on late payment

15.6. If the contracting authority pays the coordinator after the time limit, it shall pay default interest as follows:

a) at the rediscount rate applied by the central bank of the country of the contracting authority if payments are in the currency of that country;

b) at the rate applied by the European Central Bank to its main refinancing transactions in euro, as published in the Official Journal of the European Union, C series, if payments are in euro;

c) on the first day of the month in which the time-limit expired, plus three and a half percentage points. The interest will be payable for the time elapsed between the expiry of the payment deadline and the date on which the contracting authority's account is debited.

By way of exception, when the interest calculated in accordance with this provision is lower than or equal to EUR 200, it will be paid to the coordinator only upon demand submitted within two months of receiving late payment.

The default interest is not considered as income for the purposes of Article 17.

This Article 15.6 does not apply if the coordinator is a European Union Member State, including regional and local government authorities or other public body acting in the name and on behalf of the Member State for the purpose of the contract.

Expenditure verification report

15.7. The coordinator must provide an expenditure verification report for:

a) any request for further pre-financing payment in case of grants of more than EUR 5 000 000;

b) any final report in the case of a grant of more than EUR 100 000.

The expenditure verification report shall conform to the model in Annex VII and shall be produced by an auditor approved or chosen by the contracting authority. The auditor shall meet the requirements set out in the terms of reference for expenditure verification in Annex VII.

The auditor shall examine whether the costs declared by the beneficiary(ies) and the revenue of the action are real, accurately recorded and eligible under this contract. The expenditure verification report shall cover all expenditure not covered by any previous expenditure verification report.

If no expenditure verification is required with requests for pre-financing payments, a detailed breakdown of expenditure covering the preceding reporting periods not already covered, shall be provided for every other request for further pre-financing payment and starting with the second request for further pre-financing payment (i.e. 3rd, 5th,7th... pre-financing payment).

The detailed breakdown of expenditure shall provide the following information for each cost heading in the financial report and for all underlying entries and transactions: amount of the entry or transaction, accounting reference (e.g. ledger, journal or other relevant reference) description of the entry or transaction (detailing the nature of the expenditure) and reference to underlying documents (e.g. invoice number, salary slip or other relevant reference), in line with Article 16.1. It shall be provided in electronic form and spreadsheet format (excel or similar) whenever possible.

The detailed breakdown of expenditure shall be supported by a declaration on honour by the coordinator that the information in the payment request is full, reliable and true and that the costs declared have been incurred and can be considered as eligible in accordance to this contract.

The final report shall in all cases include a detailed breakdown of expenditure covering the whole action.

When the grant takes the form of reimbursement of eligible costs actually incurred and is only expressed in terms of an absolute value (and not as a percentage of the EU contribution to the total eligible costs), verification can be limited to the amount paid by the Commission for the action concerned (i.e. it does not need to cover the whole action).

Where the coordinator is a government department or a public body, the contracting authority may accept to substitute the expenditure verification with a detailed breakdown of expenditure.

The expenditure verification report shall not be provided by the coordinator if the verification is directly done by the contracting authority's own staff, by the Commission or by a body authorised to do so on their behalf, according to Article of 5.2 of the special conditions.

Financial guarantee

15.8. If the grant exceeds EUR 60 000 the contracting authority may request a financial guarantee for the amount of the initial pre-financing payment.

The guarantee shall be denominated in euro or in the currency of the contracting authority, conforming to the model in Annex VIII. The guarantee shall be provided by an approved bank or financial institution established in one of the Member States of the European Union. Where the coordinator is established in a third country, the contracting authority may agree that a bank or financial institution established in that third country may provide the guarantee if the contracting authority considers that the bank or financial institution offers equivalent security and characteristics as those offered by a bank or financial institution established in a Member State of the European Union. This guarantee shall remain in force until its release by the contracting authority when the payment of the balance is made.

During the execution of the contract, if the natural or legal person providing the guarantee (i) is not able or willing to abide by its commitments, (ii) is not authorised to issue guarantees to contracting authorities, or (iii) appears not to be financially reliable, or the financial guarantee ceases to be valid, and the coordinator fails to replace it, either a deduction equal to the amount of the pre-financing may be made by the contracting authority from future payments due to the coordinator under the contract, or the contracting authority shall give formal notice to the coordinator to provide a new guarantee on the same terms as the previous one. Should the coordinator fail to provide a new guarantee, the contracting authority may terminate the contract.

This provision shall not apply if the coordinator is a non-profit organisation, an organisation which has signed a framework partnership agreement with the European Commission, a government department or public body, unless otherwise stipulated in the special conditions.

Rules for currency conversion

15.9. The contracting authority shall make payments to the coordinator to the bank account referred to in the financial identification form in Annex V, which allows the identification of the funds paid by the contracting authority. The contracting authority shall make payments in the currency set in the special conditions.

Reports shall be submitted in the currency set out in the special conditions, and may be drawn from financial statements denominated in other currencies, on the basis of the beneficiary(ies)'s applicable legislation and applicable accounting standards. In such case and for the purpose of reporting, conversion into the currency set in the special conditions shall be made using the rate of exchange at which each contracting authority's contribution was recorded in the beneficiary(ies)'s accounts, unless otherwise provided for in the special conditions. If at the end of the action, a part of the expenses is pre-financed by the beneficiary(ies) (or by other donors), the conversion rate to be applied to this balance is the one set in the special condition according to the beneficiary(ies)'s usual accounting practice. If no specific provision is foreseen in the special conditions, the exchange rate of the last instalment received from the contracting authority will be applied.

15.10. Unless otherwise provided for in the special conditions, costs incurred in other currencies than the one used in the beneficiary(ies)'s accounts for the action shall be converted according to its usual accounting practices, provided they respect the following basic requirements: (i) they are written down as an accounting rule, i.e. they are a standard practice of the beneficiary, (ii) they are applied consistently, (iii) they give equal treatment to all types of transactions and funding sources, (iv) the system can be demonstrated and the exchange rates are easily accessible for verifications.

In the event of an exceptional exchange-rate fluctuation, the parties shall consult each other with a view to amending the action in order to lessen the impact of such a fluctuation. Where necessary, the contracting authority may take additional measures such as terminating the contract.

ARTICLE 16 — ACCOUNTS AND TECHNICAL AND FINANCIAL CHECKS

Accounts

16.1. The beneficiary(ies) shall keep accurate and regular accounts of the implementation of the action using an appropriate accounting and double-entry book-keeping system.

The accounts:

a) may be an integrated part of or an adjunct to the beneficiary(ies)'s regular system;

b) shall comply with the accounting and bookkeeping policies and rules that apply in the country concerned;

c) shall enable income and expenditure relating to the action to be easily traced, identified and verified.

16.2. The coordinator shall ensure that any financial report as required under Article 2 can be properly and easily reconciled to the accounting and bookkeeping system and to the underlying accounting and other relevant records. For this purpose the beneficiary(ies) shall prepare and keep appropriate reconciliations, supporting schedules, analyses and breakdowns for inspection and verification.

Right of access

16.3. The beneficiary(ies) shall allow verifications to be carried out by the European Commission, the European Anti-Fraud Office, the European Public Prosecutor's Office, the European Court of Auditors and any external auditor authorised by the contracting authority. The beneficiary(ies) have to take all steps to facilitate their work.

16.4. The beneficiary(ies) shall allow the above entities to:

a) access the sites and locations at which the action is implemented;

b) examine its accounting and information systems, documents and databases concerning the technical and financial management of the action;

c) take copies of documents;

d) carry out on-the-spot-checks;

e) conduct a full audit on the basis of all accounting documents and any other document relevant to the financing of the action.

16.5. Additionally the European Anti-Fraud Office shall be allowed to carry out on-the-spot checks and inspections in accordance with the procedures laid down by the European Union legislation for the protection of the financial interests of the European Union against fraud and other irregularities.

Where appropriate, the findings may lead to recovery by the European Commission.

16.6. Access given to agents of the European Commission, European Anti-Fraud Office, the European Public Prosecutor's Office and the European Court of Auditors and to any external auditor authorised by the contracting authority carrying out verifications as provided for by this article as well as by Article 15.7 shall be on the basis of confidentiality with respect to third parties, without prejudice to the obligations of public law to which they are subject.

Record keeping

16.7. The beneficiary(ies) shall keep all records, accounting and supporting documents related to this contract for five years following the payment of the balance and for three years in case of grants not exceeding EUR 60 000, and in any case until any on-going audit, verification, appeal, litigation or pursuit of claim has been disposed of.

They shall be easily accessible and filed so as to facilitate their examination and the coordinator shall inform the contracting authority of their precise location.

16.8. All the supporting documents shall be available either in the original form, including in electronic form, or as a copy.

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16.9. In addition to the reports mentioned in Article 2, the documents referred to in this article include:

a) Accounting records (computerised or manual) from the beneficiary(ies)'s accounting system such as general ledger, sub-ledgers and payroll accounts, fixed assets registers and other relevant accounting information;

b) Proof of procurement procedures such as tendering documents, bids from tenderers and evaluation reports;

c) Proof of commitments such as contracts and order forms;

d) Proof of delivery of services such as approved reports, time sheets, transport tickets, proof of attending seminars, conferences and training courses (including relevant documentation and material obtained, certificates) etc.;

e) Proof of receipt of goods such as delivery slips from suppliers;

f) Proof of completion of works, such as acceptance certificates;

g) Proof of purchase such as invoices and receipts;

h) Proof of payment such as bank statements, debit notices, proof of settlement by the contractor;

i) Proof that taxes and/or VAT that have been paid cannot actually be reclaimed;

j) For fuel and oil expenses, a summary list of the distance covered, the average consumption of the vehicles used, fuel costs and maintenance costs;

k) Staff and payroll records such as contracts, salary statements and time sheets. For local staff recruited on fixed-term contracts, details of remuneration paid, duly substantiated by the person in charge locally, broken down into gross salary, social security charges, insurance and net salary. For expatriate and/or European-based staff (if the action is implemented in Europe) analyses and breakdowns of expenditure per month of actual work, assessed on the basis of unit prices per verifiable block of time worked and broken down into gross salary, social security charges, insurance and net salary.

16.10 Failure to comply with the obligations set forth in Article 16.1 to 16.9 constitutes a case of breach of a substantial obligation under this contract. In this case, the contracting authority may in particular suspend the contract, payments or the time-limit for a payment, terminate the contract and/or reduce the grant.

ARTICLE 17 — FINAL AMOUNT OF THE GRANT

Final amount

17.1. The grant may not exceed the maximum ceiling in Article 3.2 of the special conditions either in terms of the absolute value or the percentage stated therein.

If the eligible costs of the action at the end of the action are less than the estimated eligible costs as referred to in Article 3.1 of the special conditions, the grant shall be limited to the amount obtained by applying the percentage laid down in Article 3.2 of the special conditions to the eligible costs of the action approved by the contracting authority.

17.2. In addition and without prejudice to its right to terminate this contract pursuant to Article 12, if the action is implemented poorly or partially - and therefore not in accordance with the description of the action in Annex 1 - or late, the contracting authority may, by a duly reasoned decision and after allowing the beneficiary(ies) to submit its observations, reduce the initial grant in line with the actual implementation of the action and in

accordance with the terms of this contract. This applies as well with regards to the visibility obligations set out in Article 6. In case of breach of obligations, fraud or irregularities the contracting authority may also reduce the grant in proportion of the seriousness of breach of obligations, fraud or irregularities. The measures described in the last paragraph may equally be adopted by the European Commission in pursuance of its administrative powers under the Financial Regulation (Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018, OJ-L 193/30.07.2018, p.1).

No-profit

17.3. The grant may not produce a profit for the beneficiary(ies), unless specified otherwise in Article 7 of the special conditions. Profit is defined as a surplus of the receipts over the eligible costs approved by the contracting authority when the request for payment of the balance is made.

17.4. The receipts to be taken into account are the consolidated receipts on the date on which the payment request for the balance is made by the coordinator which fall within one of the two following categories:

a) EU grant;

b) income generated by the action; unless otherwise specified in the special conditions.

17.5. In case of an operating grant, amounts dedicated to the building up of reserves shall not be considered as a receipt.

17.6. Where the final amount of the grant determined in accordance with the contract would result in a profit, it shall be reduced by the percentage of the profit corresponding to the final European Union contribution to the eligible costs actually incurred approved by the contracting authority.

