



GRANT CONTRACT
- EXTERNAL ACTIONS OF THE EUROPEAN UNION -

**Strengthening a decentralised health system for protracted displaced population
in Al Salam and Abou Shouk camps in Al Fasher North Darfur Sudan**

Reference: **Grant/01/HealthPro**

T05-EUTF-HOA-SD-73-01

(the 'contract')

Michele Morana

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

(the 'contracting authority')

of the one part,

and

Wali Abdelsalam

Sudan Country Director of Relief International
35 rue des Marseille Lyon, France 69007

Email: wali@ri.org

Number of registration in France: 42956525200021

hereinafter the 'coordinator'

and

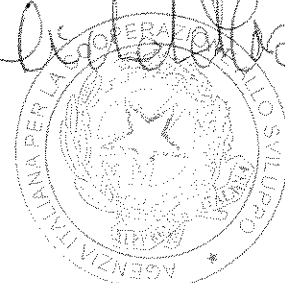
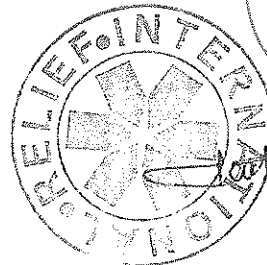
Mahjoub Mohammed Elshikh

Program manager of Anhar for Peace Development and Humanitarian Work Organisation
Eastern El Fasher University, El Fasher, North Darfur, Sudan

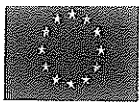
Email: mahjoubelsheikh@gmail.com

Number of registration in Sudan: 491

hereinafter the 'co-applicant'



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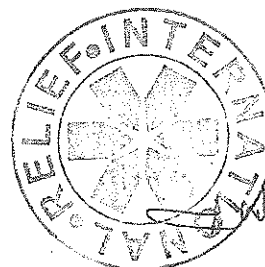


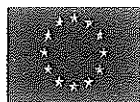
who have conferred powers of attorney for the purposes of the signature of the agreement to the coordinator¹, collectively referred to as 'beneficiary(ies)' where a provision applies without distinction to the coordinator and the co-beneficiary(ies)

(the 'parties')

have agreed as follows:

¹ Model mandate provided in Annex A to the guidelines for applicants.





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 decentralised health system for protracted displaced population in Al Salam and Abou Shouk camps in Al Fasher North Darfur Sudan (the 'action') described in Annex I.
- 1.2 The beneficiaries 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 beneficiaries hereby declare it has noted and accepted.
- 1.3 The beneficiaries accept the grant and undertake 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 (twelve) 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 6 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.

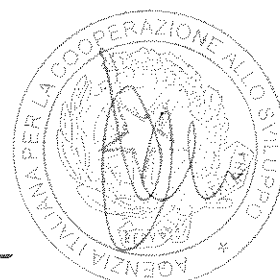
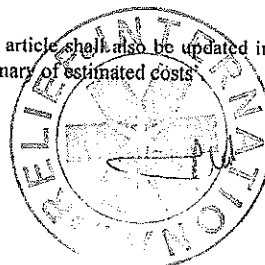
Article 3 — Financing the action²

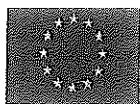
- 3.1 The total eligible costs are estimated at EUR 1,250,000.00, as set out in Annex III.
- 3.2 The contracting authority undertakes to finance a maximum amount of EUR 1,250,000.00.
The grant is further limited to 100% of the total eligible cost of the action specified in paragraph 1.
The final amount 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
 1. Initial pre-financing payment, 45% after two parties signature and the submission of a Financial guarantee (70% of first instalment), equal to EUR 562,500.00;
 2. Interim payment, 45% after the first progress report (technical and financial) approval and after the achievement of 70% expenditure of the first instalment equal to EUR 562,500.00;
 3. Balance of the final amount of the grant 10% after final report approval (Technical and financial and audit report), equal to EUR 125,000.00
- 4.2 The first instalment of pre-financing shall be accompanied by a financial guarantee amounting to EUR 70% of first instalment equal to EUR 393,750.00 and complying with the requirements of Article 15.8 of Annex II.
- 4.3 Reporting requirements and payment schedules/length of reporting period:

²In 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: Pre-financing 45%	upon contract signature and submission of a financial guarantee	/
Second instalment: Interim payment 45%	after approval of the first progress report (technical and financial) and after the achievement of 70% occurred expenditures of the first instalment	1° Progress Report
Balance 10%	At maximum 6 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

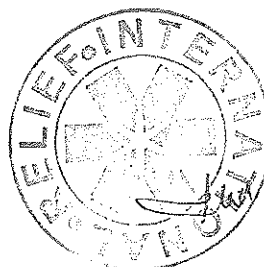
procurement.sudan@aics.gov.it

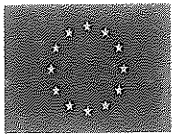
- 5.2 The expenditure verification(s) referred to in Article 15.7 of Annex II will be carried out by the contracting authority or any external body authorised by the contracting authority³.

Article 6 — Annexes

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

³ 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 According to Art 14.2 (vii), the taxes, duties and charges, including VAT, related to the purposes of the action, paid and not recoverable by the beneficiaries unless otherwise provided in the special conditions.

7.1.3 Where the implementation of the action requires the setting up or the use of a project office, the beneficiary(ies) 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.

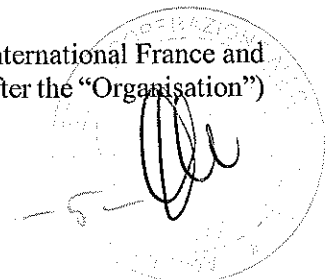
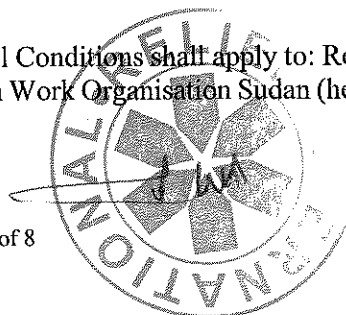
7.2 The following derogations from Annex II shall apply:

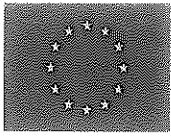
7.2.1 By way of derogation from Article 15.6 of Annex II, once the deadline laid down in Article 15.4 has expired, the coordinator shall be entitled to late payment interest in accordance with Article 15.6. In such a case, a demand must be submitted within two months of receiving late payment.

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 in EUR.

7.2.3 Any report sent with a payment request for further pre-financing 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: Relief International France and ANHAR for Peace Development and Humanitarian Work Organisation Sudan (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 Italian Agency for Development Cooperation and the European Union.

- 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 must 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.

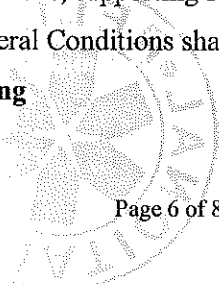
- Article 14.11 of the General Conditions shall be supplemented by the following:

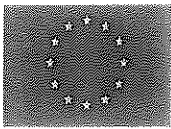
The following costs shall not be considered eligible: provisions, reserves or non-remuneration related costs. Employers' contributions to pension or other insurance funds run by the Organisation may only be eligible to the extent they do not exceed the actual payments made by these schemes and that the 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





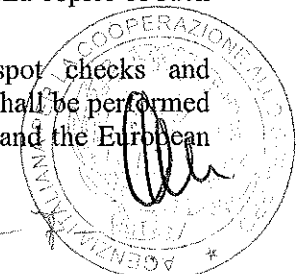
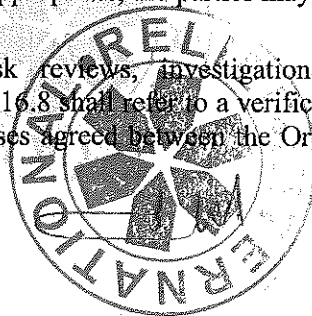
- 16.1 The Organisation shall keep accurate and regular records and accounts of the implementation of the Action. The accounting regulations and rules of the Organisation shall apply to the extent that they ensure accurate, complete, reliable and timely information. Financial transactions and financial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

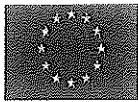
Archiving

- 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 Italian Agency for Development Cooperation and 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/EC⁴ and as detailed in the specific privacy statement published at ePRAG.

Done in English in two originals, one original being for the contracting authority and one original being for the beneficiaries.

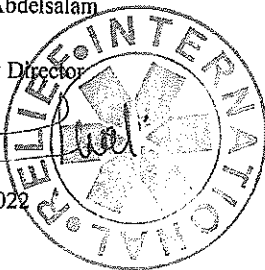
For the beneficiary⁵

Name Wali Abdelsalam

Title Country Director

Signature

Date 20/07/2022



For the contracting authority

Name Michele Morana

Title Head of AICS Khartoum

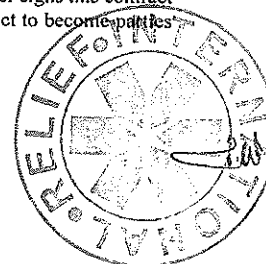
Signature

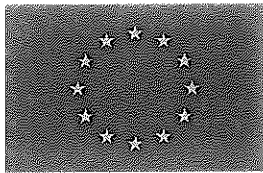
Date 19/07/2022



⁴ OJ L 205 of 21.11.2018, p. 39.

⁵ 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.





Funded by
the European Union

بتمويل من
الاتحاد الأوروبي



Contracting authority: Italian Agency for Development Cooperation

Strengthening a Decentralized Health System for protracted displaced population in Al Fasher - North Darfur State.

T05-EUTF-HOA-SD-73-01

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

08th June 2022 at 17:00 p.m. GMT +2 (Khartoum, Sudan)

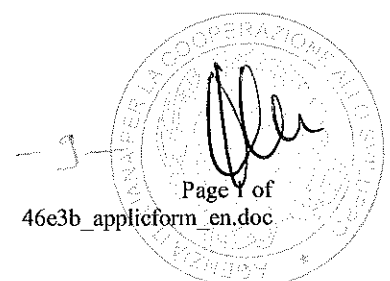
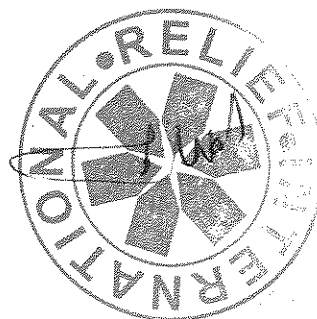
To reduce expense and waste, we strongly recommend that you use only paper for your file (no plastic folders or dividers). Please also use double-sided printing if possible

Title of the action:	Strengthening a decentralized health system for protracted displaced population in Al Salam and Abou Shouk Camps in Al Fasher - North Darfur State of the Republic of Sudan
Number	T05-EUTF-HOA-SD-73-01
Location(s) of the action:	Sudan, Al Fasher – Al Salam and Abou Shouk Camps in North Darfur (ND)
Name of the lead applicant	Relief International (RI)
Nationality of the lead applicant ¹	United States of America

Dossier No	
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(for official use only)

December 2021

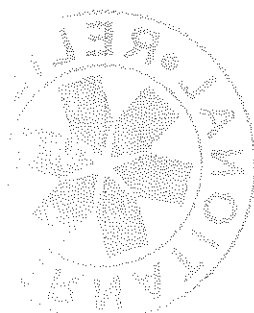


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EuropeAid ID	FR-2009-AWH-2303579894
Ongoing contract/legal entity file number (if available) ²	6000065380
Legal status	International NGO (Private and Public Law Body with Legal Form)
Co-applicant	Name: Anhar for Peace, Development and Humanitarian Work Organization (ANHAR) EuropeAid ID: N/A Nationality: Sudanese Legal status: Registered in HAC North Darfur state under the number 491 Date of establishment: August 2011
Affiliated entity	N/A

Lead applicant's contact details for the purpose of this action	
Postal address:	Khartoum, Khartoum State, 11111, Sudan
Telephone number: (fixed and mobile) country code + city code + number	249 (0) 912 505 155
Fax number: country code + city code + number	N/A
Contact person for this action:	Dr. Henry Ilunga Kasongo
Contact person's email:	henry.kasongo@ri.org
Address:	Amarat Area, St. No' 3, Building No' 29, Block 10/A
Website of the lead applicant:	www.ri.org

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.



Contents

PART A. CONCEPT NOTE

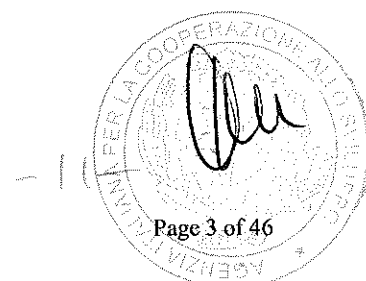
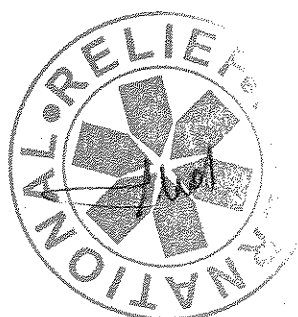
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PART B. FULL APPLICATION FORM

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 - 2.3. **Error! Bookmark not defined.14**
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- 3 3517**
 - 3.1. 3617
- 4 3719**
- 5 3920**
 - 5.1. 4022
 - 5.2. 4024
- 6 4025**
- 7 4126**
- 8 4428**
- 9 4630**





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

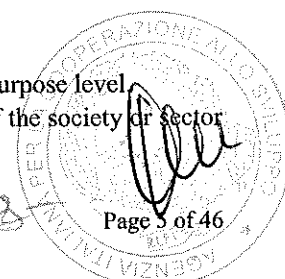
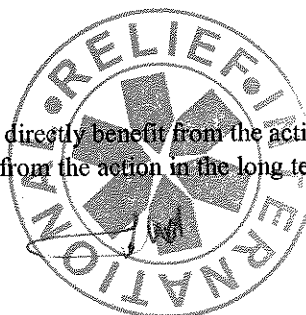
Please complete the table below.

Title of the action:	Strengthening a decentralized health system for protracted displaced population in Al Salam and Abou Shouk Camps in Al Fasher, North Darfur State of the Republic of Sudan
- Please tick the box corresponding to the specific lot for which you are applying:	N/A
Location(s) of the action: — specify country(ies), region(s) that will benefit from the action	Al Salam and Abou Shouk Camps, Al Fasher, North Darfur, Sudan
Total duration of the action (months):	12 months
Requested EU contribution (amount)	EUR 1,250,000
Requested EU contribution as a percentage of total eligible costs of the action (indicative) ³	100%
Total indicative budget	EUR 1,250,000
Objectives of the action	<p>Overall Objective: To strengthen the decentralised health system and contribute to the achievement of universal health coverage in North Darfur.</p> <p>Specific Objectives (SOs):</p> <p>SO 1 / Outcome 1: Access to comprehensive, quality primary healthcare (PHC) services improved and morbidity and</p>

	<p>mortality of diseases among IDP and host communities in Abou Shouk and Al Salam camps in Al Fasher reduced.</p> <p>SO 2 / Outcome 2: Access to quality nutrition services improved, particularly for Under 5 (U5) children and pregnant and lactating women (PLW) in Abou Shouk and Al Salam camps in Al Fasher.</p>		
Target group(s) ⁴	<p>Integrated health services target children (girls and boys), women, men, elderly, adolescents.</p> <p>Nutrition interventions target children U5 and PLW</p>		
Final beneficiaries ⁵	Localities	IDPs	Host Communities
	Al Salam camp	27,000	188,729
	Abou Shouk camp	44,531	311,271
	Total	71,531	500,000
Expected outputs	<p>Output 1.1: Comprehensive PHC services delivered through 3 functional HFs in Abou Shouk and Al Salam camps in Al Fasher, ND</p> <p>Output 1.2: Increased client friendly reproductive health (RH) and family planning (FP) services in 3 HFs in Abou Shouk and Al Salam camps in Al Fasher, ND</p> <p>Output 1.3: Increased awareness of community members and school children on health promotion, disease prevention measures and gender-based violence (GBV) in Abou Shouk and Al Salam camps in Al Fasher, ND</p> <p>Output 1.4: Improved access to quality health services through rehabilitated, equipped and functional HFs in Abou Shouk and Al Salam camps in Al Fasher, ND.</p> <p>Output 2.1: Quality curative nutrition services provided to children U5 and PLW in Al Salam and Abou Shouk camps in Al Fasher, ND</p> <p>Output 2.2: Positive nutrition practices promoted within the communities of Al Salam and Abou Shouk camps in Al Fasher, ND</p>		
Main activities	<p>Output 1.1: Comprehensive PHC services delivered through 3 functional HFs in Abou Shouk and Al Salam camps in Al Fasher, ND</p> <p>1.1.1 Procure and deliver medicines, medical equipment, and furniture to the 3 HFs based on their needs.</p> <p>1.1.2 Support monthly Sudan Ministry of Health (SMoH) / Local Health Authority (LHA) coordination/management meetings with the 3 HFs for sustainable health system support.</p> <p>1.1.3 Improve knowledge, skills and capacity of health workers (HWs) to deliver quality health services through in-service trainings, supportive supervision, on the job coaching and performance monitoring in coordination with SMoH and LHA in the 3 targeted HFs.</p>		

⁴ 'Target groups' are the groups/entities who will directly benefit from the action at the action purpose level.

⁵ 'Final beneficiaries' are those who will benefit from the action in the long term at the level of the society or sector at large.



	<p>1.1.4 Support SMOH/LHA to implement expanded programme on immunisation (EPI) at the HFs, conduct outreach services and scale up immunisation coverage in the beneficiary areas.</p> <p>1.1.5 Maintain, repair and improve HFs' cold chain system.</p> <p>1.1.6 Help strengthen the Health Management Information System (HMIS) in the 3 HFs</p> <p>Output 1.2: Increased client friendly reproductive health (RH) and family planning (FP) services in 3 HFs in Abou Shouk and Al Salam camps in Al Fasher, ND</p> <p>1.2.1 Provide quality and client friendly antenatal care (ANC), safe delivery, postnatal care (PNC) and FP services</p> <p>1.2.2 Support SMOH/LHA to design an RH/Emergency Obstetric and Newborn Care (EmONC) service delivery framework including the design of a supply system for community midwives (CMWs).</p> <p>1.2.3 Build the capacity of HWs and CMWs on EmONC, early detection of high risk pregnancies, and management of the maternal referral system at PHC level</p> <p>Output 1.3: Increased awareness of community members and school children on health promotion, disease prevention measures and gender-based violence (GBV) in Abou Shouk and Al Salam camps in Al Fasher, ND</p> <p>1.3.1 Train primary and secondary school teachers on health prevention, promotion, disease prevention and first aid</p> <p>1.3.2 Support peer to peer groups in primary and secondary schools to raise awareness of health prevention and promotion messages and actions</p> <p>1.3.3 Conduct awareness sessions at the community level on FP, GBV and women's cancer prevention through CMWs, community health workers (CHWs), and village health committees (VHCs).</p> <p>1.3.4 Establish a support mechanism at the community level to sensitize against GBV</p> <p>1.3.5 Involve men in the communities in FP sessions and awareness groups</p> <p>Output 1.4: Improved access to quality health services through rehabilitated, equipped and functional HFs in Abou Shouk and Al Salam camps in Al Fasher, ND</p> <p>1.4.1 Provide safe water trucking services for the targeted HFs for provision of quality health services.</p> <p>1.4.2 Rehabilitate two HFs' infrastructure and install WASH facilities to improve access to quality health services.</p> <p>1.4.3 Conduct sanitation and hygiene promotion activities with the community in Al Salam and Abou Shouk camps to improve community hygiene behaviour.</p> <p>Output 2.1: Quality curative nutrition services provided to children U5 and PLW in Al Salam and Abou Shouk camps in Al Fasher, ND</p> <p>2.1.1 Treat severe and moderate acute malnutrition (SAM/MAM) for children U5 and PLW at the 3 HFs in Al Salam and Abou Shouk IDP camps.</p>
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	<p>2.1.2 Actively identify malnutrition cases, mobilise communities, and deliver referral and preventive nutrition services for children U5</p> <p>2.1.3 Train nutrition staff and community actors on Community Management of Acute/Moderate Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) protocols to ensure quality and sustainability of service provision</p> <p>Output 2.2: Positive nutrition practices promoted within the communities of Al Salam and Abou Shouk camps in Al Fasher, ND</p> <p>2.2.1 Conduct IYCF promotion among PLW and other caregivers in the community</p> <p>2.2.2 Promote good feeding practices, access to food, and consumption of diversified diet at the household level using Nutrition Impact Positive Practice (NIPP) approach</p>
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1.2. Description of the action (max 1 pages)

The proposed action will improve the general health and wellbeing of 571,553 (325,785 F; 245,768 M) people through 3 supported HFs in Al Salam and Abou Shouk Camps in Al Fasher, North Darfur. The overall objective is aligned with AICS' global and single objective which is *'To strengthen the decentralised health system and contribute to the achievement of universal health coverage in North Darfur'*.

To contribute to this objective, Relief International (RI) will integrate AICS' priority area one (rehabilitation and equipping of HFs) and two (improving quality of health care) under one outcome to improve access to quality integrated health services for the targeted population. RI will focus on strengthening the provision of integrated health and WASH services including comprehensive PHC services, client friendly RH and FP services as well as rehabilitating and equipping the three targeted HFs in Al Salam and Abou Shouk camps. In alignment with AICS' priority three (promoting women and children's health), RI will also seek to increase access to nutrition services in the targeted community with a focus on treatment of malnutrition and nutrition promotion for children U5 and PLW in the 3 proposed HFs.

RI will second skilled HWs employed by SMOH, train and support them to provide quality health services in the HFs based on SMOH guidelines and protocols for the relevant service areas. PHC services will include outpatient medical consultation, EPI and support to immunization campaigns, and integrated management of childhood illnesses (IMCI). Skilled HWs and CMWs will be capacitated to provide a minimum initial service package (MISP) for RH as appropriate for the Sudan context, including safe delivery services; ANC/PNC; long-lasting insecticidal nets (LLINs) for pregnant women; family planning (FP); and referral of high-risk pregnancies and severe/complicated cases, including referral of maternal and newborn emergencies to Al Fasher Referral Hospital.

All 3 HFs will receive a regular supply of essential medicines, medical and non-medical supplies and will be provided with required equipment to accommodate various morbidities and improve the PHC cold chain system. RI will also improve WASH facilities and other infrastructure in the targeted HFs to improve hygiene practices, sustainability, and quality of health services to the communities. RI will mainstream and integrate GBV services in the supported PHCs by providing clinical services for survivors of sexual violence (CSAS), including clinical management of rape (CMR), which will be introduced through GBV awareness raising at the community level. RI will also mainstream COVID-19 prevention and mitigation measures including infection prevention and control (IPC) in the health activities.

The trained CMWs, VHCs and CHWs will provide essential linkages between communities and the 3 HFs. Building on global experience, RI will support school health programmes through capacity building of teachers in both primary and secondary schools on health promotion and disease prevention and by setting up student Peer to Peer health groups (aligned to school health clubs) to reinforce good health and positive hygiene practices at home. In order to reduce the risk of disease outbreaks, RI will conduct regular sanitation and hygiene promotion in public places in the communities, at the HF waiting areas in the IDP camps, and in local schools.

Additionally, RI will improve communities' nutrition status through provision of preventative and curative nutrition services. RI will support treatment of SAM and MAM for children <5 years and PLW in the 3 HFs using national CMAM guidelines. Curative services will include medical and therapeutic supplementary food provision and non-medical equipment necessary for the treatment of malnourished individuals. This will be complemented by preventive behaviour change activities focused on food intake diversification.

using a Nutrition Impact Positive Practice (NIPP) approach, kitchen gardening, appropriate breastfeeding and complementary feeding awareness and counselling, Mother Support Groups (MSGs), and health and nutrition education. RI will build the capacity of SMOH staff to ensure sustainable nutrition service delivery, including training on SMOH CMAM guidelines and ensuring the guidelines/protocols are available in the HFs. Furthermore, RI will provide technical support supervision and on the job training to SMOH to ensure that they are capable of providing quality nutrition services in the target HFs.

RI will engage a local partner ANHAR for Peace, Development and Humanitarian Work Organization (ANHAR) to conduct community based activities including training of community nutrition volunteers (CNVs) on FP, GBV awareness raising sessions, establishment and supervision of MSGs, middle upper arm circumference (MUAC) campaigns and mass health sensitisation and awareness creation campaigns in the communities. Throughout the implementation of the proposed action, RI will build the capacity of ANHAR through formal and on-job training to ensure that health and nutrition services provided to the targeted populations in the communities are of quality and in line with SMOH guidelines and standards.

In line with the cross-cutting priority of the call to include groups at risk of vulnerability and marginalisation, disability, children and youth, the project will ensure that services are offered to all people in target areas regardless of tribe or ethnicity, targeting both host and IDP populations.

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 directly addresses issues of low-quality health care and poor health outcomes in ND as identified by AICS in the call for proposal, stating 'the reconstruction and reactivation of all preventive and curative PHC services in Darfur region is a national priority'. This was reinforced in the HealthPRO-ND needs assessment (Jan 2022) which indicated a service readiness scoring of 0.76, 0.68 and 0.56 for Abou Shouk HF, Al Salaam A and Al Salaam B clinics respectively. The 3 HFs lacked 60% of PHC essential medicines as well as appropriate treatment rooms (e.g. short stay facility, labour room, minor theatre), client feedback mechanisms, and referral systems. A weakened infrastructure and absence of WASH facilities were also found. While the HFs provide the basic package of PHC services, one of the clinics does not provide EPI and FP services, and has a weak MCH system, posing a significant gap in maternal and child health care. Additionally, RI's needs assessment identified nutrition needs in the camps, caused by multiple factors including food insecurity at house hold level, high GAM and SAM rates, poor health infrastructure hindering access to services, high food commodity prices, diseases, as well as inadequate sanitation and poor hygiene that increase the risk of malnutrition. This action therefore focuses on filling identified gaps in ND health systems, infrastructure and service delivery, in line with AICS' priorities to reinforce the quality of care in HFs through trainings, follow ups and monitoring, as well as rehabilitation and equipment, while promoting women and children's health by providing continuous nutrition services alongside PHC services.

The proposed interventions are in line with the Sudan Federal Ministry of Health (FMoH) National Health policy 2017-2030, the Health Sector strategic plan 2017-2021, the Health Sector/NHIF reform and the Family Health policy for PHC services, all of which prioritise a Humanitarian, Development and Peace Nexus approach to rebuilding the health sector and ensuring universal accessibility to PHC services this project will focus on strengthening the decentralised health system in ND so that SMOH and LHAs are able to deliver Primary Health Care to protracted IDP and host communities, in line with AICS' single objective for this call. This in turn will improve health outcomes and work toward the SDG and IHP+ goal of universal health coverage. RI will work in coordination with other health actors using the triple Nexus approach toward Sudan collective (aid) outcome n.2 Basic Social Services (health, education, wash) and will align with the health cluster strategic objective to support essential public health functions with a focus on strong primary health care, as well as strategic objective 1 of the Humanitarian Response Plan 2022 which is to "provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity".

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)

ND is one of the 5 states in Sudan most impacted by the Darfur conflict which started over a decade and a half ago. The state is home to approximately 1.9M people in need of humanitarian assistance (57% women) including over 890,000 internally displaced persons (IDPs), mostly living in IDP camps, and 149,354 people in HF catchment areas of Abou Shouk and Al Salam camps in Al Fasher. According to the 2021 OCHA multisector needs assessment (MSNA), health was the most commonly self-reported priority need (62%) at the national level of non-displaced households. Sudan's health system remains fragile and the availability of health services continues to be a challenge, leaving 10.4M without access to adequate health care. There are severe human resources shortages in the health sector, with current health staff levels only able to provide services for 17% of the population.⁶ Significant gaps in sexual and RH have an adverse effect

on health outcomes for women, with 1.5M women lacking access to EmONC services. The majority of deliveries reportedly occur at home, often without the assistance of a skilled birth attendant. It is also estimated that only 2% of the population seeks sexual violence care, including CMR, in Sudan with only 12% of women and girls being aware of health services available for violence survivors⁶. At least 25% of schools and 50% of HFs do not have access to basic water services⁷, which is causing WASH-related disease outbreaks and compounding WASH gaps. The nutrition status of children U5 and PLW in ND is also inferior due to household food insecurity, lack of dietary diversity, and poor hygiene and IYCF practices. According to the FMOH S3MII assessment (Dec 2018), El-Fasher has 15.5% GAM and 3.2% SAM rates.

The proposed action will address these key gaps by contributing toward SMOH goals of capacity building for all levels of the decentralized health system to enhance their performance; increasing access to an integrated quality PHC package; improving maternal and RH care services; and improving child health services through increasing coverage with immunization services and raising the awareness of communities on maternal and SRH. Additionally, according to WHO, clean and safe HFs equipped with adequate WASH services will increase service accessibility and quality and improve hygiene practices. Provision of both curative and prevention nutrition services to the affected communities will reduce access constraints and ensure sustainable nutrition services for at-risk children and PLW. These services will also help them recover from acute malnutrition and access nutritious food through NIPP activities.

This action will complement RI existing USAID BHA-funded work that supports SMOH in providing lifesaving essential integrated health, WASH and nutrition services to IDPs in Zamzam camp (also in Al Fasher), thereby improving coverage of critical PHC interventions in the locality. The action will create more awareness in the communities on the types of health and nutrition services available at the HFs at no cost, to ensure their acceptance and ownership and will go further in supporting SMOH and LHA functions in health governance, thereby complementing the limited SMOH support from other projects. RI has maintained a good working relationship with line ministries, and coordinates within the nutrition, health and WASH clusters to deliver services. Accessibility to project areas shall be ensured through constant collaboration with HAC and United Nations Department of Safety and Security (UNDSS) coordination. This action will also involve coordination and consultation with the SMOH and the respective camps management committees with the participation of the IDP community. RI will coordinate with relevant clusters and UN agencies (UNICEF, WFP, WHO, FAO and UNFPA) to ensure a common approach to service delivery and no duplication. RI will continue to work with National Health Insurance Fund (NHIF) and VHCs to ensure coordinated support for HF management and financial support for those seeking medical attention.

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

RI and ANHAR will target 571,553 (325,785 F; 245,768 M) of the most at-risk members of the community. While all community members, including hosts and IDPs, will benefit from comprehensive PHC services and rehabilitation and WASH services, specific groups will also be targeted: children U5 will receive critical interventions such as IMCI, EPI, referrals for emergency or complicated cases, SAM and MAM. PLW will be targeted with RH and nutrition services, tailored to their needs. Children and adolescent girls and boys will benefit from access to health promotion and disease prevention information and messages in school. The elderly and people with disabilities (PWD) will access health services and health education messages through HWs in the communities as well as accessible features in the HFs such as ramps and hand rails. Caregivers of infants, MSGs and other community members will receive health and nutrition messages.

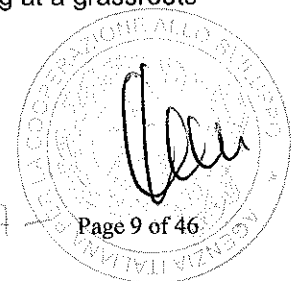
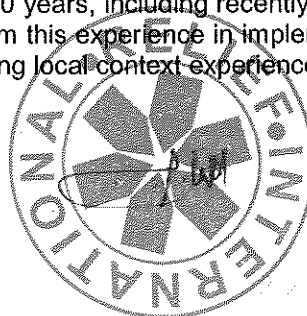
Community members will participate in all stages of project implementation including assessments and ongoing monitoring and evaluation through monthly meetings and consultations in the Al Salam and Abou Shouk camps to gather community perceptions and feedback on implementation of the proposed activities. Project facilitators will encourage beneficiaries to share feedback on project design, service delivery and changing needs. MSGs will also provide an alternative mechanism to facilitate the participation of women and children who may not feel comfortable sharing their views in the larger community forums.

1.3.4. Particular added-value elements

RI is committed to helping SMOH improve HF functionality and services in ND as one of the leading organizations supporting improved health service delivery in the state. RI has been implementing integrated Health, Nutrition and WASH services in Zamzam IDP camp in ND (where it is the only health partner left) and at the community and HF level for the last 10 years, including recently in the target locations. RI will adopt best practice approaches and learning from this experience in implementation of this action. RI will also leverage local partner ANHAR's long standing local context experience implementing at a grassroots

⁶ Sudan Multi-Sector Needs Assessment by OCHA – March 2021

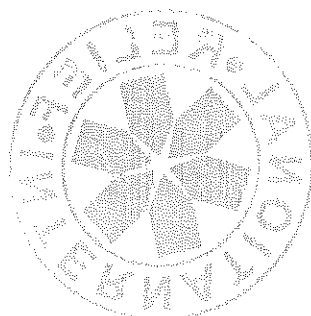
⁷ HNO 2022



level in the target locations. RI will provide technical support and capacity building for ANHAR staff to enhance their skills and knowledge to ensure they are able to scale their work in the future.

The proposed action will foster sustainability and ownership through alignment with SMoH policies, strategies and guidelines and through ongoing support to SMoH/LHA to strengthen health systems, resources and infrastructure. The system strengthening approach sets it apart from normal humanitarian funding, as SMoH will still provide leadership while RI facilitates system and service improvements through regular supervisory and monitoring meetings, joint project decision making through a project steering committee, and capacity building of both regular and seconded SMoH staff. Rehabilitation of the infrastructure in the HFs will improve the health service environment and thus the quality of services while generating more demand for services within the targeted community. RI's experience shows that well trained and competent HWs who provide comprehensive support to beneficiaries in proper functioning PHCs undoubtedly improve the quality of service delivery in HFs over the longer term.

Additionally, RI will adopt unique community engagement approaches which create behaviour change for long term benefit. This includes peer-to-peer models such as MSGs which support caregivers of malnourished children with proper nutrition knowledge and peer-to-peer school groups for health promotion, as well as NIPP and family MUAC screening interventions that empower households with skills and knowledge on how to fight malnutrition using positive behaviour change practices.



