

<b>Requesting Organization :</b>	TEARFUND				
<b>Allocation Type :</b>	2nd Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
NUTRITION		100.00			
		<b>100</b>			
<b>Project Title :</b>	Integrated response to life threatening malnutrition in 2 counties of Jonglei state South Sudan				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-16/H/89525	<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/N/INGO/3603		
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	400,799.87		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	2		
<b>Planned Start Date :</b>	01/10/2016	<b>Planned End Date :</b>	31/03/2017		
<b>Actual Start Date:</b>	01/10/2016	<b>Actual End Date:</b>	31/03/2017		
<b>Project Summary :</b>	<p>This integrated (CMAM) project will provide support to internally displaced people (IDPS) and host communities in underserved areas affected by the recent violence in Uror and Twic East Counties. The intervention will also target reaching to the most underserved and hard to reach areas and will also focus on returnees in Twic East who are arriving from Internally displaced camps (Minkhaman ). In Uror majority of the IDP's settling back in the community are coming back for Bor and Malakal POC's. The goal of the project is to contribute to the reduction in nutrition-related mortality and morbidity, and improve access to high-quality multi-sectorial life-saving nutrition interventions for the most vulnerable populations notably U5 children and pregnant and lactating women. The project will support 19 Supplementary Feeding Programs/ 18 Outpatient Therapeutic Programs, IYCF and community outreach activities including vitamin A supplementation and deworming in all the FCs in the 6 Payams of Uror and 5 Payams of Twic East County. Program approaches will include community education, active case detection and treatment (TSFP and OTP),IYCF in emergencies, de-worming campaigns, and mass screening targeting IDPs and host communities.</p>				
<b>Direct beneficiaries :</b>					
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
530	26,489	32,085	30,826	89,930	
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
People in Host Communities	450	22,516	27,272	26,202	76,440
Internally Displaced People	80	3,973	4,813	4,624	13,490
<b>Indirect Beneficiaries :</b>					
All under five children; all pregnant and lactating women, residing in the two targeted counties					
<b>Catchment Population:</b>					
All the villages in Twic East and Uror Counties of Jonglei State					
<b>Link with allocation strategy :</b>					
<p>Tearfund proposes to address the needs of host communities and IDPs in Uror and Twic East counties that the nutrition cluster has identified as priority. The interventions will focus on providing therapeutic and supplementary feeding to severely and moderately malnourished children under the age of 5 years and pregnant and lactating women. Interventions will also focus on Community mobilization and awareness on Malnutrition through a network of Community volunteers an implementation on Infant and young child feeding in emergencies targeting women, girls and boys. Uror and Twic East counties are among the worst affected in Jonglei state. Malnutrition and Food insecurity are very high in the two countries. The IPC report of May 2016 reported that some 700,000 individuals in Jonglei state were projected to be living in crisis and emergency situations between May and July 2016.Tearfund's most recent SMART survey found that, Uror and Twic East counties, the malnutrition rate was 24.8% and 25.6% respectively. The combined concentration of malnutrition and food insecurity ranks Uror and Twic East counties as priority by the Nutrition cluster.</p> <p>Tearfund will employ an integrated CMAM approach to meet the needs, in line with the Nutrition cluster strategy.</p>					

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Morris Charumbira	Programme Development Coordinator	southsudan-gic@tearfund.org	+211 955300856
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**BACKGROUND****1. Humanitarian context analysis**

Current situation: The on-going political crisis that started in December 2013 led to an inflow of IDPs into Uror County. These IDPs have since been integrated into the host communities but this has not made the situation better. An increased presence by government forces in neighbouring counties has created uncertainties among the Uror population and thus affected the planting season (people were afraid to plant) and affected mobility and thus limited entry of goods into the County. The outbreak of violence in April-May 2015 led to displacement of almost 1,000 people from areas of Pajut, Yuai and Padiek South West of the County towards North East to areas of Pieri, Payai, Modit and Juet after Yuai river. This Population returned back to their original homes later in December and since re-settled back though with limited resources.

The Security situation in Twic East has remained Calm enabling majority of the communities who were displaced since 2013 Dec either internally or externally to return back to their original homes. This population are settling back with limited resources.

The recent SMART survey in both Uror and Twic East showed very high prevalence of GAM rates at 24.8% and 25.6% respectively. In addition to the host community concentration, the recently concluded pre- Harvest SMART survey revealed that 24.8% of the population in Twic east were returnees coming back after the December 2013 crisis, These IDP's are coming back to restart their life barely with no resources hence stretching further the limited resources in the community. The Assessment further revealed that a high proportion ( 56.7% ) of children were ill during the last two weeks prior to the assessment suggesting that measures have to be in place to prevent illnesses. Further to this, 38.6% of the ill children did not receive treatment in Uror County. ICRC has since narrowed the gap in health service provision by setting up a clinic in Motot but even with this, more health services need to be extended to cover other Payams. Malaria and diarrhoea continued to be the commonest illnesses experienced which calls for high sensitisation campaigns for hygiene and public health concerns. Tearfund provides health and Nutrition based messages at Nutrition sites and in the community and runs a WASH project previously using Participatory Hygiene and Sanitation Transformation (PHAST) approach and now Community Led Total Sanitation (CLTS). Sources of safe drinking water was not a big problem with over 80% accessing water from boreholes however hygiene issues of hand washing and lack of latrine usage remain a key challenge.

In Twic East, the situation is almost similar to Uror County, though Health systems under the County Health department is running on well, Tearfund has integrated Nutrition in the health facilities and now looking forward to actively engaging the community to participate in the identification and management of Malnutrition at the community level. Early identification and referral and Prevention aspect will be the main focus so that the community takes ownership of the programmes.

**2. Needs assessment**

The most recent SMART survey (May 2016) for Uror County, showed a prevalence of GAM using weight for height z-score at 24.8 % while that of SAM was 8.6 % which was above the WHO threshold for emergency intervention. In Twic East the situation was not different from Uror SMART survey conducted in May 2016 showed GAM rate of 25.6% and SAM rate of 4%.

These two assessment showed a worrying nutrition status in both Counties, of which without nutrition interventions mortality related to Malnutrition be increased.

