

<b>Requesting Organization :</b>	MEDAIR				
<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>	Provision of integrated emergency nutrition services to vulnerable communities in Renk County				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-16/H/89676	<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/N/INGO/3617		
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	169,986.00		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	1		
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	28/02/2017		
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	28/02/2017		
<b>Project Summary :</b>	<p>This project aims to reduce morbidity and mortality due to severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) in displaced populations and acutely vulnerable host communities by expanding the availability, utilisation and quality of essential preventative and curative nutrition services for boys and girls under five and pregnant and lactating women (PLW). Medair will respond in Renk County where there is a worsening nutritional emergency and GAM rates amongst the host are exceeding 30%.</p> <p>In Renk County Medair will strengthen and expand provision of the full integrated CMAM programme including infant and young child feeding (IYCF) promotion, active case finding and defaulter tracking in three static locations and up to ten mobile locations. This includes a Stabilisation Centre (SC) for the management of children with SAM who have complications. Medair has been working in Renk County since 2011 and continues to fill a critical gap as the only nutrition service provider; however, given the recently worsening GAM levels and low coverage, the programme needs to ramp up further. The recent SMART survey conducted by Medair in May-June 2016 has highlighted a critical situation with a camp GAM rate by WHZ of 27.6% and a host GAM rate by WHZ of 34.8% despite ongoing nutrition programming. The nutrition project in Renk is part of Medair's wider multisectoral responses, which includes health and WASH services addressing some of the underlying contributors to malnutrition.</p> <p>Given the impact of social and care environment on nutrition, special attention will continue to be given to behaviour change. It includes the continued implementation of the Care Group Model with the focus on behaviours including IYCF, health and hygiene. Medair will continue to use periodic household KPC and SMART surveys to evaluate performance and progress on IYCF and health and hygiene behaviours as well as GAM, morbidity and mortality.</p>				
<b>Direct beneficiaries :</b>					
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
108	2,742	4,059	4,397	11,306	
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	19	483	714	774	1,990
People in Host Communities	89	2,259	3,345	3,623	9,316
<b>Indirect Beneficiaries :</b>					
Family members of children in the nutrition programme. Total 13708 (Men 3427, boys 4934, girls 5346)					
<b>Catchment Population:</b>					
49,452					
<b>Link with allocation strategy :</b>					

This project will contribute to the overall objective of the CHF allocation strategy to address life-threatening needs due to severe and moderate acute malnutrition in areas where the level of need has been identified to be well above the emergency threshold with a GAM rate of greater than 23%.

Cluster Objective 1: Medair will continue to implement comprehensive CMAM nutrition programmes in Renk County through Therapeutic Supplementary Feeding Programme (TSFP), Outpatient Therapeutic Programme (OTP), SC, and IYCF service provision including intensive expansion of active case finding and defaulter tracing of children 6-59 months and PLW. This will be reinforced by the multisectoral programme already in place.

Cluster Objective 2: Except for a few exceptions, all nutrition interventions are integrated into existing health service and additional outreach sites will be set up and repositioned to more populated host areas to improve coverage in this worsening nutritional emergency. Preventative measures addressing social and care environment will continue to take place with BCC activities for PLW and caretakers addressing IYCF practices at facility as well as community level through the Care Group Model.

Cluster Objective 3: Medair conducted a pre-harvest SMART survey in May-June 2016 in Renk County and plans to conduct a KPC survey in September 2016 to evaluate IYCF behaviour change and other contributing factors such as health and WASH. An exhaustive MUAC screening is currently in progress and will be repeated in three months and include PLWs throughout Renk County. Medair will continue to be an active member of the Nutrition Cluster as part of the Strategic Advisory Group and other taskforces (NIWG, IYCF and CMAM) to ensure good coordination and quality programming.

**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
OFDA	229,422.00
	<b>229,422.00</b>

**Organization focal point :**

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**BACKGROUND**

**1. Humanitarian context analysis**

Following the outbreak of violence in Juba in July 2016, the August 2015 peace agreement dangles by a thread with the future of the Transitional Government of National Unity unknown. The violence in Juba reignited latent conflict across the Equatorias and Greater Upper Nile regions. This latest outbreak of fighting combined with a year on year inflation rate of 660% and a worsening food security situation have contributed to a worsening humanitarian situation. Unpredictable population movements and access constraints have impacted project activities and Medair has continued to monitor the security situation closely. Recent estimates indicate that over 1.6 million people are currently internally displaced, a figure that almost doubled from 2015 with the number increasing every day. A total of 6.1 million people are estimated to be in need of humanitarian assistance across the country (HRP, Jan 2016).