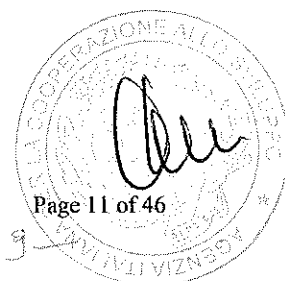
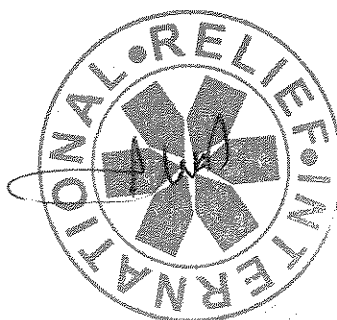
PART B. FULL APPLICATION FORM⁸

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

1 GENERAL INFORMATION

Reference of the call for proposals	Grant/01/HealthPro/T05-EUTF-HOA-SD-73-01
Title of the call for proposals	Strengthening a Decentralized Health System for protracted displaced population in Al Salam and Abou Shouk Camps in Al Fasher, North Darfur State of the Republic of Sudan
Name of the lead applicant	Relief International in Sudan
Number of the proposal	N/A
Title of the action	Strengthening a decentralized health system for protracted displaced population in Al Salam and Abou Shouk Camps in Al Fasher, North Darfur State of the Republic of Sudan
Location of the action	Al Salam and Abou Shouk Camps, Al Fasher, North Darfur, Sudan
Duration of the action	12 Months
[Number of the lot]	n/a



2 THE ACTION

2.1. Description of the action

2.1.1. Description (max 10 pages)

Sudan continues to grapple with political instability following the ousting of the long term leader ex-President Al Bashir in April 2019 and the October 2021 coup that led to the removal of civilian members of the transition government which had been set up to help achieve a democratic transition of power, including both military and civilian leaders. This has resulted in economic crisis as well as insecurities characterised by localized violence and internal displacement in different parts of the country. The Sudanese Pound continues to weaken due to high inflation and diminished economic activity, leaving people with low purchasing power, and a lack of ability to meet their most basic needs of food, water and health services. This has impacted the humanitarian needs in Sudan with the number of people in need steadily increasing with each passing year. About a third (14.3M) of Sudanese need some form of humanitarian aid in 2022⁹.

ND has a total population of 2.48M with 1.9M people in need (PIN), representing 77% of the population in need of humanitarian assistance, with 57% of the PIN being women. ND has an IDP population of over 890,000, representing 36% of the state population, most of these persons are living in IDP camps¹¹. ND is one of the 5 states most affected by the Darfur conflict that started over a decade and half ago¹⁰. Darfur region is one of the poorest parts of the country, the impact of which can be seen in the state of health services provision with 40% of non-functional HFs¹². Al Fasher locality, the capital of ND, hosts both Abou Shouk camp and Al Salam camps which are the target locations of this action.

Sudan's health system remains in a fragile state and availability of health services continues to be a challenge with the majority of the public HFs at various degrees of functionality and 72% of Sudanese having to pay for health services, mostly in private HFs with high user fees. In 2021, availability of essential medicines in Sudan declined to 43% from 57% in 2020. In terms of human resources for health in Sudan, there is availability of 0.76 health personnel (doctors, nurses and midwives) per 1,000 population, against the WHO health workforce target for universal health coverage of 4.45 per 1,000. Additionally, significant gaps in reproductive and sexual health care exist. According to the OCHA MSNA 2021, most deliveries take place at home with only 13.4% of deliveries taking place in the HFs. Of the deliveries conducted at home, 40% are conducted without the presence of skilled birth assistance¹¹. Only 1 in 5 HFs provide CMR services in Sudan¹¹.

The January 2022 needs assessment conducted by HealthPro in ND focusing on the 3 HFs in Abou Shouk and Al Salam IDP camps showed that the 3 HFs are functional with support from both the public sector (1 HF) and NGOs (2 HFs) since the Darfur conflict started. In Abou Shouk clinic, the assessment indicated availability and functionality of the Health Management Information System (HMIS), regular external supervision by both SMOH and LHA, and regular management meetings. In Al Salaam clinic A, the assessment showed availability and functionality of the HMIS system, health cadres and presence of health staff, good Maternal and Child Health (MCH) system, available client opinion and feedback mechanism, regular external supervision by both SMOH and LHA, and regular management meetings as strong areas for the HF. The gaps found include a lack of water sources, short stay facility that enable the clinician to observe the patient while treatment is being provided before discharge and lack of appropriate referral system. In Al Salam clinic B, the major assessment findings included availability of regular external supervision by both SMOH and LHA and regular management meetings in the HF. The gaps identified were lack of labour room and minor theatre, client feedback mechanism, poor MCH system and weak referral systems. These gaps affect the capacity of the HF to deliver quality RH services to the patients and provide appropriate referrals for severe and complicated cases.

Disease outbreaks and disasters such as flooding continue to pose risks to the quality of health service delivery and a better health system in Sudan. Outbreaks such as malaria, dengue and hepatitis E occur almost yearly in ND according to the SMOH, and exert debilitating effects on the health of the population, thereby overburdening the health system. As of mid-October 2021, 1.6 million cases of malaria have been reported, due to worsening flooding coupled with improper infrastructure¹¹. Only 40% of HFs are covered by the facility-based disease surveillance system, thereby leading to delays in notification of epidemic-prone diseases and subsequent response¹¹.

The worsening economic situation, meagre budget allocation by the national/ state government, increased fuel costs, and decreased/insufficient revenue collections have affected the continual

⁹OCHA Humanitarian Needs Overview, December 2021

¹⁰ Guidelines for grant applicants (open call of proposals) HealthPro December 2021

maintenance of the existing water infrastructure/utilities in Sudan. Most of the health and nutrition facilities are sharing water sources with the community, creating extra stress on the already poor community WASH services. Lack of gender-segregated latrines, undignified, unlit, and insecure sanitation facilities at the community and HF level pose a risk of GBV for girls and women. However, the existing latrines in the target HFs do not have adequate latrines for patients, staff and visitors and do not fulfil the standard WHO criteria of at least 4 toilet seats per outpatient setting and separate toilets for patients and staff. According to WHO, apart from infection and outbreak prevention and control, clean and safe HFs equipped with adequate WASH services, can a) increase demand for and trust in services, b) reinforce the role of healthcare services and staff in setting societal hygiene norms; c) increase the motivation and retention of HWs; d) result in cost savings from infections averted; e) lead to more efficient service delivery, and f) promote improved hygiene practices within the community.¹¹ At the health and nutrition facilities, water is critically needed not only for drinking but also for handwashing, mixing of milk for malnourished children, and cleaning. In addition, women's responsiveness to in-facility deliveries increases with the availability of consistent water supply at the HFs.

Food insecurity and acute malnutrition continue to negatively impact nutrition outcomes in ND. The targeted areas of Al Salam and Abou Shouk IDP camps fall within the locality with the highest malnutrition rate according to S3MII assessment results of 2018. Furthermore, the assessment indicated that about 7 out of 10 (69.4%) mothers exclusively breastfeed their child during the first 6 months, and 92.6% of mothers started breastfeeding within 1 hour of birth. Only a minimal proportion (6.3%) of caregivers have negative perceptions of colostrum. The exclusive breastfeeding rate is sub-optimal requiring further sensitization to correct the behavior and practice to at least reach >85% (as acceptable standards). Approximately 10 -13% of children 0-5 months received water from birth while approximately 5 - 9% of infants 4-5 months of age received solid or semi-solid foods earlier than recommended which could be due to a belief held among some mothers that breast milk cannot quench a baby's thirst and is too diluted for the baby, and therefore needs complementing with other foods. Only 73.95% of children aged 12-23 months continue to breastfeed, implying that fewer children continue to breastfeed for two years and beyond, which was found to be influenced by short birth intervals linked to lack of family planning. Another reason for the reduction in breastfeeding rates between the aforementioned age groups was found to be mothers' heavy workload. This impacted not only the duration but breastfeeding on demand. Additionally, dietary diversity among children between the age of 6-23 months is poor with 17.8% of children in this age group being fed from 5 out of 8 main food groups needed to meet the minimum dietary diversity standard. Finally, the counseling coverage in ND remains low at 37.8%, calling for elaborate efforts to scale up awareness raising sessions.

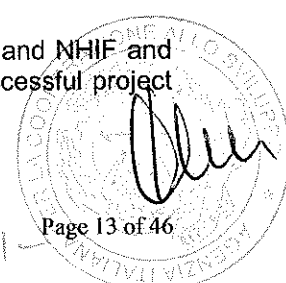
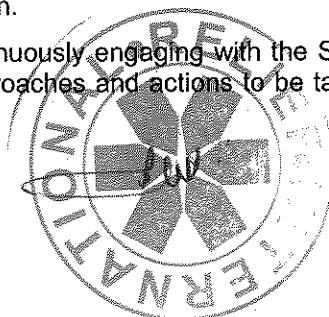
Overall Objective

The action will *strengthen the decentralised health system and contribute to the achievement of universal health coverage in ND* which aligns with the Sudan National Health Policy (2017 – 2030) and the National Health Recovery and Reform Policy and Strategic Plan (NHRRP-SP) 2020 – 2022. RI will improve the general health and wellbeing of 571,553 (F- 325,785 ; M- 245,768) people through 3 supported HFs in Al Fasher, ND using a Humanitarian Development Nexus programming approach. The system strengthening focus will enable the SMOH and LHAs to deliver quality PHC services to the protracted IDP and host communities within the catchment population of the 3 HFs in Abou Shouk and Al Salam camps. This is fully aligned with the Sudan National Health Policy for health system administrative decentralization and to PHC national programs, moreover it aims at strengthening SMOH governance addressing better ownership, efficiency and transparency.

The proposed action will address the needs of at-risk groups living in the IDP camps and host communities in Abou Shouk and Al Salam, who are disproportionately affected by the protracted political and economic crisis. This will include boys and girls U5, adolescent boys and girls, women, PLW, and the elderly. RI will ensure disaggregation of the information and data collected by sex, age and at-risk groups to be aware of any groups that may not be accessing health services and provide support accordingly. The project will support SMOH to take affirmative action measures to hire more female HWs, particularly for positions mainly dealing with women and children (e.g. HWs providing safe motherhood and RH services). Additionally, RI will establish a support mechanism at community level to sensitise against GBV. Further, RI will integrate gender and social inclusion elements into HR practices to ensure men and women have equal access to opportunities in the project implementation and participation without an element of exclusion.

RI will utilise a participatory approach by continuously engaging with the SMOH, LHA and NHIF and supporting them to identify and define the approaches and actions to be taken for successful project

¹¹ WHO – WASH in health care facilities



implementation in the 3 HFs. In addition, RI will help create linkages between the health authorities (SMoH, LHA & NHIF) and the IDPs through community leaders in the camps and the host communities of the 3 HFs, to ensure community voices are heard and addressed. This is to ensure that the community systems that sustain prompt health seeking behaviour, health promotion and prevention are accepted and owned by the communities. RI will also engage with already established community structures and systems, particularly the VHCs, that will provide a link between service provision in the HFs and the communities to ensure services being provided are also locally accepted and owned.

Specific Objectives

The project will focus on two main specific objectives/outcomes aligned with AICS' three priorities.

Outcome 1: Access to comprehensive, quality PHC services improved and morbidity and mortality of diseases among IDP and host communities in Abou Shouk and Al Salam camps in Al Fasher reduced.

RI will focus on the first and second priority areas of the call for proposal (rehabilitation and equipping of HFs and improving quality of health care respectively) under this outcome to reinforce integrated, quality healthcare provision in the HFs in Al Salam and Abou Shouk camps.

RI will support the SMoH to provide comprehensive and quality, primary health services to meet the needs of the population living within the catchment areas of the proposed HFs including through the rehabilitation and maintenance of HF infrastructure to improve access to quality healthcare. This will be supplemented by support for RH and safe delivery services at HFs and the home as well as provision of pharmaceuticals, supplies and equipment to supplement SMoH and NHIF stocks in order to accommodate various morbidities. RI will enable the mainstreaming and integration of GBV services in the supported HFs and help raise awareness on GBV issues within the community. COVID-19 prevention and mitigation measures will also be mainstreamed into all health activities. Seconded SMoH HWs, including skilled birth attendants, will be trained and supported to deliver all services.

RI will ensure links are made between the community and the 3 HFs through trained and supported CMWs, VHCs, and CHWs. To support school health promotion and disease prevention, RI will build the capacity building of primary and secondary teachers and set up student Peer to Peer health groups, which will also encourage positive health behaviours at home and in the community.

Output 1.1: Comprehensive PHC services delivered through 3 functional HFs in Abou Shouk and Al Salam camps in Al Fasher, ND

Activities:

1.1.1 Procure and deliver medicines, medical equipment, and furniture to the 3 HFs based on their needs.

RI will provide the HFs with pharmaceutical, medical supplies, equipment and furniture according to their needs through international procurement and in accordance with PRAG and RI guidelines, ensuring that only quality assured pharmaceuticals are procured. This will ensure availability and timely delivery of quality services to the beneficiaries in the HFs. RI will ensure continuous supplies in these HFs by engaging SMoH, NHIF, and other partners particularly WHO or UNICEF to receive needed stocks in kind, especially at the start of the project, to bridge the lead time for the delivery of the international procurement. This is to ensure that we do not experience service disruptions while awaiting essential medicines and supplies.

1.1.2 Support monthly SMoH/LHA coordination/management meetings with the 3 HFs for sustainable health system support

RI will facilitate monthly coordination/management meetings with representatives from SMoH, LHA and the relevant HF staff by initiating the meetings, developing the agenda with SMoH and LHA, and providing refreshments. These meetings will have a standing agenda and will aim to present challenges encountered by the HFs to the SMoH/LHA and discuss potential solutions for improvement. The meetings will also serve to support the welfare concerns of the HF staff by the SMoH and share lessons learnt to strengthen governance and management of the facilities. SMoH could also use this platform to communicate and educate HWs on key SMoH health policies and guidelines.

1.1.3 Improve knowledge, skills and capacity of health workers (HWs) to deliver quality health services through in-service trainings, supportive supervision, on the job coaching and performance monitoring in coordination with SMoH and LHA in the 3 targeted HFs

RI will provide critical ongoing support for HWs, coordinated with SMoH and LHA, to ensure they can maintain similar support in the future, in order to increase the quality of services delivered. This will include training in areas where there are key skill and quality gaps following the outcome of a training needs assessment, alongside continuous supportive supervision and monitoring by the SMoH/LHAs on a monthly basis, using RI's supportive supervision checklist. Supervision visits will focus on coaching and providing on-the-job capacity building for the HWs to ensure learning is translated into service improvements. It will also be an opportunity for more interaction between the HWs and the LHA/SMoH.

Training will be conducted in the following areas:

- IPC, Universal Precaution and hazardous waste management (including LLIN packaging) for doctors, medical assistants, nurses, midwives, and cleaners.
- EPI management, child growth and development for doctors, medical assistants, nurses, midwives and vaccinators.
- Health systems management, including reporting on the HMIS for senior health care providers, SMoH, and Lab Technicians.
- Pharmacy management for doctors/medical assistants, pharmacists, and pharmacist assistants.
- IMCI for doctors, medical assistants, and nurses.
- CMR and psychosocial first aid (PFA) referrals for clinicians and midwives.
- GBV awareness creation, case identification and referrals for CHWs and CMWs

1.1.4 Support SMoH/LHA to implement expanded programme on immunisation (EPI) at the HFs, conduct outreach services and scale up immunisation coverage in the beneficiary areas.

RI will support delivery of routine EPI services in all three supported HFs, including in Al Salam B HF which is yet to commence this service. This will be implemented through trained vaccinators who are aligned to the HFs. In addition, RI will support the vaccinators to conduct outreach services to reach the families of the children who are missed or defaulters that are yet to complete their vaccinations through home visits to vaccinate them. RI will also support SMoH during their quarterly vaccination campaigns by providing comprehensive microplanning assistance, transportation and allowances to both the supervisors and vaccination teams engaged in the campaigns to enable them to reach the catchment population in the targeted project locations. RI will also support the SMoH and the HFs to review the routine EPI service update to identify the vaccination coverage and challenges in meeting targets.

1.1.5 Maintain, repair and improve HFs' cold chain system.

To ensure the routine EPI services are not disrupted in the 3 HFs, RI will help maintain the cold chain infrastructure and systems in the selected HFs. This will include repairs to solar panels, replacement of batteries, repairs of refrigerators or vaccine vial carriers and other support based on the specific needs of each HF. This will be done regularly based on the identified HF needs as they arise

1.1.6 Help strengthen the Health Management Information System (HMIS) in the 3 HFs

RI will build the capacity of HF staff to present and analyse routine data and use it for decision making. This will include working with the SMoH to help improve the HMIS at the 3 HFs through the provision of adequate technology – for example, by making the HMIS available on desktop computers and accessories at the 3 HFs. RI will also pay the salary of a seconded HMIS assistant who will be responsible for data entry into the HMIS and who can generate data on a regular basis that HF staff can use for decision making at monthly governance meetings.

Output 1.2: Increased client-friendly reproductive health (RH) and family planning (FP) services in 3 HFs in Abou Shouk and Al Salam camps in Al Fasher

Activities:

1.2.1 Provide quality and client friendly antenatal care (ANC), safe delivery, postnatal care (PNC) and FP services

RI will support the HFs in delivery of client-friendly RH services, including ANC, safe delivery, PNC, FP services, as well as related health education through capacity building of the HWs and support to SMoH with provision of medical equipment, supplies and commodities to ensure that quality services are delivered in the HFs. The services will be provided in a conducive environment with particular attention to privacy, confidentiality and dignity of the clients through the use of a dedicated room for RH services.

1.2.2 Support SMoH/LHA to design an RH/Emergency Obstetric and Newborn Care (EmONC) service delivery framework including the design of a supply system for community midwives (CMWs).

RI will engage SMOH and LHA and other critical RH related stakeholders in two workshops to discuss, design and agree on a RH strategy and framework that would improve RH service delivery in the state. The workshops will also discuss the role of CMWs, in particular, how to ensure standardised delivery of essential supplies to CMWs, and how to incorporate and link the work of CMWs with the PHCs, thereby contributing to improvement in safe RH services in the state. The second workshop will be led by the SMOH and act as an opportunity for partners to develop a framework and ensure commitment to its implementation in the state. The strategy and framework will also focus on referral pathways for high risk pregnancies or during emergencies/complications. It will be expected to guide RH service delivery in the state including services in this project and other projects supported by other partners, with the SMOH providing leadership in the roll out across the state.

1.2.3 Build the capacity of HWs, and CMWs on EmONC, early detection of high risk pregnancies, and management of the maternal referral system at PHC level

RI will conduct training, coaching and monitoring of health staff in three key areas as shown below. The trainings will be conducted by SMOH master trainers on different topics according to the identified gaps which will be delivered as one off training followed by refresher trainings as the needs arise.

- Training and continuous coaching support for CMWs on safe motherhood and emergency referrals. This training will provide CMWs with needed skills to provide supervised safe delivery for pregnant women who opt to deliver at home. It will also ensure strong linkages with the HFs to ease referral of emergency cases and high risk pregnancies to the HFs. They will receive coaching on a regular basis from the midwives in the supported clinics through monthly meetings.
- Training on FP, focused ANC, and PNC, and safe delivery for doctors, medical assistants, and midwives. This training will be tailored based on the needs of HWs and will ensure up to date information, skills and support is provided on each topic to improve the quality of care to the patients.
- Training on EmONC & RH for midwives in the 3 HFs, and midwives and clinicians from the Al Fasher referral hospital. This training will focus on improving knowledge and skills needed to provide EmONC services in the 3 HFs and the referral hospital so that quality of EmONC services is improved and ideas are exchanged to strengthen the referral mechanism.

Output 1.3: Increased awareness of community members and school children on health promotion, disease prevention measures and gender-based violence (GBV) in Abou Shouk and Al Salam camps, Al Fasher

Activities:

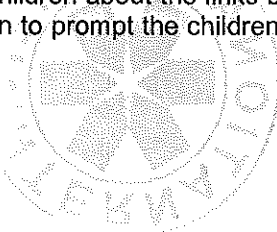
1.3.1 Train primary and secondary school teachers on health prevention, promotion, disease prevention and first aid

RI will conduct training for teachers both in primary and secondary schools in Abou Shouk and Al Salam camps in Al Fasher focusing on ways to prevent common diseases, health promotion activities and first aid education and skills in case of trauma or accidents. In addition, the teachers will be expected to share the information and messages on health promotion and disease prevention practices to their students including the importance of positive health behaviours in the school, at home and in the community. This is to ensure the students inculcate the practices and serve as role models on the health promotion and good hygiene practices to their parents, families and friends.

1.3.2 Support peer to peer groups in primary and secondary schools to raise awareness of health prevention and promotion messages and actions

RI will set up school peer to peer groups comprising students from existing school health clubs. These small peer groups will act as change agents. They will be expected to reinforce the knowledge taught by teachers on health promotion and disease prevention practices and behaviours, which will be reinforced at home, with the goal of promoting behaviour change at school, the home and community at large. The peer groups will also act as support mechanism for each other to reinforce good hygiene and health practices for better health outcomes.

In addition, RI will introduce a variety of sanitation and hygiene approaches to the school health clubs, including the CHAST approach. CHAST, also referred to as child-to-child approach, uses a variety of exercises and techniques including games, role-playing, drawing, poems, drama and singing in a logical sequence of sessions to teach children about the links between water, sanitation, hygiene and health. CHAST tools are meant to be fun to prompt the children to discuss and genuinely understand the key



issues related to personal cleanliness and hygiene in their local language. By giving children practical lessons and tips on the means to improve their own cleanliness and hygiene, CHAST aims to create an effective channel for delivering these messages directly to their homes as well.

1.3.3 Conduct awareness sessions at the community level on FP, GBV and women's cancer prevention through CMWs, CHW, and village health committees (VHCs).

RI will work with local partner ANHAR to organise regular targeted awareness sessions through CHWs who will work across the communities within the catchment areas. The sessions will focus on community sensitization on GBV, where to get help, and the necessary support. Sessions will also be conducted on RH services including FP and HIV prevention in the clinics. These sessions will also provide information and awareness on different types of common women's cancers such as breast cancer and cervical cancer, the importance of early detection, and locations where screening can be done.

1.3.4 Establish a support mechanism at the community level to sensitize against GBV

RI and ANHAR will work with CHWs and women's groups in the community to establish or re-establish support groups to support GBV survivors through the trauma process and serve as a form of protection for them. This could include leveraging existing groups like the MSGs to serve as a support mechanism within the communities. RI will also link the GBV survivors with protection related partners such as Save the Children and Plan International to provide additional protection support and case management in Al Fasher followed by the appropriate care offered to survivors..

1.3.5 Involve men in the communities in FP sessions and awareness groups

ANHAR will support the CHWs to organise community dialogues with community leaders, opinion leaders and other community members to create awareness on FP and advocate for men's involvement in FP decision making. These dialogues will serve as a forum to inform men on the available FP choices and the importance on making these decisions with their spouses based on what is best for their families and children.

Output 1.4: Improved access to quality health services through rehabilitated, equipped and functional HFs in Abou Shouk and Al Salam camps in Al Fasher, ND.

Activities:

1.4.1 Provide safe water trucking services for the targeted HFs for provision of quality health services.

RI will conduct regular safe water trucking for the targeted HFs as a last resort solution in the absence of other feasible water supply options or until implementation of feasible water supply alternatives. RI will implement its own monitoring formats that include details of delivery date, quantity delivered and obtain signature from both suppliers and RI representatives for proper and continued water trucking supply according to the standards of 48 hour backup storage in the HFs¹².

1.4.2 Rehabilitate two HFs' infrastructure and install WASH facilities to improve access to quality health services.

RI will rehabilitate the Al Salam and Abou Shouk HF infrastructure and WASH facilities as informed by the HealthPro needs assessment and AICS technical documents. RI will conduct the following activities for each HF, in line with AICS technical design and according to the needs and resource availability.

In Al Salam primary health unit (ALF05) – AL Salam A:

- Cleaning and fencing of the facility area include demolishing of old existing four block structures and the outside waiting area.
- Construction of new buildings include medical consultation room, pharmacy, midwifery, delivery room, female and male wards.
- Construction of new access ramps and masonry rectangular structure (mastaba) around the new blocks to create facility access for disabled and elderly people.
- Construction of new waiting areas in front of each block covered by corrugated metal sheets with seat benches to improve patient centred approach. The waiting area will be sizable enough to accommodate visitors and patients in different timing.
- Construction of new children's playground in the middle of the space covered by a rectangular shade with steel structure and cover by solar panels. These will give children an opportunity to explore, express and process their healthcare experiences in a safe, non-threatening environment.

¹² WHO Environmental Health standards for Health facilities



- Construction of two new toilet blocks (three seated latrines per block, including one for people with disability) and an excavation absorbing well. The latrines will be sex segregated with one block for women and one block for men. Each latrine block will have pathway access for disabled and elderly people with ramp and hand rails.
- Construction of a new elevated water tank and an underground tank to ensure adequate backup water storage for the HF.
- Construction of a new medical waste disposal incinerator to ensure safe medical waste disposal at the facility level and to protect the patients, caregivers, HWs and surrounding community from infections.
- Strengthening plumbing system and electrical power supply to ensure availability of safe water supply at each duty point of the health and nutrition service provision.

In Abou Shouk primary health unit (ALF01):

- Rehabilitation of the facility fence, main gate and existing blocks to ensure safety of both patients and health workers during service delivery.
- Construction of external waiting area to accommodate patients and visitors in the facility.
- Construction of fenced incinerator, a medical waste disposal to ensure safe medical waste disposal at the facility level and to protect the patients, caregivers, health workers and surrounding community from infections.
- Construction of two new latrines block disaggregated by male and female to ensure safe containment of excreta and avoid open defecation and infection at the health facilities for spread of diseases.
- Strengthening the plumbing system and electrical power supply.
- Construction of underground tank to ensure adequate and safe water storage structure for water availability at each duty point of health service provision.

1.4.3 Conduct sanitation and hygiene promotion activities to the community in Al Salam and Abou Shouk camps to improve community hygiene behaviour change.

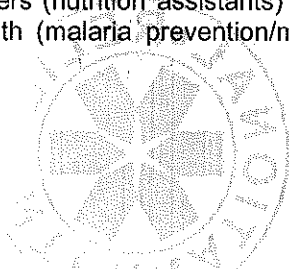
To create behavioural change in the community and prevent occurrence of water borne diseases, RI will conduct a range of sanitation and hygiene promotion activities which complement each other. These will include hygiene promotion on handwashing at critical times, safe water management during fetching, transportation, storage and use; home water treatment; safe containment of human and animal waste; safe and hygienic latrine use, and menstrual hygiene management (MHM) for women of reproductive age. Additionally, RI will conduct awareness activities on COVID-19 and cholera prevention measures, and environmental sanitation include routine cleaning campaigns. The hygiene promotion activities will be done at the HF waiting areas, public places in the community, water point gathering areas, and in schools. Mass sensitization for prevention of outbreaks like COVID 19 and Cholera will be done on regular basis during mass gatherings at market places and other large gatherings.

RI will recruit three hygiene promoters aligned to the three targeted HFs to conduct WASH and hygiene awareness raising in the catchment areas. RI WASH Officers and SMoH personnel will train the hygiene promoters to raise awareness in the community on a regular basis. Through regular hygiene awareness campaigns, dialogue and message sharing, males in the communities will be involved and encouraged to support household activities including taking care of their children and practicing good hygiene to improve health behaviour practice in the households.

Outcome 2: Access to quality nutrition services improved, particularly for Under 5 (U5) children and pregnant and lactating women (PLW)

Under this outcome, RI will focus on priority area three of the call for proposal to promote women and children's health in the targeted camps by integrating nutrition interventions into the health system through a continuum of care from birth to adolescence to PLW, establishing linkages to nutrition at ANC, PNC, EPI, IMNCI and school health clubs. The core strategy will focus on nutrition rehabilitation of malnourished children and PLW, promotion of IYCF practices and nutrition surveillance, micronutrient supplementations and community sensitization.

The project will take a two-pronged approach to promote positive nutrition behaviours including 1) nutrition education and counselling sessions at the HFs with a specific focus on IYCF and 2) establishing nutrition sensitive care groups (MSGs) to promote the adoption of positive health and nutrition practices using practical behaviour change. Lead mothers of MSGs will receive training and mentoring from health and nutrition promotion trainers (nutrition assistants) on key health practices such as IYCF, CMAM, hygiene promotion and health (malaria prevention/management and immunization of children and pregnant mothers).



Output 2:1 Provision of quality curative nutrition services in Al Salam and Abou Shouk IDP camp

Activities:

2.1.1: Treat severe and moderate acute malnutrition (SAM/MAM) for children U5 and PLW at the 3 HFs in Al Salam and Abou Shouk IDP camps

Using the CMAM approach as per Sudan guidelines, RI will support the provision of nutrition treatment for an estimated 1,947 children under 5 with SAM; 7,513 children (6-59 months) with MAM; and 2,029 PLW in the 3 static HFs in Al Salam IDP camp (Al-Salam A and B) and Abou Shouk IDP camp supported with the aforementioned health services. RI will support the HFs' clinical (Nurses, Medical assistants, midwives) and nutrition staff (Nutritionists/Nutrition assistants) with technical skills and knowledge through training and supportive supervision.

The HFs will ensure all SAM cases with medical complications needing hospitalization will be referred to the nearest stabilization centre in El-Fasher hospital. Staff will be trained on how to identify patients with referral cases and link them with the emergency referral service ambulance. RI will support the existing ambulance services by ensuring the SMOH has the capacity to refer cases. In the case where ambulance services are not available, RI shall engage a private car vendor to provide the referral service. It is projected that at least 10% (195 children) of total targeted SAM cases in project locations will be treated in the stabilization centres. The project will strive to attain >75% cure rate, <15% default rate, and <10% death rate. Additionally, RI will provide cash for food to support the referred patients and their families to buy food and other basic needs mostly during the treatment period.

RI will support the implementation of services to treat acute malnutrition by providing the OTP and TSFP sites with supplies (therapeutic and supplementary food, routine drugs, equipment and materials) and technical and logistical support. Food products for use in the treatment of malnutrition will be sourced from UNICEF (Ready to Use Therapeutic Food (Plumpy nut), F75, F100) and WFP (Ready to Use Supplementary Food (RUSF) for the U5 and PLW), using formal agreements to ensure the availability of therapeutic supplies for MAM and SAM as well as basic equipment for screening and management of malnutrition. At ANC, pregnant women will receive iron, folic acid and vitamin A supplementation. Young children will also receive bi-annual vitamin A supplementation and annual deworming through growth monitoring or EPI services. Deworming and micronutrients supplementation for children U5 and PLW will be conducted with EPI, PNC and community outreach, while deworming will also be done in schools through the school health clubs. Given previous experience with RUTF stock ruptures, RI will liaise closely with UNICEF and the SMOH to ensure timely delivery of the therapeutic supplies. RI will also monitor stock rupture incidents and inform the donor regularly. RI will ensure the stockouts do not last more than 7 days at any given time in each centre.

The project nutrition activities will be integrated with PHC services with health staff regularly connecting patients to nutrition services through internal referral. To maximize the nutrition outcome, each OTP/TSFP centre will be staffed adequately and treatment activities will be complemented and integrated with WASH activities including distribution of 1,168 hygiene kits to SAM recovered households and provision of safe drinking water, hand washing facilities, and hygiene messages in all nutrition sites.

2.1.2: Actively identify malnutrition cases, mobilise communities, and deliver referral and preventive nutrition services for children U5

Throughout the project period, at community and facility level, a total of 26,168 children (13,869 girls and 12,299 boys) aged 6-59 months and 11,962 PLW will be screened, referred, and treated for acute malnutrition in line with the national CMAM guidelines. The screening will be conducted by 'active' members including CNVs and CHWs and 'passive' members including mothers, family members, and caregivers of malnourished. The passive members will be empowered to screen and refer their own children and those of close members of their family or community. Additionally, nutrition assistants and medical staff based at the 3 HFs will conduct routine screening of all children U5 and PLW on a daily basis. Children with MUAC less than 115mm (indicating SAM) will be referred to OTP. SAM children with medical complications and oedema will be referred to the nearest Stabilization centre in El-Fasher hospital. Children with MUAC of between 115mm (11.5cm) and 125mm (12.5cm), indicating MAM, and PLW with a MUAC less than 21.0 cm will be referred for Targeted Supplementary Feeding (TSFP).

CHWs and nutrition assistants will conduct home visits for children not responding to treatment and those defaulting treatment. To enhance early detection, timely referral and treatment, a total of 100 CNVs will be selected from the community and linked to CHWs to ensure screening and referrals is a continuous process. The chosen volunteers will be selected from the families of malnourished children (caregivers) and within the community involving community leaders so as to have more dedicated and

trusted individuals willing to support the community in the fight of malnutrition. The volunteers will be trained on a three-day screening technique using MUAC tape. The training will be conducted in 4 sessions to accommodate all the selected CNVs. Training will involve community mobilization (active case finding and referral, home visits, follow up and defaulter tracing) and basic treatment protocols of acutely malnourished children and PLWs. RI and ANHAR will ensure all the volunteers and members of MSGs are trained and equipped with MUAC tapes to screen and refer children to clinics. Apart from MSG and community volunteers, caregivers of malnourished children and PLW shall be trained and provided with MUAC tape to continuously screen children in their respective communities. Supportive supervision will be done monthly by nutrition assistants and nutrition officers to ensure community monitoring and involvement is ongoing. Lessons learnt from MSGs will be documented on quarterly basis to ascertain the effectiveness of this community strategy.

In addition to passive and active screening, mass door to door MUAC screening activities will be implemented on a quarterly basis by CNVs in all intervention areas of ND. This will ensure all the houses in project catchment areas are screened for acute malnutrition thus improving timely identification. PLW will be included in all screening activities as well as being screened during ANC and PNC visits and will be referred to TSFP for the management of MAM when MUAC is defined as being <23cm.

2.1.3: Train nutrition staff and community actors on Community Management of Acute/Moderate Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) protocols to ensure quality and sustainability of service provision

This activity will ensure staff working within the HFs receive adequate support to enhance their skills on CMAM and IYCF protocols to ensure quality of services. Various trainings will target health staff, nutrition staff, community outreach teams and community members on implementation of CMAM protocols. The training package will be tailored and presented as per specific needs identified in each group participating in the management of malnutrition. Weekly supportive supervision by nutrition senior staff and monthly monitoring visits will inform the kind of support needed for each HW.

The CMAM and IYCF protocols training will target 30 staff and take place over 5 days. A total of 2 basic and 2 refresher courses are planned over the project implementation period. The training will be delivered by SMOH accredited individuals and the RI Nutrition Coordinator.

Output 2.2. Positive nutrition practices are promoted within the communities of Al Salam and Abou Shouk camps in Al Fasher, ND

2.2.1: Conduct IYCF promotion among PLW and other caregivers in the community

RI is one of the main service providers offering IYCF services, working alongside the SMOH and community groups to strengthen the nutritional well-being of infants and young children. Activities include IYCF awareness sessions, MSGs and Individual counselling sessions at community and health facility level. The IYCF promotion activity is expected to reach a total of 79,450 individuals during the entire implementation period of the project.

IYCF awareness activities will include group discussions at HFs, public places and also using local leaders and religious leaders in providing promotional messages on appropriate feeding practices for young children. Information given will be gender and culturally sensitive and will not only be directed to mothers but also to men and other secondary caregivers who influence the feeding of young ones within the community. Different communication channels will be used including; posters, plays and drama, cooking demonstrations, public forum and selected national health day's campaigns. RI will endeavour to reproduce approximately 500 assorted approved job aid (IEC/BCC) materials and distribute to participants and various forum to disseminate the information among the target community. Two major campaigns and advocacy initiatives will be conducted in project locations to raise awareness on importance of breastfeeding and complementary practices. The awareness sessions will be conducted for 5 days during the commemoration of world breastfeeding day in August 2022.