Tearfund provides health and Nutrition based messages at Nutrition sites and in the community and runs a WASH project previously using Participatory Hygiene and Sanitation Transformation (PHAST) approach and now Community Led Total Sanitation (CLTS). Sources of safe drinking water was not a big problem with over 80% accessing water from boreholes however hygiene issues of hand washing and lack of latrine usage remain a key challenge. Two stage cluster sampling method was employed in determining the clusters and the households to be surveyed. In selection of clusters, the population data for all the villages (smallest sampling unit) in the whole county was entered in the ENA software which generated a list of clusters to be visited for the survey. This list of villages and population was obtained from the community leaders, RRC and the National Bureau of Statistics (NBS) and contained the name of the villages and/Bomas and their population sizes. The clusters to be included in the survey were selected using the probability proportional to population size. The target population for this survey was the children aged 6 – 59 months for the anthropometric component, 0 – 23.9 months for Exclusive breastfeeding rates and IYCF practices, all women of childbearing age, caregivers of the targeted children and the general population for the mortality survey, WASH and Food security component.

**3. Description Of Beneficiaries**

A nutrition survey conducted by Tearfund (May 2016) in Uror County Jonglei State showed a GAM rate of (24.8 % (21.1 - 29.0 95% C.I.) SAM 6.8 % (5.0 - 9.2 95% C.I.), and MAM of 18.0 % (15.0 - 21.4 95% C.I.), which are way over the emergency cut offs. In Twic East the situation was not different from Uror, (May 2016) GAM rate of 25.6 % (21.8 - 29.8 95% C.I.), 21.6 % (18.0 - 25.7 95% C.I.), 4.0 % (2.5 - 6.3 95% C.I.)

Tearfund is prioritizing PLWs and children under 5 who are both the first group to be affected by malnutrition. Moderately malnourished children and PLW will receive supplementary feeding through TSFP while severe cases will be managed through OTP with RUTF. Other groups will be men and women in the targeted areas, CHD workers, caretakers, people with disabilities and the elderly among IDPs and host families who will benefit from nutrition and health education and training. Through community based IYCF groups, sessions on nutritional best practices, vitamin A and EPI promotions, hygiene and food security topics geared towards at reducing malnutrition in children and pregnant and lactating mothers will be conducted. TEARFUND will support 19 TSFP and 18 OTP including internal capacity building for 736 Community Nutrition Volunteers-CNVs (520 in Uror and 216 in Twic East) Tearfund will receive in-kind support of RUTF and food aid from WFP and UNICEF. Trainings will be based on internationally recognized protocols and IEC materials which will be sourced from both UNICEF and WFP and reproduced for use in implementation. UNICEF/WHO CMAM guideline will be followed and SPHERE standards will be used to measure the success of OTP/SFP programs. Participatory approaches will be used; communities in the catchment area have been and will continue to participate in activity implementation and impact assessment of the program. TEARFUND will only start up new activity in areas where GAM is above the emergency threshold and to reach displaced populations where there are no other accessible nutrition programs. Tearfund will identify beneficiaries through community screenings and the following criteria: For MAM:

Admission and discharge criteria will be in line with Ministry of Health and WHO guidelines as follows: Admission of children aged 6-59 months: (1) MUAC >115mm to <125mm; (2) No oedema; (3) Clinically well with appetite; (4) Child discharged from OTP or returning after defaulting within one month. Discharge of children aged 6-59 months: (1) MUAC > 125mm for two consecutive visits; AND (2) 6 weeks minimum stay in TSFP. Admission of Pregnant or Lactating Mother: (1) Mother with MUAC <230mm, or mother of malnourished infant of <6 months and / or <4kg and / or mother unable to breastfeed effectively (infant to be referred to Stabilization Centre). Discharge of Pregnant or Lactating Mother: (1) After 2 months of TSFP or MUAC > 230mm on two consecutive visits.

For SAM: Admission and discharge criteria in OTP will be based on IM-SAM guidelines and WHO 2006 standards and will target all severely malnourished children aged 6-59 months as follows: Admission of children aged 6-59 months: (1) Weight for height < -3 z-score of the WHO standards; (2) MUAC < 115mm; and / or bilateral pitting oedema. Discharge of children aged 6-59 months: (1) If Admitted using Weight-for-height criteria > -2 z-score of the WHO standards; (2) IF admitted Using MUAC criteria MUAC >11.5 for two Consecutive visits (3) Oedema free for two consecutive visits.

Volunteers will be trained at the community level: each community will be encouraged to select 2 individual who will be the Focal persons and will undergo training on basic Nutrition, Identification and referral of SAM and MAM cases and how to conduct follow visits.

#### **4. Grant Request Justification**

Tearfund is the Uror and Twic East County's Nutrition Cluster lead with coverage of Nutrition services spreading across all the 6 Payams in Uror and 5 Payam in Twic East Counties. Basically Tearfund is covering the two Counties with provision of nutrition services.

These activities cover treatment of MAM for both children and PLW, Treatment for SAM for children 6-59 months without medical complications, community based activities; micro- nutrient supplementation, deworming, screening and referrals as well as outreach interventions on Infant and Young Child Feeding (IYCF) Practices. Tearfund has got a good network of community based Extension workers and a history of working in Uror to be able to accomplish this work. Jam international recently handed over Nutrition Feeding centres in Three Payams of Twic east to Tearfund. Now Tearfund covering the whole County. Over the years, Tearfund has steadily developed the aptitude to cope with Nutrition emergencies in the two Counties. Tearfund has developed a strong network of extension workers (based in the communities with Proximity to the FCs) and Nutrition static facilities in all the Payams of the two Counties. 16 static Nutrition sites have been established with storage facilities and full time Nutrition Extension workers as well as a network of IYCF groups and CNVs. All the Nutrition sites carry out activities for treatment of severe acute malnutrition for children 6-59 months without medical complications, treatment of moderate acute malnutrition for children 6-59 months and pregnant and lactating women as well as community mobilization and outreach activities. 2 Outreach centres in Uror and 1 in Twic East have also been established and will continue implementing outreach activities throughout this phase. In addition to CMAM activities Tearfund has embarked on roll out of IYCF activities using the UNICEF approved approach. Tearfund staffs in both Counties have been trained on the approach (by an IYCF specialist/consultant) and the 12 trained ToTs are currently implementing the activities in Uror county. Tearfund does not support inpatient services for severely malnourished children with medical complication but has maintained a smooth referral to an inpatient facility in Lankien (Nyiröl County) which is supported by MSF Holland. Children referred are supported with a transport and upkeep for the duration they are admitted to the facility. In Twic East Tearfund is referring all SAM cases with Complications in a CHD/ Hold the child supported SC in Panyangor. Throughout the implementation period, Tearfund has maintained compliance with the Nutrition Cluster as well with donors. Tearfund submits weekly, monthly, quarterly and donor reports timely. It also meets regularly other requirements for the Nutrition cluster, which include attendance of meetings, execution and validation of assessments, and support to RRM interventions.

#### **5. Complementarity**

This project will compliment and strengthen the current nutrition programmes currently being implemented by Tearfund in the two targeted counties with funding from UNICEF, WFP and other donors (ECHO, OFDA).