17.7. The provisions in Article 17.3 and 17.6 shall not apply to:

a) actions the objective of which is the reinforcement of the financial capacity of a beneficiary, if specified in Article 7 of the special conditions;

b) actions which generate an income to ensure their continuity beyond the end of this contract, if specified in Article 7 of the special conditions;

c) actions implemented by non-profit organisations;

d) study, research or training scholarships paid to natural persons;

e) other direct support paid to natural persons in most need, such as unemployed persons and refugees, if specified in Article 7 of the special conditions;

f) grants of EUR 60 000 or less.

ARTICLE 18 — RECOVERY

Recovery

18.1. If any amount is unduly paid to the coordinator, or if recovery is justified under the terms of this contract, the coordinator undertakes to repay the contracting authority these amounts.

In particular, payments made do not preclude the possibility for the contracting authority to issue a recovery order following an expenditure verification report, an audit or further verification of the payment request.

18.2. If a verification reveals that the methods used by the beneficiary(ies) to determine unit costs, lump sums or flat-rates are not compliant with the conditions established in this contract, the contracting authority shall be entitled to reduce the final amount of the grant proportionately up to the amount of the unit costs, lump sums or flat rate financing.

18.3. The coordinator undertakes to repay any amounts paid in excess of the final amount due to the contracting authority within 45 days of the issuing of the debit note, the latter being the letter by which the contracting authority requests the amount owed by the coordinator.

Interest on late payments

18.4. Should the coordinator fail to make repayment within the deadline set by the contracting authority, the contracting authority may increase the amounts due by adding interest:

a) at the rediscount rate applied by the central bank of the country of the contracting authority if payments are in the currency of that country;

b) at the rate applied by the European Central Bank to its main refinancing transactions in euro, as published in the Official Journal of the European Union, C series, where payments are in euros;

on the first day of the month in which the time-limit expired, plus three and a half percentage points. The default interest shall be incurred over the time which elapses between the date of the payment deadline set by the contracting authority, and the date on which payment is actually made. Any partial payments shall first cover the interest thus established.

Offsetting

18.5. Amounts to be repaid to the contracting authority may be offset against amounts of any kind due to the coordinator, after informing it accordingly. This shall not affect the parties' right to agree on payment in instalments.

Other provisions

18.6. The repayment under Article 18.4 or the offsetting under Article 18.6 amount to the payment of the balance.

18.7. Bank charges incurred by the repayment of amounts due to the contracting authority shall be borne entirely by the coordinator.

18.8. The guarantee securing the prefinancing may be invoked in order to repay any amount owed by the beneficiary(ies), and the guarantor shall not delay payment nor raise objections for any reason whatsoever.

18.9. Without prejudice to the prerogative of the contracting authority, if necessary, the European Union may, as donor, proceed itself to the recovery by any means.

***

ANNEX IV
Procurement by grant beneficiaries in the context of European Union external actions

1. PRINCIPLES

If the implementation of an action requires procurement by the beneficiary(ies), the contract must be awarded to the tender offering best value for money (i.e. the tender offering the best price-quality ratio) or, as appropriate, to the tender offering the lowest price. In doing so, the beneficiary(ies) shall avoid any conflict of interests and respect the following basic principles:

Where the beneficiary does not launch an open tender procedure, it shall justify the choice of tenderers that are invited to submit an offer.

The beneficiary shall evaluate the offers received against objective criteria which enable measuring the quality of the offers and which take into account the price (the offer with the lowest price shall be awarded the highest score for the price criterion).

The beneficiary shall keep sufficient and appropriate documentation with regard to the procedures applied and which justify the decision on the pre-selection of tenderers (where an open tender procedure is not used) and the award decision.

With reference to Section 2.4 of PRAG, the beneficiary shall be responsible for the respect of EU restrictive measures in the award of contracts.

The beneficiary may decide to apply the procurement procedures set forth in the practical guide. If these procedures are correctly followed, the principles above will be deemed to be complied with.

The European Commission will carry out *ex post* checks on beneficiary(ies)'s compliance with the principles above and the rules of section 2 below. Failure to comply with these principles or rules would render the related expenditure ineligible for EU/EDF funding.

The provisions of this Annex apply *mutatis mutandis* to contracts to be concluded by the beneficiary(ies)'s affiliated entity(ies).

2. ELIGIBILITY FOR CONTRACTS

2.1. The nationality rule

Participation in tender procedures managed by the beneficiary(ies) is open on equal terms to all natural who are nationals of and legal persons (participating either individually or in grouping-consortium- of tenderers) effectively established in a Member State or a country, territory or region mentioned as eligible by the relevant regulation/basic act governing the eligibility rules for the grant as per Annex A2a to the practical guide. Tenderers must state their nationality in their tenders and provide the usual proof of nationality under their national legislation.

This rule does not apply to the experts proposed under service tenders financed by the grant.

2.2. The rule of origin

If the basic act or the other instruments applicable to the programme under which the grant is financed (namely for grants financed by a basic act under the Multiannual

Financial Framework for the years 2014-2020) contain rules of origin for supplies acquired by the beneficiary in the context of the grant[1], the tenderer must be requested to state the origin[2] of the supplies, and the selected contractor will always have to prove the origin of the supplies.

For equipment and vehicles of a unit cost on purchase of more than EUR 5 000, contractors must present proof of origin to the beneficiary(ies) at the latest when the first invoice is presented. The certificate of origin must be made out by the competent authorities of the country of origin of the supplies and must comply with the rules laid down by the relevant Union legislation. Failure to comply with this condition may result in the termination of the contract and/or suspension of payment.

Where supplies may originate from any country, no certificate of origin needs to be submitted.

Likewise, for grants financed by a basic act under the multiannual financial framework for the years 2021-2027, supplies may originate in any country and no certificate of origin needs to be submitted.

2.3. Exceptions to the rules on nationality and origin

Where an agreement on widening the market for procurement of goods, works or services applies, access must also be open to nationals and goods originating from other countries under the conditions laid down in that agreement.

In addition, in duly substantiated exceptional cases foreseen by the applicable regulations, in order to give access to nationals or goods originating from countries other than those referred to in Sections 2.1 and 2.2, a prior authorisation by the European Commission must be sought prior to the launch of the procedure, unless the action takes place in a country under a crisis declaration.

* * *

[1] Under the CIR (i.e. not IPA I) and the EDF supplies may originate from any country if the amount of the supplies to be procured is below EUR 100 000 per purchase.

[2] For the purpose of this annex, the term 'origin' is defined in Chapter 2 of Regulation (EC) No 450/2008 of the European Parliament and of the Council of 23 April 2008 laying down the EU Customs Code (Modernised Customs Code).

Letterhead from the Beneficiary (Coordinator)

ANNEX V

Request for payment for grant contract

European Union external actions

<Date of the payment request >

For the attention of

<address of the contracting authority>
<Financial unit/section indicated in the contract >[1]

Reference number of the grant contract:

Title of the grant contract:

Name and address of the coordinator:

Payment request number:

Period covered by the payment request:

Dear Sir/Madam,

I hereby request [a further pre-financing payment] [payment of the balance] under the contract mentioned above.

The amount requested is <according to the option indicated in Article 4(1) of the special conditions of the contract/the following: ...>.

Please find attached the following supporting documents:

- detailed breakdown of expenditure (if required by Article 15.7 of the general conditions of the contract)
- narrative and financial interim report (for further pre-financing payments)

[1] Please do not forget to send a copy of this letter to the entities mentioned in Article 5(1) of the special conditions of the contract, if any.

INTERNATIONAL MEDICAL CORPS CROATIA

AZIONE ALLO SVILUPPO ITALIANA PER LA COOPERAZIONE

Letterhead from the Beneficiary (Coordinator)

- a forecast budget for the subsequent reporting period (for further pre-financing payments)
- narrative and financial final report (for payment of the balance)
- expenditure verification report (for payment of the balance).

The payment should be made to the following bank account: <give the account number shown on the financial identification form annexed to the contract[2]>

Declaration on honour

I hereby certify that the information contained in this payment request is full, reliable and true, and is substantiated by adequate supporting documents that can be checked.

I hereby certify that the costs declared have been incurred in accordance with this contract and that they can be considered as eligible in accordance with the contract.

Yours faithfully,

< Signature >

[2] In case a different bank account has to be used a new financial identification form has to be timely submitted.

ANNEX VI
INTERIM NARRATIVE REPORT

This report must be completed and signed by the contact person of the coordinator.

The information provided below must correspond to the financial information that appears in the financial report.

Please complete the report using a typewriter or computer (***you can find this form at the following address <specify>***).

Please expand the paragraphs as necessary.

Please refer to the special conditions of your grant contract and send one copy of the report to each address mentioned.

The contracting authority will reject any incomplete or badly completed reports.

The answer to all questions must cover the reporting period as specified in point 1.6.

Table of contents

List of acronyms used in the report

Description

Name of coordinator of the grant contract:

Name and title of the contact person:

Name of beneficiary(ies) and affiliated entity(ies) in the action:

Title of the action:

Contract number:

Start date and end date of the reporting period:

Target country(ies) or region(s):

Final beneficiaries &/or target groups[1] (if different) (including numbers of women and men):

Country(ies) in which the activities take place (if different from 1.7):

[1] 'Target groups' are the groups/entities who will be directly positively affected by the project at the project purpose level, and 'final beneficiaries'" are those who will benefit from the project in the long term at the level of the society or sector at large.

[2] The relevant terminology (i.e. outputs, outcome, impact, indicators, etc.) is defined in the logical framework matrix template attached to the guidelines for applicants (Annex e3d).

Assessment of the implementation of the action activities and its results

Executive summary of the action

Please give a global overview of the action's implementation for the reporting period (no more than ½ page).

Referring to the updated logical framework matrix[2] (see point 2.3. below), please describe and comment for each level of the result(s) chain the progresses towards their level of achievement (if relevant at this stage) and the likelihood of reaching the final target(s) related to the result(s) by the end of the action.

Please explain briefly if any change should be or have been brought to the intervention logic and to the Logical framework matrix, giving the justification for such changes (complete explanation should be placed in the 2.2 Section under the relevant level considered: impact, outcomes, outputs, and activities).

Results and activities

A. RESULTS (IMPACT, OUTCOMES, OUTPUTS)

The narrative report should be based on the monitoring and evaluation system set up using as a basis the Logical framework matrix. As such, narrative report must inform all the indicators defined in the logical framework. Monitoring and/or evaluation reports relating to the performance of the Action shall be used and mentioned in the narrative reports.

What is your assessment of the results of the action so far? Include observations on the performance and the achievement of outputs, outcomes and impacts and whether the action has had any unforeseen positive or negative effects.

Explain how the Action has mainstreamed cross-cutting issues such as promotion of human rights,[3] gender equality,[4] democracy, good governance, children's rights and indigenous peoples, youth, environmental sustainability[5] and combating HIV/AIDS (if there is a strong prevalence in the target country/region).

Following the hierarchy of results spelled out in the logical framework matrix (see point 2.3. below) please comment for each level of the results chain (outputs, outcomes, impact) the level of achievement during the reporting period on the basis of the corresponding current value of indicators against the baseline and target values provided in the Logframe.

In case of underperformance, please explain the reasons and the corrective measures.

[2] The relevant terminology (i.e. outputs, outcome, impact, indicators, etc.) is defined in the logical framework matrix template attached to the guidelines for applicants (Annex e3d).

[3] Including those of people with disabilities. For more information, see 'Guidance note on disability and development' at https://ec.europa.eu/europeaid/disability-inclusive-development-cooperation-guidance-note-eu-staff_en

[4] See Guidance on Gender equality at https://ec.europa.eu/europeaid/toolkit-mainstreaming-gender-equality-ec-development-cooperation_en

[5] See Guidelines for environmental integration at: https://ec.europa.eu/europeaid/sectors/economic-growth/environment-and-green-economy/climate-change-and-environment_en

Impact – "<Title of Impact > "

<comment on current status of indicators associated to the impact – if any progress is relevant to be mentioned for the reporting period>

Outcome 1 – "<Title of Outcome > "

<comment on current status of indicators associated to the outcome 1 and explain any change, especially any underperformance; refer to assumptions in the Logframe>

(if available in the Logframe) intermediary Outcome 1 - "<Title of intermediary Outcome 1>"

<...>

Output 1.1.