Individual counselling: This action recognizes that the target populations have customs and traditions that both promote and inhibit appropriate feeding practices of infants and young children and will therefore work to encourage the good practices and promote these practices in a culturally sensitive way. Nutrition education and counselling will be conducted at all HFs on a weekly basis and in the communities by the CHWs and nutrition assistants on a continuous basis. Nutrition messaging will emphasize on exclusive breastfeeding in the first six months, optimum complementary feeding after six months and continued breastfeeding up to two years. Good maternal nutrition will also be promoted to highlighting the importance of a woman's nutritional status for foetal development and during lactation.

The project will utilize multiple but complementary methods to influence behaviour change for optimal IYCF practices. Individual IYCF counselling with caregivers will be complemented by messaging through other channels to reinforce the individual counselling. RI will ensure each clinic there is space conducive and private for counselling. Midwives and nutrition assistants shall offer guidance to mothers needing breastfeeding support. These private spaces shall act as safe spaces where mothers can breastfeed their children, rest, eat and receive guidance and advice on breastfeeding, complementary feeding and infant and new born care from trained staff.

Mother to mother support groups (MSGs): In addition to these physical spaces, RI will continue to facilitate MSGs to foster social spaces in the community to discuss breastfeeding practices. All MSG activities will align with promotional tools adapted from SMOH, UNICEF and WHO guidelines. Under the proposed intervention, 50 MSGs will be established.

2.2.2: Promote good feeding practices, access to food, and consumption of diversified diet at the household level using Nutrition Impact Positive Practice (NIPP) approach

To address the high rates of moderate malnutrition, RI will implement the NIPP approach which is a gendered, grass-roots approach, directly tackling a package of the underlying behavioural causes of under-nutrition in children U5 and PLWs. The NIPP approach incorporates IYCF messaging and behaviour change activities for malnutrition and morbidity reduction. The approach aims to improve the nutritional status of targeted individuals with confirmed malnutrition; improve family understanding of why malnutrition occurs in high risk individuals and what can be done to prevent future episodes; improve household diet diversity and achieve sustainable improvements in HH care practices (including hygiene-sanitation), feeding practices and health-seeking behaviours for infants, children, PLW and the chronically ill (CI), through the promotion of positive behaviour change.

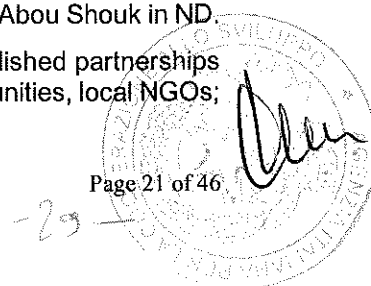
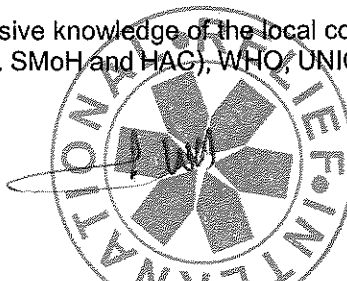
RI will create 10 macro circles, groups led by community volunteers and consisting of approximately 15 men and 15 women, across the OTP catchment areas in two cycles throughout the year, totalling 20 macro circles (20 female circles and 20 male circles) which will benefit 600 direct participants and 3,000 indirect beneficiaries (family members). A macro circle consists of two micro circles, one for females and another for males. The circles aim to facilitate knowledge and skills sharing of both men and women using group discussions, practical exercises and positive reinforcement to help families adopt sustainable, positive behaviour change. There are three principal areas of focus: (a) behaviour change communication and counselling for improved awareness and practice (b) micro-gardening for improved nutrition security and (c) cooking demonstrations, for improved feeding and care practices. Over a period of up to 12 weeks, members will meet twice a week for two to three hours at a time, to discuss and learn about recommended practices and access peer support. NIPP allows for separate gatherings of males and females within a community to allow for men and women to freely express themselves and to focus on gender specific barriers and motivators for change. RI will source an SMOH NIPP expert to train 30 participants in on the implementation of NIPP activities in the project locations.

RI and ANHAR will also strengthen MSGs by facilitating provision of seeds and tools for community nutrition gardens from own resources in order to increase the community access to diversified nutritionally-rich foods under the NIPP approach. Lead mothers will support the awareness of the community on IYCF and cooking demonstrations will be conducted on how to make nutritious foods using local available foods.

2.1.2. Implementation approach (max 4 pages)

RI has over 16 years' experience working and implementing integrated health, nutrition and WASH services in ND with support from donors such as BHA, OCHA-SHF, and ECHO. RI has a well-established field office in Al Fasher, ND as well as a satellite office in Al Malha. RI's ND program serves more than 581,784 of the most vulnerable individuals in the region, including more than 170,000 IDPs. RI is one of the major health organizations in ND state and the only health partner left providing life-saving health, nutrition and WASH services in Zamzam IDP camp which RI has been doing for the last 10 years. RI has experienced health staff comprising public health and nutrition experts, medical doctors, clinicians and engineers and through its ongoing programming, which is strengthening the capacity of SMOH health workers in 27 currently supported HFs. This action will complement RI existing BHA-funded work in supporting SMOH to provide lifesaving essential health services to 7 HFs in Al Fasher (including Zamzam A and Zamzam B HFs in Zamzam camp), thereby improving coverage and functionality of critical PHC interventions in the locality. This new action will provide an opportunity to scale up successful activities already implemented in new locations of Al Salam and Abou Shouk in ND.

RI brings to the proposed action an extensive knowledge of the local context; established partnerships and collaboration with the government (i.e. SMOH and HAC), WHO, UNICEF, communities, local NGOs;



and a strong record implementing humanitarian, development, and early recovery programmes. The proposed action will build on the success and lessons learned from RI programs such as support to CMWs as volunteers to further improve RH service delivery at the community level, and building and maintaining partnership with the host communities for better project ownership.

The project will also utilise local partner ANHAR's experience implementing community-based interventions in collaboration with other health and nutrition actors and SMOH such as NIPP implementation, community screening and case-follow-ups, and formation of MSGs. ANHAR is a national NGO with long presence in ND, having been registered since 2010. ANHAR has worked with several donors including UNICEF, SHF, COOPI, UNDP, SCI and RI and implemented various projects in Al-Fasher, Al-Malha, Mellit, Sarfu Umra, Kebkabiya and Kalemindo localities. The partner was ranked as a low risk organisation by UNOCHA after successfully implementing consortium projects with RI and COOPI. Since 2015, RI has been partnering with ANHAR to implement integrated health, nutrition and WASH projects in ND. The partnership with ANHAR will ensure shared synergy on resource allocation to have sustainable service and impact. This will reduce the cost of implementation and foster sustainability through empowering national NGOs.

RI and ANHAR commenced engagement with the SMOH during the project design and will continue to do so throughout the project implementation and transition. The focus on health system strengthening means the SMOH, LHAs and other health agencies e.g. NHIF will be key partners throughout the project, ensuring our interventions reach the most people and have a sustainable and impactful outcome. RI will ensure activities are jointly conducted with these government agencies, that they utilize existing structures, systems and resources wherever possible, and that they are evidence based, so that SMOH can continue them beyond the end of the project. RI will work with the SMOH to establish a project steering committee with representatives from the SMOH, LHA, communities and RI to discuss the project performance, governance and find solutions to challenges that require joint intervention. The steering committee will meet twice during the lifetime of the project.

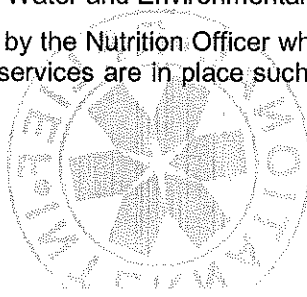
The staff to be deployed to the HFs will be SMOH staff who are recruited by SMOH, but will be seconded by RI to work on the project. RI will provide capacity building training and coaching of health staff, who will receive ongoing support from SMOH and LHA senior staff through supportive supervision. RI will pay extra hours' allowance to the HWs to motivate them and reward them for their commitment towards the delivery of their tasks and services to the beneficiaries. RI will also work with UNICEF and WFP in regards to provision of goods-in-kind, including RUTF, routine drugs for management of malnutrition, and anthropometric equipment. WFP will support with nutrition supplies.

RI takes community participation and engagement seriously, thus RI will meet with the leaders and members of camp communities to inform them of the project start up and the various services that will be delivered at no cost to the beneficiaries. A project committee will be set up within target communities, similar to the VHCs, to ensure community participation and involvement through regular meetings and providing feedback to the RI team on service provision and utilisation and sharing challenges faced by clients or the community.

The project will be led by the Health System Strengthening Coordinator, who will be responsible and accountable for the health related project results. The Coordinator will be an international position that will bring expertise in health systems strengthening and contribute to project implementation. RI will also have a RH specialist (an international post) that will lead the RH output and ensure RH deliverables are achieved in collaboration with SMOH/LHA. At the field level, project activities will be directly coordinated by the Health Officer and Assistant including close engagement with SMOH to share daily updates of activities implemented with the Coordinator.

The HF rehabilitation and construction activity will be conducted in a holistic and integrated manner with health and nutrition interventions. RI will employ a local contractor for the rehabilitation/construction activities according to the standard procurement process. RI will apply the HealthPro assessment design, AICS BoQs and other technical documentation as a guide for the implementation of the rehabilitation process. RI will also employ a full time construction supervisor with architectural background to supervise the day to day rehabilitation activities at Al Salam HF and the assessment and design of Abou Shouk HF. RI's WASH Coordinator, an International staff, will provide overall technical oversight and supervision of the WASH software and hardware activities in the facilities. Additionally, RI's WASH Manager, Officer and Hygiene Supervisor will ensure timely follow-up of the implementation of the day to day activities at field level. All WASH activities will be implemented with close consultation and coordination with SMOH, Water and Environmental Sanitation Office (WES) and relevant clusters.

Nutrition activities will be led by the Nutrition Officer who will coordinate with SMOH HF staff to ensure proper systems for nutrition services are in place such as quality treatment of patients as per CMAM



protocols, supply chain of nutrition products are properly tracked to avoid stock outs, HF's are adequately staffed and equipped with necessary items/equipment and ensure appropriate linkages with communities for early identification and referrals of malnourished cases. The Nutrition Officer will be supported by the RI Nutrition Coordinator (International staff) and Nutrition Manager who will oversee quality delivery of nutrition activities. At the field level, the Nutrition Officer will be supported by Nutrition Supervisors and Nutrition Assistants who will ensure daily execution of project activities.

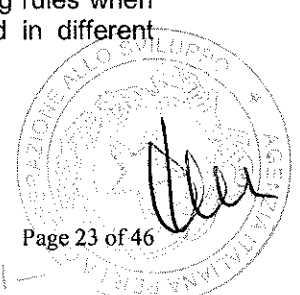
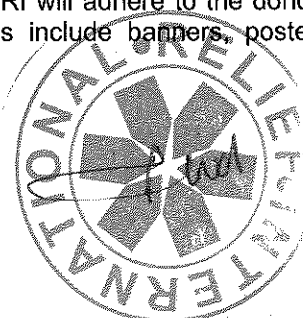
The RI Nutrition team will closely work with ANHAR staff to implement the community screening, MSGs and NIPP activities. RI will share technical guidance and support with ANHAR staff to ensure the partner activities are executed in compliance with the national guidelines on CMAM and NIPP approach in Sudan. ANHAR will conduct field level implementation in the communities and link the services to HF's using qualified Nutrition staff such as Nutrition Officers under the leadership of the Nutrition Coordinator.

RI ensures effectiveness, quality, and accountability of its programs through evidence-based decision making tied to regular and timely monitoring. RI's Monitoring, Evaluation, Accountability and Learning (MEAL) Team will apply comprehensive and robust monitoring systems which includes both quantitative and qualitative data collection methods. Key monitoring tools include: Indicator Performance Tracking Table (IPTT), detailed implementation plan (DIP) tracking tool, quality improvement verification checklists, and spot checks. A detailed monitoring plan for each component of the program will outline key indicators, tools, schedules, and clear roles and responsibilities. Data will be disaggregated accordingly for documentation, reporting and decision making purposes. Through the MEAL Coordinator and Officers, RI will ensure improved data collection, routine internal monitoring and feedback mechanisms in each project location. RI will share relevant data with various stakeholders while ensuring protection of sensitive data.

RI will utilise its standard client feedback and complaint mechanism that allows for input from community members through multiple channels including feedback boxes which will be placed within each HF, as well as an anonymous hotline. RI staff will also have regular engagement with community members through focus group discussions, as well as follow up conversations with community members, who provide contact details through the established channels. An ongoing component of the feedback mechanism will be to continually seek feedback on the effectiveness and accessibility of these channels. Based on community feedback throughout the project lifecycle, revisions may be made to the specific channels to ensure continuous accessibility by all targeted community members. The feedback and complaints received through the aforementioned channels will be entered into a standard feedback tracking database and will be recorded and shared with relevant staff for resolution and response. Received complaints will be managed according to the RI's Accountability Standard Operation Procedure (SOP), which defines standard processes to follow in cases of complaints filed by community members. As per the RI MEAL SOP, the MEAL department will lead the process - from collecting feedback and complaints to monitoring that the appropriate team provides a response within the required timeframe. Per internal RI policy, any feedback or complaint received that needs to be escalated to senior management will be prioritized. RI's Incident Reporting policy dictates that serious allegations and concerns, including sexual exploitation and abuse (SEA), corruption, compliance issues, etc. must be escalated to RI's Safeguarding Manager. For all routine comments and concerns, RI's MEAL Coordinator will work with Sector Technical Coordinators and the Senior Management team to incorporate feedback and determine course correction, if necessary.

Additionally, RI will support ANHAR during project implementation through sharing of best practices and tools and formal trainings and on-job coaching to facilitate smooth implementation of activities. RI will oversee ANHAR's project implementation through monthly reporting on activities achievement and spending to enable identification of gaps in specific areas and provide support. RI has conducted a due diligence process for ANHAR which informed a capacity building plan based on areas for improvement. Through this, RI will continue to monitor improvement and update the plan as appropriate. RI has experience working with ANHAR in ND and is expecting full support and effective partnership during project implementation.

RI will document project success and achievements include case studies and success stories from its implementation and will share with AICS, SMOH and HAC during the reporting period or upon requested. RI will ensure client consent before initiating any visibility activities which might impose risks to the safety or wellbeing of the clients. Additionally, RI will adhere to the donor visibility and branding rules when using different communication materials include banners, posters and logo displayed in different supplies or items distributed.



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

Year 1													
Activity	Half-year 1						Half-year 2						Implementing body
	1	2	3	4	5	6	7	8	9	10	11	12	
Output 1.1													
1.1.1 Procure and deliver medicines, medical equipment, and furniture to the 3 HFs based on their needs													RI
1.1.2 Support monthly SMOH/LHA coordination/management meetings with the 3 HFs for sustainable health system support.													RI
1.1.3 Improve knowledge, skills and capacity of health workers (HWs) to deliver quality health services through in-service trainings, supportive supervision, on the job coaching and performance monitoring in coordination with SMOH and LHA in the 3 targeted HFs.													RI
1.1.4 Support SMOH/LHA to implement expanded programme on immunisation (EPI) at the HFs, conduct outreach services and scale up immunisation coverage in the beneficiary areas.													RI
1.1.5 Maintain, repair and improve HFs' cold chain system.													RI
1.1.6 Help strengthen the Health Management Information System (HMIS) in the 3 HFs													RI
Output 1.2													
1.2.1 Provide quality and client friendly antenatal care (ANC), safe delivery, postnatal care (PNC) and family planning (FP) services													RI
1.2.2 Support SMOH/LHA to design an RH/Emergency Obstetric and Newborn Care (EmONC) service delivery framework including the design of a supply system for community midwives (CMWs).													RI
1.2.3 Build the capacity of HWs, and CMWs on EmONC, early detection of high risk pregnancies, and management of the maternal referral system at PHC level													RI
Output 1.3													
1.3.1 Train primary and secondary school teachers on health prevention, promotion, disease prevention and first aid													RI
1.3.2 Support peer to peer groups in primary and secondary schools to raise awareness of health prevention and promotion messages and actions													RI
1.3.3 Conduct awareness sessions at the community level on FP, GBV and women's cancer prevention through CMWs, community health workers													ANHAR

staff on CMAM protocols will guarantee a sustained set of skills and knowledge on the management of acute malnutrition.

Additionally, the health service provision at the primary health facilities will be improved to the required standard through rehabilitation of the infrastructure and installation of WASH facilities, thus decreasing the morbidity and mortality rate associated with infectious diseases. Rehabilitation activities will be developed and adapted according to locally available and manageable technologies and approaches. Materials, tools, skills and supplies necessary for successful completion of the activities are present at local level. Technical solutions will be selected based on effectiveness, simplicity, resilience, self-reliance and on minimising potential negative impact on the environment. Economic costs incurred by the IDP and host community due to poor health services (repeated illness, loss of productive time due to caring of patients) will be much reduced through improved service delivery in the HFs.

The project also aims for institutional sustainability at the community level to ensure improved health outcomes over time. Community-based interventions ensure that people are well informed and able to take decisions related to their health and wellbeing. For example, RI will reduce the risk of disease outbreak through hygiene promotion and mass sensitization interventions at the community, HF and school levels. Also, the support to children in both primary and secondary schools will further reinforce the importance of health promotion and disease prevention at the family and community level, with the children ensuring the practices they have learnt, adhered to and practiced. The NIPP approach to nutrition will improve the likelihood of the long term sustainability by seeking a change in nutrition behaviors which will build community led resilience. The NIPP approach is a gendered, grass-roots approach, directly tackling a package of the underlying behavioural causes of under-nutrition in children U5 and PLW. RI has already started the implementation of this community lead approach gradually, and will aim to continue scaling up in all areas of intervention.

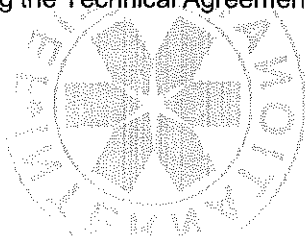
Utilization of existing community structures and systems such as the CMWs and VHCs are designed to outlive the project and strengthen both ownership and sustainability. Assessment and planning and implementation of the project activities will be done with strong involvement of community members and other relevant stakeholders such as women groups, local authorities, leaders, and other partners to ensure that activities are socially and culturally adapted to their needs and expectations. The VHCs provide a means for active participation of the IDP community in the protection, management and maintenance of their own primary HFs which will help build their self-esteem, ownership and autonomy. Community groups, including MSGs, and individuals will also be empowered in the identification of malnutrition, health education and referrals, through CNVs selected by community leaders in collaboration with HF committees and SMoH.

The involvement of local partner ANHAR to implement community health and nutrition activities will ensure sustainability by growing the local institutional and human resources potential through RI technical support and capacity building on community empowerment and government sensitization.

Policy-level sustainability will be ensured through alignment with the AICS priorities, the Sudan National Health Policy (2017 to 2030), and the Sudan National Health Recovery and Reform Policy Strategic Plan (2020 to 2022). RI aims to contribute to the priorities set out by the SMoH, which are: Supporting capacity building for all levels of the decentralized health system to enhance their performance; Increasing access to an integrated quality PHC package; Improving maternal and reproductive health care services; Improving child health services through increasing coverage with immunization services and raising the awareness of communities on maternal, sexual and reproductive health. Final project evaluations and lessons learnt will be shared with SMoH and other stakeholders to influence policy change and adoptability.

Financial sustainability will be ensured during project phase out and will be performed as a gradual transfer of responsibility through joint implementation and participation between the SMoH/LHA and RI with the communities bearing witness as the ultimate beneficiaries. In this way, the activities will be handed over to the relevant LHA and SMoH for inclusion in their yearly plans and budgets.

Risk planning and mitigation will occur through coordination and engagement with different project stakeholders including SMoH, LHA, local communities and other implementing partners, and in line with RI's risk management processes which includes maintaining risk registers and contingency plans in country. Through regular monitoring and monthly and quarterly review meetings, RI will make sure that potential risks are detected in advance and managed or mitigated on time. Furthermore, RI has been operational in Sudan for several years and has learned to employ an adaptive management program approach. This coordination, planning, and existing presence also helps mitigate potential **political** risks, such as delays in signing the Technical Agreement (TA) with the Government which would impact project implementation.



To mitigate **economic** risk, RI will apply its internal organisational policies in preventing fraud, corruption, and any misuse of funds or other misconduct. These include Anti-Fraud, Bribery, and Corruption Policy, Code of Conduct and Professional Ethics that set out explicit steps to be taken in response to reported or suspected risks, and measures to be taken to prevent or minimize the risks. All staff working on the project, especially those dealing with finances, will be trained on the policies and will be made to sign them to uphold the code of conduct and implement the policy. Reviewing and updating budgets regularly, early procurement, negotiations and regular price monitoring are just some of the activities RI and partners will engage in to mitigate economic risks such as increasing inflation rates or fluctuating exchange rates.

To manage **social/safety and security** risks for staff and program beneficiaries, for example through conflict or social unrest, the project partners will coordinate with the UN Department of Safety and Security (UNDSS). RI also has comprehensive security plans in place and will continue to monitor the security situation and coordinate with the relevant local authorities. Additionally, RI has developed a COVID19 reduction plan to minimize the risk of infection and follow do no harm principles. All staff, partners, and volunteers will be appropriately trained to follow this. In addition, mass sensitisation and awareness sessions on hygiene promotion and precaution measures will help ensure disease prevention.

Finally, to mitigate **environmental** risks such as flooding, RI will pre-position essential stocks in the HFs in advance of the rainy season and ensure rehabilitation activities are completed during the dry season.

2.1.5. Logical framework

Please see logical framework in Annex C of application package.

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

Please see the budget in Annex B of the application package. RI has also included BoQs for some of the budget lines for extra information.



2.2. Lead applicant's experience

This information will be used to assess whether you have sufficient and stable experience of managing actions in the same sector and of a comparable scale to the one for which a grant is being requested.

i) For similar actions.

Please provide a detailed description of actions in the same sector and of a comparable scale to the one for which a grant is being requested managed by your organisation in the past three years.

Maximum 1 page per action.

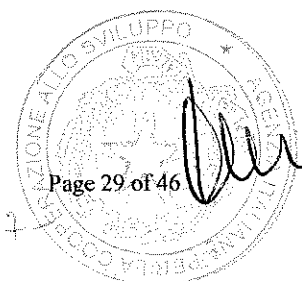
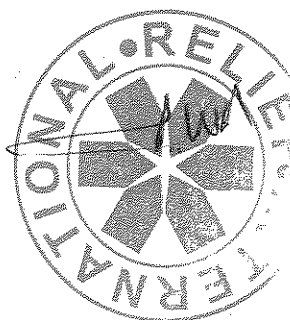
Name of the lead applicant: Relief International					
Project title: Provision of Integrated Multisector Emergency and Recovery for IDPs and Host Communities in North Darfur		Sector: Health, Nutrition, WASH			
Location of the action	Cost of the action (EUR)	Role in the action: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)¹³	Amount contributed (by donor)	Dates (from dd/mm/yyyy to dd/mm/yyyy)
Sudan (North Darfur)	1,255,702	Grantee (coordinator)	United Nations Office for the Coordination of Humanitarian Affairs (OCHA)	1,255,702	01/12/2021 to 30/11/2022
Objectives and results of the action		RI is providing quality multi -sectoral emergency lifesaving and recovery services to conflict and natural disaster affected IDPs and host communities in Saraf Umarah and Malha localities by building resilience through capacity building of health, nutrition, protection, and WASH service providers in North Darfur through improved management; treatment and prevention of acute malnutrition using community-based approach; integrated with provision of essential primary health care and WASH services. This project aim to reach a total of 120,000 host communities and 15,000 IDPs.			

¹³ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State.



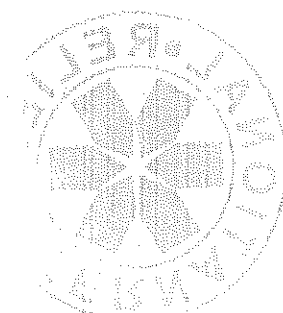
Name of the lead applicant: Relief International					
Project title: WFP assistance Programme – North Darfur		Sector : Nutrition			
Location of the action	Cost of the action (EUR)	Role in the action: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)	Amount contributed (by donor)	Dates (from dd/mm/yyyy to dd/mm/yyyy)
North Darfur	424,819	Grantee (coordinator)	World Food Programme (WFP)	424,819	01/01/2021–30/12/2021
Objectives and results of the action		Increased access to curative services for moderate acute malnutrition treatment to CU5 and PLW in North Darfur and strengthened local technical capacity for management of moderate acute malnutrition and promoted healthy nutrition behaviors at both the center and community level.			

Name of the lead applicant: Relief International					
Project title: Integrated Support Programming for Vulnerable Communities in Sudan		Sector : Health, Nutrition, WASH			
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)
Sudan (ND, BN)	8,488,025	Grantee (coordinator)	USAID Office of US Foreign Disaster Assistance (OFDA) / Bureau for Humanitarian Assistance (BHA)	8,488,025	1/08/2020-30/07/2022
Objectives and results of the action		RI is implementing an integrated health, nutrition, and WASH program that maintains basic service provision while actively working to increase community capacity to address aid gaps in North Darfur and Blue Nile States at the household, community, and institutional levels. Furthermore, the implementing partners ADD and ANHAR focus on community outreach and awareness-raising activities. Reaching 778,303 people (including 285,928 IDPs), RI's health, nutrition and WASH programs take a community-based approach to build on existing OFDA/BHA-funded activities to meet critical gaps.			



Name of the lead applicant: Relief International					
Project title: Emergency and Recovery Services (ERS) in North Darfur		Sector : Health, Nutrition, WASH			
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)
Sudan (North Darfur)	3,497,813	Grantee (coordinator)	USAID - Office of Foreign Disaster Assistance (OFDA)	3,497,813	1/08/2019 – 30/07/2020
Objectives and results of the action		With this OFDA-funded program, RI provided integrated Health, Nutrition, WASH, and Agriculture and Food Security (AFS) services to IDP and host communities in Al-Malha, Umkedadda, Kalemendo, El-Fahsher (Zamzam IDP) and El-Fasher rural localities in North Darfur. The program focused on the provision of life-saving essential health services, therapeutic nutrition treatment, health education services, WASH services, and improved food security through livestock restocking and animal health initiatives.			

Name of the lead applicant: Relief International					
Project title: Emergency Integrated Health and Nutrition Services in Blue Nile		Sector : Health, Nutrition, WASH			
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)
Sudan (Blue Nile)	746,200	Grantee (coordinator)	USAID - Office of Foreign Disaster Assistance (OFDA)	746,200	1/08/2019 – 30/07/2020
Objectives and results of the action		RI's "Emergency Integrated Health & Nutrition Services" program provided health, nutrition, and water, sanitation and hygiene (WASH) services to vulnerable host communities in Damazine and Roseries Localities of Blue Nile State. RI offered the minimum package of essential health services, critical nutrition services complemented with hygiene promotion, and upgrades to targeted health facilities to benefit the most vulnerable households.			



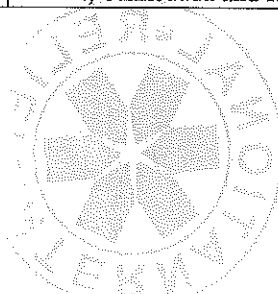
Name of the lead applicant: Relief International					
Project title: Integrated Emergency and Recovery Services for IDP, Refugee and Host Communities in North Darfur		Sector : Health, Nutrition, WASH			
Location of the action	Cost of the action (EUR)	Role in the action: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)	Amount contributed (by donor)	Dates (from dd/mm/yyyy to dd/mm/yyyy)
Sudan (North Darfur)	2,268,448	Grantee (coordinator)	United Nations Development Programme (UNDP) – Sudan Humanitarian Fund (SHF)	2,268,448	1/11/2019 – 30/11/2020
Objectives and results of the action		RI led a consortium with Cooperazione Internazionale (COOPI) and national NGO ANHAR providing integrated Health, Nutrition, WASH, and FSL services to an estimated 96,350 community members in Mellit and Al-Lait in North Darfur.			

Name of the lead applicant: Relief International					
Project title: Emergency & Early Recovery Resilience Assistance for vulnerable Populations in North & East Darfur and Blue Nile State		Sector : Health and Nutrition			
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)
Sudan (North Darfur, East Darfur, Blue Nile)	5,437,000	Grantee (coordinator)	European Development Fund: European Commission Directorate-General Humanitarian Aid and Civil Protection (ECHO)	5,437,000	1/04/2019 – 30/03/2021
Objectives and results of the action		RI provided integrated primary health care and nutrition services to communities in North and East Darfur and Blue Nile State. Additionally, the project provided multi-purpose cash assistance to vulnerable households in Blue Nile State. The program benefitted a total of 501,996 community members across the three states and is implemented with ADRA (Adventist Development and Relief Agency) and national NGOs ADD (Addition for Disaster Assistance & Development), Almanar and ANHAR			

Name of the lead applicant: Relief International					
Project title: Integrated Emergency and Recovery Services for IDP, Refugee and Host Communities in North Darfur		Sector : Health, Nutrition, WASH			
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)
Sudan (North Darfur)	848,957	Co-Coordinator	United Nations Development Programme (UNDP) – Sudan Humanitarian Fund (SHF)	848,957	1/01/2019 – 3/12/2019
Objectives and results of the action		<p>RI participated in a consortium leading the Health and Nutrition component of the program. The program was implemented in collaboration with consortium lead Cooperazione Internazionale (COOPI) and two national NGOs to provide sustainable Health, Nutrition, FSL and WASH services vulnerable communities in Mellit, Al Malha and Um Keddada localities in North Darfur. RI focused on the provision of basic health services, community based prevention and treatment of acute childhood malnutrition, behavior change communication, capacity building, and overall strengthening of the health and nutrition system for better integration and referrals.</p>			

Name of the lead applicant: Relief International					
Project title: Expanding Lifesaving Services in Conflict-Affected Areas in North Darfur		Sector : Health, Nutrition, WASH			
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)
Sudan (North Darfur)	3,497,813	Grantee (coordinator)	USAID - Office of Foreign Disaster Assistance (OFDA)	3,497,813	1/08/2018 – 30/07/2019
Objectives and results of the action		<p>RI provided an integrated program, focusing on emergency relief and strengthening household, community and institutional response capacities to future shocks. The project goal was to contribute to the reduction of morbidity and mortality among vulnerable and conflict-affected communities in North Darfur. Through this program, RI delivered vital health, nutrition and WASH services, reaching 303,772 IDPs and vulnerable host community members in Zamzam IDP camp and Al-Malha, Sayah, El Fasher rural, Mellit, Umkedada and Kalemendo localities in North Darfur.</p>			

i) Other actions



Non

2.3. Co-applicant(s)'s experience (if applicable)

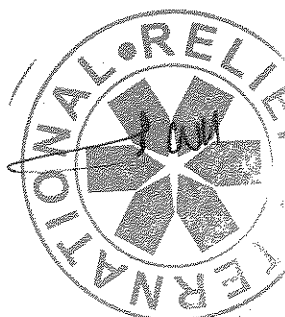
This information will be used to assess whether you have sufficient and stable experience of managing actions in the same sector and of a comparable scale to the one for which a grant is being requested.

ii) For similar actions.

Please provide a detailed description of actions in the same sector and of a comparable scale to the one for which a grant is being requested managed by your organisation in the past three years.

Maximum 1 page per action.

Name of the co-applicant: Anhar for Peace, Development and Humanitarian Work Organization					
Project title: Provision of health and nutrition intervention to IDPs and vulnerable communities in Saraf Omra and Kabkabia localities including Sortony camp including COVID 19 response		Sector : Health and Nutrition (multi-sectoral)			
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)
North Darfur; Kabkabiya and Saraf Omra localities	463,255 EUR	Coordinator	UNICEF	426,011 EUR (229,229 Cash, 196,782 in kind supplies)	01/04/2021 to 31/03/2022
Objectives and results of the action		<ul style="list-style-type: none">- Integrated high-impact health and nutrition services are delivered for vulnerable women, newborns, children, adolescents at facility and community levels in development and emergency setting- Girls and boys suffering from severe acute malnutrition receive quality treatment integrated with PHC and infant and young child feeding services.- Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices			



Name of the co-applicant: Anhar for Peace, Development and Humanitarian Work Organization					
Project title: Integrated support programming for vulnerable communities in Sudan (partnership with RI)		Sector : Health, Nutrition and WASH (multi-sectoral)			
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)
North Darfur; Elfasher locality	70,012.07 EUR	Co-beneficiary	- USAID/BHA - Relief International	70,012.07 EUR	01/02/2021 to 30/06/2021
Objectives and results of the action		To reduce morbidity and mortality on North Darfur and Blue Nile States through the provision of integrated Health, Nutrition and WASH Programing			

Name of the co-applicant: Anhar for Peace, Development and Humanitarian Work Organization					
Project title: Integrated Emergency and Recovery Services for IDP, Refugee and Host Communities in North Darfur (Consortium project in partnership with RI and COOPI)		Sector : Health, Nutrition WASH and FSL (multi-sectoral)			
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)
North Darfur; Kabkabiyya Saraf Omra, Ailliet and Mellit localities	Anhar budget: 600,684.54 EUR Total Project Budget 2,262,220.10 EUR	Co-beneficiary	Sudan Humanitarian Fund (SHF)	600,684.54 EUR	06/11/2019 to 05/12/2020
Objectives and results of the action		<p>Overall objective</p> <p>Reduce morbidity and mortality and increase self-sufficiency among vulnerable and conflict-affected communities.</p> <p>Outcomes:</p> <p>Outcome 1 (Health): Reduced morbidity and mortality in vulnerable populations, particularly women and children</p> <p>Outcome 2 (Nutrition): Improved household nutrition status and nutrition-related knowledge and behaviour</p> <p>Outcome 3 (WASH): Access to safe water is restored and appropriate hygiene and sanitation practices are improved</p> <p>Outcome 4 (FSL): Household livelihood and self-reliance are enhanced for 72,600 individuals through agricultural input provision, goat restocking, and veterinary services</p>			

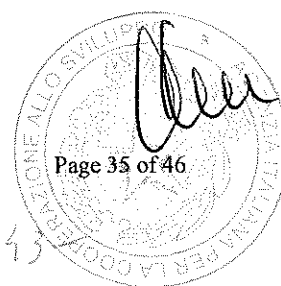
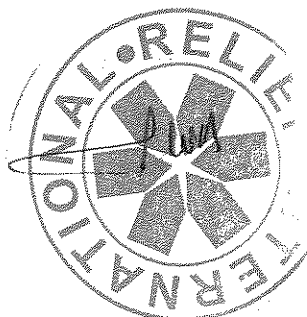
iii) Other actions

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.