#### **LOGICAL FRAMEWORK**

##### **Overall project objective**

To reduce mortality, morbidity and malnutrition among highly vulnerable groups, including children under five and pregnant and lactating women through an integrated nutrition management approach, prevention of acute malnutrition, capacity building and emergency Preparedness

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk		HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats			50		
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity			50		
<p><b>Contribution to Cluster/Sector Objectives :</b> The project is mainly intended to increase community awareness and participation to ensure that those in need are identified and referred to nutrition and health facilities where they receive appropriate services and thereby reduce the mortality associated with late referral.</p> <p>The active participation of the community through trained volunteers (at least two volunteers per village) and IYCF counsellors at least 2 per boma level will directly contribute to the CO2 cluster objective of increased access. The increased and timely referral is expected to lead to reduced mortality of SAM cases.</p>							
<b>Outcome 1</b>							
Increased and timely access for children and women of reproductive age to life saving services (nutrition and health)							
<b>Output 1.1</b>							
<b>Description</b>							
Improved community participation for the identification and referral of malnourished and sick children to feeding programmes and health facilities							
<b>Assumptions &amp; Risks</b>							
Security situation allows the implementation of the project							
Community are interested to participate as volunteers							
The trainers are available							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Community sensitisation and mobilisation							
<b>Activity 1.1.2</b>							
Community-led selection of volunteers							
<b>Activity 1.1.3</b>							
Training of trainers							
<b>Activity 1.1.4</b>							
Regular supervision and support of volunteers							
<b>Activity 1.1.5</b>							
Admission and treatment of SAM cases in 18 Feeding centres (16 static and 2 outreach feeding centres)							
<b>Activity 1.1.6</b>							
Referral of SAM with complication to SC							
<b>Activity 1.1.7</b>							
Admission and treatment of MAM cases in 18 feedings centres (16 static and 2 outreach feeding centres)							
<b>Activity 1.1.8</b>							
Treatment of Malnourished PLW in 18 feedings centres (16 static and 2 outreach feeding centres)							
<b>Activity 1.1.9</b>							
Motivation for community volunteers							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number volunteers trained case detection (screening) and referral to the appropriate feeding program					2,000
<b>Means of Verification :</b> training reports, community meeting notes							
Indicator 1.1.2	NUTRITION	Number of children referred to nutrition and health centres from the community through community screening by volunteers and self referral					7,836

<b>Means of Verification</b> : Training reports community meetings , OTP/TSFP and health facility records volunteer records and referral slips							
Indicator 1.1.3	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			926	890	1,816
<b>Means of Verification</b> : OTP admission records, Monthly reports OTP database							
Indicator 1.1.4	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			3,019	2,901	5,920
<b>Means of Verification</b> : TSFP Admission records Monthly Reports NSI, Cluster report							
Indicator 1.1.5	NUTRITION	Frontline services # PLWs with acute malnutrition newly admitted for treatment			5,552		5,552
<b>Means of Verification</b> : TSFP (MAM) admission records, NIS Report, Cluster report, TSFP-MAM database							
Indicator 1.1.6	NUTRITION	SAM treatment achieves SPHERE standards (<10% died, >75% recovered and <15% defaulted)					0
<b>Means of Verification</b> : Monthly reports, NIS cluster reports							
Indicator 1.1.7	NUTRITION	MAM treatment achieves SPHERE standards (<3% died, >75% recovered and <15% defaulted)					0
<b>Means of Verification</b> : Monthly reports, NIS cluster report							
<b>Output 1.2</b>							
<b>Description</b>							
IYCF and health promotion activities within the community are strengthened							
<b>Assumptions &amp; Risks</b>							
There is a pool of interested and capable volunteers to be trained as IYCF counselors The weather will not affect the movement of training teams to the villages Trainers are available							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Community sensitisation and mobilisation							
<b>Activity 1.2.2</b>							
Community-led selection of IYCF volunteers							
<b>Activity 1.2.3</b>							
Training of trainers for IYCF volunteers							
<b>Activity 1.2.4</b>							
Regular supervision and support of volunteers							
<b>Activity 1.2.5</b>							
Support counselling for mothers through sessions in the IYCF-E corners in the feeding centres							
<b>Activity 1.2.6</b>							
Training and support to new and existing mother support groups							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.2.1	NUTRITION	number of IYCF volunteers trained					160
<b>Means of Verification</b> : Training attendance records Community meeting notes IYCF mother group attendance register							
Indicator 1.2.2	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	0	26,849			26,849
<b>Means of Verification</b> : Project records, IYCF counsellors report							
Indicator 1.2.3	NUTRITION	Number of IYCF mothers groups established					736
<b>Means of Verification</b> : IYCF counsellor records							
<b>Output 1.3</b>							
<b>Description</b>							

Improved awareness and uptake of available nutrition and health services [EPI, MCH etc.]							
<b>Assumptions &amp; Risks</b>							
The volunteers are accepted by the community The trained volunteers are actively screening and referring children and PLW Those referred by the volunteers will visit the facilities Increased awareness on health and nutrition will be translated to practice							
<b>Activities</b>							
<b>Activity 1.3.2</b>							
Referral of all malnourished children to appropriate feeding program.							
<b>Activity 1.3.3</b>							
Provision of Vitamin A supplements to all children aged 6-59 months during screening at community level							
<b>Activity 1.3.4</b>							
De-worming of all children aged 12-59 months during screening at community level							
<b>Activity 1.3.1</b>							
Screening of all children aged 6-59 months for malnutrition at the community level							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	Number SAM/MAM cases referred by the volunteers to the OTP and TSFP feedings centres					7,836
<b>Means of Verification</b> : OTP/TSF admission records clinic records							
Indicator 1.3.2	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			20,5 34	19,7 29	40,263
<b>Means of Verification</b> : Clinic and Feeding centre records							
Indicator 1.3.3	NUTRITION	Frontline services # of children screened in the community			30,0 91	29,1 45	59,236
<b>Means of Verification</b> : Screening records, Weekly Cluster Report, Admission records from community screening							
Indicator 1.3.4	NUTRITION	Frontline services # of children (12 -59 months) dewormed			15,4 14	16,0 43	31,457
<b>Means of Verification</b> : clinic records, NIS report; cluster report							
<b>Output 1.4</b>							
<b>Description</b>							
Children and PLW receive preventive de-worming, vitamin A and Ironfolic acid medication							
<b>Assumptions &amp; Risks</b>							
The required medicines will be made available through unicef							
<b>Activities</b>							
<b>Activity 1.4.1</b>							
Screening and provision of Vitamin A and de-worming of children as per the standard CMAM guideline							
<b>Activity 1.4.2</b>							
Enrolment of PLW with MUAC less than 23 cm and regular provision of Ferrous and folic acid as per the standard CMAM guideline							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.4.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			20,5 34	19,7 29	40,263
<b>Means of Verification</b> : Distribution report, NIS report							
Indicator 1.4.2	NUTRITION	Frontline services # of children (12 -59 months) dewormed			15,4 14	16,0 43	31,457
<b>Means of Verification</b> : Activity report, NIS							
Indicator 1.4.3	NUTRITION	Number of PLW receiving Ferrous/folate medications					5,552
<b>Means of Verification</b> : NIS Reports, Monthly Reports							
<b>Additional Targets</b> :							
<b>M &amp; R</b>							