<...>

ACTIVITIES

Please describe *how* the activities implemented in the reporting period supported the achievement of the output to which they are related to.

Activity 1.1.1. related to Output 1.1

<...>

<(if applicable) please explain any problem (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed>

<(if applicable) please list any risk that might have jeopardised the realisation of some activities and explain how they have been tackled>

Activity 1.1.2.

<...>

Logframe matrix updated

The Logical framework (logframe) matrix should be used as a reporting tool of the expected results (impact, outcomes, outputs) during implementation. Values on indicators aimed at measuring the results will be regularly updated in the column foreseen for monitoring and reporting purposes (see "Current value"). Columns for intermediary targets could be added, if needed.

The logframe can be revised as necessary (in line with the provisions defined in Article 9.4 of the General Conditions, Annex E3h2).

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<Contract number>
<Start date and end date of the reporting period>

Results chain	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be updated for interim and final reports)*	*Sources of data*	
DAC definition, the impact is "the ve of the Action entailing positive primary and secondary long-term ed by a development intervention, irectly, intended or unintended." *he long-term expected effect of the g the overall objective to which the tes at country, regional or sector litical, social, economic and global context which will stem ions of all relevant actors and* *his row once the Logframe is*	*Quantitative and/or qualitative variable that provides a simple and reliable mean to measure the achievement of the corresponding result.* *To be presented, when relevant, disaggregated by sex, age, urban/rural, disability, etc.*	*The value of the indicator(s) prior to the intervention against which progress can be assessed or comparisons made.* *(Ideally, to be drawn from the partner's strategy)*	*The intended final value of the indicator(s).* *(Ideally, to be drawn from the partner's strategy)*	*The latest available value of the indicator(s) at the time of reporting.* *(* to be updated in interim and final reports)*	*Ideally to be drawn from the partner's strategy.*	*Not a*
impact statement as per original s formally amended during n.	Impact indicator 1:	Baseline for impact indicator 1	Target for impact indicator 1	Current value for impact indicator 1	Sources of data for impact indicator 1	*Not a*
	Impact indicator 2:	Baseline for impact indicator 2	Target for impact indicator 2	Current value for impact indicator 2	Sources of data for impact indicator 2	
	Impact indicator #:	Baseline for impact indicator #	Target for impact indicator #	Current value for impact indicator #	Sources of data for impact indicator #	

<Contract number>
<Start date and end date of the reporting period>

Results chain	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be updated for interim and final reports)*	*Sources of data*	
DAC definition. the outcomes are achieved short-term and medium-nd effects of intervention outputs." *'um-term effect of the intervention ehaviourol and institutional 'cial to the target group and the related outputs of the Action.* *tice to limit the number of specific n one is enough), however for other outcomes can be included.* *his row once the Logframe is*	*Quantitative and/or qualitative variable that provides a simple and reliable mean to Measure the achievement of the corresponding result* *To be presented, when relevant, disaggregated by sex, age, urban/rural, disability, etc.*	*The value of the indicator(s) prior to the intervention against which Progress can be assessed or comparisons made.*	*The intended final value of the indicator(s).*	*The latest available value of the indicator(s) at The time of reporting* *(* to be updated in interim and final reports)*	*Sources of information and methods used to collect and report (Including who and when/how frequently).*	*Exter positi Imple- interv Outsi mana,*
: Outcome 1 statement as per me or as formally amended during n	1.1 – Indicator 1 to Outcome 1	1.1 – Baseline for indicator 1.1 (same unit of measure)	1.1 – Target for Indicator 1.1	1.1 – Current value for indicator 1.1	1.1 – Source of data for indicator 1.1 (values)	
	1.2 – Indicator 2 to Outcome 1	1.2 Baseline for indicator 1.2 (same unit of measure)	1.2 – Target for Indicator 1.2	1.2 – Current value for indicator 1.2	1.2 – Source of data for indicator 1.2 (values)	
	(…)	(…)	(…)	(…)	(…)	
: Outcome 2 statement as per me or as formally amended during n.	2.1 – Indicator to outcome 2	2.1 – Baseline for indicator 2.1 (same unit of measure)	2.1 – Target for Indicator 2.1	2.1 – Current value for indicator 2.1	2.1 – Source of data for indicator 2.1 (values)	
	2.2 - Indicator to outcome 2	2.2 – Baseline for indicator 2.2 (same unit of measure)	2.2 – Target for Indicator 2.2	2.2 – Current value for indicator 2.2	2.2 – Source of data for indicator 2.2 (values)	
: Outcome # statement as per me or as formally amended during n.	(…)	(…)	(…)	(…)	(…)	

<Contract number>
<Start date and end date of the reporting period>

Results chain	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be updated for interim and final reports)*	*Sources of data*	
DAC definition outputs are "the tal goods and services which velopment interventions." *e direct/tangible products , goods and services) rated by the action. They may also s resulting from the action which the achievement of outcomes. relate to improved capacities, systems, policies of a group of rganisation, and are generated by* *l be linked to corresponding gh clear numbering.* *his row once the Logframe is*	*(same as above)*	*(same as above)*	*(same as above)*	*(same as above)*	*(same as above)*	*Exter positi inple interv outsi manc*
: 1.1 Output 1 related to Outcome 1 r original Logframe or as formally g implementation.	1.1.1 Indicator 1 to Output 1	1.1.1 Baseline for indicator 1.1.1 (same unit of measure)	1.1.1 Target for Indicator 1.1.1	1.1.1 Current value for indicator 1.1.1	1.1.1 Source of data for indicator 1.1.1 (values)	
	1.1.2 Indicator 2 to Output 1	1.1.2 Baseline for indicator 1.1.2 (same unit of measure)	1.1.2 Target for Indicator 1.1.2	1.1.2 Current value for indicator 1.1.2	1.1.2 Source of data for indicator 1.1.2 (values)	
	(…)	(…)	(…)	(…)	(…)	
: 1.2 Output 1 related to Outcome 1 r original Logframe or as formally g implementation.	1.2.1. Indicator 1 to Output 2	1.2.1. Baseline for indicator 1.2.1 (same unit of measure)	1.2.1. Target for Indicator 1.2.1	1.2.1. Current value for indicator 1.2.1	1.2.1. Source of data for indicator 1.2.1 (values)	
	1.2.2 Indicator 2 to Output 2	1.2.2 Baseline for indicator 1.2.2 (same unit of measure)	1.2.2 Target for Indicator 1.2.2	1.2.2 Current value for indicator 1.2.2	1.2.2 Source of data for indicator 1.2.2 (values)	
	(…)	(…)	(…)	(…)	(…)	
: 2.1 Output 1 related to Outcome 2 r original Logframe or as formally g implementation.	2.1.1 Indicator 1 to Output 1	2.1.1 Baseline for indicator 2.1.1 (same unit of measure)	2.1.1 Target for Indicator 2.1.1	2.1.1 Current value for indicator 2.1.1	2.1.1 Source of data for indicator 2.1.1(values)	
	2.1.2 Indicator 2 to Output 1	2.1.2 Baseline for indicator 2.1.2 (same unit of measure)	2.1.2 Target for Indicator 2.1.2	2.1.2 Current value for indicator 2.1.2	2.1.2 Source of data for indicator 2.1.2 (values)	
	(…)	(…)	(…)	(…)	(…)	

<Contract number>
<Start date and end date of the reporting period>

Results chain	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be updated for interim and final reports)*	*Sources of data*	
: 2.2 Output 2 related to Outcome 2 :r original Logframe or as formally ıg implementation.	2.2.1 Indicator 1 to Output 2 related to Outcome 2	2.2.1 Baseline for indicator 2.2.1 (same unit of measure)	2.2.1 Target for Indicator 2.2.1	2.2.1 Current value for indicator 2.2.1	2.2.1 Source of data for indicator 2.2.1(values)	
	2.2.2 Indicator 2 to Output 2 related to Outcome 2	2.2.2 Baseline for indicator 2.1.2 (same unit of measure)	2.2.2 Target for Indicator 2.2.2	2.2.2 Current value for indicator 2.2.2	2.2.2 Source of data for indicator 2.2.2 (values)	
	(…)	(…)	(…)	(…)	(…)	

Activity Matrix

What are the key activities to be carried out to produce the intended outputs? *(*activities should be linked to corresponding output(s) through clear numbering)*	***Means*** *What are the political, technical, financial, human and material resources required to impl staff, equipment, supplies, operational facilities, etc.* ***Costs*** *What are the action costs? How are they classified? (Breakdown in the Budget for the Acti*

Please provide an updated action plan for the future activities of the project[6]

Year	Half-year 1						Half-year 2						
Activity	Month 1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
Example	*example*												*Example*
Preparation Activity 1(title)													Beneficiary or affiliated entity 1
Execution Activity 1(title)													Beneficiary of affiliated entity 1
Preparation Activity 2 (title)													Beneficiary or affiliated entity 2
Etc.													

2.6 Where relevant, please provide any update to the self-evaluation questionnaire on SEA-H and related list of envisaged measures to improve the SEA-H policy within the organisation.

Beneficiaries/affiliated entities, trainees and other cooperation

How do you assess the relationship between the beneficiaries/affiliated entities of this grant contract (i.e. those having signed the mandate for the coordinator or the affiliated entity statement)? Please provide specific information for each beneficiary/affiliated entity.

How would you assess the relationship between your organisation and State authorities in the action countries? How has this relationship affected the action?

Where applicable, describe your relationship with any other organisations involved in implementing the action:

- Associate(s) (if any)
- Contractor(s) (if any)
- Final beneficiaries and target groups
- Other third parties involved (including other donors, other government agencies or local government units, NGOs, etc.)

Where applicable, outline any links and synergies you have developed with other actions.

If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this action been able to build upon/complement the previous one(s)? (List all previous relevant EU grants).

Where applicable, include a traineeship report on each traineeship which ended in the

[6] This plan will cover the financial period between the interim report and the next report.

reporting period to be prepared by the trainee including the result of the traineeship and assessment of the qualifications obtained by the trainee with a view to his/her future employment.

Visibility

How is the visibility of the EU contribution being ensured in the action?

The European Commission may wish to publicise the results (impact, outcomes, outputs) of actions. Do you have any objection to this report being published on the EuropeAid website? If so, please state your objections here.

Location of records, accounting and supporting documents

Please indicate in a table the location of records, accounting and supporting documents for each beneficiary and affiliated entity entitled to incur costs.

The contracting authority/Italian Agency for development Cooperation and the European Commission may wish to publicise the results of action. Do you have any objection to this report being published on the website of DF International Cooperation and Development and....? If not, please stat your objections here.

Name of the contact person for the action:

.....

Signature: .....

Location: .....

Date report due: .....

Date report sent: .....

ANNEX VI
FINAL NARRATIVE REPORT

- This report must be completed and signed by the contact person of the coordinator.
- The information provided below must correspond to the financial information that appears in the financial report.
- Please complete the report using a typewriter or computer ***(you can find this form at the following address <specify>).***
- Please expand the paragraphs as necessary.
- ***Please refer to the special conditions of your grant contract and send one copy of the report to each address mentioned.***
- The contracting authority will reject any incomplete or badly completed reports.
- Unless otherwise specified, the answer to all questions must cover the reporting period as specified in point 1.6.
- Please do not forget to attach to this report the proof of the transfers of ownership referred to in Article 7.5 of the general conditions.

Table of contents

List of acronyms used in the report

1. Description

1.1. Name of coordinator of the grant contract:

1.2. Name and title of the contact person:

1.3. Name of beneficiary(ies) and affiliated entity(ies) in the action:

1.4. Title of the action:

1.5. Contract number:

1.6. Start date and end date of the action:

1.7. Target country(ies) or region(s):

1.8. Final beneficiaries &/or target groups[1] (if different) (including numbers of women and men):

1.9. Country(ies) in which the activities take place (if different from 1.7):

[1] 'Target groups' are the groups/entities who will be directly positively affected by the project at the project purpose level, and 'final beneficiaries' are those who will benefit from the project in the long term at the level of the society or sector at large.

2. Assessment of the implementation of action activities and its results

2.1. Executive summary of the action

Please give a global overview of the action's implementation for the whole duration of the project.

Referring to the updated final logical framework matrix[2] (see point 2.3. below), please describe and comment for each level of the result(s) chain their level of achievement on both the final beneficiaries &/or target group (if different) and the situation in the target country or target region which the action addressed.