Due to its strategic positioning, Renk County has become host to a large number of IDP's fleeing the insecurity in surrounding counties and seeking safety at the Sudanese border. Although security in Renk County was more stable than has been seen in previous periods, there was still insecurity near Jelhak in the second quarter of 2016. Additionally, in March 2016, Babaniz, Atam and Shamidi experienced reported aerial bombardment, causing the displacement of over 5,000 people into Renk town, and the surrounding villages. Key potential flash points remain to be monitored closely over the coming period. Population numbers in Renk continue to fluctuate alongside depleting coping mechanisms. With the economic situation deteriorating, prices in the market continue to increase, further reducing the affordability of food for many.

A recent SMART survey conducted by Medair in May-June of 2016 revealed a worsening nutritional emergency despite current multisectoral programming with GAM rates well above emergency threshold (host community measurements of GAM rate by WHZ at 34.8%, SAM rate by WHZ at 11.0% and IDP/returnee community GAM rate by WHZ at 27.6%, and SAM rate by WHZ at 6.5%). Chronic under-nutrition with frequent nutritional emergencies among vulnerable groups such as boys, girls and PLW has been prevalent for many years in South Sudan. High rates of childhood diseases such as diarrhoea, malaria and acute respiratory infection, poor immunisation rates, lack of adequate water and sanitation infrastructure, and poor infant feeding practices are aggravating factors to high rates of acute malnutrition in this population. The current deterioration in food security following the recent insecurity in July 2016 combined with exacerbating factors including poverty, inflation and inability to afford rising food costs as highlighted above demonstrate the critical need to continue responding and prioritising scale up of nutrition services to improve low coverage in response to this worsening situation.

**2. Needs assessment**

Renk County continues to host highly vulnerable conflict affected people, including both host communities and IDPs living within IDP sites (e.g. Wonthow), former returnee sites (e.g. Abayok) and those dispersed within the host communities. The preliminary results of a SMART survey conducted by Medair in Renk County in May 2016 showed in the host community a GAM rate by WHZ of 34.8% and in the IDP/returnee population a GAM rate by WHZ of 27.6%. These GAM rates significantly exceed the emergency threshold in both communities. The severity of the nutrition situation amongst the host community has deteriorated dramatically in the past one year. In the SMART survey conducted by Medair in June 2015 the GAM by WHZ was 17.6% in the host community and 21.8% in the IDP/returnee community. The deterioration is part of a nationwide trend and is caused by multiple factors as explained in section 1. A multisectoral response is required to address not only the nutritional needs but some of the controllable underlying factors leading to this emergency. An important finding from the recent SMART survey conducted in May-June 2016 was low coverage of <20% both in the host and IDP/returnee communities. Following these findings, strengthening the community mobilization aspect of the programme and improving access to nutrition services has been a priority but will require increased higher intensity responses.

### **3. Description Of Beneficiaries**

Girls and boys under the age of 5 with severe or moderate acute malnutrition and at risk PLWs (MUAC <21) will be the main beneficiaries of this project. All data collected will be disaggregated by gender which enables close monitoring of targeted services. The project will continue to address the needs of both IDP/returnee and host communities, as well as ensuring access to services for people of different tribes to contribute towards preventing potential tensions between the different groups. Regarding IYCF interventions, mothers of boys and girls under two will be targeted at health facilities but also in the community where cascade groups are implemented through the Care Group Model. Focus group discussions (FGD) with men and women of different ages and tribes will take place to identify gender roles and responsibilities in the different communities.

The beneficiary number for treatment figures proposed have been revised and are based on the latest SMART survey results, population estimates and a 60% coverage target as well as population demographics vs. in the concept note which were based on current admission trends. A standardized projection tool based on En-net methodology has been used which takes into account both prevalence and incidence as well as GAM, SAM and MAM rates from the SMART survey in May-June 2016. The data sheet used is included in the annex to this proposal. The prevalence of malnutrition amongst PLWs is not as clear and projections were based on current programme enrollment. Total figures include estimated 90% coverage of all under fives and all PLWs with screening.

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

Medair seeks to address the immediate and longer term gap by further scaling up provision of preventive and curative care for acute malnutrition in vulnerable girls and boys under 5 and PLWs to meet the increasing needs. With the volatile context in Upper Nile State, Medair has learnt to remain flexible in its nutrition/multisectoral approach to respond as best as possible to the changing environment. In Renk county where sporadic and intense shelling has taken place, a nutrition mobile team was added to reach pockets of populations constantly moving. As the only nutrition partner in the county and without secondary health care services available, Medair set up a Stabilisation Centre. In such a context, appropriate CMAM treatment and IYCF-E saves lives and comprehensive behaviour change has been initiated using the Care Group Model and continues to be expanded with the aim to reach out across the county. This CHF allocation will enable Medair to continue as well as scale up our response further to improve site locations and active case finding for both IDP/returnees and vulnerable host communities in Renk County amidst this worsening nutritional situation.