## Monitoring & Reporting plan

A detailed logical framework and monitoring plan will be used by the project and field staff to guide the work. Tracking tools that are user friendly and accessible to local staff will be used. These will be progressively adjusted when and where necessary to meet all reporting requirements. Weekly, monthly, and quarterly reports for the Nutrition cluster, UNICEF and WFP shall be prepared as well as periodic donor reports for CHF and other donors. Extension workers on a routine weekly basis provide the first program tally sheets, these are cross checked by the Nutrition supervisor and Nurse and then passed over to the Nutrition officers who do further checking before entering into databases and produce the first reports. The reports are cross checked and analysed by the Nutrition manager, further analysis is done by the Nutrition Advisor and Area Coordinator who then send it to the Program Development Coordinator and DCD for programmes for quality check before sending to designated recipients. The monthly nutrition cluster report, internal Tearfund reports and monthly reports to UNICEF & WFP will be sources of verification. These reports will also show areas that need improvement for future programming.

TF has developed an M&E tool managed by the M&E Officer which captures data, and relevant staff have been trained on its use. Other baseline values come from Tearfund SMART surveys, UN agency databases and previous program reports. To ensure effective involvement of all program staff at different levels, an orientation session at project start will be done covering the program Logical Framework, detailed implementation plan, M&E indicators and data collection processes, performance targets, and key data collection tools. The team will also identify and agree on the key M&E coordination aspects and areas for community participation and performance monitoring of the proposed program.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Community sensitisation and mobilisation	2016										X	X	
	2017												
Activity 1.1.2: Community-led selection of volunteers	2016										X	X	
	2017												
Activity 1.1.3: Training of trainers	2016											X	X
	2017												
Activity 1.1.4: Regular supervision and support of volunteers	2016										X	X	X
	2017	X	X	X									
Activity 1.1.5: Admission and treatment of SAM cases in 18 Feeding centres (16 static and 2 outreach feeding centres)	2016										X	X	X
	2017	X	X	X									
Activity 1.1.6: Referral of SAM with complication to SC	2016										X	X	X
	2017	X	X	X									
Activity 1.1.7: Admission and treatment of MAM cases in 18 feedings centres (16 static and 2 outreach feeding centres)	2016										X	X	X
	2017	X	X	X									
Activity 1.1.8: Treatment of Malnourished PLW in 18 feedings centres (16 static and 2 outreach feeding centres)	2016										X	X	X
	2017	X	X	X									
Activity 1.1.9: Motivation for community volunteers	2016										X	X	X
	2017	X	X	X									
Activity 1.2.1: Community sensitisation and mobilisation	2016										X	X	
	2017												
Activity 1.2.2: Community-led selection of IYCF volunteers	2016										X	X	
	2017												
Activity 1.2.3: Training of trainers for IYCF volunteers	2016											X	X
	2017												
Activity 1.2.4: Regular supervision and support of volunteers	2016										X	X	X
	2017	X	X	X									
Activity 1.2.5: Support counselling for mothers through sessions in the IYCF-E corners in the feeding centres	2016										X	X	X
	2017	X	X	X									

Activity 1.2.6: Training and support to new and existing mother support groups	2016																		X	X	X	
	2017	X	X	X																		
Activity 1.3.1: Screening of all children aged 6-59 months for malnutrition at the community level	2016																			X	X	X
	2017	X	X	X																		
Activity 1.3.2: Referral of all malnourished children to appropriate feeding program.	2016																			X	X	X
	2017	X	X	X																		
Activity 1.3.3: Provision of Vitamin A supplements to all children aged 6-59 months during screening at community level	2016																			X	X	X
	2017	X	X	X																		
Activity 1.3.4: De-worming of all children aged 12-59 months during screening at community level	2016																			X	X	X
	2017	X	X	X																		

## OTHER INFO

### Accountability to Affected Populations

Beneficiary accountability is one of TFs 12 Quality standards and reflected as a cross cutting theme throughout the project cycle. Tearfund is also a member of the Humanitarian Accountability Partnership (HAP) and adheres to its principles, one of which is beneficiary accountability. All team members have been trained on the use of participatory approach especially on how to receive feedback from the communities. Beneficiaries have been involved in the project design for follow up to the current projects. They will also continue being part of the community based structures/committees that contribute to matters that affect them such as the days/timings/locations for food distributions and capacity building. The extension workers hired for the project have already worked with Tearfund in these communities, and, as a result, they have established relationships and trust that will facilitate implementation. Since they are from the communities and are based there, the trust established between beneficiaries and extension workers enables regular feedback into the program. Likewise in the field sites, beneficiary accountability is reinforced; our selection of beneficiaries is discussed with beneficiaries in community meetings, so that it is clear that our services are based and we treat patients on a needs only basis.

This approach is aimed at targeting the communities to be able to contribute volunteers (at least 2 persons per community) who will be trained as the nutrition focal persons responsible for screening and referral of all malnourished children in their villages. Contact will also be established between the community volunteers and the nutrition program whereby regular training will be conducted depending on the needs.