Please explain if the intervention logic has proved to be valid, including with the possible changes and their justifications presented in the progress reports, comment the likelihood of reaching the final target(s) related to the impact in the timeframe specified in the logframe (see targets for each impact indicator in the logframe).

Please describe and provide relevant justification for any modification that has been brought to the Logical framework matrix since the start of the Action (complete explanation should be provided in the 2.2 Section under the relevant level considered: outcomes, outputs, activities).

2.2. Results and activities

A. RESULTS (IMPACT, OUTCOMES, OUTPUTS)

The final report should be based on the monitoring and evaluation system set up using as a basis the Logical framework matrix. As such, the final report must inform all the indicators defined in the logical framework. Monitoring and/or evaluation reports relating to the performance of the Action shall be used and mentioned in the final report. All the monitoring and/or evaluation reports shall be submitted to the Commission with the final narrative report.

What is your assessment of the results of the action so far? Include observations on the performance and the achievement of outputs, outcomes and impact and whether the action has had any unforeseen positive or negative effects.

Explain how the Action has mainstreamed cross-cutting issues such as promotion of human rights,[3] gender equality,[4] democracy, good governance, children's rights and indigenous peoples, youth, environmental sustainability[5] and combating HIV/AIDS (if there is a strong prevalence in the target country/region).

Following the hierarchy of results spelled out in the final updated logframe matrix (see point 2.3. below) please comment for each level of the results chain the level of achievement by the of the period of implementation on the basis of the corresponding current value of the indicators against the baseline and target values provided in the Logframe.

- the level of achievement on the basis of the corresponding baseline, target and current value of the indicators, making reference to the assumptions and risks defined in the Logical framework
- the activities covered and implemented. Activities should be linked to corresponding output(s) through clear numbering.

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[2] The relevant terminology (i.e. outputs, outcome, impact, indicators, etc.) is defined in the logical framework matrix template attached to the guidelines for applicants (Annex e3d).

[3] Including those of people with disabilities. For more information, see 'Guidance note on disability and development' at https://ec.europa.eu/europeaid/disability-inclusive-development-cooperation-guidance-note-eu-staff_en

[4] See Guidance on Gender equality at https://ec.europa.eu/europeaid/toolkit-mainstreaming-gender-equality-ec-development-cooperation_en

[5] See Guideline for environmental integration at https://ec.europa.eu/europeaid/sectors/economic-growth/environment-and-green-economy/climate-change-and-environment_en

Impact – "<Title of Impact >"

<comment on current status of indicators associated to the impact>

(…)

Outcome (Oc) – "<Title of the Outcome>"

(…)

Comment on final status of indicators associated to Oc and explain any changes, especially any underperformance; refer to the indicators and assumptions in the Logframe:

(Possibly) intermediary Outcome 1 (iOc1) – "<Title of intermediary Outcome 1>"

(…)

Output 1.1. (Op 1.1.) – "Title of Output 1.1."

(…)

Following the above assessment of results, please elaborate on all the topics/activities covered.

B. ACTIVITIES

Please describe *how* the activities implemented throughout the overall implementation period supported the achievement of the output to which they are related to.

Activity 1.1.1. related to Output 1.1

(…)

<(if applicable) please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed>

<Please list any risk that might have jeopardised the realisation of some activities and explain how they have been tackled.>

Activity 1.1.2.

(…)

2.3. What has your organisation or any actor involved in the Action learned from the Action and how has this learning (including evidence from monitoring and evaluations) been utilised and disseminated? What has and has not worked?

Describe if the action will continue after the support from the European Union has ended. Are there any follow up activities envisaged? What will ensure the sustainability of the action?

2.4. The Logical framework (logframe) matrix should be used as a reporting tool of the expected results during implementation. Values on indicators aimed at measuring the results are to be updated in the column foreseen for monitoring and reporting purposes (see "Current value"). Columns for intermediary targets could be added, if needed.

The logframe (as revised during implementation in line with the provisions defined in Article 9.4 of the General Conditions) is to be updated for the purpose of the final report.

Results	Results chain	Indicator	Baseline (value & reference year)	Target (value & reference year)	Current value* (reference year) (* to be updated in the interim and final reports)	Sources of data	Assumptions
Impact (Overall objective)	*As per OECD-DAC definition, the impact is "the overall objective of the Action entailing positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended."* *The impact is the long-term expected effect of the action fulfilling the overall objective to which the action contributes at country, regional or sector level, in the political, social, economic and environmental global context which will stem from interventions of all relevant actors and stakeholders.* *Please delete this row once the Logframe is completed.*	*Quantitative and/or qualitative variable that provides a simple and reliable mean to measure the achievement of the corresponding result* *To be presented, when relevant, disaggregated by sex, age, urban/rural, disability, etc.*	*The value of the indicator(s) prior to the intervention against which progress can be assessed or comparisons made.* *(Ideally, to be drawn from the partner's strategy)*	*The intended final value of the indicator(s).* *(Ideally, to be drawn from the partner's strategy)*	*The latest available value of the indicator(s) at the time of reporting.* *(* to be updated in interim and final reports)*	*Ideally to be drawn from the partner's strategy.*	*Not applicable*
	Copy/paste the impact statement as per original Logframe or as formally amended during implementation.	Impact indicator 1:	Baseline for impact indicator 1	Target for impact indicator 1	Current value for impact indicator 1	Sources of data for impact indicator 1	*Not applicable*
		Impact indicator 2:	Baseline for impact indicator 2	Target for impact indicator 2	Current value for impact indicator 2	Sources of data for impact indicator 2	
		Impact indicator #:	Baseline for impact indicator #	Target for impact indicator #	Current value for impact indicator #	Sources of data for impact indicator #	

Results	Results chain	Indicator	Baseline (value & reference year)	Target (value & reference year)	Current value* (reference year) (* to be updated in the interim and final reports)	Sources of data	Assumptions
Outcome (s) (Specific) objective(s))	*As per OECD-DAC definition, the outcomes are "The likely or achieved short-term and medium-term change and effects of intervention outputs."* *The main medium-term effect of the intervention focusing on behavioural and institutional changes beneficial to the target group and resulting from the related outputs of the Action.* *It is good practice to limit the number of specific objectives (often one is enough), however for large Actions, other outcomes can be included.* *Please delete this row once the Logframe is completed.*	*Quantitative and/or qualitative variable that provides a simple and reliable mean to measure the achievement of the corresponding result* *To be presented, when relevant, disaggregated by sex, age, urban/rural, disability, etc.*	*The value of the indicator(s) prior to the intervention against which progress can be assessed or comparisons made.*	*The intended final value of the indicator(s).*	*The latest available value of the indicator(s) at the time of reporting* *(* to be updated in interim and final reports)*	*Sources of information and methods used to collect and report (including who and when/how frequently).*	*External, necessary and positive conditions for implementing the intervention that are outside of its management's control.*
	Copy/paste the Outcome 1 statement as per original Logframe or as formally amended during implementation	1.1 – Indicator 1 to Outcome 1	1.1 – Baseline for indicator 1.1 (same unit of measure)	1.1 – Target for Indicator 1.1	1.1 – Current value for indicator 1.1	1.1 – Source of data for indicator 1.1 (values)	
		1.2 – Indicator 2 to Outcome 1	1.2 Baseline for indicator 1.2 (same unit of measure)	1.2 – Target for Indicator 1.2	1.2 – Current value for indicator 1.2	1.2 – Source of data for indicator 1.2 (values)	
		(…)	(…)	(…)	(…)	(…)	
	Copy/paste the Outcome 2 statement as per original Logframe or as formally amended during implementation.	2.1 – Indicator to outcome 2	2.1 – Baseline for indicator 2.1 (same unit of measure)	2.1 – Target for Indicator 2.1	2.1 – Current value for indicator 2.1	2.1 – Source of data for indicator 2.1 (values)	
		2.2 - Indicator to outcome 2	2.2 – Baseline for indicator 2.2 (same unit of measure)	2.2 – Target for Indicator 2.2	2.2 – Current value for indicator 2.2	2.2 – Source of data for indicator 2.2 (values)	
	Copy/paste the Outcome # statement as per original Logframe or as formally amended during implementation.	(…)	(…)	(…)	(…)	(…)	

Results	Results chain	Indicator	Baseline (value & reference year)	Target (value & reference year)	Current value* (reference year) (* to be updated in the interim and final reports)	Sources of data	Assumptions
Outputs	*As per OECD-DAC definition outputs are "the products, capital goods and services which results from development interventions."* *Outputs are the direct/tangible products (infrastructure, goods and services) delivered/generated by the action. They may also include changes resulting from the action which are relevant to the achievement of outcomes. These changes relate to improved capacities, abilities, skills, systems, policies of a group of people or an organisation, and are generated by the EU action.* *Outputs should be linked to corresponding outcomes through clear numbering.* *Please delete this row once the Logframe is completed.*	*(same as above)*	*(same as above)*	*(same as above)*	*(same as above)*	*(same as above)*	*External, necessary and positive conditions for implementing the intervention that are outside of its management's control.*
	Copy/paste the 1.1 Output 1 related to Outcome 1 statement as per original Logframe or as formally amended during implementation.	1.1.1 Indicator 1 to Output 1	1.1.1 Baseline for indicator 1.1.1 (same unit of measure)	1.1.1 Target for Indicator 1.1.1	1.1.1 Current value for indicator 1.1.1	1.1.1 Source of data for indicator 1.1.1 (values)	
		1.1.2 Indicator 2 to Output 1	1.1.2 Baseline for indicator 1.1.2 (same unit of measure)	1.1.2 Target for Indicator 1.1.2	1.1.2 Current value for indicator 1.1.2	1.1.2 Source of data for indicator 1.1.2 (values)	
		(...)	(...)	(...)	(...)	(...)	
	Copy/paste the 1.2 Output 1 related to Outcome 1 statement as per original Logframe or as formally amended during implementation.	1.2.1. Indicator 1 to Output 2	1.2.1. Baseline for indicator 1.2.1 (same unit of measure)	1.2.1. Target for Indicator 1.2.1	1.2.1. Current value for indicator 1.2.1	1.2.1. Source of data for indicator 1.2.1 (values)	
		1.2.2 Indicator 2 to Output 2	1.2.2 Baseline for indicator 1.2.2 (same unit of measure)	1.2.2 Target for Indicator 1.2.2	1.2.2 Current value for indicator 1.2.2	1.2.2 Source of data for indicator 1.2.2 (values)	

Results	*Results chain*	*Indicator*	*Baseline (value & reference year)*	*Target (value & reference year)*	*Current value* (reference year) (* to be updated in the interim and final reports)*	*Sources of data*	*Assumptions*
		(…)	(…)	(…)	(…)	(…)	
	Copy/paste the 2.1 Output 1 related to Outcome 2 statement as per original Logframe or as formally amended during implementation.	2.1.1 Indicator 1 to Output 1	2.1.1 Baseline for indicator 2.1.1 (same unit of measure)	2.1.1 Target for Indicator 2.1.1	2.1.1 Current value for indicator 2.1.1	2.1.1 Source of data for indicator 2.1.1(values)	
		2.1.2 Indicator 2 to Output 1	2.1.2 Baseline for indicator 2.1.2 (same unit of measure)	2.1.2 Target for Indicator 2.1.2	2.1.2 Current value for indicator 2.1.2	2.1.2 Source of data for indicator 2.1.2 (values)	
		(…)	(…)	(…)	(…)	(…)	
	Copy/paste the 2.2 Output 2 related to Outcome 2 statement as per original Logframe or as formally amended during implementation.	2.2.1 Indicator 1 to Output 2 related to Outcome 2	2.2.1 Baseline for indicator 2.2.1 (same unit of measure)	2.2.1 Target for Indicator 2.2.1	2.2.1 Current value for indicator 2.2.1	2.2.1 Source of data for indicator 2.2.1(values)	
		2.2.2 Indicator 2 to Output 2 related to Outcome 2	2.2.2 Baseline for indicator 2.1.2 (same unit of measure)	2.2.2 Target for Indicator 2.2.2	2.2.2 Current value for indicator 2.2.2	2.2.2 Source of data for indicator 2.2.2 (values)	
		(…)	(…)	(…)	(…)	(…)	
	(…)						

2.5. Activity matrix

What are the key activities to be carried out to produce the intended outputs? *(*activities should be linked to corresponding output(s) through clear numbering)*	***Means*** *What are the political, technical, financial, human and material resources required to implement these activities, e.g. staff, equipment, supplies, operational facilities, etc.* ***Costs*** *What are the action costs? How are they classified? (Breakdown in the Budget for the Action)*	***Assumptions*** *External, necessary and positive conditions for implementing the intervention that are outside of its management's control.*

2.6. Explain how the action has mainstreamed cross-cutting issues such as promotion of human rights,[6] gender equality,[7] democracy, good governance, children's rights and indigenous peoples, environmental sustainability[8] and combating HIV/AIDS (if there is a strong prevalence in the target country/region)[9].