Non

2.4. Affiliated entity(ies) experience (if applicable)

N/A



3 THE LEAD APPLICANT¹⁴

EuropeAid ID number¹⁵	FR-2009-AWH-2303579894
Name of the organisation	MRCA/RELIEF INTERNATIONAL - FRANCE

1. 3.1 Identity

The lead applicant's contact details for the purpose of this action	Ann Koontz, CEO Email: programdev@ri.org
Legal entity file number¹⁶	6000065380
Abbreviation	MRCA-RI
Registration number (or equivalent)	42956525200021
Date of registration	22/10/1985
Place of registration	Lyon, France
Official address of registration	35 rue de Marseille Lyon, France 69007
Country of registration¹⁷/ Nationality¹⁸	France
Website and e-mail address of the organisation	Website: www.ri.org , Email: programdev@ri.org ; grants@ri.org
Telephone number: country code + city code + number	+33478403208
Fax number: country code + city code + number	+33.1.40.44.96.26

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.

¹⁴ 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.

¹⁵ 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.

¹⁶ If the lead applicant has already signed a contract with the European Commission.

¹⁷ 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).

¹⁸ 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).

4 THE CO-APPLICANT(S)

This section must be completed for each co-applicant within the meaning of Section 2.1.1 of the guidelines for applicants. You must make as many copies of this table as necessary to create entries for each additional co-applicant.

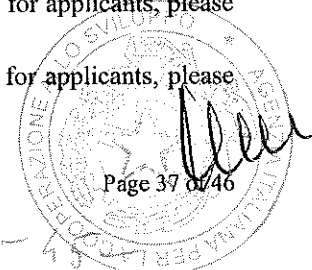
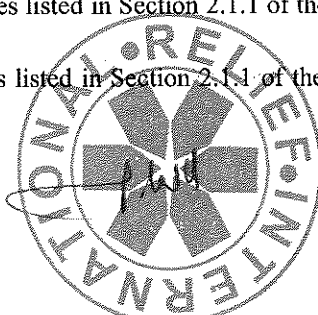
	Co-applicant no.1
EuropeAid ID number¹⁹	N/A
Name of the organisation	Anhar for Peace Development and Humanitarian Work Organization
The co-applicant's contact details for the purpose of this action	Mahjoub Mohammed Elsheikh Program Manager mahjoubelsheikh@gmail.com +249912263588
Legal entity file number²⁰	N/A
Abbreviation	APDHW
Registration number (or equivalent)	491
Date of registration	10/08/2011
Place of registration	Humanitarian Aid Commission (HAC) Sudan
Official address of registration	North Darfur, Elfasher, Eastern Elfasher University
Country of registration²¹/ Nationality²²	Sudan / Sudanese
Website and e-mail address of the organisation	Info@anhar-sd.org
Telephone number: country code + city code + number	+249 9 07210207
Fax number: country code + city code + number	n/a
Legal status	Profit-Making <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. NGO <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
Value based	<input type="checkbox"/> Political <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Humanistic <input type="checkbox"/> Neutral
Is your organisation linked with another entity?	<input type="checkbox"/> Yes, parent entity: (please specify its EuropeAid ID:.....) <input type="checkbox"/> Yes, controlled entity(ies)

¹⁹ 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.

²⁰ If the co-applicant has already signed a contract with the European Commission.

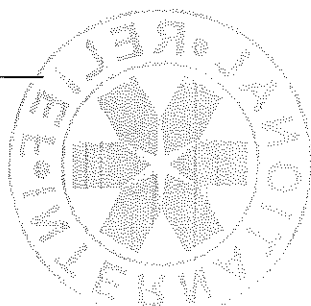
²¹ For organisations. (If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please justify its location).

²² For individuals. (If not in one of the countries listed in Section 2.1.1 of the guidelines for applicants, please justify its location).



	<input type="checkbox"/> Yes, family organisation / network entity ²³ <input checked="" type="checkbox"/> <u>No, independent</u>
History of cooperation with the lead applicant	Anhar for peace, Development and Humanitarian Work Organisation is a partner to the lead applicant (Relief International) since 2017. We implemented projects from deferent donors including SHF, USAID/BHA, WFP, ECHO.

Important: This application form must be accompanied by a signed and dated mandate from each co-applicant, in accordance with the template provided below.

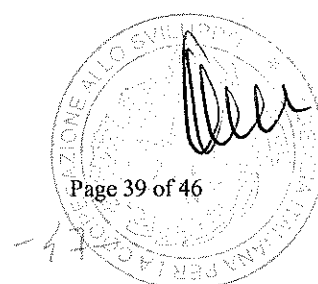
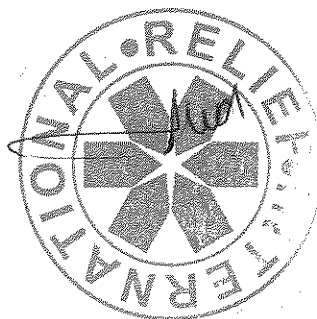


Mandate (for co-applicant(s))

The co-applicant(s) authorise the lead applicant Relief International to submit on their behalf the present application form and to sign on their behalf the standard grant contract (Annex G of the guidelines for applicants) (or a Contribution Agreement, where applicable) with the Italian Agency for Development Cooperation ('contracting authority'), as well as, to represent the co-applicant in all matters concerning this grant contract.

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.

Name:	Ahmed Elsadig Mohammed
Organisation:	Anhar for Peace Development and Humanitarian Work Organization
Position:	General Director
Signature:	
Date and place:	June 8, 2022 – El Fasher, Sudan



5 AFFILIATED ENTITY(IES) PARTICIPATING IN THE ACTION

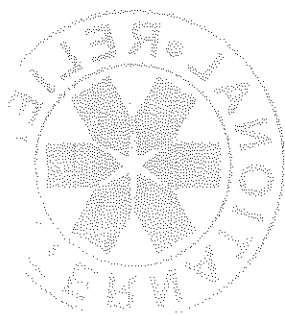
5.1 Description of the affiliated entity(ies)

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.

N/A

5.2 Affiliated entity(ies)'s statement

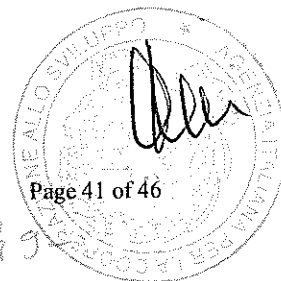
N/A



6 ASSOCIATES PARTICIPATING IN THE ACTION

This section must be completed for each associated organisation within the meaning of Section 2.1.3 of the guidelines for applicants. You must make as many copies of this table as necessary to create entries for more associates.

N/A



7 CHECKLIST FOR THE FULL APPLICATION FORM

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

Title of the call: Strengthening a Decentralized Health System for protracted displaced population in Al Fasher - North Darfur State.

Budget lines: 3.1.5; 3.2.3; 3.3.3

ADMINISTRATIVE DATA	
<u>Name of the lead applicant</u>	MRCA/Relief International-France
EuropeAid ID number	FR-2009-AWH-2303579894
Nationality²⁴/country and date of registration²⁵	France; 22/10/1985
Legal entity file number²⁶	6000065380
Legal status²⁷	International non-profit
<u>Co-applicant²⁸</u>	
Name of the co-applicant	ANHAR for Peace Development and Humanitarian Work Organization
EuropeAid ID number	n/a
Nationality/country and date of registration	Sudan/10/08/2011
Legal entity file number (if available)	n/a
Legal status	Local/National Non-Profit
<u>Affiliated entity²⁹</u>	
Name of the affiliated-entity	n..a
EuropeAid ID number	
Nationality/country and date of registration	
Legal status:	
Specify to which entity you are affiliated (lead applicant and/or the co-applicant).	
Specify the kind of affiliation you have with that entity.	

²⁴ For individuals.

²⁵ For organisations.

²⁶ If the lead applicant has already signed a contract with the European Commission.

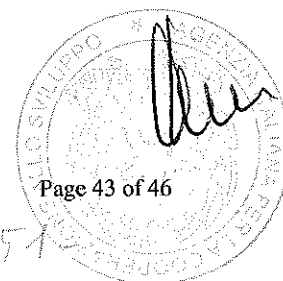
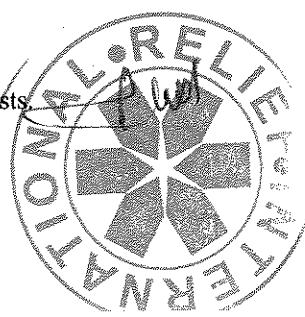
²⁷ E.g. non-profit, governmental body, or international organisation.

²⁸ Add as many rows as co-applicant(s).

²⁹ Add as many rows as affiliated entities.

BEFORE SENDING YOUR PROPOSAL, PLEASE CHECK THAT EACH OF THE FOLLOWING CRITERIA HAVE BEEN MET IN FULL AND TICK THEM OFF	Tick the items off below	
	Yes	No
Title of the proposal: Strengthening a decentralized health system for protracted displaced population in Al Salam and Abou Shouk Camps in Al Fasher - North Darfur State of the Republic of Sudan		
PART 1 (ADMINISTRATIVE)	✓	
1. The correct grant application form has been used.	✓	
2. The declaration by the lead applicant has been filled in and signed. The lead applicant, the co-applicants and the affiliated entities have filled in the declaration on honour on exclusion criteria and selection criteria	✓	
3. The proposal is typed and is in English. Where more than one language is allowed, the proposal is drafted in the language most commonly used by the target population in the country in which the action takes place.	✓	
4. One original and 2 copies are included	✓	
5. An electronic version of the proposal is enclosed	✓	
6. Each co-applicant has completed and signed the mandate and the mandate is included. [if co-applicant(s) are not mandatory: <Please write 'Not applicable' (NA) if you have no co-applicant(s)>]	✓	
7. Each affiliated entity(ies) has completed and signed an affiliated entity(ies)'s statement and the statements are included. [if affiliated entity(ies) is not mandatory: Please write 'Not applicable' (NA) if you have no affiliated entity(ies)]	N/A	
8. The budget is enclosed, in balance, presented in the format requested, and stated in EUR.	✓	
9. The logical framework has been completed and is enclosed.	✓	
PART 2 (ELIGIBILITY)	✓	
10. The action will be implemented in an eligible country and in the minimum required number of eligible regions.	✓	
11. The duration of the action is between July 2022 to June 2023 (the minimum and maximum allowed). – TBC	✓	
12. The requested EU contribution is between 1.000.000,00 EUR and 1.250.000,00 EUR (the minimum and maximum allowed).	✓	
13. The requested EU contribution is between 100% of the total eligible costs (minimum and maximum percentage allowed). ³⁰	✓	
14. The amount of financing requested on the basis of result based simplified cost options is supported by appropriate justification in the "justification sheet" of the Budget and in case of other SCOs the methods are based on a <i>priori</i> obtained ex-ante assessment.	✓	
You may add points if the guidelines for applicants foresee additional eligibility criteria for the action		

³⁰ If applicable, insert an additional % of the total accepted costs.



8 DECLARATION BY THE LEAD APPLICANT (FULL APPLICATION)

The lead applicant, represented by the undersigned, being the authorised signatory of the lead applicant, in the context of the present call for proposals, representing any co-applicant(s), affiliated entity(ies) in the proposed action, hereby declares that

- the lead applicant has the sources of financing specified in Section 2 of the guidelines for applicants;
- the lead applicant has sufficient financial capacity to carry out the proposed action or work programme;
- the lead applicant certifies the legal statues of the lead applicant, of the co-applicant(s) and of the affiliated entity(ies) as reported in part 3, 4, and 5 of this application;
- the lead applicant, the co-applicant(s) and the affiliated entity(ies) have the professional competences and qualifications specified in Section 2 of the guidelines for applicants;
- the lead applicant undertakes to comply with the obligations foreseen in the affiliated entity(ies)'s statement of the grant application form and with the principles of good partnership practice;
- the lead applicant is directly responsible for the preparation, management and implementation of the action with the co-applicant(s) and affiliated entity(ies), if any, and is not acting as an intermediary;
- the lead applicant, the co-applicant(s) and the affiliated entities must fill in and sign the declaration on honour (PRAG Annex A14) certifying that they are not in any of the situations excluding them from participating in contracts which are listed in Section 2.6.10.1. of the practical guide (available from the following internet address: <http://ec.europa.eu/europeaid/prag/document.do>. Furthermore, it is recognised and accepted that if the lead applicant, co-applicant(s) and affiliated entity(ies) (if any) participate in spite of being in any of these situations, they may be excluded from other procedures in accordance with the Financial Regulation in force;
- the lead applicant and each co-applicant and affiliated entity (if any) is in a position to deliver immediately, upon request, the supporting documents stipulated under Section 2.4 of the guidelines for applicants.
- **the lead applicant and each co-applicant and affiliated entity (if any) are eligible in accordance with the criteria set out under Sections 2.1.1 and 2.1.2 of the guidelines for applicants;**
- if recommended to be awarded a grant, the lead applicant, the co-applicant(s) and the affiliated entity(ies) accept the contractual conditions as laid down in the standard grant contract annexed to the guidelines for applicants (Annex G) (or the Contribution Agreement, where applicable);

These are the sources and amounts of Union funding received or applied for the action or part of the action or for its functioning during the same financial year as well as any other funding received or applied for the same action

list source and amount and indicate status (i.e. applied for or awarded): none

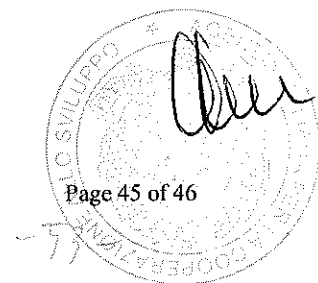
The lead applicant is fully aware of the obligation to inform without delay the contracting authority to which this application is submitted if the same application for funding made to other European Commission departments or European Union institutions has been approved by them after the submission of this grant application.

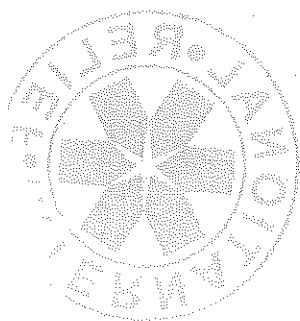
We acknowledge that if we participate in spite of being in any of the situations listed in Section 2.6.10.1 of the practical guide or if the declarations or information provided prove to be false we may be subject to rejection from this procedure and to administrative sanctions in the form of exclusion and financial penalties up to 10 % of the total estimated value of the grant being awarded and that this information may be published on the Commission website in accordance with the Financial Regulation in force. We

are aware that, for the purposes of safeguarding the EU's financial interests, our personal data may be transferred to internal audit services, to the early detection and exclusion system, to the European Court of Auditors, to the Financial Irregularities Panel or to the European Anti-Fraud Office.

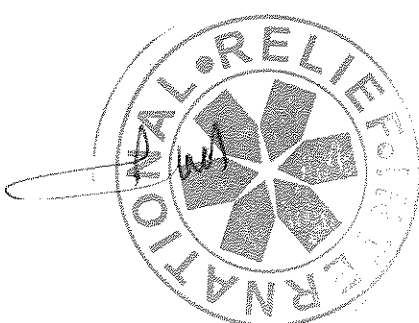
Signed on behalf of the lead applicant

Name	Ann Koontz
Signature	
Position	CEO
Date	June 07, 2022

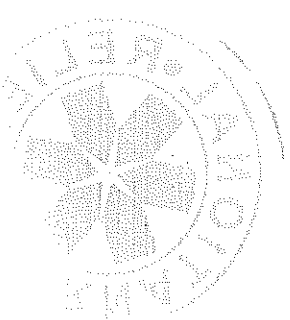




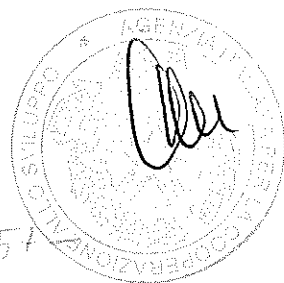
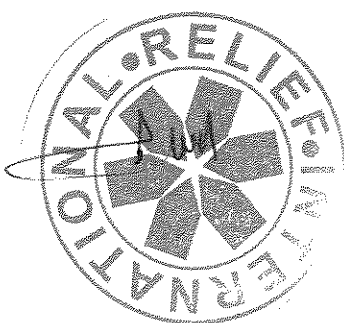
1. Budget for the Action ¹		All Years				Year 1 ²			
	Costs	Unit ³	# of units	Unit value (in EUR)	Total Cost (in EUR) ³	Unit	# of units	Unit value (in EUR)	Total Cost (in EUR)
1. Human Resources									
1.1 Salaries (gross salaries including social security charges and other related costs, local staff)									
1.1.1 Technical staff									
1.1.1.1 RI Health Manager (1 person for 12 months @ 100%) - National staff		Per month	12	€ 2,500.00	€ 30,000.00	Per month	12.0	€ 2,500.00	€ 30,000.00
1.1.1.2 RI Medical Logistics Coordinator (1 person for 10 months @ 20%) - National staff		Per month	2	€ 2,000.00	€ 4,000.00	Per month	2.0	€ 2,000.00	€ 4,000.00
1.1.1.3 RI Safeguarding Coordinator (1 person for 10 months @ 20%) - National staff		Per month	2	€ 2,028.00	€ 4,056.00	Per month	2.0	€ 2,028.00	€ 4,056.00
1.1.1.4 RI M&E Officer (1 person for 12 months @ 100%)		Per month	12	€ 875.00	€ 10,500.00	Per month	12.0	€ 875.00	€ 10,500.00
1.1.1.5 RI Roving Medical Doctor (1 person for 12 months @ 100%)		Per month	12	€ 1,200.00	€ 14,400.00	Per month	12.0	€ 1,200.00	€ 14,400.00
1.1.1.6 RI Midwife Supervisor (1 person for 12 months @ 100%)		Per month	12	€ 1,000.00	€ 12,000.00	Per month	12.0	€ 1,000.00	€ 12,000.00
1.1.1.7 RI EPI Supervisor (1 person for 12 months @ 100%)		Per month	12	€ 800.00	€ 9,600.00	Per month	12.0	€ 800.00	€ 9,600.00
1.1.1.8 RI Nurse Supervisor (1 person for 12 months @ 100%)		Per month	12	€ 800.00	€ 9,600.00	Per month	12.0	€ 800.00	€ 9,600.00
1.1.1.9 RI Pharmacy Officer (1 person for 12 months @ 30%)		Per month	3.6	€ 1,000.00	€ 3,600.00	Per month	3.6	€ 1,000.00	€ 3,600.00
1.1.1.10 RI Roving Nutrition Supervisor (1 person for 12 months @ 100%)		Per month	12	€ 800.00	€ 9,600.00	Per month	12.0	€ 800.00	€ 9,600.00
1.1.1.11 RI Nutrition (Data) Officer (1 person for 12 months @ 100%)		Per month	12	€ 1,000.00	€ 12,000.00	Per month	12.0	€ 1,000.00	€ 12,000.00
1.1.1.12 RI Nutrition Measures (6 person for 12 months @ 100%)		Per month	72	€ 200.00	€ 14,400.00	Per month	72.0	€ 200.00	€ 14,400.00
1.1.1.13 RI Nutrition Assistants (3 person for 12 months @ 100%)		Per month	36	€ 325.00	€ 11,700.00	Per month	36.0	€ 325.00	€ 11,700.00
1.1.1.14 RI Construction Supervisor (1 person for 12 months @ 100%)		Per month	12	€ 1,000.00	€ 12,000.00	Per month	12.0	€ 1,000.00	€ 12,000.00
1.1.1.15 RI WASH Officer (1 person for 10 months @ 30%)		Per month	3	€ 1,040.00	€ 3,120.00	Per month	3.0	€ 1,040.00	€ 3,120.00
1.1.1.16 RI Hygiene Promoters (3 person for 12 months @ 100%)		Per month	36	€ 223.00	€ 8,028.00	Per month	36.0	€ 223.00	€ 8,028.00
1.1.1.17 RI Waste management workers (WMMV) (3 person for 12 months @ 100%)		Per month	36	€ 148.00	€ 5,328.00	Per month	36.0	€ 148.00	€ 5,328.00
1.1.1.18 RI Hygiene Supervisor (1 person for 12 months @ 100%)		Per month	12	€ 780.00	€ 9,360.00	Per month	12.0	€ 780.00	€ 9,360.00
1.1.1.19 RI Drivers (1 person for 12 months @ 100%)		Per month	12	€ 390.00	€ 4,680.00	Per month	12.0	€ 390.00	€ 4,680.00
1.1.1.20 ANHAR Program Manager (1 person for 10 months @ 15%)		Per month	1.5	€ 1,500.00	€ 2,250.00	Per month	2	€ 1,500.00	€ 2,250.00
1.1.1.21 ANHAR - MEAL Coordinator (1 person for 12 months @ 15%)		Per month	1.8	€ 1,100.00	€ 1,980.00	Per month	2	€ 1,100.00	€ 1,980.00
1.1.1.22 ANHAR - Health Coordinator (1 person for 12 months @ 15%)		Per month	1.8	€ 1,100.00	€ 1,980.00	Per month	2	€ 1,100.00	€ 1,980.00
1.1.1.23 ANHAR - Nutrition Coordinator (1 person for 12 months @ 15%)		Per month	1.8	€ 1,100.00	€ 1,980.00	Per month	2	€ 1,100.00	€ 1,980.00
1.1.1.24 ANHAR - Protection & GBV Coordinator (1 person for 12 months @ 15%)		Per month	1.8	€ 1,100.00	€ 1,980.00	Per month	2	€ 1,100.00	€ 1,980.00
1.1.1.25 ANHAR - Health Officer (1 person for 12 months @ 100%)		Per month	12	€ 375.00	€ 4,500.00	Per month	12	€ 375.00	€ 4,500.00
1.1.1.26 ANHAR - Nutrition Officer (1 person for 12 months @ 100%)		Per month	12	€ 375.00	€ 4,500.00	Per month	12	€ 375.00	€ 4,500.00



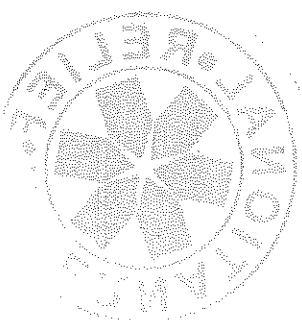
1.1.2 Administrative/Support staff									
1.1.2.1 ANHAR - Admin & Finance Manager (1 person for 10 months @ 20%)	per month	2	€ 800.00	€ 1,600.00	per month	2	€ 800.00	€ 1,600.00	
1.1.2.2 ANHAR - Finance Officer (1 person for 10 months @ 20%)	per month	2	€ 500.00	€ 1,000.00	per month	2	€ 500.00	€ 1,000.00	
1.1.2.3 ANHAR - Accountant (1 person for 10 months @ 20%)	per month	2	€ 400.00	€ 800.00	per month	2	€ 400.00	€ 800.00	
1.1.2.4 ANHAR - Logistic Officer (1 person for 10 months @ 20%)	per month	2	€ 400.00	€ 800.00	per month	2	€ 400.00	€ 800.00	
1.1.2.5 ANHAR - HR Officer (1 person for 10 months @ 20%)	per month	2	€ 400.00	€ 800.00	per month	2	€ 400.00	€ 800.00	
1.1.2.6 RI HR Officer based in ND (1 person for 12 months 10%)	Per month	2,4	€ 900.00	€ 2,160.00	per month	2	€ 900.00	€ 2,160.00	
1.1.2.7 RI Finance Officer based in ND (1 person for 12 months @ 10%)	Per month	2,4	€ 900.00	€ 2,160.00	per month	2	€ 900.00	€ 2,160.00	
1.1.2.8 RI Administration Officer based in ND (1 person for 12 months @ 10%)	Per month	2,4	€ 900.00	€ 2,160.00	per month	2	€ 900.00	€ 2,160.00	
1.1.2.9 RI Logistic Officer based in ND (1 person for 12 months @ 10%)	Per month	2,4	€ 900.00	€ 2,160.00	per month	2	€ 900.00	€ 2,160.00	
1.1.2.10 RI - Senior Procurement & Supply Chain Officer based in KRT (1 person for 10 months @ 20%)	per month	2	€ 1,200.00	€ 2,400.00	per month	2	€ 1,200.00	€ 2,400.00	
1.1.2.11 RI - IT Manager based in Kiaroum (1 person for 10 months @ 20%)	per month	2	€ 2,000.00	€ 4,000.00	per month	2	€ 2,000.00	€ 4,000.00	
1.1.2.12 RI - Office Cleaners 8 person for 12 months @ 20% (4 Elfasher & 4 KRT)	per month	19,2	€ 520.00	€ 9,984.00	per month	19	€ 520.00	€ 9,984.00	
Subtotal Human Resources (National Staff)									
1.2 Salaries (Gross salaries including social security charges and other related costs, expat/Int Staff)									
1.2.1 RI County Director (1 person for 10 months @ 15%)	per month	1,5	€ 8,822.00	€ 13,233.00	per month	2	€ 8,822.00	€ 13,233.00	
1.2.2 RI DCD Programs 1 person for 12 months @ 20%	Per month	2,4	€ 8,822.00	€ 21,172.80	Per month	2	€ 8,822.00	€ 21,172.80	
1.2.3 RI Sr Finance Manager 1 person for 10 months @ 15%	Per month	1,5	€ 8,822.00	€ 13,233.00	Per month	2	€ 8,822.00	€ 13,233.00	
1.2.4 RI Area Manager North Darfur 1 person for 10 months @ 15%	Per month	1	€ 8,822.00	€ 8,822.00	Per month	1	€ 8,822.00	€ 8,822.00	
1.2.5 RI Health System Strengthening Coordinator (Expat staff) 1 person for 10 months @ 100%	Per month	10	€ 6,500.00	€ 65,000.00	Per month	10,0	€ 6,500.00	€ 65,000.00	
1.2.6 RI Health Coordinator 1 person for 12 months @ 15%	per month	1,8	€ 6,592.00	€ 11,865.60	per month	2	€ 6,592.00	€ 11,865.60	
1.2.7 RI Nutrition Coordinator 1 person for 12 months @ 15%	per month	1,8	€ 6,592.00	€ 11,865.60	per month	2	€ 6,592.00	€ 11,865.60	
1.2.8 RI WASH Coordinator/ Advisor (1 person for 10 months @ 15%)	Per month	1,85	€ 6,592.00	€ 10,876.80	Per month	2	€ 6,592.00	€ 10,876.80	
1.2.9 RI MIEAL & Reporting Coordinator 1 person for 12 months @ 15%	Per month	1,5	€ 5,733.00	€ 8,599.50	Per month	2	€ 5,733.00	€ 8,599.50	
1.2.10 RI Grant and Compliance Coordinator 1 person for 12 months @ 15%	Per month	1,5	€ 5,715.00	€ 8,572.50	Per month	2	€ 5,715.00	€ 8,572.50	
1.3 Per diems for missions/travel⁵									
1.3.1 RI Abroad Eur 60 per days if expat staff visit in country from regional/global office	Per diem	22,5	€ 60.00	€ 1,350.00	Per diem	23	€ 60.00	€ 1,350.00	
1.3.2 RI Local National staff Eur 25 per day in case staff travel outside his duty station	Per diem	200	€ 25.00	€ 5,000.00	Per diem	200	€ 25.00	€ 5,000.00	
Subtotal Human Resources (International staff - per diems for both international and national staff)									
2. Travel ⁶				€ 179,590.80				€ 179,590.80	
2.1. RI International Travel									
2.2 RI Local transportation UNHAS flights	Per flight	14	€ 800.00	€ 11,200.00	Per flight	14	€ 800.00	€ 11,200.00	
	Per month	44	€ 200.00	€ 8,800.00	Per month	44	€ 200.00	€ 8,800.00	
Subtotal Travel									
				€ 20,000.00				€ 20,000.00	



3. Equipment and Supplies									
3.1 RI Vehicle Rental (Hiring of 2 vehicles, one will support El-Fasher Office, the other vehicle will support Khartoum Office) @ 800 Euro per month per vehicle	Per vehicle	24	€ 800,00	€ 21.600,00	Per vehicle	24	€ 800,00	€ 21.600,00	
3.2 RI Procurement of Pharmaceuticals	Lump sum	1	€ 30.000,00	€ 30.000,00	Lump sum	1	€ 30.000,00	€ 30.000,00	
3.3 RI Procurement of LINs and COCs	Pieces	230	€ 22,00	€ 5.060,00	Pieces	230	€ 22,00	€ 5.060,00	
3.4 RI Procurement of PPEs Kits	Kits	10	€ 300,00	€ 3.000,00	Lump sum	10	€ 300,00	€ 3.000,00	
3.5 RI Procurement of medical equipment, supplies and furniture	Lump sum	1	€ 65.000,00	€ 65.000,00	Lump sum	1	€ 65.000,00	€ 65.000,00	
3.6 RI Procurement of 3 desktop computers and 6 laptops	Piece	6	€ 1.200,00	€ 7.200,00	Lumpsum	6	€ 1.200,00	€ 7.200,00	
3.7 RI - Procurement of Office supplies (desks, chairs and cabinets) to support support AIDS project.	Lumpsum	1	€ 4.359,00	€ 4.359,00	Lumpsum	1	€ 4.359,00	€ 4.359,00	
3.8 RI Maintenance of EPI equipment and system	Lumpsum	1	€ 2.000,00	€ 2.000,00	Per month	1	€ 2.000,00	€ 2.000,00	
3.9 RI Procurement of SAM hygiene kits	kits	600	€ 20,00	€ 12.000,00	Kit	600	€ 20,00	€ 12.000,00	
3.10 RI Procurement of Feeding Center Supplies (Stationaries, furniture, utensils, basic, buckets, water pots, cupboards etc.)	Items	1	€ 4.910,00	€ 4.910,00	Items	1	€ 4.910,00	€ 4.910,00	
3.11 RI Transportation of supplies from Khartoum to El Fasher Warehouse	One Trip per Semester	2	€ 3.000,00	€ 6.000,00	One Trip per Semester	2	€ 3.000,00	€ 6.000,00	
3.12 RI Transportation of supplies from El Fasher Warehouse to the HFs	Lump sum	5	€ 200,00	€ 1.000,00	Lump sum	5	€ 200,00	€ 1.000,00	
3.13 ANHAR - Vehicle Rental for Field Activities @ 900 Euro Per Vehicle per Month	Per month	12	€ 900,00	€ 10.800,00	Per month	12	€ 900,00	€ 10.800,00	
3.14 ANHAR - Procurement of stationaries for COWs-ANHAR @ Euro 100 per month	Lump sum	12	€ 100,00	€ 1.200,00	Lump sum	12	€ 100,00	€ 1.200,00	
Subtotal Equipment and Supplies				€ 174.129,00				€ 174.129,00	
4. Project office (Khartoum - Elshar)									
4.1 RI - Security Services	Per month	26,4	€ 200,00	€ 5.280,00	Per month	26,4	€ 200,00	€ 5.280,00	
4.2 RI- Fuel for Generators and Maintenance	Per month	14,4	€ 1.005,00	€ 14.472,00	Per month	14,4	€ 1.005,00	€ 14.472,00	
4.3 RI- Office/Guesthouse Rent (Khartoum)	Per month	4,8	€ 3.000,00	€ 14.400,00	Per month	4,8	€ 3.000,00	€ 14.400,00	
4.4 RI- Office Rent El-Fasher office	Per month	2,4	€ 7.000,00	€ 16.800,00	Per month	2,4	€ 7.000,00	€ 16.800,00	
4.5 RI -Warehouse rents	Per month	2,4	€ 2.600,00	€ 6.240,00	Per month	2,4	€ 2.600,00	€ 6.240,00	
4.6 RI- Office Supplies Khartoum El-Fasher	Per month	2,4	€ 650,00	€ 1.560,00	Per month	2,4	€ 650,00	€ 1.560,00	
4.7 RI- Internet Connectivity (Khartoum)	Per month	7,2	€ 500,00	€ 3.600,00	Per month	7,2	€ 500,00	€ 3.600,00	
4.8 RI- Internet Connectivity Warehouses	Per month	3,6	€ 841,00	€ 3.027,60	Per month	3,6	€ 841,00	€ 3.027,60	
4.9 RI- Phone Charges Calls	Per month	12	€ 250,00	€ 3.000,00	Per month	12	€ 250,00	€ 3.000,00	
4.10 RI- Office Utilities Khartoum -El-Fasher	Per month	2,4	€ 1.000,00	€ 2.400,00	Per month	2,4	€ 1.000,00	€ 2.400,00	
4.11 ANHAR - NIPP Kitchen Garden Starter Kits	Kits	250	€ 13,00	€ 3.250,00	Kits	250	€ 13,00	€ 3.250,00	
4.12 ANHAR - Office running costs	Per month	2	€ 500,00	€ 1.000,00	Per month	2	€ 500,00	€ 1.000,00	
4.13 ANHAR - Stationaries	Per month	3,5	€ 200,00	€ 700,00	Per month	3,5	€ 200,00	€ 700,00	
4.14 ANHAR - Communication (Procurement of Airtime and Phones)	Per month	2	€ 300,00	€ 600,00	Per month	2	€ 300,00	€ 600,00	
4.15 ANHAR Office Rent	Per month	3	€ 1.000,00	€ 3.000,00	Per month	3	€ 1.000,00	€ 3.000,00	
4.16 ANHAR Fuel and maintenance of Generator	Per month	15	€ 140,00	€ 2.100,00	Per month	15	€ 140,00	€ 2.100,00	
Subtotal Project office				€ 81.929,60				€ 81.929,60	