Otherwise, Tearfund holds focus groups with communities to discuss project designs and arranges mobilization meetings with community leaders to review the CMAM protocols, and specifically the approach to IYCF. Otherwise, during implementation, community members are involved as nutrition volunteers for household visits during which they gather feedback and data to report back to project management staff. Finally, survey reports are shared with community leaders, and a meeting to present the results is arranged with the local authorities

### Implementation Plan

Tearfund is the Nutrition cluster lead and the only nutrition actor in Uror County with 11 nutrition sites evenly distributed across the county. Each Nutrition site has got 3-5 Nutrition Extension workers depending on the catchment population. Among the Extension workers is a team leader who provides leadership at the sites. A nutrition supervisor is in charge of 3 sites making it 3 supervisors in Uror County programme. In Twic East Tearfund is the lead Nutrition Partner covering the whole County with 8 nutrition sites integrated into health system. Unlike Uror County health system is well up and running in Twic east under CHD through the support of IMA. In Twic East 2 supervisors will work with the Nutrition officers and Extension workers to ensure quality CMAM program. Nutrition supervisors support in monitoring and supervision of activities at feeding centres as well as checking and or making tally sheets. A nutrition nurse whose level is higher than the nutrition supervisor is also available in the program. He moves in all the feeding centres providing day to day supervision of nutrition activities but also majorly supporting the medical side of the nutrition program, including provision of routine medications and awareness of medical complications among malnourished children. A nutrition officer, whose level is higher than the nurse works, with an assistant nutrition officer they are generally in charge of the treatment part of the nutrition project. They supervise and provide leadership to the nutrition treatment part of the Tearfund nutrition project. The Community component of the project will be headed by a training officer who oversees community outreach and mobilisation as well as community IYCF activities. Both Nutrition officers and the nurse are supervised by the nutrition manager who oversees the nutrition program in Uror & Twic East Counties. The Nutrition Manager is line managed by the Area Coordinator who also supports the WASH project. The Nutrition Advisor provides strategic technical support to the nutrition manager as well as the entire project. At the head office level (Juba) the program is supported by the Program Development Coordinator and the DCD with reporting, proposals and further technical input.

Tearfund works closely with RRAs at payam level who act as links to county and or government officials as well as other local officials who mainly include, village, boma and payam chiefs. Community Leaders in the county are involved at key stages of implementation. They support the recruitment process, play a part in selection and recruitment of volunteers and are provided with feedback on the implementation as well as key assessment findings.

This approach will be tailored more in involving the community and creating awareness through community volunteers. Communities will be encouraged to select volunteers who will be the nutrition champions in their villages. Each village will be encouraged to select at least 2 volunteers who will undergo basic training on nutrition including screening and referral and will be equipped with MUAC tapes as a tool for diagnosing malnutrition.

Since the literacy level of most of these community members is low, colour coded serialised referral slips will be developed to ensure smooth referral from screening in their respective villages.

Community groups including IYCF and Mother support groups will be encouraged and used as a venue for sharing messages and educating women on child and infants best care.



**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
MSF-H	Referral of severely malnourished children with medical complications. In Uror county Tearfund doesn't have a stabilisation centre for managing severely malnourished cases with medical complications. As such, children in this category are referred with support for transport and upkeep whilst receiving treatment. MSF is notified as soon as a referral is made, MSF then acknowledges receipt or non-receipt of the beneficiary and also MSF notifies Tearfund on when a beneficiary is discharged so that Tearfund can organise for re-integration into the outpatient therapeutic program
CHD	Referral of severely malnourished children with medical complications. In Twic east Tearfund doesn't have a stabilisation centre for managing severely malnourished cases with medical complications. All children in this category are referred to CHD SC in Panyangor PHCC where they are treated and after their condition is stabilised are discharged back in OTP where they continue with treatment until fully recovery.
ICRC	ICRC is running a PHCU in motot (Uror County) Children in the nutrition program who were never vaccinated are referred to the health facility for vaccinations and so are pregnant and lactating mothers for antenatal and postnatal services respectively

**Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

**Gender Marker Of The Project**

2b-The principal purpose of the project is to advance gender equality

**Justify Chosen Gender Marker Code**

Tearfund actively promotes gender issues and equality. Gender is one of twelve quality standards in line with the Red Cross Code of Conduct and HAP benchmarks, which Tearfund adheres to, and by which Tearfund projects are internally assessed. Tearfund's needs assessment is broken down by age and sex. During implementation, women are encouraged to undertake the role of nutrition surveillance in the community by volunteering to be trained to identify malnutrition through MUAC screening. Since the programme's beneficiaries are mainly comprised of women and children this ensures sustainability and ownership of the project. Tearfund endeavours to include men and women in project activities, taking into consideration the different needs and roles of each. The Area Coordinator will initiate focus group discussions to assess gender needs, for example on issues such as the age of marriage and child spacing, workload imbalance, and its impact on the communities' health and development in the respective counties. Poor child spacing links to anaemia in pregnant women and in turn malnutrition. Maternal labour directly links to child/mother contact time, feeding time and rates of malnutrition. Findings are used to impact the design of the projects and help Tearfund learn about community opinions and values enabling increased involvement of women whilst being sensitive to existing community power structures. Communities themselves are directly consulted regarding beneficiary selection criteria and all needs assessment data is disaggregated for gender, including training courses. All trainings are open to Men and women. Gender considerations are also made in staffing; where possible, women are given equal opportunity for recruitment as men. Mothers are allowed all maternity leave benefits and breastfeeding access.

**Protection Mainstreaming**

Tearfund is transparent about beneficiary selection purely on basis of needs targeting the most vulnerable, regardless of tribe, ethnicity, gender or political or religious beliefs. Needs based selection on pre-defined vulnerability criteria, is in accordance with international humanitarian standards. The project focuses on life-saving activities, based on humanitarian imperatives including conflict sensitivity and impartiality in needs-based selection of beneficiaries. Targeting beneficiaries in the Nutrition programme is based on the South Sudanese Nutrition guidelines. The admission, discharge and other operational criteria are in line with these guidelines. Every feeding centre has got defined catchment areas in the form of village lists. The team leader at every feeding centres plans with the team of nutrition extension workers on where screening for malnutrition will be carried. A new IYCF approach recommended by UNICEF has been adopted, this aims at reaching large numbers regardless of background. All members of the community are allowed entry into support groups while IYCF counsellors and Mother support group leaders are selected by community members, leaders and the process is supported and guided by Tearfund.

Tearfund has 9 static & 2 Outreach Nutrition feeding centres in Uror county and 8 static FC in Twic East county all of which are evenly distributed throughout the County in order to allow improved coverage and decrease distances that women have to travel, so as to reduce their vulnerability to SGBV. The initial number of feeding centre in Uror was 9, but in order to reduce distances walked by beneficiaries two other centres have been established. Distance walked is part of the data collected by the monitoring tools, this is analysed to ensure that beneficiaries are within an hour walk radius to the feeding centres, it was on this basis that the two newly established feeding centres were set up. Beneficiaries are attended to on a first come- first to be served basis except for people with disabilities who are served first. Caretakers are encouraged to participate in anthropometric measurements. Beneficiaries are also provided with small bags/sacks to ensure safety of supplies but also to make it easy for them to walk back home. Tearfund took over nutrition program in 3 payams of Twic east from JAM international and has since established both OTP and TSFP services in these centres.

For beneficiary accountability purposes each feeding centre will have a complaints register to capture all complaints raised by community members. Feedback to complains will be provided through community leaders during community meetings on monthly and quarterly basis or when necessary.