2.7. How and by whom have the activities been monitored/evaluated? Please summarise the results of the feedback received from the beneficiaries and others.

2.8. What has your organisation or any actor involved in the action learned from the action and how has this learning been utilised and disseminated?

2.9. Please list all materials (and number of copies) produced during the action on whatever format (please enclose a copy of each item, except if you have already done so in the past).

Please state how the items produced are being distributed and to whom.

2.10. Please list all contracts (works, supplies, services) above EUR 60 000 awarded for the implementation of the action for the whole implementation period since the last interim report if any or during the reporting period, giving for each contract the amount, the name of the contractor and a brief description on how the contractor was selected, including compliance with EU restrictive measures.

2.11. Where relevant, include any update to the self-evaluation questionnaire on SEA-H and related list of measures undertaken to improve the SEA-H policy within the organisation.

3. Beneficiaries/affiliated entities, trainees and relations with Government/other cooperation

3.1. How do you assess the relationship between the beneficiaries/affiliated entities of this grant contract (i.e. those having signed the mandate for the coordinator or an affiliated entity statement)? Please provide specific information for each beneficiary/affiliated entity.

3.2. Is the above agreement between the signatories to the grant contract to continue? If so, how? If not, why?

3.3. How would you assess the relationship between your organisation and State authorities in the action countries? How has this relationship affected the action?

3.4. Where applicable, describe your relationship with any other organisations involved in implementing the action:

- Associate(s) (if any)
- Contractor(s) (if any)
- Final beneficiaries and target groups
- Other third parties involved (including other donors, other government agencies or local government units, NGOs, etc.)

3.5. Where applicable, outline any links and synergies you have developed with other actions.

3.6. If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this action been able to build upon/complement the previous one(s)? (List all previous relevant EU grants).

3.7. How do you evaluate cooperation with the services of the contracting authority?

[6] Including those of people with disabilities. For more information, see 'Guidance note on disability and development' at https://ec.europa.eu/europeaid/disability-inclusive-development-cooperation-guidance-note-eu-staff_en

[7] https://ec.europa.eu/europeaid/toolkit-mainstreaming-gender-equality-ec-development-cooperation_en

[8] Guidelines for environmental integration are available at: https://ec.europa.eu/europeaid/sectors/economic-growth/environment-and-green-economy/climate-change-and-environment_en

[9] Please refer to EC Guidelines on gender equality, disabilities, etc.

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3.8. Where applicable, include a traineeship report on each traineeship which ended in the reporting period to be prepared by the trainee including the result of the traineeship and assessment of the qualifications obtained by the trainee with a view to his/her future employment.

4. Visibility

How is the visibility of the EU contribution being ensured in the action?

The European Commission may wish to publicise the results (impact, outcomes, outputs) of actions. Do you have any objection to this report being published on the EuropeAid website? If so, please state your objections here.

5. Location of records, accounting and supporting documents

Please indicate in a table the location of records, accounting and supporting documents for each beneficiary and affiliated entity entitled to incur costs.

The European Commission may wish to publicise the results of actions. Do you have any objection to this report being published on the website of DG International Partnerships? If so, please state your objections here.

Name of the contact person for the action: .....

Signature: .....Location: .....

Date report due: .....Date report sent: .....

Nota Bene
The beneficiary(ies) alone is responsible for ensuring that the financial information provided in these tables is correct.

Forecast budget and follow-up
In accordance with Article 15.3 of the General Conditions a forecast budget for the subsequent reporting period or for the remaining period (if shorter) must be provided with any request for payment of further pre-financing instalment.

Interim Report & Final Report
Additional information on expenditure incurred in local or other currencies than the euro (or the currency of the Contract) may be asked by the Contracting Authority

Addenda and use of contingencies
To be filled in case of an addendum and/or when contingencies are used.

ROUNDINGS
Figures have to be rounded to the nearest euro cent

Addenda or use of contingencies

Contract No

Implementation period of the contract (dd/mm/yyyy-dd/mm/yyyy)

Expenditures	Budget as per contract/last addendum signed				Use of contingencies/ addenda	Budget as per new addendum signed (Only to be completed when an amendment is necessary)			
	Unit	# Units (a)	Unit value (in EUR) (b)	Total Cost (in EUR) (a)*(b)		Unit	# Units (a)	Unit value (in EUR) (b)	Total Cost (in EUR) (a)*(b)
1. Human Resources									
1.1 Salaries (gross salaries including social security charges and other related costs, local staff)									
1.1.1 Technical	Per month					Per month			
1.1.2 Administrative/support staff	Per month					Per month			
1.2 Salaries (gross amounts incl social sec charges and other related costs, expatriat staff)	Per month					Per month			
1.3 Per diems for missions/travel									
1.3.1 Abroad (staff assigned to the Action)	Per diem					Per diem			
1.3.2 Local (staff assigned to the Action)	Per diem					Per diem			
1.3.3 Seminar/conference participants	Per diem					Per diem			
Subtotal Human Resources									
2. Travel									
2.1. International travel	Per flight					Per flight			
2.2 Local transportation	Per month					Per month			
Subtotal Travel									
3. Equipment and supplies									
3.1 Purchase or rent of vehicles	Per vehicle					Per vehicle			
3.2 Furniture, computer equipment									
3.3 Machines, tools, etc.									
3.4 Spare parts/equipment for machines, tools									
3.5 Other (please specify)									
Subtotal Equipment and supplies									
4. Project office									
4.1 Vehicle costs	Per month					Per month			
4.2 Office rent	Per month					Per month			
4.3 Consumables - office supplies	Per month					Per month			
4.4 Other services (tel/fax, electricity/heating, maintenance)	Per month					Per month			
Subtotal Project office									
5. Other costs, services									
5.1 Publications									
5.2 Studies, research									
5.3 Expenditure verification/Audit									
5.4 Evaluation costs									
5.5 Translation, interpreters									
5.6 Financial services (bank guarantee costs etc.)									
5.7 Costs of conferences/seminars									
5.8 Visibility actions									
Subtotal Other costs, services									
6. Other									
Subtotal Other									
7. Subtotal direct eligible costs of the Action (1-6)									
8. Indirect costs (maximum 7% of 7, subtotal of direct eligible costs of the Action)									
9. Total eligible costs of the Action, excluding reserve and volunteers' work (7+8)									
10.1 Provision for contingency reserve (maximum 5% of 7, subtotal of direct eligible costs of the Action)									
10.2 Volunteers' work	Per day					Per day			
11. Total eligible costs (9+10)									
12. - Taxes - Contributions in kind									
13. Total accepted costs of the Action (11+12)									

Contract No

Implementation period of the contract (dd/mm/yyyy-dd/mm/yyyy)

Forecast Budget & follow-up

Expenditures	Previous period (dd/mm/yyyy-dd/mm/yyyy) Forecast				Real Previous Period	Following period (dd/mm/yyyy-dd/mm/yyyy) Forecast			
	Unit	# Units	Unit value (in EUR)	Total Cost (in EUR)	Total Cost (in EUR)	Unit	# Units	Unit value (in EUR)	Total Cost (in EUR)
1. Human Resources									
1.1 Salaries (gross amounts, local staff)									
1.1.1 Technical	Per month					Per month			
1.1.2 Administrative/ support staff	Per month					Per month			
1.2 Salaries (gross amounts, expat/int. staff)	Per month					Per month			
1.3 Per diems for missions/travel									
1.3.1 Abroad (staff assigned to the Action)	Per diem					Per diem			
1.3.2 Local (staff assigned to the Action)	Per diem					Per diem			
1.3.3 Seminar/conference participants	Per diem					Per diem			
Subtotal Human Resources									
2. Travel									
2.1. International travel	Per flight					Per flight			
2.2 Local transportation	Per month					Per month			
Subtotal Travel									
3. Equipment and supplies									
3.1 Purchase or rent of vehicles	Per vehicle					Per vehicle			
3.2 Furniture, computer equipment									
3.3 Machines, tools ...									
3.4 Spare parts/equipment for machines, tools									
3.5 Other (please specify)									
Subtotal Equipment and supplies									
4. Project office									
4.1 Vehicle costs	Per month					Per month			
4.2 Office rent	Per month					Per month			
4.3 Consumables - office supplies	Per month					Per month			
4.4 Other services (tel/fax, electricity/heating, maintenance)	Per month					Per month			
Subtotal Project office									
5. Other costs, services									
5.1 Publications									
5.2 Studies, research									
5.3 Expenditure verification/Audit									
5.4 Evaluation costs									
5.5 Translation, interpretars									
5.6 Financial services (bank guarantee costs etc.)									
5.7 Costs of conferences/seminars									
5.8 Visibility actions									
Subtotal Other costs, services									
6. Other									
Subtotal Other									
7. Subtotal direct eligible costs of the Action (1-6)									
8. Indirect costs (maximum 7% of 7. subtotal of direct eligible costs of the Action)									
9. Total eligible costs of the Action, excluding reserve and volunteers' work (7+ 8)									
10.1 Provision for contingencies (maximum 5% of 7. subtotal direct eligible costs of the Action)									
10.2 Volunteers' work	Per day					Per day			
11. Total eligible costs (9+10)									
12. - Taxes - Contributions in kind									
13. Total accepted costs of the action (11+12)									

Contract No

Implementation period of the contract (dd/mm/yyyy-dd/mm/yyyy)

Interim financial report: period (dd/mm/yyyy-dd/mm/yyyy)

Expenditures	Budget as per contract/addendum				Reallocation	Expenditure incurred					Variation in comparison with initial budget/reallocation	
	Unit	# Units	Unit value (in EUR)	Total Cost (in EUR)	allowed reallocation (article 9.4 of the GC)	# Units	Unit value (in EUR)	Total Cost (in EUR)	Cumulated costs (before current report) (in EUR)	Cumulated costs (from start of implementation to present report included) (in EUR)	Difference of cumulated costs till present and budget as per contract/addendum	Variation from budget as per contract/addendum
		(a)	(b)	(c)=a*b	(e)	(a)	(b)	(c)=a*b	(d)	(f)=c+d	(g)= c (or e) - f	(h)=g/c (or e)
1. Human Resources												
1.1 Salaries (gross amounts, local staff)												
1.1.1 Technical	Per month											
1.1.2 Administrative/ support staff	Per month											
1.2 Salaries (gross amounts, expatriot staff)	Per month											
1.3 Per diems for missions/travel												
1.3.1 Abroad (staff assigned to the Action)	Per diem											
1.3.2 Local (staff assigned to the Action)	Per diem											
1.3.3 Seminar/conference participants	Per diem											
2. Travel												
2.1 International travel	Per flight											
2.2 Local transportation	Per month											
Subtotal Travel												
3. Equipment and supplies												
3.1 Purchase or rent of vehicles	Per vehicle											
3.2 Furniture, computer equipment												
3.3 Machines, tools, etc.												
3.4 Spare parts/equipment for machines, tools												
3.5 Other (please specify)												
Subtotal Equipment and supplies												
4. Project office												
4.1 Vehicle costs	Per month											
4.2 Office rent	Per month											
4.3 Consumables - office supplies	Per month											
4.4 Other services (tel/fax, electricity/heating, maintenance)	Per month											
Subtotal Project office												
5. Other costs, services												
5.1 Publications												
5.2 Studies, research												
5.3 Expenditure verification/Audit												
5.4 Evaluation costs												
5.5 Translation, interpreters												
5.6 Financial services (bank guarantee costs etc.)												
5.7 Costs of conferences/seminars												
5.8 Visibility actions												
Subtotal Other costs, services												
6. Other												
Subtotal Other												
7. Subtotal direct eligible costs of the Action (1-6)												
8. Indirect costs (maximum 7% of 7, subtotal of direct eligible costs of the Action)												
9. Total eligible costs of the Action, excluding reserve and volunteers' work (7+ 8)												
10.1 Not applicable												
10.2 Volunteers' work	Per day											
11. Total eligible costs (9+10)												
12. - Taxes - Contributions in kind												
13. Total accepted costs of the action (11+12)												