5. Other costs, services ⁸									
		Once per year	1	€ 7,000.00	€ 7,000.00	Per Year	1	€ 7,000.00	€ 7,000.00
5.1 RI - Stationery Audit									
5.2 RI - Translation, interpreters	Lump sum	16	€ 103.00	€ 1,648.00	Lump sum	16	€ 103.00	€ 1,648.00	
5.3 RI - Bank charges	per month	2,4	€ 460	€ 1,104.00	per month	2,4	€ 460.00	€ 1,104.00	
5.4 RI - Legal fee	Lump sum	1,2	€ 2,500.00	€ 3,000.00	Per month	1,2	€ 2,500.00	€ 3,000.00	
5.5 RI - Visibility actions (Sign posts, T shirt, caps, etc...)	Lump sum	1	€ 3,048.00	€ 3,048.00	Lump sum	1	€ 3,048.00	€ 3,048.00	
5.6 ANHAR - Mass Sensitization and Awareness Raising Campaign on Breast Cancer. One Campaign per Semester per catchment area	Per Semester	2	€ 3,000.00	€ 6,000.00	Per session	2	€ 3,000.00	€ 6,000.00	
5.7 ANHAR - Awareness raising campaign on GBV Prevention & Mitigation- One Campaign per Quarter	Per Quarter	4	€ 750.00	€ 3,000.00	Per session	4	€ 750.00	€ 3,000.00	
5.8 RI - AICS Project launch in Elashar by RI (Launched where SMOH, HAC and partners will be invited)	Event + Perdiem (Lump sum)	1	€ 2,200.00	€ 2,200.00	Lump sum	1	€ 2,200.00	€ 2,200.00	
5.9 RI - SMOH & RI Joint support supervision visit	Quarterly	4	€ 250.00	€ 1,000.00	Lump sum	4	€ 250.00	€ 1,000.00	
Subtotal Other costs, services				€ 28,000.00				€ 28,000.00	
6. Other (Provision of services)									
Health output									
6.1 Support to 3 supported HFs with printing materials and small supplies									
6.1.1 RI - Printing of clinic forms (health reporting forms; clinical records; patient registers; ANC, EPI, & patient cards) & IEC materials	Lump sum	1	€ 2,749.00	€ 2,749.00	Per month	1	€ 2,749.00	€ 2,749.00	
6.1.2 ANHAR - Printing of health related IEC/BCC materials	Lump sum	1	€ 1,500.00	€ 1,500.00	Lump sum	1	€ 1,500.00	€ 1,500.00	
6.1.3 RI - Clinic running costs (Procurement of small supplies for clinics) @ 3 HF	Per month/	36	€ 100.00	€ 3,600.00	Lump sum	36	€ 100.00	€ 3,600.00	
6.2 Trainings									
6.2.1 RI- Training on IPC, Universal Precaution and hazardous waste management (including LLIN packaging) to doctors, medical assistants, nurses, Midwives, and cleaners	Per training	1	€ 1,581.00	€ 1,581.00	Per training	1	€ 1,581.00	€ 1,581.00	
6.2.2 RI - Training on EPI management, & child growth & development to doctors, medical assistants, nurses, midwives and vaccinators	Per training	1	€ 1,581.00	€ 1,581.00	Per training	1	€ 1,581.00	€ 1,581.00	
6.2.3 RI- Training on health systems management, including reporting to Health Information System (HIS) to senior health care providers, SMOH, and Lab Technicians	Per training	1	€ 935.00	€ 935.00	Per training	1	€ 935.00	€ 935.00	
6.2.4 RI- Training on pharmacy management to Doctor/Medical Assistant, Pharmacist, and Pharmacist Assistant	Per training	1	€ 935.00	€ 935.00	Per training	1	€ 935.00	€ 935.00	
6.2.5 RI- Training on IMCI to doctors, medical assistants, and nurses	Per training	1	€ 1,891.00	€ 1,891.00	Per training	1	€ 1,891.00	€ 1,891.00	
6.2.6 RI -Training on FP, FANC & PNC to doctors, medical assistants, and midwives	Per training	1	€ 971.00	€ 971.00	Per training	1	€ 971.00	€ 971.00	
6.2.7 RI- Training on EmONC & reproductive health to midwives, and referral hospitals midwives and clinicians	Per training	1	€ 2,653.00	€ 2,653.00	Per training	1	€ 2,653.00	€ 2,653.00	
6.2.8 RI -Training of clinicians and midwives on CMR and referrals	Per training	1	€ 1,510.00	€ 1,510.00	Per training	1	€ 1,510.00	€ 1,510.00	
6.2.9 RI- Training and continuous coaching support to CMMs on safe motherhood and emergency referrals	Per training	1	€ 1,510.00	€ 1,510.00	Per training	1	€ 1,510.00	€ 1,510.00	
6.2.10 RI Training of CHW, CMMs, on GBV awareness creation, cases identification and referrals.	Per training	1	€ 1,510.00	€ 1,510.00	Per training	1	€ 1,510.00	€ 1,510.00	
6.2.11 RI - Training on disease prevention and health promotion to Primary and Secondary school teachers	Per training	1	€ 1,510.00	€ 1,510.00	Per training	1	€ 1,510.00	€ 1,510.00	
6.2.12 ANHAR PSEA & CP Training	Per training	1	€ 1,580.00	€ 1,580.00	Per training	1	€ 1,580.00	€ 1,580.00	
6.2.13 ANHAR NIPP Cycle and Kitchen Garden Demonstration Trainings	Per training	30	€ 50.00	€ 1,500.00	Per training	30	€ 50.00	€ 1,500.00	



6.2.14 ANHAR - Training of MSGs on IYCF	Per training	1	€ 1,525.00	€ 1,525.00	Per training	1	€ 1,525.00	€ 1,525.00
6.2.15 ANHAR - Establish and support MSGs	Lump sum	1	€ 1,182.00	€ 1,182.00	Lump sum	1	€ 1,182.00	€ 1,182.00
6.2.16 ANHAR - MSG and CHWs supervision visits	One support per facility/	36	€ 25.00	€ 900.00	One support per facility/	36	€ 25.00	€ 900.00
6.2.17 RI - Quarterly EPI vaccination campaigns	Per Campaign	12	€ 400.00	€ 4,800.00	Per Campaign	12	€ 400.00	€ 4,800.00
6.2.18 RI - Cash for Food for Supporting Family of Patients (Emergency Referrals)	Per month	12	€ 200.00	€ 2,400.00	Per month	12	€ 200.00	€ 2,400.00
6.2.19 RI - Bi - Monthly coordination meeting between clinic management and LHASMOH	Per training	12	€ 100.00	€ 1,200.00	Per training	12	€ 100.00	€ 1,200.00
6.2.20 RI -Workshop on RHEMONC Service delivery framework design workshop with SMOHLHA	On session	1	€ 1,364.00	€ 1,364.00	On session	1	€ 1,364.00	€ 1,364.00
6.2.21 RI - Community dialogue with women groups, Men groups and opinion leaders on Family planning, GBV and Health promotion	Per month	27	€ 100.00	€ 2,700.00	Per month	27	€ 100.00	€ 2,700.00

6.3 WASH activities

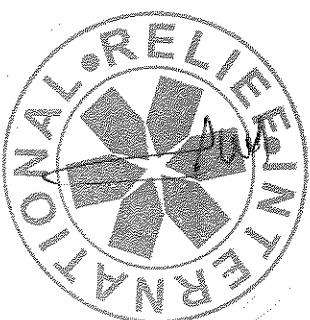
6.3.1 RI - Occupational Health and safety materials for WMAW	Kit	1	€ 200.00	€ 200.00	Kit	1	€ 200.00	€ 200.00
6.3.2 RI - Water trucking for HF's & Maintenance of water connections in HF	Drums	1860	€ 1.00	€ 1,860.00	drums	1860	€ 1.00	€ 1,860.00
6.3.3RI - Mass sensitization for outbreaks	Session/ Qu	2	€ 256.00	€ 512.00	Session/ Qu	2	€ 256.00	€ 512.00
6.3.4 RI - Sanitation and hygiene promotion	sessions	176	€ 10.00	€ 1,760.00	sessions	176	€ 10.00	€ 1,760.00
6.3.5RI - School hygiene clubs facilitation	clubs	6	€ 330.00	€ 1,980.00	clubs	6	€ 330.00	€ 1,980.00
6.3.6 RI - AI salaam PHC (2) Rehabilitation/construction	Lump sum	1	€ 300,000.00	€ 300,000.00	Lump sum	1	€ 300,000.00	€ 300,000.00

6.4 Nutrition activities

6.4.1 RI - IEC/BCC Materials	Lump sum	1	€ 2,000.00	€ 2,000.00	Lump sum	1	€ 2,000.00	€ 2,000.00
6.4.2 RI - Training of staff on CMM & IYCF	Training	4	€ 2,015.00	€ 8,060.00	Training	4	€ 2,015.00	€ 8,060.00
6.4.3 RI - IYCF Campaign Sessions	Sessions	4	€ 1,200.00	€ 4,800.00	Sessions	4	€ 1,200.00	€ 4,800.00
6.4.4 ANHAR - Training of CHWs on Family Planning, GBV and Breast Cancer Prevention and Message Dissemination	Per training	1	€ 1,500.00	€ 1,500.00	Per training	1	€ 1,500.00	€ 1,500.00
6.4.5 ANHAR - Printing of IYCF, MSG and Essential Family Practice IEC materials	One per semester/ HF	6	€ 150.00	€ 900.00	One per semester/ HF	6	€ 150.00	€ 900.00
6.4.6 ANHAR - MUAC Screening Campaign	Quarter	4	€ 1,250.00	€ 5,000.00	Quarter	4	€ 1,250.00	€ 5,000.00
6.4.7 ANHAR - Supervision and monitoring of project activities	Biweekly Visit	24	€ 70.00	€ 1,680.00	visit	24	€ 70.00	€ 1,680.00
6.4.8 ANHAR - NIPP - Cooking demonstrations of nutritious foods at 3 sites (1 Demonstration per site per quarter)	One per quarter/ facility	12	€ 250.00	€ 3,000.00	One per quarter/ facility	12	€ 250.00	€ 3,000.00

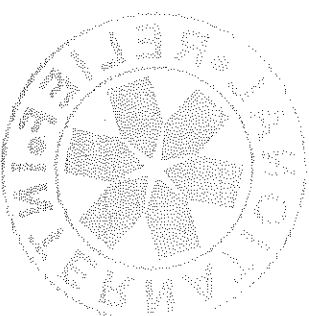
6.5 PHC Staff (Extra hours + training per diem for seconded staff)

6.5.1 Medical Assistant (Seconded staff) - Estimated cost for extra hours of work 6 person @ 5 Euro per pers/ Hours * 5 days per week * 4 weeks per month for 12 months @ 100%	Per Hours	1440	€ 5.00	€ 7,200.00	Per Hour	1,440	€ 5.00	€ 7,200.00
6.5.2 Midwife (Seconded staff) - Estimated cost for extra hours of work 6 person @ 5 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	1440	€ 5.00	€ 7,200.00	Per Hour	1,440	€ 5.00	€ 7,200.00
6.5.3 Nurse (Seconded staff) - Estimated cost for extra hours of work 9 person @ 4 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	2160	€ 4.00	€ 8,640.00	Per Hour	2,160	€ 4.00	€ 8,640.00
6.5.4 Vaccinator (Seconded staff) - Estimated cost for extra hours of work 6 persons @ 4 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	1440	€ 4.00	€ 5,760.00	Per Hour	1,440	€ 4.00	€ 5,760.00



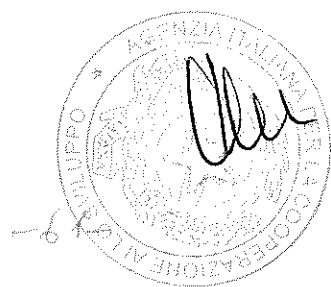
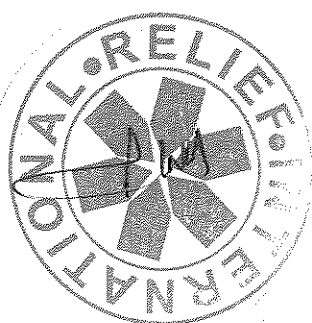
6.5.5 Clinic Registrar (Seconded staff) - Estimated cost for extra hours of work 3 person @ 4 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	720	€ 4,00	€ 2.880,00	Per Hour	720	€ 4,00	€ 2.880,00
6.5.6 HHS Assistant(Seconded staff) - Estimated cost for extra hours of work 3 persons @ 4 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	720	€ 4,00	€ 2.880,00	Per Hour	720	€ 4,00	€ 2.880,00
6.5.7 Lab Technician (Seconded staff) - Estimated cost for extra hours of work 3 person @ 4 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	720	€ 4,00	€ 2.880,00	Per Hour	720	€ 4,00	€ 2.880,00
6.5.8 Assistant Lab Technician (Seconded staff) - Estimated cost for extra hours of work 3 person @ 100% @ 4 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	720	€ 4,00	€ 2.880,00	Per Hour	720	€ 4,00	€ 2.880,00
6.5.9 Pharmacy Assistant (Seconded staff) - Estimated cost for extra hours of work 4 person @ 4 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	720	€ 4,00	€ 2.880,00	Per Hour	720	€ 4,00	€ 2.880,00
6.5.10 Family Planning Assistant (Seconded staff) - Estimated cost for extra hours of work 3 person @ 4 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	720	€ 4,00	€ 2.880,00	Per Hour	720	€ 4,00	€ 2.880,00
6.5.11 CHWs (Seconded staff) - Estimated cost for extra hours of work 9 person @ 3 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	2160	€ 3,00	€ 6.480,00	Per Hour	2.160	€ 3,00	€ 6.480,00
6.5.12 Community Midwife 6 person for 12 months @ 100% 9 person @ 3 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	2160	€ 3,00	€ 6.480,00	Per Hour	2.160	€ 3,00	€ 6.480,00
6.5.13 Facility Guard (Seconded staff) - Estimated cost for extra hours of work 6 person @ 2,5 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	1440	€ 3,00	€ 4.320,00	Per Hour	1.440	€ 3,00	€ 4.320,00
6.5.14 Facility Cleaner (Seconded staff) - Estimated cost for extra hours of work 6 person @ 3 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months @ 100%	Per Hours	1440	€ 2,00	€ 2.880,00	Per Hour	1.440	€ 2,00	€ 2.880,00
6.5.15 Estimated cost for extra hours of work for 6 CHWs-ANHAR @ 3 Euro per pers/ Hours * 5 days per week * 4 weeks for 12 months	Per Hours	1440	€ 3,00	€ 4.320,00	Per Hour	1.440	€ 3,00	€ 4.320,00
Subtotal Other			€ 447.409,00				€ 447.409,00	
A. 6. 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)				€ 1.168.224,40			€ 1.168.224,40	
9. Total eligible costs of the Action, excluding reserve and volunteers' work (7+8)				€ 81.775,71			€ 81.775,71	
10.1 Provision for contingency reserve (maximum 5% of 7 Subtotal of direct eligible costs of the Action)				€ 7.250,000			€ 7.250,000	
10.2 Volunteers' work ¹⁵	Per day				Per day			
11. Total eligible costs (9+10)								
12. - Taxes ¹¹								
- Contributions in kind ¹²								
13. Total accepted¹³ costs of the Action (11+12)								

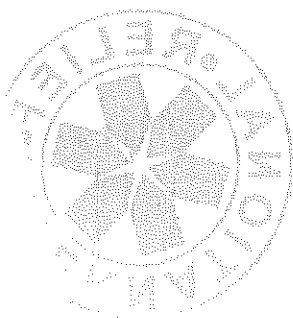
- The description of items must be sufficiently detailed and all items broken down into their main components. The number of units and the unit value must be specified for each item depending on the indications provided. The budget has to include costs related to the Action as a whole, regardless the part financed by the Contracting Authority.
- This section must be completed if the Action is to be implemented over more than one reporting period (usually 12 months).
- 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.
- 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).



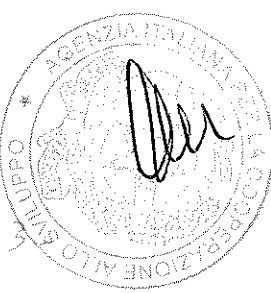
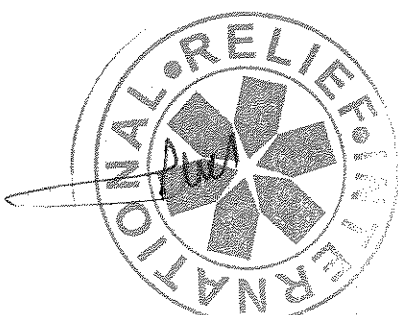
5. Indicate the country where the per diems are incurred.
Per diems are not considered a simplified cost option for the purposes of Union financing when the Grant Beneficiary reimburses a fixed amount to its staff according to its internal rules and asks for the reimbursement of that same amount in the action budget. Such per diems are considered to be an actual cost.
Otherwise, if the Beneficiary proposes a reimbursement on the basis of simplified cost option (for instance a "unit cost"), it must specify "UNIT COST per diem" in the "unit value" column and the applicable rates (in any case the final eligible cost may not exceed the rates published by the E.C. at the time of contract signature).
6. Costs for CO2 offsetting of air travel may be included. CO2 offsetting shall in that case be achieved by supporting CDM/Gold Standard projects (evidence must be included as part of the supporting 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.
11. Only to be filled in when provided for in the Call for Proposal (i.e. taxes are not eligible and the beneficiary(s) can show they cannot reclaim them). Please see glossary of terms (Annex A.1) of the 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 part of the gross salary). Note: Where the Call for Proposal does not exclude the coverage of taxes and the beneficiary can show it cannot reclaim, taxes may be eligible and should be included in each relevant heading. Taxes that can be reclaimed are not considered as eligible nor accepted costs.
12. Only to be filled in when contributions in kind may be accepted as co-financing. The amount indicated must be identical to the one indicated in worksheet 3 "expected sources of funding". This line doesn't include contributions in kind in the form of volunteers' work that have to be presented in budget line 10.2.
13. Use "UNIT COST per night/activit /output/kt etc..." or "LUMPSUM" or "FLAT RATE" in case of simplified cost options. Use different lines for each type of simplified cost options and per beneficiary. 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 guidance see Annex K - Guidelines-Checklist for simplified cost options).
14. If accepted and subsequently provided for in Art. 7.1 of the Special Conditions, costs actually incurred in relation to a project office used for the action or a portion of these costs can be declared as direct eligible costs by applying a cost apportionment approach.
Examples of possible cost distribution keys are:
 - the number of staff assigned to the action as a percentage of the maximum total number of staff that could work in the project office;
 - the office space occupied for the purpose of the action as a percentage of the total available office space.
 A description of the project office, the services or resources it makes available, its overall capacity (where applicable), the costs to be apportioned and the proposed distribution key have to be included in the proposal.
- The proposed cost apportionment approach has to be presented as an annex to the Budget. The budgeted amount of the costs for which apportionment is proposed has to be indicated in the column "TOTAL COSTS" and "APPORTIONMENT" has to be indicated in the column "units". The proposed cost apportionment approach will be assessed by the evaluation committee and the contracting authority. If the proposed cost apportionment approach is not accepted, there are two options: 1) adjust the distribution key in line with the conclusions of the evaluation committee; 2) exclude the costs from the budget.
15. Include here the costs of the volunteers' work. If this type of contribution in kind is allowed, Volunteers' work shall be declared as eligible cost, but set aside of the direct costs as the calculation of indirect costs does not apply. Volunteers' work may comprise up to 50 % of the co-financing and shall be declared as unit cost as authorized by the European Commission at the following address: <https://ec.europa.eu/transparency/eggdoc/?useaction=ist&code=3&year=2019&number=2646&version=ALL&language=en>

NB: The Beneficiary(s) alone is/are responsible for the correctness of the financial information provided in these tables.





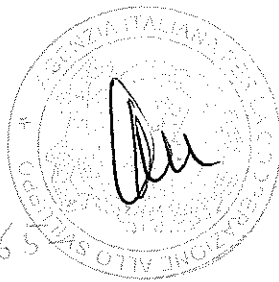
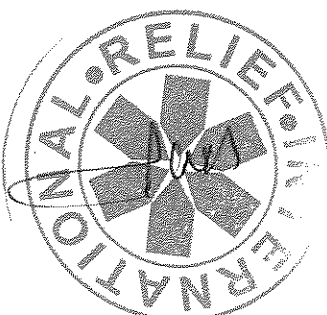
2. Justification of the Budget for the Action		All Years	Justification of the estimated costs
Costs		Classification of the budget items	Provide a justification of the calculation of the estimated costs. Note that the attention should be stated on the costs in on small and medium scale projects (see section 2.4.5 of the Guidelines for Grants Agreements).
1. Human Resources (1) - (see including social security charges)	Provide a narrative explanation 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).		
1.1.1.1 RI Staff (including social security charges and other related costs, local staff)			
1.1.1.1.1 RI Health Manager (1 person for 12 months @ 100%) - National staff	Health Manager is based in Al Fasher and SI. He will provide technical support to the AICS project and will be responsible for the daily implementation of project activities in the three supported health in North Darfur. Under the supervision of the HSS Coordinator, the Health Manager shall ensure that activities are successfully implemented as per the LOP and project documents and he will ensure high implementation of project activities.		Eur 2.500/month X 12 months @ 100% LOE = Euro per month 2500. This amount is calculated to include any benefits and deduction of taxes.
1.1.1.2 RI Medical Logistics Coordinator (1 person for 10 months @ 20%) - National staff	Medical Logistics Coordinator will be based in North Darfur, with frequent field visits to project locations. He will manage warehouse where supplies, including medical supplies, are available. He will ensure essential medicines and nutrition supplies are available, no stock out, and shall maintain WHO recommended standard for the management of supplies.		Eur 2000/month X 10 months @ 20% AICS contribution to LOE = Eur 2000 will be charged @ 20%.
1.1.1.3 RI Safeguarding Coordinator (1 person for 10 months @ 20%) - National staff	The Safeguarding Coordinator will serve as a technical lead on safeguarding for RIs programming, defining high quality, accessible and reliable support, guidance and capacity to program staff and ensuring that programming is carried out in line with AICS and RIs policies on safeguarding. The Safeguarding Coordinator shall be based in North Darfur and will also support Blue Nile where RI has other projects.		Eur 2028/month X 10 months @ 20% 1 Person Monthly salary of EUR 2,028 will be charged @20%
1.1.1.4 RI M&E Officer (1 person for 12 months @ 100%)	The M&E officer is based in Al Fasher and is responsible for data cleaning and entry for the AICS project. The M&E will provide 100% of his efforts to this project and will work under the HSS coordinator and technically he will be supported by the RI M&E coordinator. The position will monitor implementation of projects in line with LOP and will flag in time any areas of the indicators where the project team is struggling in order to bring in timely corrective measures.		Eur 875/month X 12 months 10% LOE = Euro per month 875@100%.
1.1.1.5 RI Rotating Medical Doctor (1 person for 12 months @ 100%)	1 Medical Doctor will be rotating between the 3 health facilities and will conduct consultations along the health facility staff in order to build the capacity of facility staff. The medical doctor schedule will be 5 days per facility (per week) and that shall be done continuously during the duration of the project.		Eur 1200/month X 12 months 100% LOE = Eur 1200 per month charged @100%
1.1.6 RI Midwife Supervisor (1 person for 12 months @ 100%)	One Midwife Supervisor will be rotating between the 3 health facilities and working along the midwives based in the health facility staff and shall be building the capacity of facility staff in the labour ward, the ANC and PNC. The supervisor of Midwives 5 days per facility (per week) and that shall be done continuously during the duration of the project.		Eur 1000/month X 12 months @ 100% LOE = 14 Eur 300
1.1.1.7 RI EPI Supervisor (1 person for 12 months @ 100%)	One EPI Supervisor will be rotating between the 3 health facilities and working along the EPI staff based in the health facility staff and shall be building the capacity of facility staff. The supervisor of EPI will be 5 days per facility (per week) and that shall be done continuously during the duration of this project. The EPI supervisor will ensure quality provision of EPI services in line with MOH standards.		Eur 800/month X 11 months @ 100% LOE = Eur 800
1.1.1.8 RI Nurse Supervisor (1 person for 12 months @ 100%)	One Nurse Supervisor will be rotating between the 3 health facilities and will be working along the nurses based in the health facilities and shall be building the capacity of nurses. The schedule of Nurse supervisor will be 5 days per facility (per week) and that shall be done continuously during the duration of this project. The Supervisor will ensure quality nursing services in line with MOH standards.		Eur 3 positions X 800/month X 12 months 100% LOE = Eur 3000
1.1.1.9 RI Pharmacy Officer (1 person for 12 months @ 80%)	The Pharmacy Officer will be based in Al Fasher and will support the Medical Logistic Coordinator and HSS Manager on all matters related to management of medicines and medical supplies.		Eur 3 positions X 1000/month X 12 months 100% LOE = Eur 3000
1.1.1.10 RI Rotating Nutrition Supervisor (1 person for 12 months @ 100%)	One Rotating Nutrition supervisor will be rotating between the 3 health facilities and working along the nutrition staff based in the health facility and shall be building their capacity. The schedule of the Rotating nutrition supervisor shall be 5 days per facility (per week) and that shall be done continuously during the duration of this project.		Eur 3 positions X 800/month X 12 months 100% LOE = Eur 800
1.1.1.11 RI Nutrition Data Officer (1 person for 12 months @ 100%)	Nutrition data officer is based in El-Fasher responsible for maintaining nutrition databases and reporting on weekly and monthly basis field activities progress. She will be based in Al Fasher and will be supported by the Nutrition Coordinator. Nutrition / Data Officer will be providing weekly support supervision to each nutrition sites and shall ensure smooth implementation of nutrition activities.		1 position @ 1000 Euro X 12 months @ 100% LOE
1.1.1.12 RI Nutrition Measures (6 person for 12 months @ 100%)	Nutrition Measures (12 per health facility/ nutrition site) will work with Nutrition assistants and will be the following: measuring the children, controlling growths and supporting the nutrition assistants in ensuring that quality care is provided to malnourished under 5 and PLW.		2 positions per facility @ Euro 200 per month * 12 months 100% LOE = Eur 200 per month.



2. Justification of the Budget for the Action

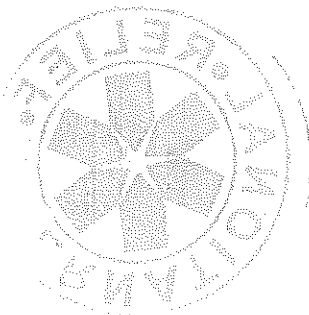
2. Justification of the Budget for the Action		
Costs	Classification of the budget items	All Years
1.1.1.3 RI Nutrition Assistants (3 person for 12 months @ 100%)	Provide a parallel classification of each budget item demonstrating the necessity of the costs and how they relate to the action (i.e. through references to the activities and/or results in the Characterisation of the activity).	Provide a justification of the calculation of the estimated costs. Note that the estimation should be based on the costs of an average staff member as described in section 2.1.5 of the Guidelines for Costing Applications for Grants.
1.1.1.4 RI Construction Supervisor (1 person for 12 months @ 100%)	Construction supervisor will follow all works related to construction and rehabilitation as described in the project narrative. He will carry out day to day supervision of the rehabilitation/construction activities, assessment, planning, design, construction supervision and ensuring payment certification are done timely and of high standard.	1 position 1000/month 12 months 100% of LOE=EUR1000 per month
1.1.1.5 RI WASH Officer (1 person for 10 months @ 30%)	WASH officer is based in AI Facility and will support the project through implementation of WASH software activities, monitoring of the day to day WASH software activities. He/she will build capacity of WASH team and will be supported technically by the WASH Technical Coordinator.	1 position x 1000/month x 10 months @ 30 % of LOE= 30% of EUR 1040
1.1.1.6 RI Hygiene Promoters (5 person for 12 months @ 100%)	Hygiene promoters are based in the respective health facilities and conduct hygiene promotion on regular basis in coordination with the hygiene supervisor	1 position x 3 pers x 12 months @ 100% of LOE=EUR 223 per month per pers @ 100%
1.1.1.7 RI Waste management workers (WMM) (3 person for 12 months @ 100%)	Waste Management Workers (WMM) are based in the respective health facilities and provide waste management support for the health facilities.	1 positions x 3 pers x 12 months @ 100% of LOE=EUR 142 per person per month
1.1.1.8 RI Hygiene Supervisor (1 person for 12 months @ 100%)	Hygiene supervisor is based in AI Facility and will supervise, support the facility based Hygiene promoters and WMM in the implementation of the hygiene promotion activities and proper waste management.	1 position x 780/month x 12 months 100% of LOE=EUR 780 @ 100% per month
1.1.1.9 RI Driver (1 person for 12 months @ 100%)	The Driver will be employed in North Doria. The driver will ensure the safety of personnel during travel.	1 Driver monthly salary EUR 350 will be charged @ 100%
1.1.1.20 ANHAR Program Manager (1 person for 10 months @ 15%)	The amount shall contribute @ 15% to the salary of the Programme Manager. This staff will be the focal person on this project and shall be responsible for overall project implementation and responsible for reporting and also responsible for proper budget management. She will coordinate all matters related to financial reporting.	Euro 3000 @ 15% per month * 12 months. LOE= Euro 2000 @ 15% per month.
1.1.1.21 ANHAR - MEAL Coordinator (1 person for 12 months @ 15%)	This amount shall contribute @ 15% to the salary of the MEAL Coordinator. This staff will be responsible for data management and will ensure quality assurance in project implementation.	Euro 1100 shall contribute @ 15% (LOE) per month to monthly salary of the MEAL coordinator.
1.1.1.22 ANHAR - Health Coordinator (1 person for 12 months @ 15%)	This amount shall contribute @ 15% to the salary of the health coordinator. This staff will be responsible for community implementation of health activities.	Euro 1100 shall contribute @ 15% (LOE) to monthly salary of the health coordinator.
1.1.1.23 ANHAR - Nutrition Coordinator (1 person for 12 months @ 15%)	This amount shall contribute @ 15% to the salary of the Nutrition coordinator. This staff will be responsible for community implementation of health activities.	Euro 1100 shall contribute @ 15% to monthly salary of the health coordinator.
1.1.1.24 ANHAR - Protection & GBV Coordinator (2 person for 12 months @ 15%)	This amount shall contribute @ 15% to the salary of the GBV coordinator. This staff will be responsible for community implementation of GBV activities.	Euro 1100 shall contribute @ 15% to monthly salary of the GBV coordinator.
1.1.1.25 ANHAR - Health Officer (1 person for 12 months @ 100%)	This amount shall contribute @ 100% to the salary of the Health Officer.	Euro 975 shall contribute @ 100% (LOE) to monthly salary of the Health Officer.
1.1.1.26 ANHAR - Nutrition Officer (1 person for 12 months @ 100%)	This amount shall contribute @ 100% to the salary of the Nutrition Officer.	Euro 975 shall contribute @ 100% (LOE) to monthly salary of the Nutrition Officer.
1.1.2 ANHAR - Admin & Finance Manager (1 person for 10 months @ 100%)	This amount shall contribute @ 20% to the salary of the Finance Manager. Programme Manager. This staff will be the focal person on all admin and financial matters, including reporting.	Euro 800 shall contribute @ 20% to monthly salary of the Finance Manager. LOE= 20% of Euro 800 per month * 10 months.
1.1.2.1 ANHAR - Finance Officer (1 person for 10 months @ 20%)	This amount shall contribute @ 20% to the salary of the Finance Officer. This staff shall be responsible for management of daily transaction, including post cash.	Euro 500 shall contribute @ 20% to monthly salary of the Finance Officer. LOE= 20% of Euro 500 per month * 10 months.
1.1.2.2 ANHAR - Accountant (1 person for 10 months @ 20%)	This amount shall contribute @ 20% to the salary of the Accountant. This staff shall be responsible for management of daily transaction, including post cash.	Euro 400 shall contribute @ 20% to monthly salary of the Accountant Officer. LOE= 20% of Euro 400 per month * 10 months.
1.1.2.3 ANHAR - Logistic Officer (1 person for 10 months @ 20%)	This amount shall contribute @ 20% to the salary of the Logistic Officer. This staff shall be responsible for management of daily transaction, including post cash.	Euro 400 shall contribute @ 20% to monthly salary of the Logistic Officer. LOE= 20% of Euro 400 per month * 10 months.
1.1.2.4 ANHAR - HR Officer (1 person for 10 months @ 20%)	This amount shall contribute @ 20% to the salary of the HR Officer. This staff shall be responsible for management of daily transaction, including post cash.	Euro 400 shall contribute @ 20% to monthly salary of the HR Officer. LOE= 20% of Euro 400 per month * 10 months.
1.1.2.5 ANHAR - HR Officer based in ND (1 person for 12 months @ 10%)	This amount shall contribute @ 10% to the salary of the HR Officer who will be based in ND. This staff shall be responsible for management of daily transaction, including post cash.	Euro 800 shall contribute @ 10% to monthly salary of the HR Officer. LOE= 10% of Euro 800 per month * 12 months.
1.1.2.7 RI Finance Officer based in ND (1 person for 12 months @ 10%)	This amount shall contribute @ 10% to the salary of the Finance Officer who will be based in ND. This staff shall be responsible for management of daily transaction, including post cash.	Euro 800 shall contribute @ 10% to monthly salary of the Finance Officer. LOE= 10% of Euro 800 per month * 12 months.