### **5. Complementarity**

This project is a continuation of Medair's ongoing nutrition support to IDP/returnee and vulnerable host communities in Renk County and will enable Medair to continue responding effectively to the emerging nutrition emergency in this area. Given the close link between malnutrition and other illnesses and infections, Medair integrates nutrition programming with health and WASH activities to strengthen the response. Medair fills a critical gap in the provision of multi-sectoral support across the health, nutrition and WASH sectors in Renk County.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

To reduce morbidity and mortality due to acute malnutrition in displaced populations and acutely vulnerable host communities by improving the availability, utilisation and quality of essential preventative and curative nutrition services for boys and girls under five and pregnant and lactating women.

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
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				
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	30				
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	20				
<p><b>Contribution to Cluster/Sector Objectives :</b> This project will contribute to the overall objective of the CHF allocation strategy to address life-threatening needs due to severe and moderate acute malnutrition in areas where the GAM level is above 23% and signifies a very significant nutritional emergency.</p> <p>Cluster Objective 1: Medair will implement comprehensive nutrition programmes through TSFP, OTP, SC and IYCF/IYCF-E service provision including active case finding and defaulter tracing. Medair will expand services in Renk County where a multisectoral project is already in place and will continue to provide this multisectoral approach in responding to the worsening acute nutritional emergency in the County.</p> <p>Cluster Objective 2: All nutrition interventions are integrated into existing health services (either Medair or other partners) and additional outreach sites are set up as needed to improve coverage. Behaviour change communication activities addressing IYCF in emergencies messaging including early, exclusive breastfeeding will be conducted both through supported facilities but also within Care Groups at the community level.</p> <p>Cluster Objective 3: Medair has conducted a pre-harvest SMART survey and a KPC survey is planned in September 2016 to evaluate IYCF behaviour change and key health, WASH and other potential contributing factors. An exhaustive MUAC screening is currently in progress and will be repeated in three months time throughout Renk County. As staffing permits, Medair will continue to be an active member of the Strategic Advisory Group and other taskforces (NIWG, IYCF and CMAM) at nutrition cluster level to ensure good coordination and quality programming.</p>							
<b>Outcome 1</b>							
Increased access to quality lifesaving nutrition services for people in acute emergency situations							
<b>Output 1.1</b>							
<b>Description</b>							
Boys/girls under 5 and PLW affected by malnutrition are provided with quality preventative and curative nutrition services (CMAM and IYCF package).							
<b>Assumptions &amp; Risks</b>							
Nutrition supplies are available through the core pipelines, Nutrition workers are available in local communities, Ministry of Health and Government support are provided to allow activities to be carried out. Security allows presence of staff and transport of supplies to ensure continuity of nutrition services.							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Optimise community outreach and referral for CMAM services through MUAC screening							
<b>Activity 1.1.2</b>							
Strengthen existing CMAM service provision and increase coverage of CMAM services through capacity building and supervision, and the expansion of mobile sites depending on identified need.							
<b>Activity 1.1.3</b>							
Support and establish programmes for the treatment of SAM and MAM in children 0-59 months and PLW							
<b>Activity 1.1.4</b>							
Train local female and male nutrition workers to diagnose and treat acute malnutrition and/or refer to relevant service (OTP or SC) and carry out defaulter tracing							
<b>Indicators</b>							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards <15%)					0
<b>Means of Verification :</b> Clinic data sheets and registers							
Indicator 1.1.10	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program death rate (SPHERE standards <5%)					0
<b>Means of Verification :</b> Nutrition clinic data, registers, NIS							
Indicator 1.1.2	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			505	546	1,051
<b>Means of Verification :</b> Nutrition clinic data, NIS							