Contract No

Implementation period of the contract (dd/mm/yyyy-dd/mm/yyyy)

Final financial report: period (dd/mm/yyyy-dd/mm/yyyy)	Budget as per contract/addendum				Reallocation	Expenditure incurred					Variations in comparison with initial budget/addendum		
Expenditures	Unit	# Units	Unit value (in EUR)	Total Cost (in EUR)	Reallocation allowed (Article 9.4 of the General Conditions)	# Units	Unit value (in EUR)	Total Cost (in EUR)	Cumulated costs (before current report) (in EUR)	Cumulated costs (from start of implementation to present report included) (in EUR)	In absolute value in EUR	In %	Explanation for all variations
		(a)	(b)	(c)=a*b		(a)	(b)	(c)=a*b	(d)	(f)=c+d			
1. Human Resources													
1.1 Salaries (gross amounts, local staff)													
1.1.1 Technical	Per month												
1.1.2 Administrative/ support staff	Per month												
1.2 Salaries (gross amounts, expat/Int. staff)	Per month												
1.3 Per diems for missions/travel													
1.3.1 Abroad (staff assigned to the Action)	Per diem												
1.3.2 Local (staff assigned to the Action)	Per diem												
1.3.3 Seminar/conference participants	Per diem												
2. Travel													
2.1. International travel	Per flight												
2.2 Local transportation	Per month												
Subtotal Travel													
3. Equipment and supplies													
3.1 Purchase or rent of vehicles	Per vehicle												
3.2 Furniture, computer equipment													
3.3 Machines, tools, etc.													
3.4 Spare parts/equipment for machines, tools													
3.5 Other (please specify)													
Subtotal Equipment and supplies													
4. Project office													
4.1 Vehicle costs	Per month												
4.2 Office rent	Per month												
4.3 Consumables - office supplies	Per month												
4.4 Other services (tel/fax, electricity/heating, maintenance)	Per month												
Subtotal Project office													
5. Other costs, services													
5.1 Publications													
5.2 Studies, research													
5.3 Expenditure verification/Audit													
5.4 Evaluation costs													
5.5 Translation, interpreters													
5.6 Financial services (bank guarantee costs etc.)													
5.7 Costs of conferences/seminars													
5.8 Visibility actions													
Subtotal Other costs, services													
6. Other													
Subtotal Other													
7. Subtotal direct eligible costs of the Action (1-6)													
8. Indirect costs (maximum 7% of 7, subtotal of direct eligible costs of the Action)													
9. Total eligible costs of the Action, excluding reserve and volunteers' work (7+8)													
10.1 Not applicable													
10.2 Volunteers' work	Per day												
11. Total eligible costs (9+10)													
12. - Taxes - Contributions in kind													
13. Total accepted costs of the action (11+12)													

Final sources of funding

		Amount EUR
Applicant contribution		
Other contributions (other Donors etc)		
Name	*Conditions*	
Revenue from the Action		
To be inserted if applicable and allowed by the guidelines:		
In-kind contribution		
Volunteers' work		

List of Pending payments (above 500 EUR)

Please list the following details: Name of the provider, Object of the contract (Final Audit, Works execution guarantee...), Amount in €, Due date, Reference document (Date and number of Invoice/ contract), Explanation and comments (why still not paid?)

Name of the provider	Object of the contract	Amount in EUR	Due date	Reference document	Explanation and comments

We herewith commit to refund to the European Union, according to art. 18 of the General Conditions, any amount for which proof of payment cannot be provided upon request after the due date, unless reasonable justification is provided.

Signed

TERMS OF REFERENCE FOR AN EXPENDITURE VERIFICATION OF A GRANT CONTRACT EXTERNAL ACTION OF THE EUROPEAN UNION

- **How to use this terms of reference MODEL**
- **(also applies to Annex 1)**

- **insert** the information requested between the <…>
- **choose** the optional text between […] highlighted in grey when applicable or delete
- **delete** all yellow instructions and the present text box

The present terms of reference apply to the verification of expenditure declared in financial reports under the following contracts:

1) Grant Contract[1] number and title of the action:

[2) Grant Contract[2] number and title of the action: <…>]

<Repeat contracts/reports as applicable>

Detailed information is provided at the cover page of Annex 1

1 Contract in relation to which the financial report subject to verification is issued. The contract established with the expenditure verifier will be identified as "Verification Contract".

2 Contract in relation to which the financial report subject to verification is issued. The contract established with the expenditure verifier will be identified as "Verification Contract".

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Table of Contents

1 Introduction

The present document and the Annexes listed in Section 8 are the terms of reference ('ToR') on which the Coordinator (The term "Coordinator" refers to the Beneficiary identified as the Coordinator in the Special Conditions) agrees to engage 'the Expenditure Verifier' to perform a verification of reported expenditure.

Where in these ToR the 'Contracting Authority' is mentioned, this refers to the < European Commission or name of another contracting authority>, which has signed the Grant Contract with the Beneficiary and is providing the grant funding. The Contracting Authority is not party to this agreement.

These ToR will become an integral part of the contract concluded between the Coordinator and the Expenditure Verifier.

They apply to expenditure verifications contracted by the Coordinator and cover the verification of expenditure incurred under the EU financed contracts on the cover sheet.

2 Objectives and context

The Expenditure Verifier is expected

- to carry out the agreed-upon procedures listed in Annex 2, and

- to issue reports based on the template in Annex 3 which will support the Contracting Authority's conclusions on the eligibility of the reported expenditure and the related follow-up.

The expenditure verification will be performed as [<Choose either one or both> a desk review or/and fieldwork at the location indicated in Annex 1.]

The Expenditure Verifier is not expected to provide an audit opinion.

3 Standards and Ethics

The Expenditure Verifier shall undertake this engagement in accordance with:

- the International Standard on Related Services ('ISRS') 4400 Engagements to perform Agreed-upon Procedures regarding Financial Information as promulgated by the IFAC;
- the IFAC Code of Ethics for Professional Accountants, developed and issued by IFAC's International Ethics Standards Board for Accountants (IESBA), which establishes fundamental ethical principles for Auditors with regard to integrity, objectivity, independence, professional competence and due care, confidentiality, professional behaviour and technical standards.

  Although ISRS 4400 provides that independence is not a requirement for agreed-upon procedures engagements, the Coordinator requires that the Expenditure Verifier is independent from the Coordinator and complies with the independence requirements of the IFAC Code of Ethics for Professional Accountants.

4 Requirements for the Expenditure Verifier

By agreeing these ToR, the Expenditure Verifier confirms meeting at least one of the following conditions:

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- The Expenditure Verifier is a member of a national accounting or auditing body or institution which in turn is a member of the International Federation of Accountants (IFAC).
- The Expenditure Verifier is a member of a national accounting or auditing body or institution. Although this organisation is not member of the IFAC, the Expenditure Verifier commits to undertake this expenditure verification in accordance with the IFAC standards and ethics set out in these ToR.
- The Expenditure Verifier is registered as a statutory auditor in the public register of a public oversight body in an EU member state in accordance with the principles of public oversight set out in Directive 2006/43/EC of the European Parliament and of the Council (this applies to auditors and audit firms based in an EU member state)[3].
- The Expenditure Verifier is registered as a statutory auditor in the public register of a public oversight body in a third country and this register is subject to principles of public oversight as set out in the legislation of the country concerned (this applies to auditors and audit firms based in a third country).

5 Scope

5.1 Contracts and Financial Reports covered by these ToR

The Contract(s) and Financial Reports subject to this expenditure verification are indicated on the cover sheet and in Annex 1.

5.2 Conditions for Eligibility of Expenditure

The conditions for eligibility are stipulated in the Contracts which are provided in Annex 1 (including riders).

6 Verification Process and Methodology

6.1 Preparation of the Verification

The Expenditure Verifier shall prepare the verification and to agree on the timing for carrying out the expenditure verification, notably with regard to fieldwork (if any) (see Section 6.2. for applicable maximum time lags). The Expenditure Verifier will then also confirm with the Coordinator the location(s) indicated in Annex 1 and ensure that relevant supporting documents as well as key staff will be available during the verification.

6.2 Preparatory Meeting, Fieldwork, Desk Review

[The Coordinator foresees a preparatory meeting with the Expenditure Verifier which will be held [<Choose either one or both> by conference call or at <name and address of the meeting place should be clearly stated>.]

The fieldwork or desk review shall commence as soon as possible and not later than <number> calendar days after the signature of the verification contract or the date of

[3] Directive 2006/43 of the European Parliament and of the Council of 17 May 2006 on statutory audits of annual accounts and consolidated accounts, amending Council Directives 78/660/EEC and 83/349/EEC and repealing Council Directive 84/253 EEC.

availability of the Financial Report (i.e. financial report, supporting documents and other relevant information).

6.2.1 Engagement Context, Materiality, Risk Analysis, Sampling

The Expenditure Verifier's procedures should include:

- obtaining a sufficient understanding of the engagement context including the contractual conditions, the Coordinator and the applicable EC laws and regulations which are set out in Section 5 above (Scope). The Expenditure Verifier should pay specific attention to the contractual provisions relevant for the following aspects:
    - o documentation, filing and record keeping for expenditure and income;
    - o eligibility of expenditure and income;
    - o procurement and origin rules insofar as these conditions are relevant to determine the eligibility of expenditure;
    - o asset management (management and control of fixed assets; e.g. equipment).
    - o cash and bank management (treasury);
    - o payroll and time management;
    - o accounting (including the use of exchange rates) and financial reporting of expenditure and income; and
    - o internal controls and notably financial internal controls.

The understanding should be sufficient to identify and assess the risks of material errors or misstatements in the expenditure and revenue stated in the Financial Report in order to determine the size and structure of the expenditure sample to be tested, whether caused by error or fraud, and sufficient to design and perform further verification procedures.

- performing a risk analysis (Annex 2).

The outcome of the risk analysis has to be clearly described in the Verification Report (Annex 3, Section 2.1);

- determining the sample size;

For the purpose of determining what the overall material misstatement or error is, the Expenditure Verifier will apply a materiality threshold of 2% of the total amount of the gross reported expenditure with a confidence level of 95%.

- establishing the sample and selecting the individual items for testing (Annex 2).

The link between the risk assessment and the size and composition of the sample, as well as the sampling method (statistical/non-statistical) must be clearly described in the Verification Report (Annex 3, Section 2.2);

6.2.2 Fieldwork / Desk Review

The main task during the fieldwork or desk review will be to perform the substantive tests (Annex 2, Section 2). Key information about the testing process must be provided in the Verification Report (Annex 3, Section 4).

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6.2.3 Debriefing Memo and Closing Meeting

At the end of the fieldwork or desk review, the Expenditure Verifier should prepare a debriefing memo, organize a closing meeting with the Coordinator in order to discuss the findings, obtain its initial comments and agree on additional information to be provided at a later date.

6.2.4 Documentation and Verification Evidence

The evidence to be used for performing the procedures in Annex 2 is all financial and non-financial information which makes it possible to examine the expenditure declared in the Financial Report.

The Expenditure Verifier documents matters which are important in providing evidence to support the report of factual findings, and evidence that the work was carried out in accordance with ISRS 4400 and these ToR.

6.3 Reporting

6.3.1 Structure and Content of the Report

The use of the Expenditure Verification Report template in Annex 3 of these ToR, including the annexed tables, is **compulsory**.

If the verification scope covers Financial Reports related to different Contracts, a separate and specific report should be issued for each Contract.

The report should provide basic information about the Contract and should describe the outcome of the risk analysis and its implications on the sampling. The report should also give an overview of the substantive testing and fully disclose the information regarding the items included in the expenditure population and in the sample. The report should finally detail the findings identified through the performance of the agreed-upon procedures.

The report should be presented in <language>.

The Expenditure Verifier will submit within < number of working days to be indicated by the Coordinator> working days of the conclusion of the field work a draft report to the Coordinator for comments to be received within < number of working days to be indicated by the Coordinator>working days. This delay expired, the Expenditure Verifier will provide the final report to the Coordinator within < number of working days to be indicated by the Coordinator>working days from the receipt of the comments (if any).