2. Justification of the Budget for the Action	Costs	Classification of the budget items	All Years	Justification of the estimates of the estimated costs
1.1.2.6 RI Administration Officer based in ND (1 person for 12 months @ 10%)		Provide a narrative justification of each budget item demonstrating the necessity of the costs and how they relate to the overall project. The justification should be based on the results of the assessment of the situation in the field. The justification should be based on the results of the assessment of the situation in the field. The justification should be based on the results of the assessment of the situation in the field.		Provide a justification of the estimates of the estimated costs. Note that the estimates should be based on real costs or on estimated costs. The justification should be based on the results of the assessment of the situation in the field. The justification should be based on the results of the assessment of the situation in the field. The justification should be based on the results of the assessment of the situation in the field.
1.1.2.6 RI Logistics Officer based in ND (1 person for 12 months @ 10%)		The amount shall contribute @ 10% to the salary of the Logistics Officer who will be based in ND. This staff shall be responsible for management of daily transaction, including petty cash.		Euro 800 shall contribute @ 10% to monthly salary of the Administration Officer. LOE= 10% of Euro 800 per month = 12 months.
1.1.2.10 RI - Senior Procurement & Supply Chain Officer based in KRT (1 person for 10 months @ 20%)		The Senior Procurement and Supply Chain Officer will be responsible for the supply chain functions across the country to ensure the procurement, warehouse and fleet management at field locations. This position provides the coordination between provinces to align the procurement plans are aligned across the project and warehouses having the stock level to ensure sustainable delivery mechanism.		1 position x Euro 1200/month x 10 months 30% of the Senior P&C Officer. LOE = 30% LOE of the monthly salary.
1.1.2.11 RI - IT Manager based in Khartoum (1 person for 10 months @ 20%)		The IT Manager responsible for smooth functioning of communication system and provides support to staff for the troubleshooting, updating all RI computer systems and network.		1 person Monthly salary Eur 2000 will be charged @ 20% x 10 months. LOE = 20% of 2000 Euro per month.
1.1.2.12 RI - Office Cleaners 8 person for 12 months @ 20% (4 Elabacher & 4 KRT)		The Office Cleaners will ensure the necessary cleaning of the RI offices and guesthouses. 4 cleaners will be based in the field (ND) while 4 others will be in Khartoum.		8 person monthly salary Euro 520 will be charged @ 20% x 12 months. LOE = 20% of 520 Euro per month. LOE = 20% of 520 Euro per month.
Subtotal Human Resources (National Staff)				
1.2 Salaries (Gross salaries including social security charges and other related costs, except in staff)				
1.2.1 RI Country Director (1 person for 10 months @ 15%)		The Country Director is based in Khartoum and provides overall support to the program.		1 person * monthly salary * 10 months @ Eur 8822.44 per month will be charged @ 15% of LOE
1.2.2 RI DCD Programs 1 person for 10 months @ 20%		The DCD of Programs Program Director will be the focal point between RI and AICS and shall provide direct support to the team to ensure successful implementation of the project. He will be the focal point for all reporting issues and any other issues that arise in the course of the implementation of the project.		1 Person * monthly salary * 10 months @ 20% will be charged @ 20% of LOE
1.2.3 RI Sr. Finance Manager 1 person for 10 months @ 15%		The Sr. Finance Manager, based in Khartoum, will be responsible for overall financial management and oversight for the project.		1 Person monthly salary @ Euro \$8,822 * 10 months will be charged @ 15% of LOE
1.2.4 RI Area Manager North Darfur 1 person for 10 months @ 15%		The Area Manager North Darfur will oversee the management of the operations and programs in North Darfur while ensuring quality reporting, financial management, monitoring and accountability under the guidance and supervision of the Country Director. The Area Manager will be responsible for the overall management of the program in North Darfur. The Area Manager will be responsible for the overall management of the program in North Darfur. The Area Manager will be responsible for the overall management of the program in North Darfur.		1 Person monthly salary \$8,822 Euro * 10 months will be charged @ 15% of LOE
1.2.5 RI Health System Strengthening Coordinator (Expert staff) 1 person for 10 months @ 100%		The HSS Coordinator will focus on coordinating, managing and monitoring implementation of the Project. He/she will be the overall budget holder of this project grant and will ensure timely delivery project objective and will collaborate with Area Managers as well as technical coordinators for smooth implementation. The HSS Coordinator shall report to the DCD of Programs. The HSS Coordinator will work in collaboration with the Health, Nutrition, WASH, MEAL and Grants & Compliance Coordinator.		1 per Person month @ Eur 8900 of 100% * 10 months = \$86,000. 100% LOE
1.2.5 RI Health Coordinator 1 person for 10 months @ 15%		The Health Coordinator will provide technical support to the AICS project to ensure quality implementation and adherence to internationally and MoU's standard. The Health Coordinator will provide support supervision to Hfcs and build capacity of facility based staff.		(6) \$82/month X 12 months @ 15% of LOE
1.2.6 RI Nutrition Coordinator 1 person for 10 months @ 15%		The amount shall contribute @ 15% to the salary of the Nutrition coordinator. This staff will provide technical support to the implementation of nutrition activities, will build capacity of staff and will conduct support supervision to the nutrition sites.		Euro 6562 / month x 12 months @ 15% of LOE
1.2.7 RI WASH Coordinator/ Advisor (1 person for 10 months @ 15%)		WASH Coordinator will provide technical oversight support in the assessment, planning, implementation and M&E of overall WASH activities, capacity building of the WASH staff at Elabacher and supportive supervision for the field based staff. He will also ensure all WASH related activities, including monitoring of progress of sanitation work.		1 person x \$6562 / month x 11 months @ 15% of LOE = \$890 @ 15%
1.2.8 RI MEAL & Reporting Coordinator 1 person for 10 months @ 15%		The MEAL and Reporting Coordinator is responsible for developing effective monitoring system to collect information and clinical records related to emergency response activities in compliance with donor and program requirements. The MEAL Coordinator will also be responsible for designing, tailoring and implementing program monitoring and evaluation systems in coordination with the field technical and operational teams. On the AICS project, MEAL coordinator will support the M&E officer on all MEAL related activities.		1 Person monthly salary \$5,753 per month * 10 months will be charged @ 15% of LOE
1.2.9 RI Grant and Compliance Coordinator 1 person for 10 months @ 15%		The Grants & Compliance Coordinator will support the coordination of reporting, ensuring deadlines are met and reports align with donor standards. In addition, the Grants Manager will lead all donor communications related to grants management, will monitor spending and BVA reports, and will inform the donor about any important developments during the project implementation.		1 Person monthly salary \$5715 per month * 10 months will be charged @ 15% of LOE

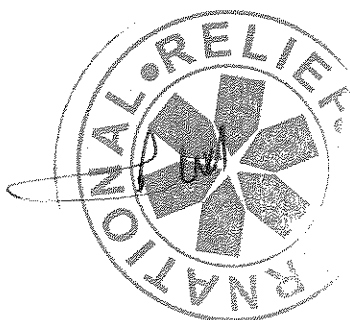


2. Justification of the Budget for the Action

Costs	Classification of the budget items	All Years	Justification of the estimated costs
1.3 Per diems for mission travel¹			<i>Provide a narrative explanation 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).</i>
1.3.1 RI Abroad Eur 60 per day if exact staff visit in country from regional/local office	This amount will cover per diem cost for international staff when on business trip in the region or at global level.	\$60 per day 45 days for 5 staff will be charged @10% LOE	Provide a justification of the inclusion of the estimated costs. Note that the estimation should be based on real costs or on simplified cost options if allowed, as described in section 2.4.5 of the Guidelines for Grants Applications.
1.3.2 RI Local National staff Eur 25 per day in case staff travel outside his duty station	Local Per diem for El Fasher/Khartoum based staff who undertake business trip outside the duty station.	\$25 per day for 80 trips will be charged @10% LOE	
Subtotal Human Resources (International staff + per diems for local international and national staff)			
2. Travel			
2.1. RI International Travel	International travel cost from country, regional and global office for program purposes.	\$800 per flight trip for 14 trips : Total cost is Euro 11200 @100% LOE	
2.2 RI Local transportation UNHAS flights	Estimated cost to cover UNHAS flight fares by programme teams to project sites for supervision, coordination, report staff movements from RS&T to project sites.	200 Euro per trip - 44 = Euro 8800 @ 100% LOE	
Subtotal Travel			
3. Equipment and Supplies			
3.1 RI Vehicle rental (Hiring of 2 vehicle one will support El Fasher Office, the other vehicle will support Khartoum Office) @ 900 Euro per month per vehicle.	One vehicle will be used by the team to undertake weekly activities in the three supported facilities @ El Fasher total in 21,000. LOE 100%	1 vehicle @ Euro 900 * 1 day for 12 months. The cost will be for two vehicles and will be Euro 21,000. LOE 100%	
3.2 RI Procurement of Pharmaceuticals	Pharmaceuticals are required to ensure clinical operations and service delivery in health facilities. The list of medicines to be procured is based on the SMOH list of essential medicines for PHC and the calculated needs in the targeted health facilities and reviewed in RI HO by the Clinical Director H & N.	The detailed list is in Annex (Eur 30,000 Lump sum @ LOE 100%)	
3.3 RI Procurement of LLINs and CDEs	As part of support to the RI services, RI will procure and distribute 1,000 Long Lasting Insecticide-treated Nets and Clean Delivery Kits to pregnant women who visit health facilities. To ensure they have a safe pregnancy, delivery and post delivery care for them and their babies.	LLIN Eur 3 * 1,020 = Eur 3,060; CDEK is Euro 2* 1000 = Eur 2,000 . Total for both items is Euro = 5060	
3.4 RI Procurement of PPEs	RI will support the 3 HFs with PPE kits as part of IPC and also for COVID-19 prevention measures. This will include face mask, hand gloves, sanitizer, etc.	Estimated at Eur300 per HF per month. Eur 300* 3 HFs* 10 months. Total is Eur 3000. LOE is 100%	
3.5 RI Procurement of medical equipment, supplies and furniture	RI will procure medical equipment and clinic furniture based on the needs assessment. To ensure health services are delivered with quality and in a conducive environment.	Total cost is Eur 65,000. 100% LOE. See annex on details of Breakdown	
3.6 RI Procurement of 3 desktop computers and 3 laptops	RI will procure 3 laptops and 3 desktop computers to support AICS project implementation. One laptop will be used by HSS Coordinator, the other laptop will be used by the Health Manager and the third will be used by the M&E officer. The rest of the team will use the two desktop computers that will be procured.	Total cost is Euro 1,200 * 5. Total is Euro 6000 @ 100% LOE. See annex on details of breakdown.	
3.7 RI - Procurement of Office supplies (desks, chairs and cabinets) to support support AICS project.	RI will procure desks, chairs and cabinets to support AICS project.	Total cost is Euro 4550 @ 100% LOE. See annex on details of breakdown.	
3.8 RI Maintenance of EP equipment and system	This covers the cost of maintaining EP equipment that will be used during vaccination campaigns and ongoing routine vaccination at HFs.	The Cost is Euro 2000 as a lump sum will be used for the maintenance of EP equipment and system	
3.9 RI Procurement of SAM hygiene kits	RI will provide the hygiene kits to SAM recovered patients. This will ensure prevention of malnutrition that are caused by poor sanitation and hygiene practices	600 kits each kit costing 20 Euros will be procurement. (600 x 20 Euros = 12000 @ LOE 100%)	
3.10 RI Feeding center supplies (Stationeries, furniture, utensils; basic, buckets, water pots, cupboards etc.)	RI will procure supplies for the Feeding Centres. The supplies that will be procured are stationeries, furniture, utensils, buckets, water pots etc...	A lump sum of 4919 Euro will be allocated to procurement of supplies @ LOE 100%	
3.11 RI Transportation of supplies from Khartoum to El Fasher Warehouse	The vehicle will transport medicines and supplies procured internationally or in Khartoum to El Fasher warehouse. Supplies will be sent as they are received in Khartoum.	The Lump for hiring truck will be @ Euro 3000 * 2 visits. Total is Euro 6000 100% LOE	
3.12 RI Transportation of supplies from El Fasher Warehouse to the HFs	The vehicle will transport medicines and supplies procured internationally from El Fasher to the three supported health facilities.	1 Vehicle @ Euro 200 * 5 visits. Total is Eur 10,000 @100% LOE	
3.13 ANHAR - Vehicle Rental for field Activities @ 900 Euro Per Vehicle per Month	The vehicle will transport supplies from El Fasher warehouse to the HFs. Supplies will be sent every 2 months to the HFs	1 vehicle @ Eur 200 * 5 visits. Total is Eur1,000. 100% LOE	
3.14 ANHAR - Procurement of stationeries for COVv-ANHAR @ El Fasher	Stationeries will be procured and provided to COVv.	The cost allocated to stationeries is Euro 100 per month - 12 months @ 100% LOE	
Subtotal Equipment and Supplies			
4. Product office (Stationery, Consumables)			
4.1 RI - Security Services	The cost is allocated for security guards. The Guards are necessary to ensure around-the-clock safety of personnel and equipment in RI's offices, guesthouses and warehouses.	The cost is estimated based on the current list prices obtained after the procurement process while engaging the framework agreement. It is charged at 200Euro per pers * 11 pers * 12= 5280 20% LOE	
4.2 RI - Furniture, computer equipment	Procurement of Office supplies (desks, chairs and cabinets) to support support AICS project.	A lump sum of Euro 4550 will be used for procurement of furniture to be used by staff who will resulting on AICS project.	
4.3 RI- Fuel for Generators and Maintenance	This covers fuel and maintenance for RI vehicles in North Darfur & Khartoum during project implementation	The cost of fuel and maintenance of the office generators for ND and Khartoum is estimated @ 1005 per month to cover the running of three generators. LOE@40%.	
4.4 RI- Office/Guesthouse Rent (Khartoum)	Monthly rent for the office/guesthouse in Khartoum	The cost is based on the current premises rent for Khartoum which is estimated at 3500 Euro per month * 12 months @ 60% LOE. Total cost is Euro16800	
4.5 RI- Office/Guesthouse Rent (El-Fasher office)	Monthly rent for the office/guesthouse in El Fasher/ Guesthouse	The cost is based on the current premises rent for Khartoum which is estimated at 3500 Euro per month * 12 months @ 60% LOE. Total cost is Euro14400	
4.6 RI- Warehouse rents	Monthly rent for the warehouse in El Fasher	The cost is based on the current premises rent for Khartoum and North Darfur premises charged at Eur 520 per month for a total cost of \$9240 for two warehouses. It is charged at 10% in line with RI shared cost methodology.	
4.7 RI- Office Supplies Khartoum El-fasher	Monthly costs of purchasing office supplies for the program period, such as paper, toner, and writing utensils necessary for the administration of the program.	The cost proposed is based on current usage and will be charged at 10% in line with RI shared cost methodology at \$130 per month in for a total cost of Eur 1560.	

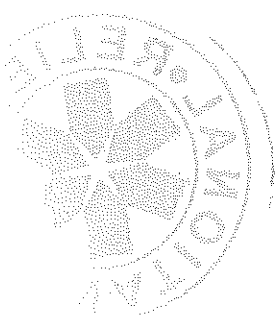


2. Justification of the Budget for the Action		All Years	
Costs	Classification of the budget items	Justification of the estimated costs	
4.8 RI- Internet Connectivity (Khartoum)	Provide a narrative justification of each budget item demonstrating the necessity of the costs and how they relate to the action (i.e. through references to the activities and/or results in the Description of the Action). Monthly cost of providing internet connectivity for Khartoum office and maintaining email accounts for program staff	Provide a justification of the calculation of the estimated costs. Make sure the estimator should be based on real costs or on simplified cost options if allowed, as requested in section 2.1.5 of the Framework Agreement with SPS. It is charged at 10% in line with RI shared cost methodology.	It will be charged at Euro 320 per month for total cost of \$3840. The cost is based on the current framework agreement with SPS. It is charged at 10% in line with RI shared cost methodology.
4.9 RI- Internet Connectivity Warehouses	Monthly cost of providing internet connectivity for Elashwa office and maintaining email accounts for program staff	It will be charged at Euro 841 * 2 offices * 12 months @ 15% = 3027 Euro. The cost is based on the current framework agreement with SPS. It is charged at 10% in line with RI shared cost methodology.	It will be charged at Euro 250 per month for total cost of \$3000 for 10 staff members. The estimated cost proposed is based on current usage and charged at 10% in line with RI shared cost methodology.
4.10 RI- Phone Charges Calls	Monthly cost of providing phone services for all Khartoum and Narm Dorfur staff.		2500 Euro will be used for offices utilities.
4.11 RI- Office Utilities Khartoum - El-Rashar	The amount will be used for procurement of office supplies (such as soap, toilet papers, sanitizers, coffee, sugar and tea, etc.). Procurement of Kitchen garden kits contains seedlings and polybags, one kit will be distributed to each training participant to facilitate establishment of their own kitchen garden.		Costs for kit estimated at 15 EUR * 250 participant = Euro 3750
4.12 ANHAR - NPP - Kitchen Garden Starter Kits	The amount will be used for procurement of office supplies (such as soap, toilet papers, sanitizers, coffee, sugar and tea, etc.).		1000 Euro will be used for offices running costs.
4.13 ANHAR - Office running costs	This amount will be used for procurement of stationeries (Note books, reams of plain papers, pens, etc)		Euro 700 shall be used for procurement of stationeries. This represent 10% of office needs in Khartoum
4.14 ANHAR - Office supplies (stationery)	The amount will be used as a contribution for buying airtime for staff and will also be used of procurement of phones for staff who will be already involved in this project		Euro 600 will be used for buying airtime and 2 small telephones for project staff
4.15 ANHAR - Communication (Procurement of Airtime and Phones)	The amount will be used as a contribution to office monthly rentals		Euro 3000 will be a contribution to monthly payment of office rentals.
4.16 ANHAR Office Rent	This cost covers the fuel and maintenance of office generator		15% Euro 2,100 will be charged
4.17 ANHAR Fuel and maintenance of Generator	It's a mandatory audit by Government of Sudan and one of the requirement to renew RI registration in Sudan annually.		Euro 7000 annual cost will be charged @ 10% in line with RI shared cost methodology
5. Other costs, salaries	Arabic document translation		Total cost to be charged is \$1,648 @100%
5.1 RI- Statutory Audit	Video transfer charged from bank		Euro 460 per month cost will be charged @10% in line with RI shared cost methodology
5.2 RI- Translation, interpretation	Legal and other administrative fees necessary in the administration of the project.		It is charged at 10% on a monthly basis across the project in line with RI shared cost methodology. It will be charged at \$250 per month for a total of Euro 3000.
5.3 RI- Bank charges	Donor Visibility cost - Logo banners, T-shirts, caps, etc.		Euro 3,048 cost will be charged @100%
5.4 RI - Legal fee	Mass sensitization and awareness raising campaign on breast cancer prevention will be implemented in each site (Abu Shook & Elasham camps) per quarter (one quarterly campaign during October (Breast Cancer Global Day) targeting female and male community members. The cost will include: - rental of vehicle 10072 days = 200 - generator 3072 = 60 - sound system 4572 = 60 - hiring of drama band, singers and artists = 100 - mobile hall rental (Selwan) = 2007 2 days = 200 - IEC materials, stationary and visibility cost estimated at 250 Euro Total= 1000		Euro 6000 will be used for mass sensitization and awareness raising campaign per semester on breast cancer prevention will be implemented in each site (Abu Shook & Elasham camps). Note that one of the semester campaign shall target October (Breast Cancer Global Day). The mass sensitization and awareness raising campaign per semester on breast cancer prevention will target female and male community members.
5.5 RI- Visibility actions (Logo banners, T-shirts, caps, etc.)	Awareness raising sessions on GBV prevention & mitigation, response & reporting mechanisms will be implemented in each site (Abu Shook & Elasham camps) at the beginning of the project; additional continuous sessions will be provided to community members by CHW. The cost is estimated at 250 per site		Euro 750 will be used for awareness raising sessions on GBV prevention & mitigation, response & reporting mechanisms and will be implemented in each site (Abu Shook & Elasham camps) at the beginning of the project.
5.6 ANHAR - Mass Sensitization and Awareness Raising Campaign on Breast Cancer One Campaign per Quarter	The amount shall be used during the launch of the AICS project. The launch will be an opportunity to discuss the AICS project in details: Objectives, outcomes, outputs, activities and indicators. The launch will be done by the Grant and Compliance Coordinator and HSS in North Darfur.		A lump sum of Euro 2000 for the launch of the project.
5.7 ANHAR Awareness raising campaign on GBV Prevention & Mitigation One Campaign per Quarter	This amount will be used for quarterly monitoring of activities in the project sites.		Euro 250 will be used and paid for accommodations and per diem for SMOH and HAO who will take part in the monitoring visits. The cost quarterly support supervision for 250 Euro * 4= 1000 @ 100% LOE
5.8 RI - AICS Project launch in Elashwa by RI (Launch where SMOH, HAO and partners will be invited)			
5.9 RI - SMOH & RI Joint support supervision visit			
Subtotal Other costs, salaries			

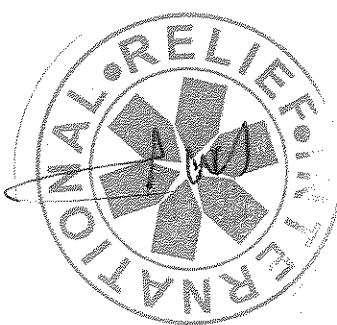


2. Justification of the Budget for the Action

Costs	Classification of the budget items	All Years	Justification of the estimated costs
8. Other (Provision of services)			
8.1 Support to 3 support HFs, printing materials and small supplies	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).	Provide a justification of the calculation of the estimated costs. Note that the estimation should be based on real costs or on simplified cost options if allowed, as described in section 2.4.5 of the Guidelines for Grants Applicants.	
8.1.1 RI - Printing of clinic forms (health reporting forms; clinical records, patient registers; ANC, EPI, & patient cards) & IEC materials	The amount will be used for printing of clinic forms (health reporting forms; patient registers; ANC, EPI, & patient cards) & IEC materials.	A lump sum is estimated @ 2740 = LOE is 100%	
8.1.2 ANHAR - Printing of health related IEC/BCC materials	This cost covers the printing of all forms required for recording patient information at the HF, IEC and BCC materials will be used at facilities and within communities to promote health messaging.	It is charged at a Lumpsum of Euro 2740, LOE is 100%	
8.1.3 RI - Clinic running costs (Procurement of small supplies for clinics)	Clinic supplies are procured supplies required to run clinics safely and efficiently and include items like brooms, chairs, soap, labors and buckets.	Budgeted at Euro 100 per HF per month, Euro 100* 3 HFs* 12 months, Total is Euro 3600, LOE is 100%	
8.2 Training			
8.2.1 RI - Training on IPC, Universal Precautions and appropriate waste management (including LUN packaging) to doctors, medical assistants, nurses, Midwives, and dentists.	IPC and Universal Precautions approach is a sector-accepted approach to infection control. Estimated cost of training materials, refreshments, and training space, based on the number of trainees.	Total cost of 1,381, see Annex on breakdown	
8.2.2 RI - Training on EPI management, & child growth & development to doctors, medical assistants, nurses, midwives and vaccinators.	RI will provide a weekly training for newly assigned staff on EPI management and child growth and development. The estimated cost of training materials, refreshments, and training space, based on the number of trainees.	Total cost of 1,581, see Annex on breakdown	
8.2.3 RI - Training on health systems management, including reporting to Health Information System (HIS) to senior health care providers, Stokh, and Lab Technicians	Training will focus on the management and administration of operating the clinic and reporting to the HIS and DHS. RI has standardized all its health and nutrition monitoring templates to align with the Ministry of Health's health information system (HIS). The training and orientation will revolve around the mandatory reporting requirements in the system.	Total cost of 635, see Annex on breakdown	
8.2.4 RI - Training on pharmacy management to Doctor/Medical Assistant, Pharmacist, and Pharmaceutical Assistant	Training will build the capacity of pharmacy stock/inventory management, including record keeping, prevention of expiration, procuring, and safe disposal.	Total cost of 825, see Annex on breakdown	
8.2.5 RI - Training on IMCI to doctors, medical assistants, and nurses	RI will continue to provide trainings to promote an integrated approach to child health and support the growth and development of children under 5. Special attention will be devoted to developing staff capacity on appropriate preventative and curative methods for the most prevalent diseases in the target areas – ARI, diarrhea, and malaria etc.	Total cost of 1891, see Annex on breakdown	
8.2.6 RI - Training on FP, FANC & PNC to doctors, medical assistants, and midwives	RI will provide training to all staff on FP, prenatal and post-natal care as part of its reproductive health services	Total cost of 971, see Annex on breakdown	
8.2.7 RI - Training on EmONC & reproductive health to midwives, and referral hospitals midwives and clinicians	RI will also provide training/refresh training for all staff on emergency obstetric and newborn care to facilitate in complicated deliveries and ensure staff readiness when a patient must be referred to a speciality hospital and the care to be provided by staff in the referral hospital	Total cost of 2,053, see Annex on breakdown	
8.2.8 RI - Training of clinicians and midwives on CNR and referrals	RI will provide training on Clinical Management of Rape as part of clinical care for GBV survivors	Total cost of 1,510 see Annex on breakdown	
8.2.9 RI - Training and continuous coaching support to CWVs on safe motherhood and emergency referrals	RI will train the CWVs and VTNs on GBV, MHPSS so they have the needed skills identify cases in the communities and refer them to the clinics for care. They would also be able to create awareness on these issues in the community	Total cost of 1,510 see Annex on breakdown	
8.2.10 RI - Training of CHW, CWVs, on GBV awareness creation, gender identification and referral.	RI will train teachers on disease prevention and health promotion to enable them have the knowledge and skills to educate this to their pupils and also training on PTA Ad	Total cost of 1,510 see Annex on breakdown	
8.2.11 RI - Training on disease prevention and health promotion to Primary and Secondary school teachers	Child Protection & Protection from Sexual Exploitation and Abuse workshop will be conducted in HVC. The workshop is essential for prevention and mitigation of child abuse & SEA. Participants will be trained on PSEA and Child Protection concepts, examples, their duties, responsibilities and rights, and PSEA reporting mechanisms.	The cost for: - Facilitators incentives for 3 days including travelling days (12 persons*3 days*20 = 120) - Participants incentives for 3 days (20 persons*3 days*5 = 300) - Meal and refreshments (22persons*3 days*5 = 400) - Transportation cost for participants (40 persons*2 trips*1 = 80) - Stationeries, printing and banner @ 180 - Hall rent, cleaning and electricity (75*3 days = 225) The total cost will be = 1590 EUR	
8.2.12 ANHAR PSEA & CP Training			
8.2.13 ANHAR NIP Cycle and Kitchen Garden Demonstration Trainings	Training of 300 women and men on demonstration of NIP cycle of garden gardening to support household dietary diversity. The training session will be held between 10 - 15 participants. ANHAR will conduct a total of 30 training sessions for 300 participants and no incentives will be provided. Each training will cost @ 50-50 = 1,500	The cost for the training is Euro 1500 @ 100% LOE	
8.2.14 ANHAR Training of MSGs on IYCF	RI will conduct a training for MTSs on IYCF.	The detailed list is in Annex. (The cost per training is Euro 1525, LOE 100%)	
8.2.15 ANHAR Establish and support MSGs	30 MSGs will be formed/ established MSGs supporting cost includes: - Distribution of mother counselling cards, BCC materials and IYCF book (48-50 MSGs*2 lines = 600\$) - Printing of IYCF messages (6 signboards 120 cm x 100 cm) at facility level (6 signboards*3 facilities*4\$ = 72\$) - 195* for children (3 children*6\$ = 108\$) - Consumables including tea, coffee, sugar, snacks (5\$*3 sites*10 months = 150\$)	Euro 1182 will be used for the establishment and support to MSGs.	
8.2.16 ANHAR- MSG and CWVs supervision visits	Monthly supervision visits will be conducted to CNVAs MSGs in 3 sites (255visits*3 sites*12 visits)	Euro 900 will be used for monthly support supervision to MSG by the nutrition staff.	

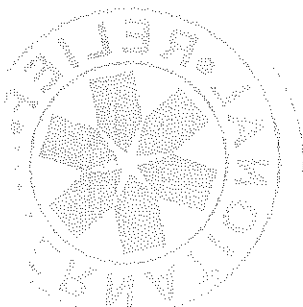


2. Justification of the Budget for the Action	Costs	Classification of the budget items	All Years	Justification of the estimated costs
6.2.16 RI - Quarterly EPI vaccination campaigns		Provide a narrative justification of each budget item demonstrating the necessity of the costs and how they relate to the overall objectives of the project. The cost covers the transport and supplies associated with moving patients to these hospitals. There is no set cost for a referral as it depends on the location and situation of the patient.		Provide a justification of the calculation of the estimated costs. Note that the calculation should be based on real costs or on similar data for similar activities. For example, in section 2.1.6 of the project proposal, the cost of the vaccination campaign is estimated at 4000 Euro. The cost of the vaccination campaign will cost Euro 400 * 30 = 12000 Euro. LOE is 100%
6.2.17 RI - Cash for Food for Supporting Family of Patients (Emergency Referrals)		Committed obstetric/Neonatal cases will be referred to El Farah hospital which has more specialized Emergency care. The cost covers the transport and supplies associated with moving patients to these hospitals. There is no set cost for a referral as it depends on the location and situation of the patient.		Estimated at Eur 200 per month for 12 months. Total is Eur 2400. LOE is 100%
6.2.18 RI - Bi - Monthly coordination meeting between clinic management and LHA/SMOH		RI will support monthly coordination meeting between SMOCH-LHA and the clinic management team and staff. This meeting is expected to strengthen governance and oversight.		1 meeting monthly @ Euro 100 for 3 facilities for 12 months. Total is Eur 1200. LOE is 100%
6.2.19 RI - Workshop on RHE/MONC Service delivery framework design workshop with SMOCH-LHA		RI will hold a workshop on RHE/MONC service delivery framework design workshop with SMOCH-LHA.		One session will be organized and will cost Euro 1364. LOE is 100%
6.2.20 RI - Community dialogue with women groups, Men groups and opinion leaders on Family planning, GBV and Health promotion		RI will support CHW to hold community dialogue and different groups in the communities to discuss critical topics such as men involvement in FP, GBV issues and messages. Health promotion Family planning awareness and disease prevention		3 meeting will hold monthly @ Euro 100 per meeting for 9 months. Total is Euro 2,700
6.3. WASH activities				
6.3.1 RI - Occupational Health and safety materials for WMMV		Occupational Health and safety materials for WMMV who are managing the medical waste in the respective Health facilities.		1 kit for WMMVs @ Euro 200 @ LOE 100%
6.3.2 RI - Water trucking for HFC and maintenance of water system network.		RI will provide safe water trucking for the health facilities and will maintain minor break of water system.		1200 drums of water for 12 months with @ Euro per drum = Euro 1200 and Euro 600. Total 1800 Euro
6.3.3 RI - Mass sensitization for cutbacks		RI will do mass sensitization at the ID camp		One session per quarter for mass sensitization. One campaign @ 255 * 2 = Total 512 Euro
6.3.4 RI - Sanitation and hygiene promotion		RI will conduct regular sanitation and hygiene promotions with its hygiene promoters		176 sessions in 12 months with @ 10 Euro per session. Total 1,760 Euro
6.3.5 RI - School hygiene clubs facilitation		RI will establish and facilitate 8 School hygiene clubs in 8X primary schools		8 School hygiene clubs with @330 Euro per school club (1 club per school). Total 1,880 Euro
6.3.6 RI - A/aaam PHC (2) Rehabilitation/renovation		RI will ensure the rehabilitation and construction = RI will do health facility infrastructure rehabilitation and construction as per the BOC and technical documents. RI will also carry out minor rehabilitations on the other facilities.		Total rehabilitation/renovation cost for one health facility @300,000Euro
6.4. Nutrition activities				
6.4.1 RI - IEC/BOC Materials		RI will ensure the information promotion tools for prevention of malnutrition to be displayed in clinics and used during community sensitization session on behaviour change		Lumpsum amount of 2000 Euro Details list in annex. LOE 100%
6.4.2 RI - Training of staff on CHAM & IYCF		RI will ensure the staff are trained CHAM & IYCF		The detailed list is in Annex. (Euro 2015 lump sum LOE 100%)
6.4.3 RI - IYCF Campaign Sessions		RI will conduct IYCF sensitization or promotion session within the community. The cash that be used time cars and print banners for promotional messages.		Total IYCF campaign sensitization session (4 session x 1200 = 4,800). Detail list in annex
6.4.4 ANHAR - Training of CHWs on Family Planning, GBV and Breast Cancer Prevention and Message Dissemination		Training of CHWs on Family Planning, GBV and Breast Cancer Prevention and Message Dissemination.		Euro 6260 will be used for mass sensitization and awareness raising campaign on breast cancer prevention will be implemented in each site (Jabu Stock & Etiam camp) during October (Breast Cancer Global Day) targeting female and male community members.
6.4.5 ANHAR - Printing of IYCF, MSG and Essential Family Practice IEC materials		ANHAR will procure printing of IYCF, MSG and Essential Family Practice IEC materials		Euro 150 per facility per semester (150 Euro * 32 = 800) will be used for printing @ LOE=100%
6.4.6 ANHAR - MUAC Screening Campaign		A quarterly MUAC screening campaign will be conducted to increase the coverage in the catchment area. cost for one facility estimated as following: - Vehicles rental (2 vehicles 3 days*100\$ = 600\$) - Incentives for CHWs (12 persons 4 days*100\$ = 4800\$) - Incentives for COMs (10 persons 3 days*100\$ = 3000\$) - Refreshments (12 persons 3 days*5\$ = 180\$) - Banners (2 banners 25\$ = 50\$) # Cost per round = 1250		9000 Euro will be used for MUAC screening campaign as described in column B
6.4.7 ANHAR - Supervision and monitoring of project activities		Bimonthly support supervision to project sites in the community. Euro 70 will be used per visit for procurement of bottles of water.		Euro 1680 will be used for field monitoring and supervision visits to project sites.
6.4.8 ANHAR - NIPP Cooking demonstrations of nutritious foods at 3 sites (1 Demonstration per site per quarter)		Quarterly cooking demonstrations to women participating in kitchen garden training to reinforce utilization and consumption of nutritious foods, includes utilization of demonstration kitchen garden produce. The cooking will be conducted once per quarter per site.		The cooking demonstration will be conducted @ Euro 250 per site per quarter. Total = Euro 250 *12 = 3000



2. Justification of the Budget for the Action

Costs	Classification of the budget items	All Years	Justification of the estimated costs
6.5 PHG Staff (Extra hours + training premium for seconded staff)	<i>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).</i>	<i>Provide a justification of the estimation of the estimated costs. Note that the estimation should be based on real costs or on simplified cost options if allowed, as described in section 2.1.5 of the Guidelines for Grants Applicants.</i>	
6.5.1 Medical Assistant (Seconded staff) - Estimated cost for extra hours of work 6 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The Medical Assistants will be seconded from SMOH and be based in each of the clinics and will ensure that clinical services are provided at supported facilities. Costs are to support extra hours work on top of usual salary.	8 positions X 6 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 7200 for 12 months.	
6.5.2 Midwife (Seconded staff) - Estimated cost for extra hours of work 6 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The Midwives will be seconded from SMOH and be based in each of the clinics and will ensure that clinical services are provided at supported facilities. Costs are to support extra hours work on top of usual salary.	8 positions X 6 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 7200 for 12 months.	
6.5.3 Nurse (Seconded staff) - Estimated cost for extra hours of work 9 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The Nurses will be seconded from SMOH and be based in each of the clinics and will ensure that clinical services are provided at supported facilities. Costs are to support extra hours work on top of usual salary.	9 positions X 4 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 6640 for 12 months.	
6.5.4 Vaccination (Seconded staff) - Estimated cost for extra hours of work 6 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The Vaccinators will be seconded from SMOH and be based in each of the clinics and will ensure that EPI services are provided at supported facilities. Costs are to support extra hours work on top of usual salary.	6 positions X 4 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 5760 for 12 months.	
6.5.5 Clinic Registrar (Seconded staff) - Estimated cost for extra hours of work 3 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The Clinic registrars will be seconded from SMOH and be based in each of the clinics and will ensure that clinic records are well kept at supported facilities. Costs are to support extra hours work on top of usual salary.	3 positions X 4 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 2880 for 12 months.	
6.5.6 HMIS Assistant (Seconded staff) - Estimated cost for extra hours of work 3 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The HMIS assistant will be seconded from SMOH and be based in each of the clinics and will ensure that all data generated at the HfEs are entered into the computer, sent to SMOH monthly and do Monthly analysis at supported facilities. Costs are to support extra hours work on top of usual salary.	3 positions X 4 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 2880 for 12 months.	
6.5.7 Lab Technician (Seconded staff) - Estimated cost for extra hours of work 3 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The Lab Technician will be seconded from SMOH and be based in each of the clinics and will ensure that Laboratory services are provided at supported facilities. Costs are to support extra hours work on top of usual salary.	3 positions X 4 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 2880 for 12 months.	
6.5.8 Assistant Lab Technician (Seconded staff) - Estimated cost for extra hours of work 3 person @ 100% @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The Asst Lab Technicians will be seconded from SMOH and be based in each of the clinics and will ensure that Laboratory services are provided at supported facilities. Costs are to support extra hours work on top of usual salary.	3 positions X 4 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 2880 for 12 months.	
6.5.9 Pharmacy Assistant (Seconded staff) - Estimated cost for extra hours of work 6 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The Pharmacy Assistants will be seconded from SMOH and be based in each of the clinics and will ensure that Pharmacy is well managed and records kept at supported facilities. Costs are to support extra hours work on top of usual salary.	6 positions X 4 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 2880 for 12 months.	
6.5.10 Family Planning Assistant (Seconded staff) - Estimated cost for extra hours of work 3 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	The Family Planning Assistants will be seconded from SMOH and be based in each of the clinics and will ensure that FP services are provided at supported facilities. Costs are to support extra hours work on top of usual salary.	3 positions X 4 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 2880 for 12 months.	
6.5.11 CHVs (Seconded staff) - Estimated cost for extra hours of work 8 person @ 4 Euro per hour * 5 days per week * 4 weeks per month for 12 months @ 100%	CHVs seconded from SMOH will be based within the catchment of each of the HfEs and will support health programming in field locations through community mobilization, messaging, and training support. Costs are to support extra hours work on top of usual salary.	8 positions X 4 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 6480 for 12 months.	
6.5.12 Community Midwife 8 person for 12 months @ 100% 8 person @ 3 Euro per hour * 5 days per week * 4 weeks for 12 months @ 100%	Community Midwives will be identified from the catchment population of the HfEs and be based in that community. They will support all community level PH services with linkages to the clinics. Costs are to support extra hours work on top of usual salary.	8 positions X 3 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 6480 for 12 months.	
6.5.13 Facility Guard (Seconded staff) - Estimated cost for extra hours of work 6 person @ 2.5 Euro per hour * 5 days per week * 4 weeks for 12 months @ 100%	The Guards are necessary to ensure around-the-clock safety of personnel and equipment in HfEs. 6 guards will be seconded in the project. Costs are to support extra hours work on top of usual salary.	6 positions X 2 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 4320 for 12 months.	
6.5.14 Facility Cleaner (Seconded staff) - Estimated cost for extra hours of work 8 person @ 3 Euro per hour * 5 days per week * 4 weeks for 12 months @ 100%	The Cleaners will be responsible for cleaning of health facilities to RI standard. 8 cleaners will be seconded in the project. Costs are to support extra hours work on top of usual salary.	8 positions X 3 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 2880 for 12 months.	
6.5.15 Estimated cost for extra hours of work for 6 CHVs-ANHAR @ 3 Euro per hour * 5 days per week * 4 weeks for 12 months	This amount estimated @ Euro 4320 will be used extra time worked for by 6 CHVs.	6 positions X 3 Euro per extra hours worked for Pays * 5 days per week for 12 months X 12 months. LOE = Euro 4320 for 12 months.	
Subtotal Other			
4. 6. Other			
7. Subtotal direct eligible costs of the Action (1+4)			
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 volunteer work (7+ 8)			
10.1 Provision for contingency reserve (maximum 5% of 7. Subtotal of direct eligible costs of the Action)			
10.2 Volunteer work			
11. Total eligible costs (9+10)			
12. Taxes			
13. Total accepted costs of the Action (1+12)			
5. Other costs, services			
Subtotal Other costs, services			
6. Other (Provision of services)			
Subtotal Other			