**Country Specific Information****Safety and Security**

Security has remained very fluid and volatile since May 2015 in Uror and Twic East. Although it slightly improved from active fighting between government and SPLA/IO on the frontline in Pajut (along the border with Duk county), community members in some areas in close proximity have fled to the neighbouring 'safer' Payams on the Motot side of River Fulus. In general, the entire Uror county remains relatively calm with isolated cases of Murle attacks. The most recent attack was in mid-July in PIERI, but the locals mobilized, followed and recovered the cattle that had been taken away. The threats of government attacks on the opposition still stand and communities continue to live in fear. Twic East has been relatively calm, although there was no active fighting, the crisis of December 2013 adversely affected the community with a good number displacing externally to Minkhama and others internally where they perceived security was okay. Recently the county has witnessed quite a good number of returnees and is continuously receiving many more.

Tearfund is committed to the security of its operations against all major risks, particularly in the current conflict. TF has an expatriate Security Manager to closely advise the Area Coordinator and Area Operations Manager, in addition to Juba-based staff, on the movement of the conflict and its potential impact on operations. Depending on the analysis, TF will use its security protocol revised in May 2016 to determine the best course of action and will stay in regular formal and informal communication with CHF on the progress towards the Action's objectives and any hindrances. Staff have been trained on security and first aid, with a good security team culture. TF has been working in Uror for many years and 2 years in Twic East and has built lasting, strong relationships with beneficiaries, village leaders, community groups, local authorities and ministries. Therefore, should there be any issues regarding local security or motivation, TF will first draw on its excellent relations with relevant people, engaging them in actively mitigating the risks to effectively implementing the programme. Tearfund uses a detailed Threat Assessment and Action Matrix in which the security triangle is embedded as a methodology in day to day operations to mitigate risks.

#### Access

Tearfund maintains 3 vehicles at its base in Motot which provide transport when the ground is not soaked with rainwater. As of November 2016, the roads in Uror county will open up for vehicular movement. In Twic East access is almost throughout the year. Otherwise during the months of inaccessibility, Tearfund management staff walk to project sites to conduct monitoring and quality control. Project implementation is completed by extension workers who are from the targeted communities. Staff always move with a satellite phone or access to HF radio because there is no cell phone network in Uror. Otherwise, Tearfund staff coordinate with the local authorities and others from the community to learn about accessibility in specific locations before moving to the intended area. From Juba, Tearfund has an agreement with MAF for weekly charters of relevant project supplies and goods to maintain its base in Motot and Twic East. Tearfund further relies on the UNHAS weekly helicopter to Motot and Mabior (Panyangor) for personnel movement.

#### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Area Coordinator	D	2	4,133.00	6	25.00	12,399.00
	<i>Area Coordinator (2) is a senior member of the management (based in Motot and Twic East) in the project location responsible for providing strategic direction for the implementation of the program, Coordinating and linking with head office to ensure decision processes enhance and support delivery of the program spending FTE of 0.3 on this project</i>						
1.2	Nutrition Advisor	D	1	4,597.00	6	30.00	8,274.60
	<i>Technical Advisor Nutrition providing the key technical guidance on relevance and appropriateness of the response and coordinating at Country and field level with stakeholders within the Nutrition sector/cluster to enhance the quality of implementation spending FTE 0.30 on this project.</i>						
1.3	Team Leader Yuai	D	1	1,984.00	6	15.00	1,785.60
	<i>Area Team Leader (1) is responsible for programme activities on the Yuai side providing leadership for the team there and coordinating with the NGO community on behalf of Tearfund spending FTE 0.15 on this project</i>						
1.4	Nutrition Project Manager	D	2	2,963.00	6	30.00	10,666.80
	<i>Nutrition Manager (2) located in Uror and Twic East will work closely with the Area Coordinator and Nutrition Advisor and will be in charge of providing technical support to nutrition team with regards of CMAM implementation, management of MAM and treatment of SAM. The Nutrition Manager will be responsible of compiling and analysing weekly, monthly and quarterly reports and make sure the implementation is based on signed proposal. The Nutrition manager largely provides leadership for a team of Officers, and extension workers/supervisors, support planning and scheduling of activities in a timely manner spending FTE 0.3 on this project</i>						
1.5	Nutrition Project officer	D	3	1,676.00	6	30.00	9,050.40
	<i>Nutrition Project Officers (3) 2 located Uror and 1 in Twic East will contribute to the development, implementation, monitoring, and evaluation of nutrition program activities and provide assistance according to technical guidelines and standards in nutrition. They will be responsible for monitoring food service operations to ensuring conformance to nutritional, safety, and quality standards, spending FTE 0.30 on this project supporting day to day running of activities in communities</i>						
1.6	Training Officer	D	2	1,676.00	6	80.00	16,089.60
	<i>Training Officer (2) 1 located in Uror and the Other in Twic East will be engaged in conducting training's in the community to all the volunteers and nutrition staffs. At least 2 volunteers will be trained in each to village and will Nutrition awareness hence improve coverage. The trainer will ensure follow up on volunteers on screening activities and ensure screening is done appropriately by the volunteers, spending FTE 0.80 on this project.</i>						
1.7	Nutrition Assistant Project Officer	D	2	1,304.00	6	30.00	4,694.40
	<i>Nutrition Assistant Project Officer(2) 1 located in Uror and another one in Twic East will be in charge of overseeing the work of the supervisor and support the officers in reporting, capacity building for supervisors, and CNVs, spending FTE 0.30 on this project.</i>						