6.3.2 Expenditure Verification Findings and Recommendations

The factual findings shall be reported in accordance with the formats and criteria specified in the Expenditure Verification Report template (Annex 3). The description of findings will include the standard applied (e.g. art. xx of the General Conditions of the Contract), the facts and the analysis of the Expenditure Verifier.

The verification report should include all financial findings made by the Expenditure Verifier, regardless of the amount involved. Changes in the financial findings occurring between the draft and final report as a result of the consultation procedure should be clearly and sequentially reported.

7 Other Matters

7.1 Subcontracting

The Expenditure Verifier will not subcontract without prior written authorisation from the Coordinator.

8 Annexes

Annex 1 - Engagement Context / Key Information

Annex 2 – Guidelines for Risk Analysis and Verification Procedures

Annex 3 - Model for Expenditure Verification Report

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Annex 1: Engagement Context / Key Information

Contract[4] and report summary

[Annex to be completed by the Coordinator]

Information about the Grant Contract	
Reference number and date of the Grant Contract	< Contracting Authority's reference for the Grant Contract>
Grant contract title	
Country	
Coordinator	< full name and address of the Coordinator as per the Grant Contract>
Beneficiary(ies) and affiliated entity(ies)	< full name and address of the Beneficiary(ies) and related affiliated entity(ies) as per the Grant Contract>
Start date of the implementation period of the Action	
End date of the implementation period of the Action	
Financial Report(s) subject to verification:	<DD/MM/YYYY-DD/MM/YYYY> <DD/MM/YYYY-DD/MM/YYYY> <DD/MM/YYYY-DD/MM/YYYY>
Total amount received to date by the Coordinator from Contracting Authority	< Total amount received as per dd.mm.yyyy>
Total amount of the payment request	< provide the total amount requested for payment as per Annex V to the Special Conditions for Grant Contracts (Payment Request for a grant contract for European Union external actions) >
Contracting Authority	[<Provide the name, position/title, phone and E-mail of the contact person at the Contracting Authority>. (To be completed only if the Contracting Authority is not the Commission.)]
European Commission	< provide the name, position/title, phone and E-mail of the contact person in the Delegation of the European Union in the country concerned, or if applicable at Headquarters>
Auditor	< Name and address of the audit firm and names/positions of the auditors>

[4] Contract in relation to which the financial report subject to verification is issued. The contract established with the expenditure verifier will be identified as "Verification Contract"

A	Logistics	
Issue	**Question**	**Reply**
Locations	1. Where do the Coordinator and other Beneficiary(ies) and affiliated entity(ies) retain the accounting records?	
	2. Where do the Coordinator and other Beneficiary(ies) and affiliated entity(ies) retain the original supporting documents?	
	3. Where were contractual activities carried out?	
	4. Where are key project staff available to provide information and explanations?	
Languages	5. Which is the contractual language?	
	6. Which is the language of the accounting records?	
	7. Which are the languages of supporting documents?	
	8. Which languages are spoken by key project staff?	

B	Contractual Conditions	
Contract amount	9. What is the total amount of the contract?	
EC contribution	10. What is the amount of the EC contribution?	
Other contributions	11. Which are the other sources of funding (including the Coordinator)?	Source 1 / amount
		Source 2 / amount
		Source 3 / amount
		Source 4 / amount
		Source 5 / amount

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C	Financial Report (enclosed as Annex 1.1)	
Financial report	12. Approximately how many expense transactions have been reported / are expected to be reported in the Financial Report?	
	13. What is the distribution of these transactions (e.g. capital expenditure, operating expenditure, fees, simplified costs, per diem, etc.), Are the transactions few/many of large/small value?	
	14. To what extent have Project transactions been carried out in cash?	[high, medium, low]
	15. In which currencies has expenditure been incurred?	
	16. What is the reporting currency?	
	17. How many other Financial Reports have already been presented by the Coordinator under this contract?	

D	Procurement	
Procurement	18. How many procurement procedures have been undertaken during the period covered by the Financial Report?	
	19. Was the EC involved in any of the procurement procedures referred to in question 18 (e.g. ex-ante verifications or derogations to the rule of origin)?	
	20. Are works done and supplies delivered under the contract located centrally or are they dispersed?	

E	Previous contracts verifications, audits or monitoring	
Previous verifications, audits or monitoring	21. Which previous experience did the Entity have with EC contracts and associated regulations?	
	22. How many of the previously presented Financial Reports (if any) have been subject to audit/verification by external consultants contracted by the Coordinator?	
	23. Have any verification, audit or monitoring exercises other than those referred to under numeral 22 been carried out with regard to the contract or the Coordinator that are relevant for the scope of the current verification?	
	24. Have any significant findings been raised under the exercises referred to in questions 22 and 23? If so, what are they?	
	25. Have any instances of fraud or irregularities been previously identified in dealings with the particular Entity?	

Annex 1/<… >.1: Financial Report(s) to be verified

F	Contact Details		
Coordinator: <full name of the entity subject to audit>			
Address		Country	
Phone		Fax	
Website			

Annex 1/<... >.2: Contract and riders

<Other documents to be sent to the Auditor, (e.g. narrative reports, previous audit reports)>

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Annex 2: Guidelines for risk analysis and verification procedures

Table of Contents

1. RISK ANALYSIS AND DETERMINATION OF THE SAMPLE

The Expenditure Verifier should assess the risks of material errors or misstatements in the expenditure and revenue declared in the Financial Report in order to determine the size and structure of the expenditure sample to be tested according to the procedures described in Section 2.

This work involves an assessment of the inherent risks that:

- The Financial Report is not reliable, i.e. that it does not present, in all material aspects, the actual expenditure incurred and the revenue received in conformity with applicable conditions.
- Expenditure declared in the financial report has not, in all material aspects, been incurred in conformity with applicable contractual conditions.
- Revenues generated by the Coordinator in the execution of the contract are not deducted from the declared expenditure in conformity with applicable conditions.
- Fraud and irregularities have occurred which could have had an impact on expenditure and/or revenue reported under the contract.

The Expenditure Verifier should assess the inherent risk based, inter alia, on the number and complexity of the transactions, the complexity of the activities provided for by the Contract, the number of implementing Entities involved and the environment where the Contract is implemented. In addition, the Expenditure Verifier, based inter alia on the information provided in annex 1 to the Terms of Reference (*Engagement Context / Key Information*) will consider the control risk, i.e. whether the design of the Internal Control System sufficiently mitigates the identified inherent risks and whether it is plausible that it is operating effectively.

2. EXPENDITURE VERIFICATION PROCEDURES

The following checks must be performed by the Expenditure Verifier unless they are irrelevant in relation to the eligibility criteria applicable to the contract type. Therefore the Expenditure Verifier is required to gain appropriate understanding of such requirements in order to carry out only the relevant checks and properly apply the relevant eligibility requirements.

2.1 The expenditure was incurred by and pertains to the Entity.

2.2 The expenditure is recorded in the accounting system of the Coordinator and other Beneficiary(ies) and affiliated entity(ies)

The expenditure is recorded in the accounting system of the Coordinator and other Beneficiary(ies) and affiliated entity(ies) in accordance with the applicable accounting standards and the Coordinator's usual cost accounting practices.

2.3 Expenditure incurred during the contractual eligibility period

The expenditure declared in the financial report was incurred during the contractual implementation period of the Action, except for expenditure relating to final reports, expenditure verification, audit and evaluation. Expenditure paid after the submission of the financial report, is listed in the final report along with the estimated date of payment.

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2.4 Expenditure indicated in the contractual estimated budget

The expenditure included in the financial report was indicated in the contractual budget.

The applicable budget ceilings were not exceeded.

The expenditure has been allocated to the correct heading of the Financial Report.

2.5 Expenditure necessary for the implementation of the contractual activities, reasonable and justified

It is plausible that the direct and indirect expenditures included in the financial report were necessary for the implementation of the contractual activities.

The amount of the expenditure items included in the financial report is reasonable and justified and respects the principle of sound financial management.

2.6 Expenditure identifiable and verifiable

The expenditure is backed up by sufficient supporting documentation (e.g. invoices, contracts, order forms, pay slips, time sheets) and proof of payment.

Where expenditure was apportioned, the applied allocation key was based on sufficient, appropriate and verifiable underlying information.

The expenditure is backed up by evidence of works done, goods received or services rendered. The existence of assets is verifiable.

2.7 Compliance with Procurement Principles and Nationality and Origin Rules

For the expenditure items concerned, the Coordinator has complied with the contractual requirements for procurement. Contractual nationality and origin rules have been applied, including those on derogations to be awarded by the Commission.

2.8 Expenditure complies with the requirements of applicable tax and social legislation

For the expenditure items concerned, the Coordinator complies with the requirements of tax and social security legislation (for example: employer's part of taxes, pension premiums and social security charges).

2.9 Financial support to third parties (sub-granting)

Financial support to third parties is provided for by the contractual conditions and its amount does not exceed the contractual limits.

The expenditure incurred by the third parties meets the relevant eligibility requirements. In particular it was incurred by and pertains to the third party, during the contractual eligibility period, is necessary for the implementation of the contractual activities and is identifiable and verifiable (see definition at point 2.6).

2.10 Other eligibility requirements

Duties, taxes and charges, (e.g. VAT) included in the financial report cannot be recovered by the Entity unless otherwise provided for in the contractual conditions (accepted costs system). In the latter case, these expenses are reported separately and relate to eligible direct expenditure.

The correct exchange rates are used where applicable.

The contingency reserve has been established in accordance to the contractual conditions and its use authorised by the Contracting Authority.

The indirect costs do not exceed the maximum contractual percentage of the eligible direct costs and do not include ineligible expenses or expenses already declared as direct ones.

Contributions in kind are not included in the financial report, unless otherwise provided for in the contractual conditions.

Expenditure specifically considered ineligible by the contractual conditions is not included in the financial report.

Expenditure declared under the simplified cost options respects the contractual requirements.

The revenues generated by the Coordinator in the execution of the contract are disclosed in the financial report and deducted from the declared expenditure, unless otherwise provided for in the contractual conditions.

<Annex 3: Model for > Expenditure verification Report

<To be printed on AUDITOR'S letterhead>

Report for an Expenditure Verification of a Grant Contract
External Actions of the European Union
<Title of and number of the grant contract >

How this model should be completed by the Expenditure Verifier

- **insert** the information requested between the <…>
- **choose** the optional text between **[…]** highlighted in grey when applicable or delete
- **delete** all yellow instructions and the present text box

1. Background information

1.1. Short description of the action subject to verification

Contract number and title:	
Contract type	grant contract,
Financial Report(s) subject to verification	<DD/MM/YYYY-DD/MM/YYYY> <DD/MM/YYYY-DD/MM/YYYY> <DD/MM/YYYY-DD/MM/YYYY>
Coordinator and other Beneficiary(ies) and affiliated entity(ies)	< Identify the Coordinator and other Beneficiary(ies) and affiliated entity(ies) and provide key information about their legal form, nationality, size, main field(s) of activity and other elements deemed relevant – max 200 words>
Location(s) where the Contract is implemented	
Contract execution period	
Contract implementation status	< indicate on-going or completed >
General and specific objectives of the Contract	
Synthetic description of the activities, outputs and target group	<max 300 words>

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1.2. Basic financial information of the Contract (at the time of the verification)

1.2.1 Expenditure

Budget Headings	Budgeted Expenditure (amount)	Reported Expenditure (amount)
Budget Heading "…"		
…		
Total		

1.2.2 Contributions

Source of Contribution	Budgeted Contribution (amount)	Actual Contribution (amount)
EU		
Coordinator		
Other Beneficiary(ies) and affiliated entity(ies)		
…		
Other Donor 1		
…		
Total		

1.2.3 Revenues

Revenue Types	Budgeted Revenues (amount)	Actual Revenues (amount)
Type "…"		
Type "…"		
…		
Total		

1.3. Verified Financial Reports

See annex 3.1

2. Risk analysis

2.1. Outcome of risk analysis

Based on the risk analysis performed according to the Terms of Reference, provide succinct information about the identified risks possibly affecting the verified report, regarding the action, the context in which the latter is implemented, the beneficiaries and the target group.

<E.g. action implemented via complex procurement procedures, financial assistance to third parties (sub-grants) or revolving funds, transactions incurred in several currencies, technical complexity, high corruption perception index, instances of political interference, predominance of cash payments, number of parties involved, partners lacking administrative capacity, known weaknesses in internal control systems, lack of involvement or cooperation of the target group, history of fraud cases. *(max. 300 words)*>

In addition, please identify possible mitigating factors.