3. Expected sources of funding & summary of estimated costs¹

	Amount EUR	Percentage %
Expected sources of funding		
EU/EDF contribution sought in this application (A)	1.250.000	100%
CO-FINANCING (1+2+3+4) (B)	0	
1. Other contributions (Applicant, other Donors etc)		
Name	Conditions	
2. Revenue from the Action ⁶	0	
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)	1.250.000	100%
Estimated Costs	1.250.000	100%
Estimated TOTAL ELIGIBLE COSTS ⁴ (C)		
EU/EDF contribution expressed as a percentage of total eligible costs ⁴ (A/C x 100)		
To be inserted if applicable and allowed by the guidelines:		
Taxes/In-kind contributions ⁵	0	
Estimated TOTAL ACCEPTED COSTS ³ (D)	1.250.000	
EU/EDF contribution expressed as a percentage of total accepted costs ⁴ (A/D x 100)		100%

1. Expected sources of funding and estimated costs must be in balance. It is reminded that the figures introduced in the table shall respect all the 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

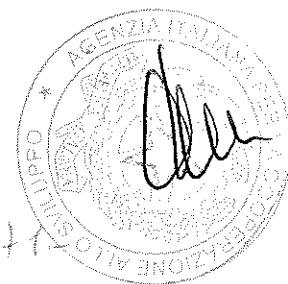
4. EU contribution cannot finance volunteers' work. Do not round, enter percentage with 2 decimals (e.g. 74,38%),

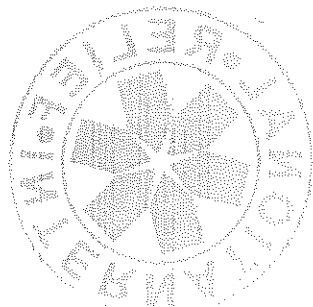
5. as per heading 12 of the Budget of the Action

6. with reference to art.17.4 (b) of the General Conditions

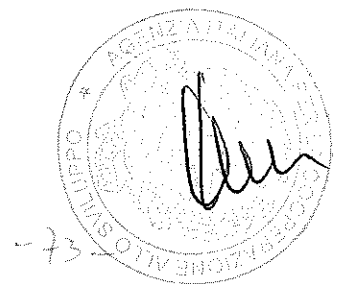
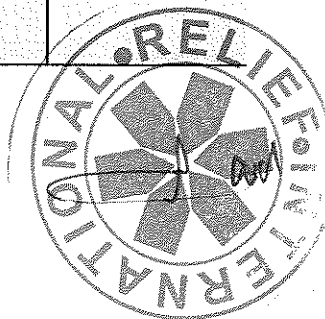
7. as per heading 12 of the Budget of the Action

8. as per heading 10.2 of the Budget of the Action, up to 50% of the co-financing.

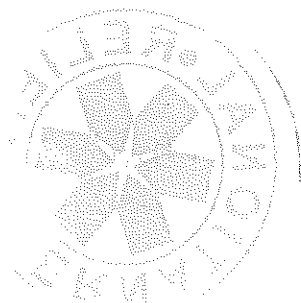




Results	Results chain	Indicator	Baseline (value & reference year)	Target (value & reference year)	Current value* (reference year) (* to be included in the year and first reports)	Sources of data	Assumptions
Impact (Overall objective)	IMPACT : To strengthen the decentralised health system and contribute to the achievement of universal health coverage in North Darfur.	Impact Indicator 1: % of targeted population receiving at least one consultation	To be set after baseline	85%	0	MOH HIS data base	Not applicable
Outcome (Overall objective(s))	Strategic Objective / OUTCOME 1: Access to comprehensive, quality primary health care (PHC) services improved and morbidity and mortality of diseases among IDP and host communities in Abu Shouk and Al Salbam camps in Al Fasher reduced.	Indicator 1.1: Number of outpatient consultations provided (disaggregated by sex and gender)	0	105,038	0	OPD registers	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
		Male	0	2589	0		
		5-17yrs	0	17750	0		
		18-49yrs	0	25194	0		
		50and above yrs	0	5726	0		
Outcome (s) (specific objective(s))	Strategic Objective / OUTCOME 2: Access to quality nutrition services improved, particularly for Under 5 (US) children and pregnant and lactating women (PLW) in Abu Shouk and Al Salbam camps in Al Fasher.	Indicator 1.1.1: Number of selected health facilities providing quality primary healthcare package services	0	3	0	Monthly project updates	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
		Indicator 1.1.2: Number of PHC rehabilitated and fully equipped	0	2	0	Rehabilitation completion report	
		Indicator 1.1.3: Number of health workers trained on CHWs' PHE/Clinical nutrition and nutrition units	0	190	0	Training reports, monthly project updates	
		Male	0	76	0		
		Female	0	114	0		
Outcome (s) (specific objective(s))	Strategic Objective / OUTCOME 2: Access to quality nutrition services improved, particularly for Under 5 (US) children and pregnant and lactating women (PLW) in Abu Shouk and Al Salbam camps in Al Fasher.	Indicator 2.1: Proportion (%) of the total number of discharged (as cured + defaulters + death) across all treatment facilities, over the period of programme which are discharged as cured.	To be confirmed after baseline	80%	0	Nutrition center CIMAM data records	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
		Indicator 1.1.4: Number of days of stock out per year for five tracer drugs (Tracer drugs: Chloroquine, Amoxicillin, Artemisinin Combination Therapy (ACT), ORS, Zinc)	0	0	0	Monthly pharmacy reports	
		Indicator 1.1.5: Percentage of total weekly surveillance reports submitted on time by health facilities	0	100%	0	Weekly surveillance report	
		Indicator 1.1.6: % of under-five children with complete immunisation	0	2.4% (940)	0	Weekly EPI register	
		Indicator 1.1.7: number of selected PHC stores/pharmacies organized and supported by NMSF	0	3	0	Weekly EPI register	
Outcome (s) (specific objective(s))	Strategic Objective / OUTCOME 2: Access to quality nutrition services improved, particularly for Under 5 (US) children and pregnant and lactating women (PLW) in Abu Shouk and Al Salbam camps in Al Fasher.	Indicator 1.1.8: Number of children under 1 who has received Pentas 3 vaccination	0	3913	0	Weekly EPI register	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
		Male	0	3913	0		
		Female	0	0	0		



Output 1.2 : Increased client friendly reproductive health (RH) and family planning (FP) services in 3 HFs in Abu Shouk and Al Salam camps in Al Fasher, ND	Indicator 1.2.1. Number of pregnant women have attended ANC2 clinics	0	3,550	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 1.2.2. Number of births assisted by skilled birth attendant	0	2,435	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 1.2.3. Number newborns that received postnatal care within 1708	0	840.5	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 1.2.4. Number of SGBV cases reported	0	1,708	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 1.2.5. Number of referrals supported	0	12	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 1.3.1. Number of peer to peer groups established	0	20	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 1.3.2. Number of people reached with awareness messages on family planning, health promotion, disease prevention, GBV	0	1,920	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 1.4.1. Number of facilities with improved latrines constructed on monthly basis	0	2	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 1.4.3. Number of people benefitted from thorough hygiene and sanitation messages including mass sensitization	0	85,800	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.1.1: Number of children under 5 and PLWs admitted for treatment of Severe or Moderate Acute Malnutrition	0	11,489	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
Output 2.1 : Quality curative nutrition services provided to children US and PLW in Al Salam and Abu Shouk camps in Al Fasher, ND	Indicator 2.1.2. Number of nutrition staff and community members trained on management of acute malnutrition and IYCF (Disaggregation: Male - Female)	0	30	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.1.3. Number of CHAM centers supported (disaggregation: OTP- TSEP)	0	3	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.1.4. Number of health facilities where nutrition programs are implemented	0	3	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.1. Proportion of infants 0-5 months of age who are fed exclusively with breast milk	To be confirmed after baseline	85%	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.2. Proportion of children 6-23 months of age who consumed foods and beverages from at least five out of eight defined messages (IYCF)	To be confirmed after baseline	50%	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.3. Number of individuals receiving behaviour change messages (IYCF)	0	79,450	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.4. Number of Mother support group trained and formed	0	50	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.5. Number of people trained and counselled in NIPP	0	400	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.6. Number of people trained and counselled in NIPP	0	400	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.7. Number of people trained and counselled in NIPP	0	400	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
Output 2.2 : Positive nutrition practices promoted within the communities of Al Salam and Abu Shouk camps in Al Fasher, ND	Indicator 2.2.1. Proportion of infants 0-5 months of age who are fed exclusively with breast milk	To be confirmed after baseline	85%	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.2. Proportion of children 6-23 months of age who consumed foods and beverages from at least five out of eight defined messages (IYCF)	To be confirmed after baseline	50%	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.3. Number of individuals receiving behaviour change messages (IYCF)	0	79,450	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.4. Number of Mother support group trained and formed	0	50	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.5. Number of people trained and counselled in NIPP	0	400	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.6. Number of people trained and counselled in NIPP	0	400	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.7. Number of people trained and counselled in NIPP	0	400	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.8. Number of people trained and counselled in NIPP	0	400	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.9. Number of people trained and counselled in NIPP	0	400	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries
	Indicator 2.2.10. Number of people trained and counselled in NIPP	0	400	0	MOH assigns the required staff to each facility. Health facilities are accessible for operation and beneficiaries



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.

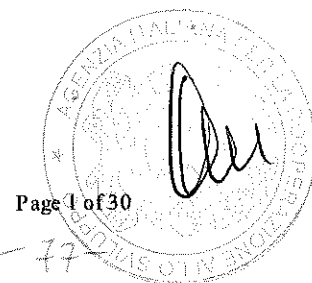
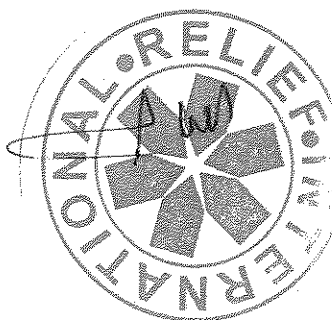
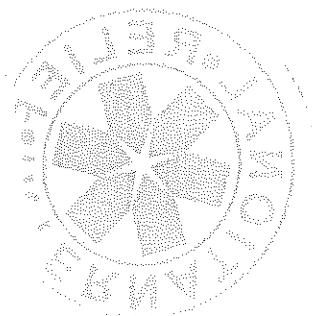


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GENERAL AND ADMINISTRATIVE PROVISIONS

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.

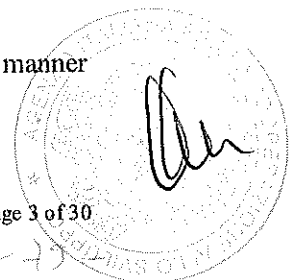
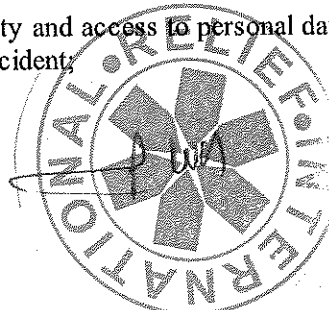
Processing of personal data by the beneficiaries

- 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.

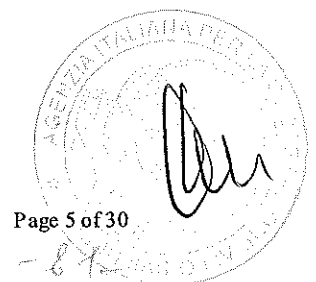
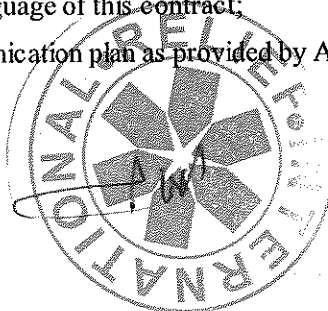
Any information given, as well as any request made by the coordinator to the contracting authority, shall be deemed to have been given in agreement with all beneficiary(ies);

- 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;



- 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

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

ARTICLE 5 - CONFIDENTIALITY

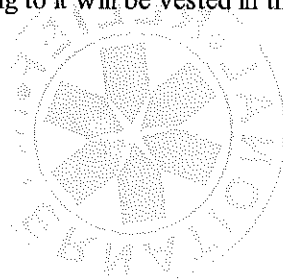
- 5.1. Subject to Article 16, the contracting authority and the beneficiary(ies) undertake to preserve the confidentiality of any information, notwithstanding its form, disclosed in writing or orally in relation to the implementation of this contract and identified in writing as confidential until at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

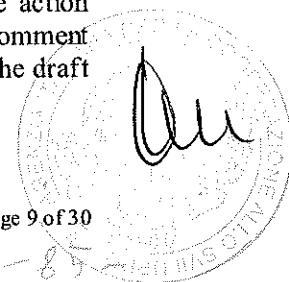
In no event may the end use jeopardize the sustainability of the action or result in a profit for the beneficiary(ies).

- 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

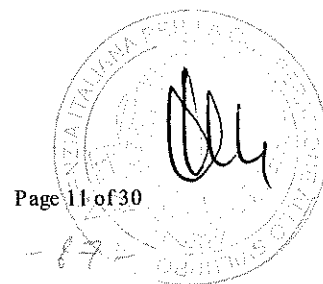
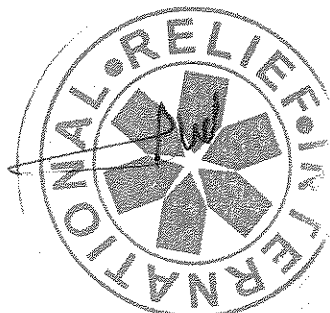
- 10.4. Beneficiary(ies) may subcontract tasks forming part of the action. If it does so, it must ensure that, in addition to the conditions specified in Article 10.1, 10.2 and 10.3, the following conditions are also complied with:
- subcontracting does not cover core tasks of the action;
 - recourse 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



- 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.

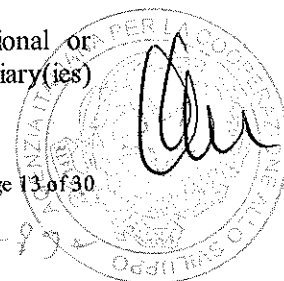
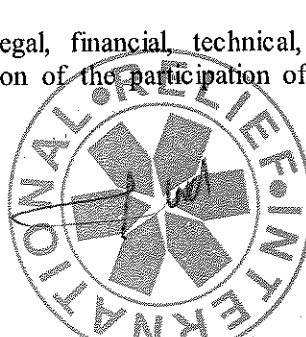
ARTICLE 12 — TERMINATION OF THE CONTRACT

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.

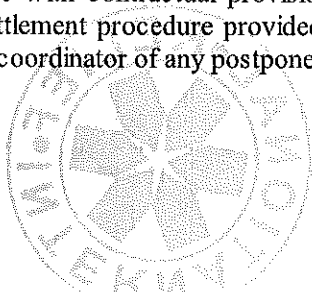
Termination of a beneficiary(ies) participation by the coordinator

- 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

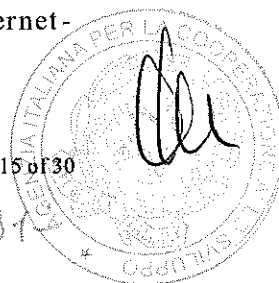
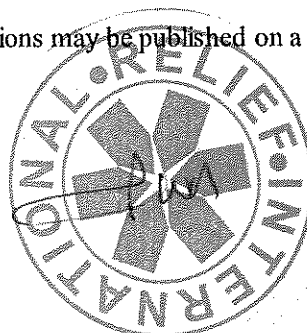
- 12.8. Without prejudice to the application of other remedies laid down in the contract, a sanction of exclusion from all contracts and grants financed by the EU, may be imposed, after an adversarial procedure in line with the applicable Financial Regulation, upon the beneficiary(ies) who, in particular,

- 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

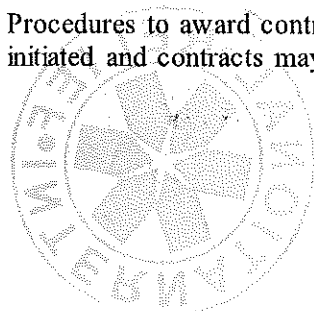
- 13.1. This contract shall be governed by the law of the country of the contracting authority or, where the contracting authority is the European Commission, by the applicable European Union law complemented where necessary by the law of Belgium.
- 13.2. The parties to this contract shall do everything 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.

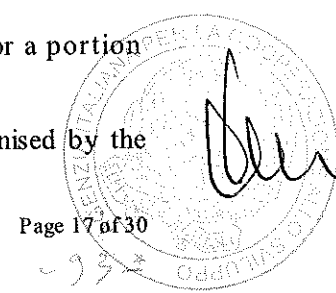
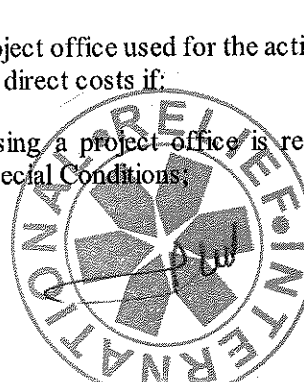
Eligible direct costs

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

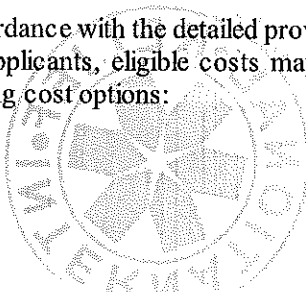
- 14.3. The payment of the EU contribution may be partly or entirely linked to the achievement of results measured by reference to previously set milestones or through performance indicators. Such performance-based financing is not subject to other sub-articles of Article 14. The relevant results and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

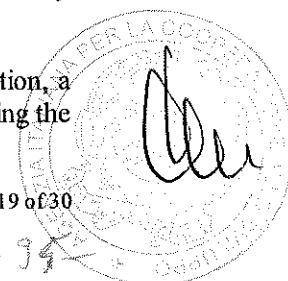
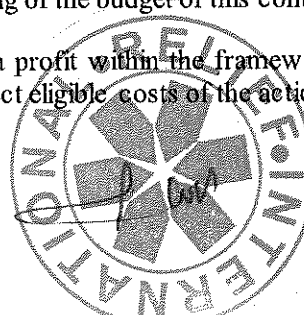
Contingency reserve

- 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 following¹.

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

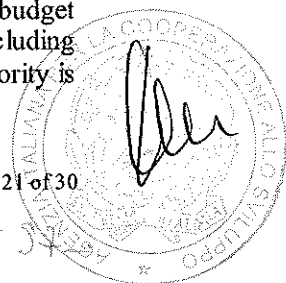
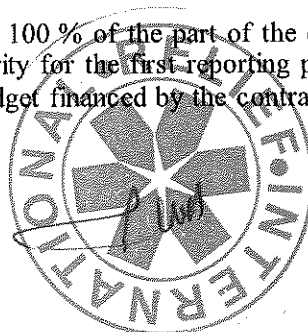
- 15.1. The contracting authority must pay the grant to the coordinator following one of the payment procedures below, as set out in Article 4 of the special conditions.

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.

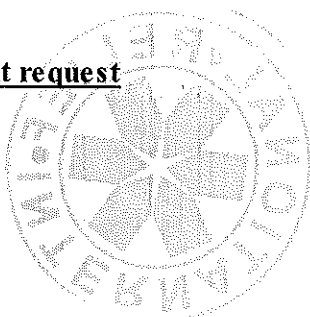
Option 3: All actions

(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:

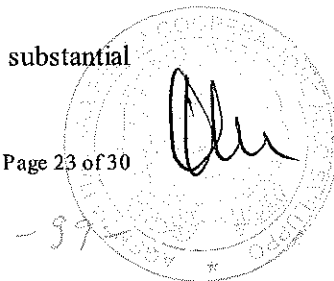
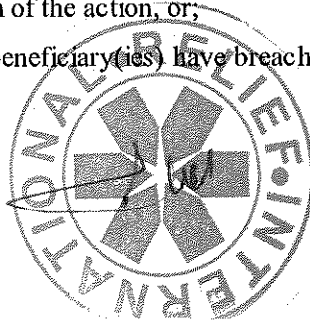
- a) one beneficiary with affiliated entity(ies);
- b) if more than one beneficiary is party to this contract;
- c) if the Commission is not the contracting authority;
- d) for grants exceeding EUR 5 000 000.

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.

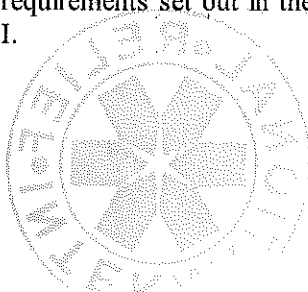
This Article 15.6 does not apply if the coordinator is a European Union Member State, including regional and local government authorities or other public body acting in the name and on behalf of the Member State for the purpose of the contract.

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).

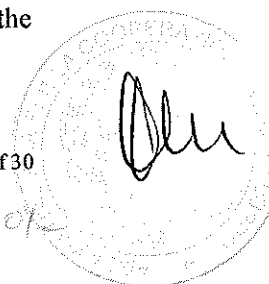
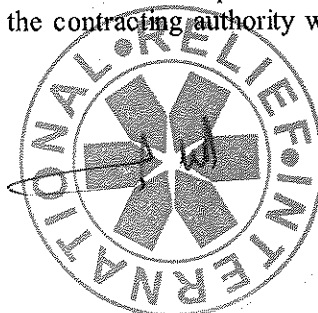
Where the coordinator is a government department or a public body, the contracting authority may accept to substitute the expenditure verification with a detailed breakdown of expenditure.

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.

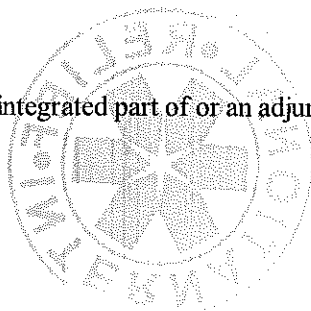
ARTICLE 16 — ACCOUNTS AND TECHNICAL AND FINANCIAL CHECKS

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.

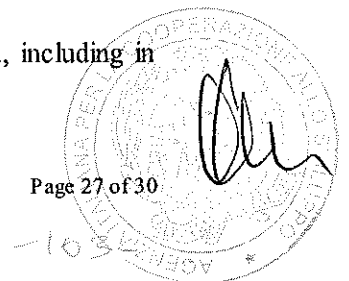
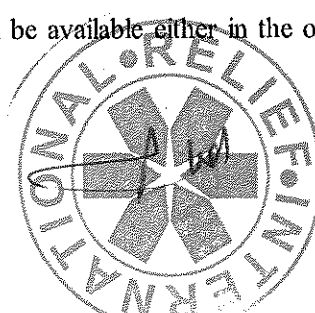
- 16.6. Access given to agents of the European Commission, European Anti-Fraud Office, the European Public Prosecutor's Office and the European Court of Auditors and to any external auditor authorised by the contracting authority carrying out verifications as provided for by this article as well as by 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.



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 I - 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).

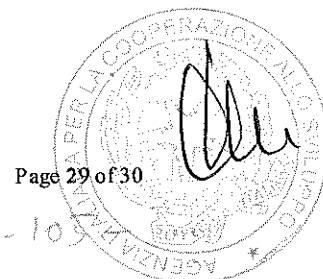
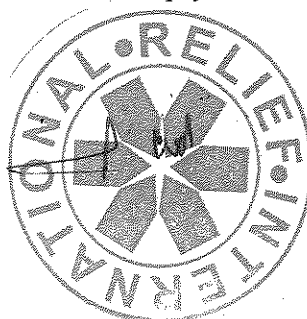
No-profit

- 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;

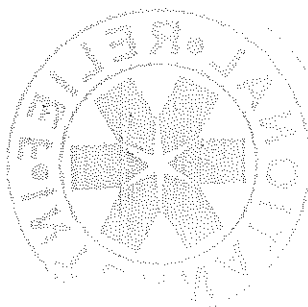
on the first day of the month in which the time-limit expired, plus three and a half percentage points. The default interest shall be incurred over the time which elapses between the date of the payment deadline set by the contracting authority, and the date on which payment is actually made. Any partial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

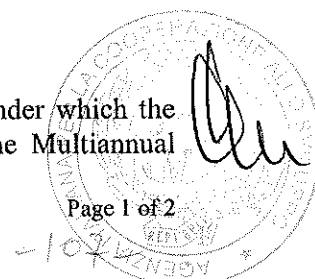
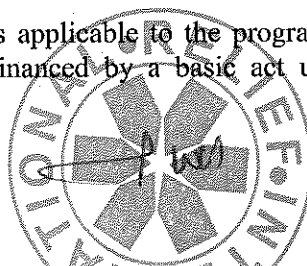
2.1. The nationality rule

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 grant¹, the tenderer must be requested to state the origin² 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

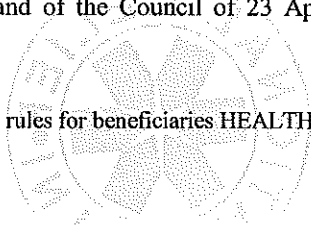
Where an agreement on widening the market for procurement of goods, works or services applies, access must also be open to nationals and goods originating from other countries under the conditions laid down in that agreement.

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,

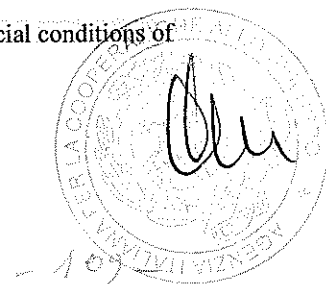
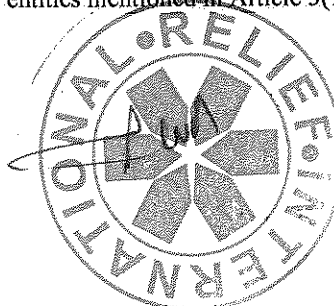
I hereby request [a further pre-financing payment] [payment of the balance] under the contract mentioned above.

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.



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 contract²>

Declaration on honour

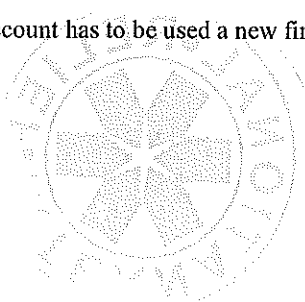
I hereby certify that the information contained in this payment request is full, reliable and true, and is substantiated by adequate supporting documents that can be checked.

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.

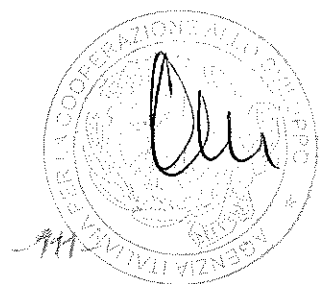
Yours faithfully,

< Signature >

² In case a different bank account has to be used a new financial identification form has to be timely submitted.



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, expatriate staff)	Per month				Per month			
1.3 Per diems for missions/travel	Per diem				Per diem			
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								
11. Total eligible costs (9+10)	Per day				Per day			
12. - Taxes								
- Contributions in kind								
13. Total accepted costs of the Action (11+12)								

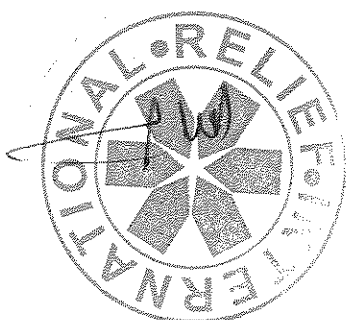


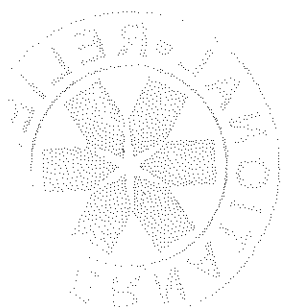


Forecast Budget & follow-up

Contract No.
Implementation period of the contract (dd/mm/yyyy-dd/mm/yyyy)

Forecast Budget & follow-up		Previous period (dd/mm/yyyy-dd/mm/yyyy)				Real Previous Period		Following period (dd/mm/yyyy-dd/mm/yyyy)			
		Forecast						Forecast			
Expenditures	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, expatriate staff)	Per month					Per month					
1.3 Per diems for missions/travel	Per diem					Per diem					
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, 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 contingencies (maximum 5% of 7. subtotal direct eligible costs of the Action)											
10.2 Volunteers' work											
11. Total eligible costs (9+10)											
12. - Taxes											
13. Total accepted costs of the action (11+12)											

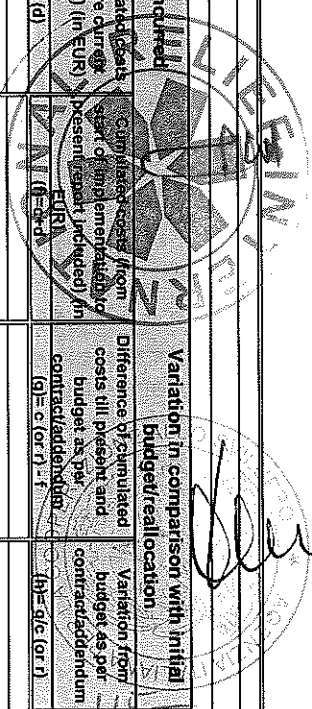




Interim financial report:
 period (dd/mm/yyyy-dd/mm/yyyy)

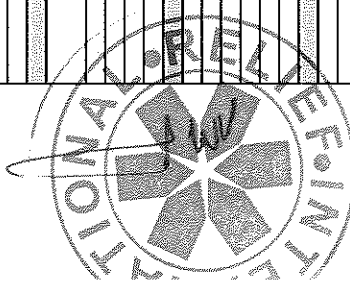
Expenditures

Interim financial report: period (dd/mm/yyyy-dd/mm/yyyy)												
Expenditures	Budget as per contract/addendum				Reallocation (article 9.4 of the GC)	Expenditure incurred				Variation in comparison with initial budget/reallocation		
	Unit	# Units	Unit value (in EUR)	Total Cost (in EUR)		# 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 (g) = c (or f) - f	Variation from budget as per contract/addendum (h) = g/c (or f)
1. Human Resources		(a)	(b)	(c)=a*b		(a)	(b)	(c)=a*b	(d)	(e)=d		
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, expatriate 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												
13. - Contributions in kind												
13. Total accepted costs of the action (11+12)												



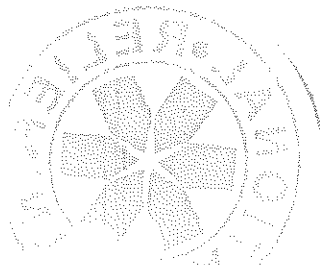


Contract No													
Implementation period of the contract (dd/mm/yyyy-dd/mm/yyyy)													
Final financial report:													
period (dd/mm/yyyy-dd/mm/yyyy)													
Expenditures	Budget as per contract/addendum				Reallocation allowed (Article 9.4 of the General Conditions)	Expenditure incurred					Variations in comparison with initial budget/addendum		
	Unit	# Units	Unit value (in EUR)	Total Cost (in EUR)		# 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) (in EUR)	In absolute value in EUR	In %	Explanation for all variations
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, expatriate staff)	Per month												
1.3 Per diems for missions/travel	Per diem												
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													
13. Total accepted costs of the action (11+12)													



711

[Handwritten signature]



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		

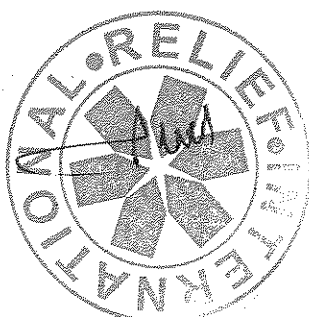
List of Pending payments (above 500 EUR)

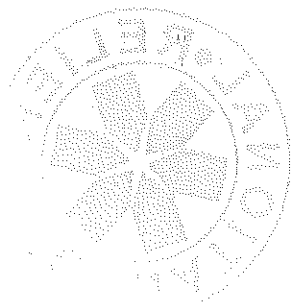
Please list the following details: Name of the provider, Object of the contract (Final Audit, Works execution guarantee...), Amount in €, Due date, Reference document (Date and number of Invoice/ contract), Explanation and comments (why still not paid?)

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





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.