1.8	Nutrition supervisor	D	5	574.00	6	30.00	5,166.00
	<i>Nutrition Field Supervisors (5) 3 in Uror and 2 in TE in charge of day to day FC operations and are responsible for reporting on supplies, distributions and responsible for OTP, TSFP, community outreach and IYCF, spending FTE 0.30 time on this project.</i>						
1.9	Logistic Officer	D	2	1,676.00	6	15.00	3,016.80
	<i>The Logistics Officers (2) 1 in Uror Motot base and 1 in TE who will work closely with the Juba based Senior Logs Officer, Logistics Officer Logistics Manager to ensure that all logistics duties run smoothly; In Uror they work closely with the Area Operations Manager. They are also responsible for day to day operational and logistical duties in the field in including local procurement, fleet management, Ware housing, Estates management and training local logistics personnel and those responsible for warehousing at the Feeding centres in best practise in this fiel. This position is FTE 0.15 on the project.</i>						
1.10	Assistant Logistic Officer	D	1	1,304.00	6	10.00	782.40
	<i>Assistant Logistics officer (1) in Uror is responsible for and deputises the logistics officer supporting on key operational tasks related to the running the base and ensuring programme supplies are delivered to where they are needed in a timely manner and that consistent supply is maintained working FTE 0.10 on this project</i>						
1.11	Drivers	D	3	574.00	6	20.00	2,066.40
	<i>Drivers (2) 1 in Uror and 1 in TE responsible for getting the project staff and supplies to field locations to deliver programme activities are allocated 0.20 FTE to this project</i>						
1.12	Logistic Assistant	D	1	766.00	6	10.00	459.60
	<i>The Logistics Assistant (1) in Uror will work closely with the logistics Officer to ensure that all logistics duties run smoothly. This position is FTE 0.20 on the project.</i>						
1.13	Finance Officer	D	2	1,676.00	6	10.00	2,011.20
	<i>The Finance Officer (2) 1 in Uror and 1 in TE will work with the Juba-based Assistant Finance Manager to ensure efficient Tearfund finance management at the field level. This position is FTE 0.10 on the project.</i>						
1.14	Finance Assistance	D	1	1,304.00	6	15.00	1,173.60
	<i>The Finance Assistant (1) will be based in Yuai and will work with the Motot Finance Officer to ensure efficient Tearfund administration of finance at the field level. This position is FTE 0.15 on the project.</i>						
1.15	Human resource Officer	D	1	1,676.00	6	5.50	553.08
	<i>The Human Resource Officer (1) assists the Juba-based HR Manager to ensure Tearfund in Uror county complies fully with South Sudanese Labor laws and Tearfund's Human Resources manual and will be the key person for human resources. This position is FTE 0.05 on the project.</i>						
1.16	Area Operation manager	D	1	3,915.00	6	10.00	2,349.00
	<i>Area Operations Manager(1) also a member of the senior management team (based in Motot) in the project overseeing the business support sectors (finance, logistics, HR and IT) and supporting business partnering with programs to deliver the project spending FTE of 0.10 on this Project</i>						
1.17	Deputy Country Director Programs	S	1	5,152.00	6	10.00	3,091.20
	<i>Deputy Country Director spending FTE 0.10 on this project supporting specific program specific steer and leadership for the programs in Uror County. Also working with the team ensure adequate program quality controls in place to maximize impact.</i>						
1.18	Finance Mananger	S	1	4,260.00	6	10.00	2,556.00
	<i>Finance Manager spending FTE 0.10 on this project providing support for financial decision making and guidance policy and guidelines to ensure quality standards are maintained in an enabling control environment that safeguards Tearfund and donor resources and supports reporting.</i>						
1.19	Grants and Information Coordinator	S	1	4,597.00	6	10.00	2,758.20
	<i>Grants Information Coordinator spending FTE 0.10 on this project supporting and coordinating program design and ensuring Donor standards are being met throughout the life of the project</i>						
1.20	Nutrition Nurse	D	1	1,304.00	6	75.00	5,868.00
	<i>Nutrition Nurses (1) 1 in Uror is in charge of overseeing treatment and preventive activities at feeding center level. Provide assistance according to technical guidelines and standards in nutrition. She/he will be responsible for nursing duties as well as monitoring food service operations to ensuring conformance to nutritional, safety, sanitation and quality standards, spending FTE 0.75 on this project.</i>						
	<b>Section Total</b>						<b>94,811.88</b>
<b>Supplies, Commodities, Materials</b>							
2.1	IYCF Counselling Cards & Work guide	D	160	30.00	1	100.00	4,800.00
	<i>Work guide for the 160 volunteers and IYCF messages will be printed in local language and each counsellor will be given a set of these printed messages to help in passing messages during counselling sessions. this package will be done at a cost of 30\$ each X 160 peaces.</i>						

2.2	IYCF Volunteer Motivation	D	160	100.00	1	100.00	16,000.00
	<i>A group of 160 IYCF volunteers will be motivated to continue providing services to the community by providing them inkind supplies (soap, protective gear, exchange visits, ) at a cost of 100\$ per volunteer</i>						
2.3	Volunteer work Supplies (referral slips, registers etc)	D	4002	2.00	1	100.00	8,004.00
	<i>This will form part of working kit. Colour coded serialised referral slips will be printed to enable smooth referral after screening. most of the volunteers are not literate, therefore after MUAC screening it will be easy for them to still use the same colours as MUAC to refer the children to the appropriate Feeding program. At least 2 volunteers per village, there are around 650 in both Uror and Twic east counties 650 X 2 volunteers = 1300. therefore the cost of 4002 pcs @ 2\$</i>						
2.4	IYCF counsellor TOT training (1 week training)	D	160	100.00	1	100.00	16,000.00
	<i>IYCF Counsellors Refresher Training: 5-day training course will cover the standard IYCF curriculum and skill practice for behaviour changes. On average each person will be subsidised with \$20 per day for meals (\$20x5 days= \$100 per person per training) for 160 people in Uror and TE.</i>						
2.5	Tape Cassettes (pcs)	D	65	5.00	1	100.00	325.00
	<i>Tape cassettes will be used for recording and storing audio messages which will be used in the campaigns and during community sessions. 1 tape cassettes for every boma. there are around 60 bomas in both counties at a cost of 5\$per cassette</i>						
2.6	Dry cells Batteries (Pkts)	D	200	12.00	1	100.00	2,400.00
	<i>Messages will be recorde on tape cassettes and payed on a tape recorder for the community to be able to learn from each other on the good practices. at least 4 packets per boma at the cost of 12\$ per packet</i>						
2.7	Flip charts (Pkts)	D	120	10.00	1	100.00	1,200.00
	<i>Flip charts for use during training- at least 2 packet per boma at the cost of 10\$ per packet</i>						
2.8	Marker Pens	D	63	10.00	1	100.00	630.00
	<i>Marker pens for use during training- at least 1 packet per boma at the cost of 10\$ per packet</i>						
2.9	Printed IEC materials	D	200	10.00	1	100.00	2,000.00
	<i>IEC and other training materials – These costs cover the papers and general messaging to communicate good practises to maintain a healthy life.</i>						
2.10	Work guide for volunteers	D	2000	2.50	1	100.00	5,000.00
	<i>A laminated work guide for volunteer to enable them plan their work well and easy, the cost is towards procuring paper, printing and lamination at 2.5\$</i>						
	<b>Section Total</b>						<b>56,359.00</b>
<b>Equipment</b>							
3.1	Megapones (1 per 3 Boma)	D	21	100.00	1	100.00	2,100.00
	<i>These will be used in the community during community mobilisation and community health campaigns. one megaphone for every 3 bomas (63/3=21 @ the cost of 100\$)</i>						
3.2	Tape recorder (1 per 3 Boma)	D	21	100.00	1	100.00	2,100.00
	<i>Tape recorders will be used during mass campaign to amlify sound. This will ensure messages are well received during large gatherings especially during campaigns. this will also store messages for future use and reference on learning good practices between communities . 1 tape recorder will be shared between 3 bomas</i>						
3.3	Overhead Projector (2 per county)	D	4	800.00	1	100.00	3,200.00
	<i>Overhead projector will be used during mass campaigns 2 projectors will be shared in each county. each projector costs around 800\$</i>						
3.4	Portable generator (2 per county)	D	4	4,000.00	1	100.00	16,000.00
	<i>Portable generator will provide power during mass campaigns 2 small portable generator will be shared in each county. each generator will cost around 4000\$</i>						
3.5	Laminating machine	D	2	500.00	1	100.00	1,000.00
	<i>Volunteers materials will be printed and laminated in the field. Laminated materials are more durable in the community as they will last longer than un laminated paper in the context of Uror and Twic east counties. one laminating machine per county at the cost of 500\$ per machine</i>						
	<b>Section Total</b>						<b>24,400.00</b>
<b>Travel</b>							
5.1	Air travel Juba to Motot and Mabior	D	12	560.00	1	100.00	6,720.00