< E.g. previous audit or verification work, evidence of close follow up by the contracting authority, good results yielded in the past by the implementing partner, etc. *(max. 150 words)*>

2.2 Implications on the sampling

Explain how the identified risk factors are reflected in the structure and size of the sample.

<Based on the identified risk factors, describe how the sample was selected (e.g. statistical/judgemental sampling, stratification, etc.), what type of transactions were prioritised (e.g. amount above xx EUR, expensed declared by co-beneficiary XY, staff expenditure, payments to sub-grantees, etc.) what is the coverage ratio in amount and number of transaction *(max. 200 words)*>

3. Transaction population and sample

Sampling Highlights/Overview

The sample size was determined based on a materiality threshold of 2% of the total amount of reported expenditure with a confidence level of 95% and considering the risk analysis presented above.

Report/invoice: <indicate the report/invoice number and cut-off dates>		
	Population	**Audited sample**
Number of transactions		
Value of transactions EUR		

[If more than one financial report/invoice is verified, repeat as applicable]

A complete list of the transactions included in the population is to be included in Annex 3.3.

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4. Substantive testing

Short description of the testing process

Compliance with the Terms of Reference and with the International Standard on Related Services (ISRS) 4400.

<Confirm that the testing procedures established in the annex 2 to the Terms of Reference were fully applied or disclose any scope limitation. Also confirm that the testing was executed in accordance with the International Standard on Related Services (ISRS) 4400, "Engagements to Perform Agreed-upon Procedures Regarding Financial Information".>

Provide the key information about the testing process.

<E.g. describe if the verification work took place at the implementing partner's premises, whether qualified representatives of the auditee were present, if they were cooperative, if the supporting documentation was available in full, if additional documents had to be received after the field mission, whether evidence of the equipment transfer is available, if physical inspections were performed, any scope limitations, etc. (max. 300 words)>

5. Summary of findings

5.1 Summary of errors detected

<Description of the main outcomes of the transaction testing (e.g. type of errors detected, type of transactions, geographic scope, sector, involved implementing partners, etc.) *(max. 200 words)*>

5.2 Audit team

<List names and expert category levels for this report.>

<Name and signature of the Verifier>

<Verifier's address: office having responsibility for the audit>

[for final reports <Date of signature> the date when the **final** report is signed]

Annex 3.1: Financial reports provided by the auditee
Annex 3.2: Procedures performed
Annex 3.3: Table of transactions - provided as Excel file
Annex 3.4: Table of errors - provided as Excel file

Accounting reference (ID number)	Verified report reference	Budget line (if applicable)	Date	Payee	Description	Amount (currency)	Included in the sample	Error detected	Error number (if applicable)
							Y/N	Y/N	

Error number	Accounting reference (ID number)	Verified report reference	Budget line (if applicable)	Date	Payee	Description	Amount (currency)	Standard (finding legal basis)	Initial Finding (to be organised by facts/analysis)	Reaction of the auditee	Initial error amount	Final auditor's position	Final error amount	Classification of the error

ANNEX VIII
PRE-FINANCING GUARANTEE FORM

(To be completed on paper bearing the letterhead of the financial institution)

For the attention of
<Address of the contracting authority>
referred to below as the 'contracting authority'

Subject: **Guarantee No …**
Financing guarantee for the repayment of pre-financing payable under grant contract <contract number and title> (please quote number and title in all correspondence)

We the undersigned, <name and address of financial institution>[1] hereby irrevocably declare that we guarantee as primary obligor, and not merely as a surety, on behalf of <name and address of the coordinator>, hereinafter referred to as 'the coordinator', payment to the contracting authority of <amount of the pre-financing in euros/contracting authority currency[2]>, this amount representing the guarantee referred to in Article 4 of special conditions of the grant contract <contract number and title> concluded between the beneficiary(ies) and the contracting authority, hereinafter referred to as 'the contract'.

Payment shall be made without objection or legal proceedings of any kind, upon receipt of your first written claim (sent by registered letter with confirmation of receipt) stating that the coordinator has not repaid the pre-financing on request or that the contract has been terminated. We shall not delay the payment, nor shall we oppose it for any reason whatsoever. We shall not under any circumstances benefit from the defences of the security. We shall inform you in writing as soon as payment has been made.

We accept notably that no amendment to the terms of the contract can release us from our obligation under this guarantee. We waive the right to be informed of any change, addition or amendment to the contract.

We note that the guarantee will be released 45 days at the latest after the first of the following events:

- when the balance provided for in the contract has been paid;
- [and in any case at the latest 18 months after end of the implementation period of the action mentioned in the contract][3]

[Any request to pay under the terms of the guarantee must be countersigned by the head of delegation of the European Union or his designated empowered deputy as per the applicable Commission rules.

The law applicable to this guarantee shall be that of <the country in which the financial institution issuing the guarantee is established>]. Any dispute arising out of or in connection with this guarantee shall be referred to the courts of <the country in which the financial institution issuing the guarantee is established.

---

[1] The guarantee has to be supplied by a recognised bank or financial institution established in a Member State of the European Union. Where the coordinator is established in another State, the contracting authority may accept that a bank or financial institution established in that State supplies the guarantee, if it considers that this institution offers insurances and characteristics equivalent to those offered by a bank or financial institution established in a Member State of the European Union.

[2] To be used in the case where the contract is in the contracting authority's currency.

[3] This mention has to be inserted only where required, for example where the law applicable to the guarantee imposes a precise expiry date or where the guarantor can justify that he is unable to provide such a guarantee without expiry date.

ANNEX VIII
PRE-FINANCING GUARANTEE FORM

This guarantee shall come into force and shall take effect on payment of the pre-financing to the coordinator.

Done at [*insert place*], on [*insert date*]

[*Signature*][4]	[*Signature*]
[*Function at the financial institution/bank*]	[*Function at the financial institution/bank*]

[4] Can be signed using a Qualified Electronic Signature (QES) Please note that only the qualified electronic signature (QES) within the meaning of Regulation (EU) No 910/2014 (eIDAS Regulation) will be accepted.

ANNEX IX

TRANSFER OF OWNERSHIP OF ASSETS

Grant contract identification number:
Title of the action:
Name of beneficiary:
Name of local beneficiary/local affiliated entity/final beneficiary of the action to whom the assets are transferred:

Assets	Description of item (> EUR 5 000)	Date of purchase	Purchase cost in EUR	Date of transfer / comments
1.				
2.				
3.				
4.				
Etc.				

The above list was drawn up to comply with Articles 2 and 7.5 of the general conditions applicable to EU-financed grant contracts for external action (Annex II of the contract). Ownership of each item listed has been transferred. The local beneficiary(ies) and/or the local affiliated Entity(ies) and/or final beneficiaries are in agreement with its content.

Done in : ..... on .....

(Beneficiary)	(local beneficiary/local affiliated entity/final beneficiary of the action No 1) (local beneficiary/local affiliated entity/final beneficiary of the action No 2 etc.)	
Name & Position	Name & Position	Name & Position

PLEASE COMPLETE AND SIGN THIS FORM AND ATTACH COPIES OF OFFICIAL SUPPORTING DOCUMENTS (REGISTER(S) OF COMPANIES, OFFICIAL GAZETTE, VAT REGISTRATION, ETC.)

LEGAL ENTITY

PRIVACY STATEMENT http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal_entities_en.cfm#en

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form

PRIVATE/PUBLIC LAW BODY WITH LEGAL FORM

OFFICIAL NAME ①	MEĐUNARODNI MEDICINSKI ZBOR HRVATSKA INTERNATIONAL MEDICAL CORPS CROATIA
BUSINESS NAME (If different)	
ABBREVIATION	IMC CROATIA
LEGAL FORM	ASSOCIATION
ORGANISATION TYPE	FOR PROFIT ☐ NON FOR PROFIT ☒ NGO ② YES ☒ NO ☐
MAIN REGISTRATION NUMBER ③	5051932
SECONDARY REGISTRATION NUMBER (if applicable)	
PLACE OF MAIN REGISTRATION	CITY SPLIT COUNTRY CROATIA
DATE OF MAIN REGISTRATION	07 (DD) 02 (MM) 2019 (YYYY)
VAT NUMBER	HR71194935559
ADDRESS OF HEAD OFFICE	TRONDHEIMSKA 4A
POSTCODE 21000	P.O. BOX CITY SPLIT
COUNTRY CROATIA	PHONE 38521549465
E-MAIL	vcipcic@internationalmedicalcorps.hr

DATE 9/06/2022

SIGNATURE OF AUTHORISED REPRESENTATIVE

STAMP

INTERNATIONAL MEDICAL CORPS CROATIA

① National denomination and its translation in EN or FR if existing.

② NGO = Non Governmental Organisation, to be completed if NFPO is indicated.

③ Registration number in the national register of companies. See table with corresponding field denomination by country.

INTERNATIONAL MEDICAL CORPS CROATIA

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PLEASE COMPLETE AND SIGN THIS FORM AND ATTACH COPIES OF OFFICIAL SUPPORTING DOCUMENTS (REGISTER(S) OF COMPANIES, OFFICIAL GAZETTE, VAT REGISTRATION, ETC.)

LEGAL ENTITY

PRIVACY STATEMENT http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal_entities_en.cfm#en

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

PRIVATE/PUBLIC LAW BODY WITH LEGAL FORM

OFFICIAL NAME ①	International Medical Corps
BUSINESS NAME (if different)	
ABBREVIATION	IMC
LEGAL FORM	Non Profit Corporation
ORGANISATION TYPE	FOR PROFIT ☐ NON FOR PROFIT ☒ NGO ② YES ☐ NO ☐
MAIN REGISTRATION NUMBER ③	953949646
SECONDARY REGISTRATION NUMBER (if applicable)	
PLACE OF MAIN REGISTRATION	CITY Los Angeles; COUNTRY United States of America
DATE OF MAIN REGISTRATION	06 (DD) 09 (MM) 1984 (YYYY)
VAT NUMBER	
ADDRESS OF HEAD OFFICE	12400 Wilshire Boulevard, Suite 1500
POSTCODE	90025
P.O. BOX	
CITY	Los Angeles
COUNTRY	United States of America
PHONE	+1(310) 826 7800
E-MAIL	irenaud@internationalmedicalcorps.org

DATE 12/06/2022

STAMP

SIGNATURE OF AUTHORISED REPRESENTATIVE

Ingrid Renaud

DocuSigned by:
Ingrid Renaud
4EC037FB4E024BD...

① National denomination and its translation in EN or FR if existing.

② NGO = Non Governmental Organisation, to be completed if NFPO is indicated.

③ Registration number in the national register of companies. See table with corresponding field denomination by country.

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FINANCIAL IDENTIFICATION

PRIVACY STATEMENT https://ec.europa.eu/info/sites/info/files/about_the_european_commission/eu_budget/privacy_statement_en.pdf
By submitting this form, you acknowledge that you have been informed about the processing of your personal data by the European Commission for accounting and contractual purposes.

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

BANKING DETAILS ①

ACCOUNT NAME ②	INTERNATIONAL MEDICAL CORPS CROATIA
IBAN/ACCOUNT NUMBER ③	BE62570136130161
CURRENCY	EUR
BIC/SWIFT CODE	CITIBEBX
BRANCH CODE ④	
BANK NAME	Citibank Europe PLC, Belgium branch

ADDRESS OF BANK BRANCH

STREET & NUMBER	Rue des Colonies, 56
TOWN/CITY	Brussels
POSTCODE	1000
COUNTRY	Belgium

ACCOUNT HOLDER'S DATA

AS DECLARED TO THE BANK

ACCOUNT HOLDER	INTERNATIONAL MEDICAL CORPS CROATIA
STREET & NUMBER	Trondheimska 4A
TOWN/CITY	SPLIT
POSTCODE	21000
COUNTRY	CROATIA

REMARK

BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE ⑤

DATE (Obligatory) 27/07/2022

SIGNATURE OF ACCOUNT HOLDER (Obligatory)

DocuSigned by:
Visnja Ciprić
82E4A1E1936B40F...

① Enter the final bank data and not the data of the intermediary bank.

② This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.

③ Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established

④ Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries.

⑤ It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder and the date are ALWAYS mandatory.

INTERNATIONAL MEDICAL CORPS CROATIA

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