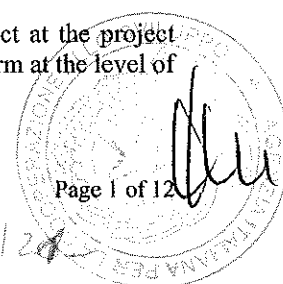
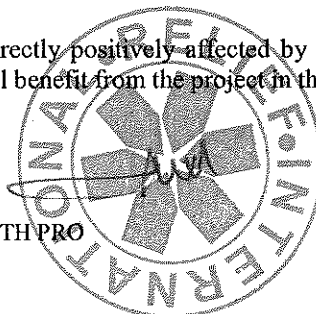
Table of contents

List of acronyms used in the report

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 reporting period:
- 1.7. Target country(ies) or region(s):
- 1.8. Final beneficiaries &/or target groups¹ (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 the action activities and its results

2.1. 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 matrix² (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).

2.2. 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 sustainability⁵ 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

<Contract number>

<Start date and end date of the reporting period>

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.

<...>

B. 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>

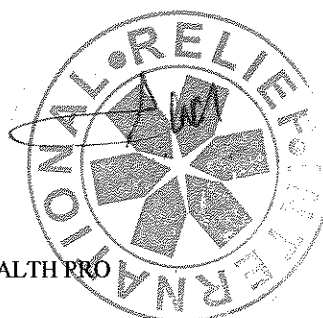
Activity 1.1.2.

<...>

2.3. 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.

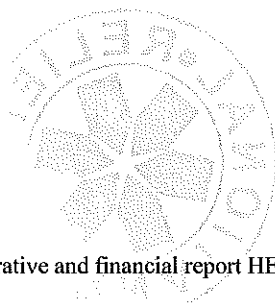
The logframe can be revised as necessary (in line with the provisions defined in Article 9.4 of the General Conditions, Annex E3h2).



<Contract number>

<Start date and end date of the reporting period>

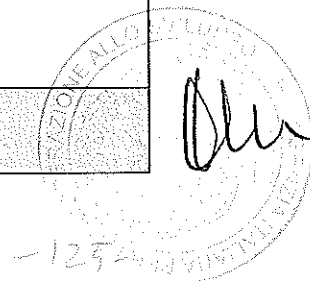
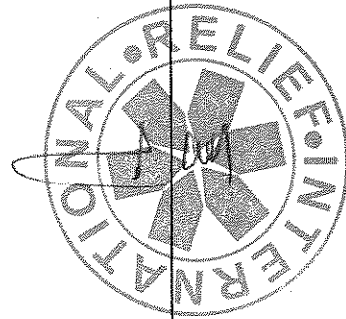
.....



<Contract number>

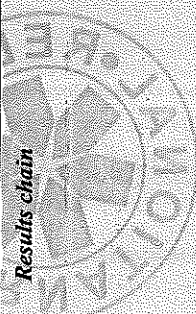
<Start date and end date of the reporting period>

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	Assumptions
<p>Impact (Overall)</p> <p>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."</p> <p>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.</p> <p>Please delete this row once the Logframe is completed.</p>	<p>Quantitative and/or qualitative variable that provides a simple and reliable mean to measure the achievement of the corresponding result.</p> <p>To be presented, when relevant, disaggregated by sex, age, urban/rural, disability, etc.</p>	<p>The value of the indicator(s) prior to the intervention against which progress can be assessed or comparisons made.</p> <p>(Ideally, to be drawn from the partner's strategy)</p>	<p>The intended final value of the indicator(s).</p> <p>(Ideally, to be drawn from the partner's strategy)</p>	<p>The latest available value of the indicator(s) at the time of reporting.</p> <p>(* to be updated in interim and final reports)</p>	<p>Ideally to be drawn from the partner's strategy.</p>	<p>Not applicable</p>
<p>Copy/paste the impact statement as per original Logframe or as formally amended during implementation.</p>	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	<p>Not applicable</p>
	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 #	



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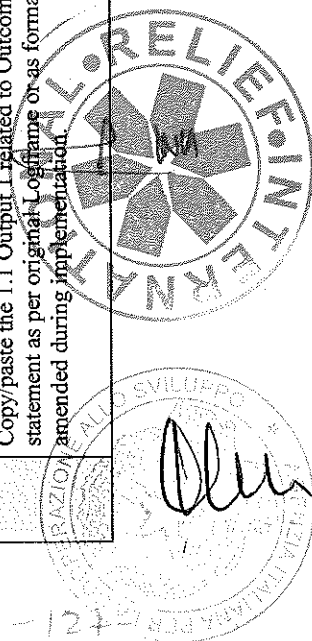
<Start date and end date of the reporting period>

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	Assumptions
 <p>As per OECD-DAC definition, the outcomes are "The likely or achieved short-term and medium-term change and effects of intervention outputs."</p> <p>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.</p> <p>It is good practice to limit the number of specific objectives (often one is enough), however for large Actions, other outcomes can be included.</p> <p>Please delete this row once the Logframe is completed.</p>	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)	

<Contract number>

<Start date and end date of the reporting period>

<i>Results chain</i>	<i>Indicator</i>	<i>Baseline (value & reference year)</i>	<i>Target (value & reference year)</i>	<i>Current value* (reference year) (* to be updated for interim and final reports)</i>	<i>Sources of data</i>	<i>Assumptions</i>
<i>R e s u l t s</i>						
))	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.	(...)	(...)	(...)	(...)	(...)	
<i>O u t p u t s</i>						
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)	



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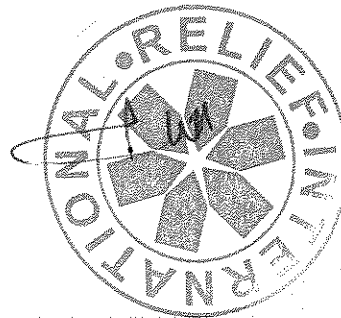
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<i>R e s u l t s</i>	<i>Results chain</i>	<i>Indicator</i>	<i>Baseline (value & reference year)</i>	<i>Target (value & reference year)</i>	<i>Current value* (* to be updated for interim and final reports)</i>	<i>Sources of data</i>	<i>Assumptions</i>
		1.1.2 <u>Indicator 2 to Output 1</u>	1.1.2 <u>Baseline for indicator 1.1.2 (same unit of measure)</u>	1.1.2 <u>Target for Indicator 1.1.2</u>	1.1.2 <u>Current value for indicator 1.1.2</u>	1.1.2 <u>Source of data for indicator 1.1.2 (values)</u>	
		(...)	(...)	(...)	(...)	(...)	
		1.2.1 <u>Indicator 1 to Output 2</u>	1.2.1 <u>Baseline for indicator 1.2.1 (same unit of measure)</u>	1.2.1 <u>Target for Indicator 1.2.1</u>	1.2.1 <u>Current value for indicator 1.2.1</u>	1.2.1 <u>Source of data for indicator 1.2.1 (values)</u>	
	Copy/paste the 1.2 Output 1 related to Outcome 1 statement as per original Logframe or as formally amended during implementation.	1.2.2 <u>Indicator 2 to Output 2</u>	1.2.2 <u>Baseline for indicator 1.2.2 (same unit of measure)</u>	1.2.2 <u>Target for Indicator 1.2.2</u>	1.2.2 <u>Current value for indicator 1.2.2</u>	1.2.2 <u>Source of data for indicator 1.2.2 (values)</u>	
		(...)	(...)	(...)	(...)	(...)	
		2.1.1 <u>Indicator 1 to Output 1</u>	2.1.1 <u>Baseline for indicator 2.1.1 (same unit of measure)</u>	2.1.1 <u>Target for Indicator 2.1.1</u>	2.1.1 <u>Current value for indicator 2.1.1</u>	2.1.1 <u>Source of data for indicator 2.1.1 (values)</u>	
	Copy/paste the 2.1 Output 1 related to Outcome 2 statement as per original Logframe or as formally amended during implementation.	2.1.2 <u>Indicator 2 to Output 1</u>	2.1.2 <u>Baseline for indicator 2.1.2 (same unit of measure)</u>	2.1.2 <u>Target for Indicator 2.1.2</u>	2.1.2 <u>Current value for indicator 2.1.2</u>	2.1.2 <u>Source of data for indicator 2.1.2 (values)</u>	
		(...)	(...)	(...)	(...)	(...)	

<Contract number>

<Start date and end date of the reporting period>

<i>Results chain</i>	<i>Indicator</i>	<i>Baseline (value & reference year)</i>	<i>Target (value & reference year)</i>	<i>Current value* (reference year) (* to be updated for interim and final reports)</i>	<i>Sources of data</i>	<i>Assumptions</i>
Results chain	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)	
	(...)	(...)	(...)	(...)	(...)	



<Contract number>

<Start date and end date of the reporting period>

2.4. Activity Matrix

<p><i>What are the key activities to be carried out to produce the intended outputs?</i></p> <p><i>(*activities should be linked to corresponding output(s) through clear numbering)</i></p>	<p>Means <i>What are the political, technical, financial, human and material resources required to implement these activities, e.g. staff, equipment, supplies, operational facilities, etc.</i></p> <p>Costs <i>What are the action costs? How are they classified? (Breakdown in the Budget for the Action)</i></p>	<p><i>Assumptions External, necessary and positive conditions for implementing the intervention that are outside of its management's control.</i></p>
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<Contract number>

<Start date and end date of the reporting period>

2.5. Please provide an updated action plan for the future activities of the project⁶

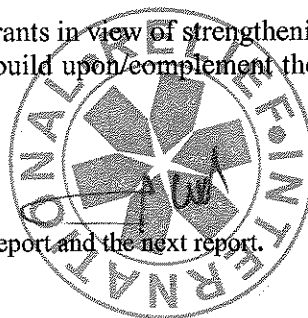
Year													
Activity	Half-year 1						Half-year 2						Implementing body
	Month 1	2	3	4	5	6	7	8	9	10	11	12	
Example	example												Example
Preparation Activity 1 (title)													Beneficiary or affiliated entity 1
Execution Activity 1 (title)													Beneficiary of affiliated entity 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.

3. Beneficiaries/affiliated entities, trainees and 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 the affiliated entity statement)? Please provide specific information for each beneficiary/affiliated entity.
- 3.2. How would you assess the relationship between your organisation and State authorities in the action countries? How has this relationship affected the action?
- 3.3. 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.)
- 3.4. Where applicable, outline any links and synergies you have developed with other actions.
- 3.5. 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).

⁶ This plan will cover the financial period between the interim report and the next report.



<Contract number>

<Start date and end date of the reporting period>

- 3.6. 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.

4. 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 state your objections here.

Name of the contact person for the action:

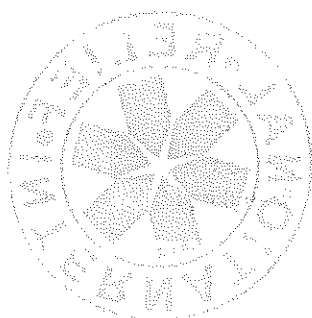
.....

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.

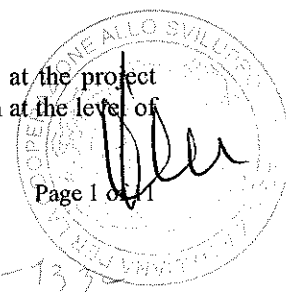
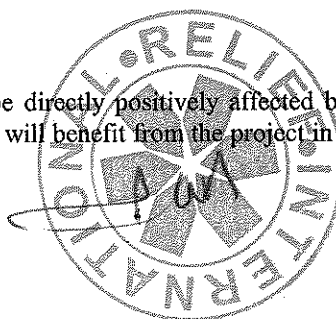
Table of contents

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 groups¹ (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 matrix² (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 sustainability⁵ and combating HIV/AIDS (if there is a strong prevalence in the target country/region).

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

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.

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

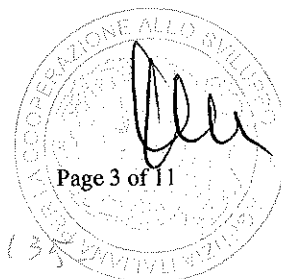
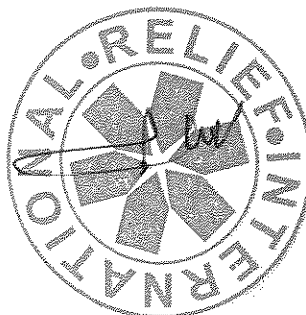
(...)

<(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.

(...)

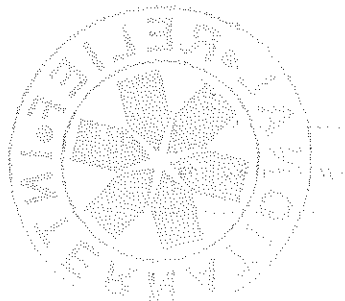


- 2.3. What has your organisation or any actor involved in the Action learned from the Action and how has this learning (including evidence from monitoring and evaluations) been utilised and disseminated? What has and has not worked?

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.

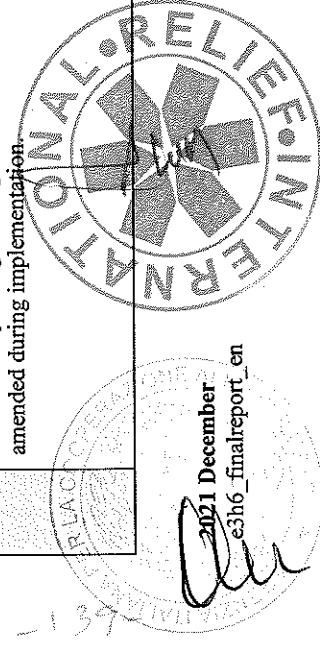
The logframe (as revised during implementation in line with the provisions defined in Article 9.4 of the General Conditions) is to be updated for the purpose of the final report.




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)	<p>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."</p> <p>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.</p> <p>Please delete this row once the Logframe is completed.</p> <p>Copy/paste the impact statement as per original Logframe or as formally amended during implementation.</p>	Quantitative and/or qualitative variable that provides a simple and reliable mean to measure the achievement of the corresponding result	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). (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
		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 #	
Outcome(s) (Specific)	<p>As per OECD-DAC definition, the outcomes are "The likely or achieved short-term and medium-term change and effects of intervention outputs."</p> <p>The main medium-term effect of the intervention</p>	Quantitative and/or qualitative variable that provides a simple and reliable mean to measure the achievement	The value of the indicator(s) prior to the intervention against which progress can be	The intended final value of the indicator(s).	The latest available value of the indicator(s) at the time of	Sources of information and methods used to collect and report (including who and	External, necessary and positive conditions for implementing the intervention that are outside of its

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
	<p><i>focusing on behavioural and institutional changes beneficial to the target group and resulting from the related outputs of the Action.</i></p> <p><i>It is good practice to limit the number of specific objectives (often one is enough), however for large Actions, other outcomes can be included.</i></p> <p><i>Please delete this row once the Logframe is completed.</i></p>	<p><i>of the corresponding result</i></p> <p><i>To be presented, when relevant, disaggregated by sex, age, urban/rural, disability, etc.</i></p>	<p><i>assessed or comparisons made.</i></p>		<p><i>reporting</i></p> <p><i>(* to be updated in interim and final reports)</i></p>	<p><i>when/how frequently).</i></p>	<p><i>management's control.</i></p>
	Copy/paste the Outcome 1 statement as per original Logframe or as formally amended during implementation	1.1 – <u>Indicator 1 to Outcome 1</u>	1.1 – <u>Baseline for indicator 1.1 (same unit of measure)</u>	1.1 – <u>Target for Indicator 1.1</u>	1.1 – Current value for indicator 1.1	1.1 – Source of data for indicator 1.1	
		1.2 – <u>Indicator 2 to Outcome 1</u>	1.2 <u>Baseline for indicator 1.2 (same unit of measure)</u>	1.2 – <u>Target for Indicator 1.2</u>	1.2 – Current value for indicator 1.2	1.2 – Source of data for indicator 1.2	
		(...)	(...)	(...)	(...)	(...)	
	Copy/paste the Outcome 2 statement as per original Logframe or as formally amended during implementation.	2.1 – <u>Indicator to outcome 2</u>	2.1 – <u>Baseline for indicator 2.1 (same unit of measure)</u>	2.1 – <u>Target for Indicator 2.1</u>	2.1 – Current value for indicator 2.1	2.1 – Source of data for indicator 2.1	
		2.2 – <u>Indicator to outcome 2</u>	2.2 – <u>Baseline for indicator 2.2 (same unit of measure)</u>	2.2 – <u>Target for Indicator 2.2</u>	2.2 – Current value for indicator 2.2	2.2 – Source of data for indicator 2.2	
		(...)	(...)	(...)	(...)	(...)	
	Copy/paste the Outcome # statement as per original Logframe or as formally amended during implementation.						

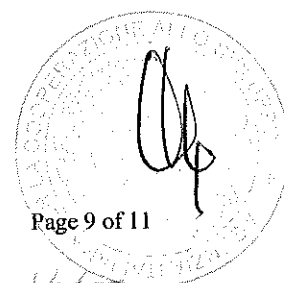
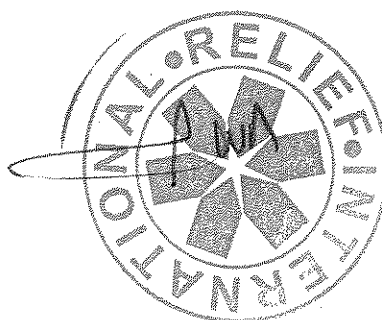
Results	Results chain	Indicator	Baseline (value & reference year)	Target (value & reference year)	Current value* (* to be updated in the interim and final reports)	Sources of data	Assumptions
Outputs	As per OECD-DAC definition outputs are "the products, capital goods and services which results from development interventions."	(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.
	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.						
	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	
		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	
		(...)	(...)	(...)	(...)	(...)	
	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	
		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	



Results	Results chain	Indicator	Baseline (value & reference year)	Target (value & reference year)	Current value* (* 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.	(...)	unit of measure)		indicator 1.2.2	1.2.2	
		(...)	(...)	(...)	(...)	(...)	
		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	
		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	
	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	
		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	
		(...)	(...)	(...)	(...)	(...)	
	(...)						

2.5. Activity matrix

<p><i>What are the key activities to be carried out to produce the intended outputs?</i></p> <p><i>(*activities should be linked to corresponding output(s) through clear numbering)</i></p>	<p>Means <i>What are the political, technical, financial, human and material resources required to implement these activities, e.g. staff, equipment, supplies, operational facilities, etc.</i></p> <p>Costs <i>What are the action costs? How are they classified? (Breakdown in the Budget for the Action)</i></p>	<p>Assumptions <i>External, necessary and positive conditions for implementing the intervention that are outside of its management's control.</i></p>
--	---	---



- 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 sustainability⁸ 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

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.

- 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?

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

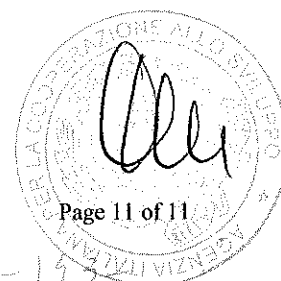
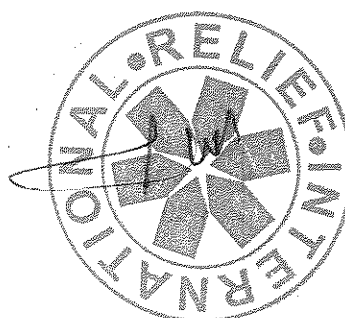
Please indicate in a table the location of records, accounting and supporting documents for each beneficiary and affiliated entity entitled to incur costs.

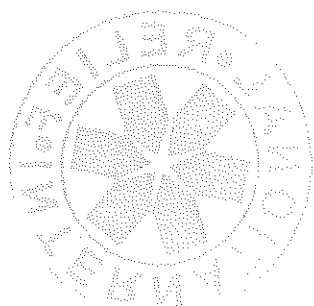
The European Commission may wish to publicise the results of actions. Do you have any objection to this report being published on the website of DG International Partnerships? If so, please state your objections here.

Name of the contact person for the action:

Signature:Location:

Date report due:Date report sent:





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 I)

- **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

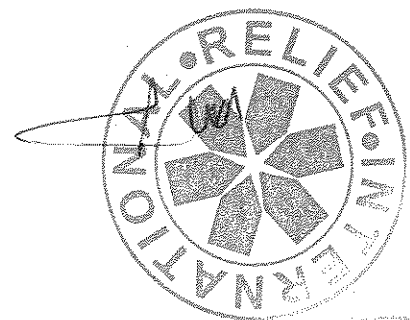
The present terms of reference apply to the verification of expenditure declared in financial reports under the following contracts:

1) Grant Contract¹ number and title of the action: <...>

[2) Grant Contract² number and title of the action: <...>]

<Repeat contracts/reports as applicable>

Detailed information is provided at the cover page of Annex 1

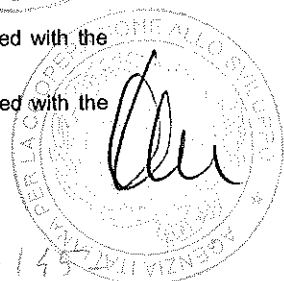


1 Contract in relation to which the financial report subject to verification is issued. The contract established with the expenditure verifier will be identified as "Verification Contract".

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".

December 2021

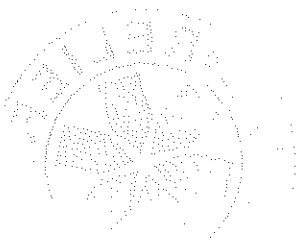
Terms of Reference for an Expenditure Verification of a grant Contract- page 1 of 19



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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

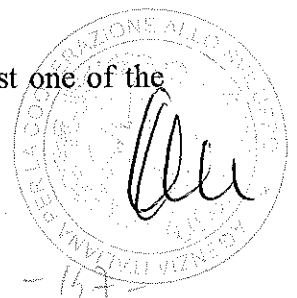
The Expenditure Verifier shall undertake this engagement in accordance with:

- 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:



- 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:
 - documentation, filing and record keeping for expenditure and income;
 - eligibility of expenditure and income;
 - procurement and origin rules insofar as these conditions are relevant to determine the eligibility of expenditure;
 - asset management (management and control of fixed assets; e.g. equipment).
 - cash and bank management (treasury);
 - payroll and time management;
 - accounting (including the use of exchange rates) and financial reporting of expenditure and income; and
 - 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;

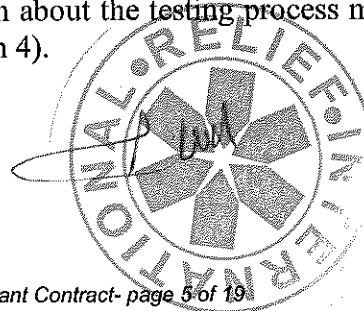
For the purpose of determining what the overall material misstatement or error is, the Expenditure Verifier will apply a materiality threshold of 2% of the total amount of the gross reported expenditure with a confidence level of 95%.

- 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).



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

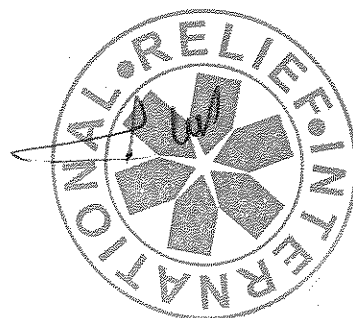
The Expenditure Verifier will not subcontract without prior written authorisation from the Coordinator.

8 Annexes

Annex 1 - Engagement Context / Key Information

Annex 2 – Guidelines for Risk Analysis and Verification Procedures

Annex 3 - Model for Expenditure Verification Report



Annex 1: Engagement Context / Key Information

Contract⁴ and report summary

[Annex to be completed by the Coordinator]

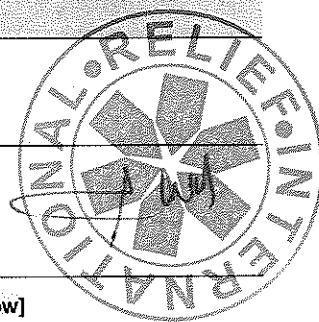
Information about the Grant Contract	
Reference number and date of the Grant Contract	< Contracting Authority's reference for the Grant Contract>
Grant contract title	
Country	
Coordinator	< full name and address of the Coordinator as per the Grant Contract>
Beneficiary(ies) and affiliated entity(ies)	< 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

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?	

F Contact Details

Coordinator: <full name of the entity subject to audit>

Address		Country	
Phone		Fax	
Website			

Key contact

Annex 1/<... >.1: Financial Report(s) to be verified

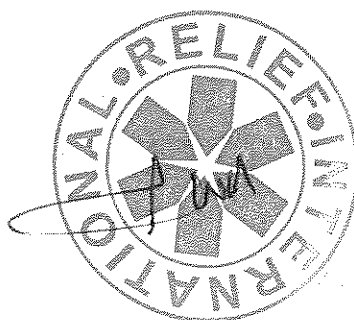
Annex 1/<... >.2: Contract and riders

<Other documents to be sent to the Auditor, (e.g. narrative reports, previous audit reports)>

Annex 2: Guidelines for risk analysis and verification procedures

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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.

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.

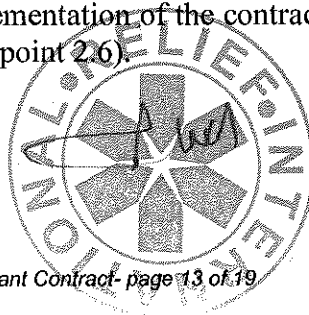
2.8 Expenditure complies with the requirements of applicable tax and social legislation

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.

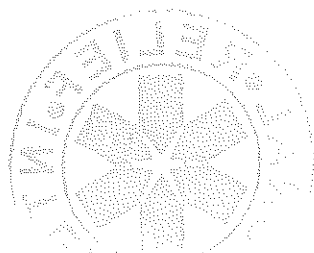
The indirect costs do not exceed the maximum contractual percentage of the eligible direct costs and do not include ineligible expenses or expenses already declared as direct ones.

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.



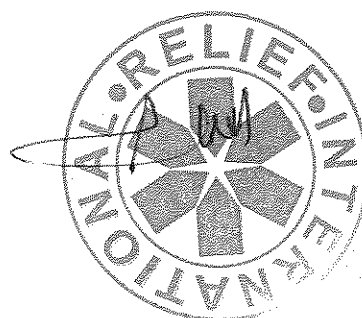
<Annex 3: Model for > Expenditure verification Report

<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

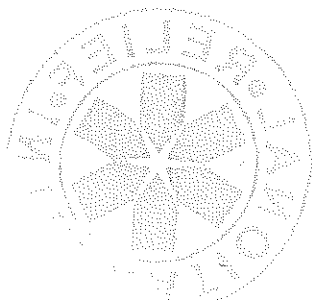
- **insert** the information requested between the <...>
- **choose** the optional text between [...] highlighted in grey when applicable or delete
- **delete** all yellow instructions and the present text box



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>



1.2. Basic financial information of the Contract (at the time of the verification)

1.2.1 Expenditure

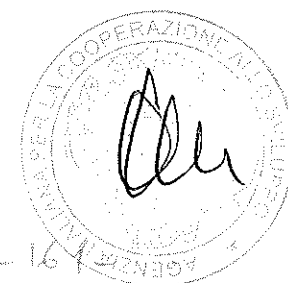
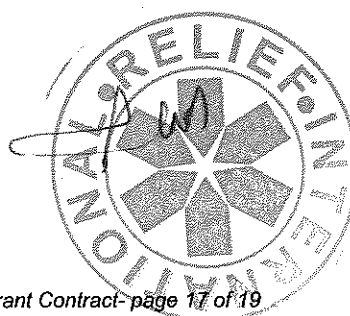
Budget Headings	Budgeted Expenditure (amount)	Reported Expenditure (amount)
Budget Heading "..."		
...		
Total		

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.

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>

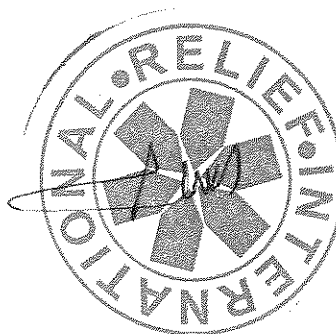
[for final reports <Date of signature> the date when the final report is signed]

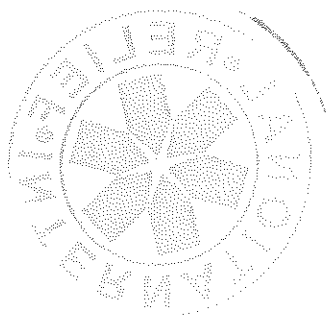
Annex 3.1: Financial reports provided by the auditee

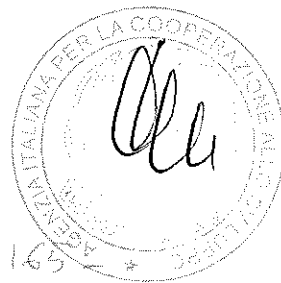
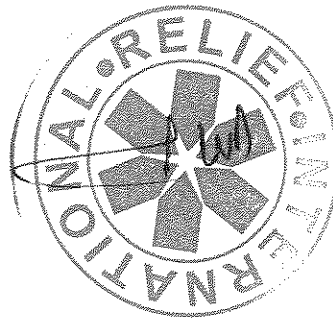
Annex 3.2: Procedures performed

Annex 3.3: Table of transactions - provided as Excel file

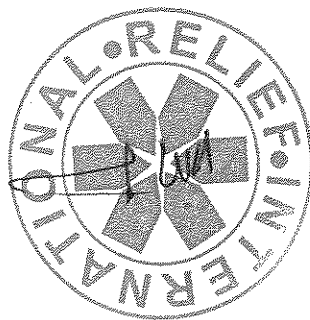
Annex 3.4: Table of errors - provided as Excel file

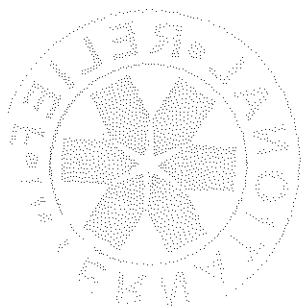




[illegible]

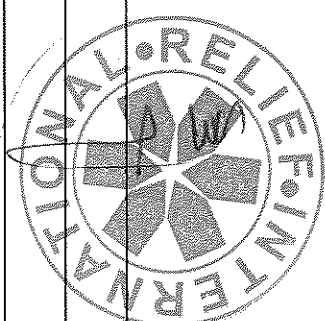


[illegible]



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:

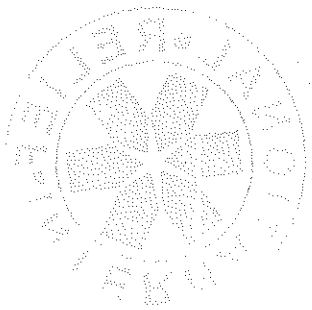
Assets	Description of item (> EUR 5 000)	Date of purchase	Purchase cost in EUR	Date of transfer / comments
1.				
2.				
3.				
4.				
Etc.				

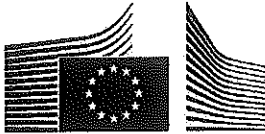
The above list was drawn up to comply with Articles 2 and 7.5 of the general conditions applicable to EU-financed grant contracts for external action (Annex II of the contract). Ownership of each item listed has been transferred. The local beneficiary(ies) and/or the local affiliated Entity(ies) and/or 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

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.

PRIVATE LAW BODY

OFFICIAL NAME ①	MRCA/RELIEF INTERNATIONAL - FRANCE		
BUSINESS NAME (if different)			
ABBREVIATION	MRCA/RI-FRANCE		
LEGAL FORM	ASSOCIATION		
ORGANISATION TYPE	FOR PROFIT <input type="checkbox"/> NON FOR PROFIT <input checked="" type="checkbox"/> NGO ② YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
MAIN REGISTRATION NUMBER ③	42956525200021		
SECONDARY REGISTRATION NUMBER (if applicable)			
PLACE OF MAIN REGISTRATION	CITY	PARIS	
	COUNTRY	FRANCE	
DATE OF MAIN REGISTRATION	22	10	1985
	DD	MM	YYYY
VAT NUMBER	N/A		
ADDRESS OF HEAD OFFICE	3 BIS, RUE DE BUDAPEST		
POSTCODE	75009	P.O. BOX	
CITY	PARIS		
COUNTRY	FRANCE		PHONE
E-MAIL	mrca.ri@ri.org; grants@ri.org		

DATE 21/01/2021

SIGNATURE OF AUTHORISED REPRESENTATIVE

Ann
Koontz

Digitally signed by Ann Koontz
DN: cn=Ann Koontz, o=Relief
International, ou=SVP-TAD,
email=ann.koontz@ri.org, c=US
Date: 2021.01.21 16:16:39
+05'00'

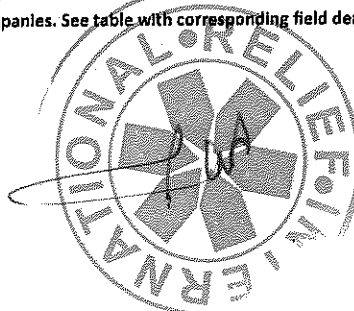
STAMP

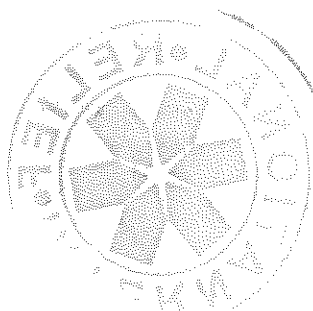


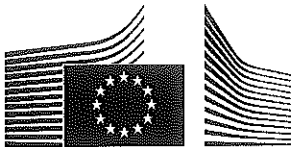
① National denomination and its translation in EN or FR if existing.

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.







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 MRCA - RELIEF INTERNATIONAL - FRANCE

IBAN/ACCOUNT NUMBER ③ FR76 3056 8199 2600 0120 6950 992

CURRENCY EURO

BIC/SWIFT CODE CMCIFRPP

BRANCH CODE ④

BANK NAME BANQUE TRANSATLANTIQUE

ADDRESS OF BANK BRANCH

STREET & NUMBER 26 AVENUE FRANKLIN ROOSEVELT

TOWN/CITY PARIS

POSTCODE 75372

COUNTRY FRANCE

ACCOUNT HOLDER'S DATA

AS DECLARED TO THE BANK

ACCOUNT HOLDER MRCA - RELIEF INTERNATIONAL - FRANCE

STREET & NUMBER 3 BIS, RUE DE BUDAPEST

TOWN/CITY PARIS

POSTCODE 75009

COUNTRY FRANCE

REMARK

MRCA/RI-France's headquarters as declared to the bank remains in Paris. However, the organisation has established a sub-office in Lyons at the address indicated in the bank statement for the management of a range of operational functions, including banking.

BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE ⑤

DATE (Obligatory)
21/01/2021

SIGNATURE OF ACCOUNT HOLDER (Obligatory)

Ann Koontz

Digitally signed by Ann Koontz
DN: cn=Ann Koontz, o=Relief
International, ou=SVP-TAD,
email=ann.koontz@ri.org, c=US
Date: 2021.01.21 16:18:09 -05'00'

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.