	<i>Tearfund will capitalise on in country services such as UNHAS for staff travel. The budget line 'All in-country travel' combines in country staff travel as well as Monitoring and Evaluation visits, plus support visits for program staffs, a total to 6 trips in a Uror and another 6 trips in Twic East. The M&amp;E visits are for staff such as the Nutrition adviser, Deputy Country Director of Programs and the Grants and Information Coordinator. Unit price charged by UNHAS for around trip flight per person is 560USD.</i>							
5.2	Food & Accomodation for field visits	D	12	300.0 0	1	100.00		3,600.00
	<i>Accommodation to the field for visiting staff and any other technical advisory monitoring of project progress included herein to cover per diems, accommodation recharges and costs arising from this technical support visit estimated at \$300 for each trip for a total of 6 trips Uror and 6 in Twic East</i>							
5.3	Staffs perdiems and accommodation (field)	D	72	20.00	6	100.00		8,640.00
	<i>During rainy season the terrain of both Uror and Twic East becomes inaccessible by vehicle. This grant will start towards the end of rainy season. it is believed that each of the 18 feeding centres will physically deliver weekly reports to the base at least each feeding centre 4 times before complete accesses is assumed. (18x4= 72 times @ 20\$ each trip. A lampsam of 20\$ is paid to cater for Accommodation, transport and Food.</i>							
5.4	Motor vehicle fuel	D	4	1,085 .00	6	40.00		10,416.00
	<i>The grant will be implemented towards the end of the rainy season when vehicle movement is possible. from the month of December road is normally open for vehicular movement thus monitoring and support of programs by technical staffs will be possible. 1 vehicle in Moto and 1 in Twic east will be dedicated to this program FTE 0.40 at the cost of 1085 per month. this expense will be towards purchase of fuel to facilitate movement</i>							
	<b>Section Total</b>							<b>29,376.00</b>
<b>General Operating and Other Direct Costs</b>								
7.1	Training of Trainers	D	160	60.00	1	100.00		9,600.00
	<i>Trainers at the boma level will be identified to train village volunteers on case finding and referral. 3 days training will be conducted for 160 volunteers who in return will be encouraged to train the village nutrition champions. On average each person will be subsidised with \$20 per day for meals (\$20x3 days= \$60 per person per training) for 160 people in Uror and TE.</i>							
7.2	Training of Volunteers	D	2000	20.00	1	100.00		40,000.00
	<i>There is a total of over 650 villages in both Uror and Twic East Counties Each village will be encouraged to nominate at least 3 volunteers who will be trained in basic nutrition (case finding and referral) these volunteers will be the nutrition focal persons in their respective villages taking care of their own people. On Average 2000 community volunteers will be trained as village nutrition champions. As the training is to be organised in central location the budget also caters for rental of training hall, transport, overnight stay, meals, and refreshment during training. On average \$20 per day per each trainee is budgeted.</i>							
7.3	Volunteer work Kit (Gumboots, raincoat etc)	D	160	100.0 0	1	100.00		16,000.00
	<i>Volunteers will not be paid in cash but will be given in kind protective work kit which will enable them perform their duties. (Gumboot, raincoat, umbrella, T-shirt, etc) at the cost of 100&amp; lampsam per work kit)</i>							
7.4	Mass campaign	D	500	30.00	1	100.00		15,000.00
	<i>500 mass campaigns will be conducted across the two Counties in 65 bomas in over 600 villages. These campaigns will target passing relevant health messages and maintain the community awareness of health and other related issues. the cost for these campaigns will be towards mobilisation and transport to respective village where the campaigns are planned to be held at the cost of 30\$</i>							
7.5	Treatment of SAM, MAM and PLW at Feeding Centres	D	67	516.0 0	6	32.00		66,378.24
	<i>The treatment of SAM/MAM and PLW will be carried out by a total of 67 Nutrition Extension workers stationed in 16 OTP/TSFP static and 2 outreach sites. All in all 36 in Uror (i.e 4 at each of the 8 Feeding Centres) and 31 in TE (4 in each of the 8 feeding centres) responsible for the day to day treatment of SAM/MAM and PLW cases. As they are also responsible for community outreach activities and support to IYCF, they are budgeted at 32 % on this project.</i>							
7.6	Treatment of SAM, MAM and PLW at Feeding Centres (support)	D	17	364.0 0	6	25.00		9,282.00
	<i>Feeding center pre-mixtures/cleaners (17) 1 per center in Uror &amp; Twic East) will be in charge of premixing the supplementary supplies as per the standard procedure and also maintain cleanliness at the TSFP/OTP sites. The 17 staffs will spend FTE 0.25 on this project.</i>							
7.7	Treatment of SAM, MAM and PLW at Feeding Centres (safety & security)	D	34	437.0 0	6	15.00		13,372.20

	<i>Security Guards (34) 2 guards for each of the 17 Feeding centres. The said number of guards allow the project to ensure adequate rotation on duty FTE 0.15 on this project</i>			
	<b>Section Total</b>			<b>169,632.44</b>
<b>SubTotal</b>		10,254.00		<b>374,579.32</b>
Direct				366,173.92
Support				8,405.40
<b>PSC Cost</b>				
PSC Cost Percent				7.00
PSC Amount				26,220.55
<b>Total Cost</b>				<b>400,799.87</b>
<b>Grand Total CHF Cost</b>				<b>400,799.87</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Twic East	50	194	9,701	11,750	11,289	32,934	
Jonglei -> Uror	50	336	16,788	20,335	19,537	56,996	

**Documents**

Category Name	Document Description