Indicator 1.1.3	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			1,140	1,236	2,376
<b>Means of Verification</b> : Nutrition clinic data, NIS							
Indicator 1.1.4	NUTRITION	Frontline services # PLWs with acute malnutrition newly admitted for treatment		300			300
<b>Means of Verification</b> : Nutrition clinic data, NIS							
Indicator 1.1.5	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster					20
<b>Means of Verification</b> : Training records							
Indicator 1.1.6	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)					1,051
<b>Means of Verification</b> : Nutrition clinic data, registers, NIS							
Indicator 1.1.7	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)					0
<b>Means of Verification</b> : Nutrition clinic data, registers, NIS							
Indicator 1.1.8	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)					0
<b>Means of Verification</b> : Nutrition clinic data, registers, NIS							
Indicator 1.1.9	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)					2,376
<b>Means of Verification</b> : Nutrition clinic data, registers, NIS							
<b>Outcome 2</b>							
Increased nutritional knowledge and attitudes regarding healthy IYCF practices for mothers and care takers							
<b>Output 2.1</b>							
<b>Description</b>							
PLW and care takers of boys and girls under 2 are reached with lifesaving health, hygiene and nutrition messages							
<b>Assumptions &amp; Risks</b>							
Ministry of Health and Government support are provided to allow activities to be carried out. Security allows presence of staff and freedom of movement to reach the communities. Communities are supportive of the cascade group/incentive based intervention.							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Initiate/continue communication of health, IYCF and hygiene messages in nutrition sites							
<b>Activity 2.1.2</b>							
Organise Volunteers/Promoters meeting every other week to gather feedback from previous weeks and teach message for the following 2 weeks (fixed sites)							
<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 2.1.1	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	100	3,400			3,500
<b>Means of Verification</b> : Care group network (Mothers' Support Groups) registers							
<b>Outcome 3</b>							
Increased nutrition situation analysis and coordinated response							
<b>Output 3.1</b>							
<b>Description</b>							
Targeted nutrition intervention locations are assessed and/or surveyed.							
<b>Assumptions &amp; Risks</b>							
Ministry of Health and Government support are provided to allow activities to be carried out. Security allows presence of staff and freedom of movement to reach the communities.							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
MUAC screening of boys, girls 6-59 months and PLW							

<b>Activity 3.1.2</b>							
Coordinate/collaborate with partners and nutrition cluster before, during and after assessment and interventions							
<b>Activity 3.1.3</b>							
Collect beneficiary feedback in exit interviews including development of a complaints/feedback tracking system.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Frontline services # of children screened in the community			4,059	4,397	8,456
<b>Means of Verification</b> : Screening tally sheets							
Indicator 3.1.2	NUTRITION	Number of PLWS screened for malnutrition					2,742
<b>Means of Verification</b> : Screening tally sheets							
Indicator 3.1.3	NUTRITION	% of beneficiaries who are aware of their entitlements					80
<b>Means of Verification</b> : Household beneficiary survey							
Indicator 3.1.4	NUTRITION	% of complaints which are resolved with feedback provided.					80
<b>Means of Verification</b> : Beneficiary complaint tracking system.							
<b>Additional Targets</b> :							

**M & R**

**Monitoring & Reporting plan**

Weekly data collection sheets are filled out at nutrition sites and collected/computerized for inclusion in monthly cluster reports. A monitoring and evaluation plan is in place which includes information on: the definition of indicators, baseline and targets, data required, sources of data, data collection method, frequency of data collection, the person responsible for the data collection, the person responsible for the analysis, the frequency of reporting and reporting format and deadline. This document is written at the beginning of the project and is owned by the project manager and followed up on a quarterly basis by the nutrition advisor. Moreover, a monthly internal report is submitted from field level to main support base, with an update on all indicators and targets to evaluate the progress of the project. The reports include a brief description of key activities, an outline of plans for the following month, as well as challenges and mitigation strategies. The reports are used to monitor and adjust the focus of attention towards the indicators performing least favorably. The monitoring plan includes scheduled household surveys including SMART and KPC measuring GAM, mortality, morbidity and potentially linking key public health indicators.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Optimise community outreach and referral for CMAM services through MUAC screening	2016									X	X	X	X
	2017	X	X										
Activity 1.1.2: Strengthen existing CMAM service provision and increase coverage of CMAM services through capacity building and supervision, and the expansion of mobile sites depending on identified need.	2016									X	X	X	X
	2017	X	X										
Activity 1.1.3: Support and establish programmes for the treatment of SAM and MAM in children 0-59 months and PLW	2016									X	X	X	X
	2017	X	X										
Activity 1.1.4: Train local female and male nutrition workers to diagnose and treat acute malnutrition and/or refer to relevant service (OTP or SC) and carry out defaulter tracing	2016									X	X	X	X
	2017	X	X										
Activity 2.1.1: Initiate/continue communication of health, IYCF and hygiene messages in nutrition sites	2016									X	X	X	X
	2017	X	X										
Activity 2.1.2: Organise Volunteers/Promoters meeting every other week to gather feedback from previous weeks and teach message for the following 2 weeks (fixed sites)	2016									X	X	X	X
	2017	X	X										
Activity 3.1.1: MUAC screening of boys, girls 6-59 months and PLW	2016									X	X	X	X
	2017	X	X										
Activity 3.1.2: Coordinate/collaborate with partners and nutrition cluster before, during and after assessment and interventions	2016									X	X	X	X
	2017	X	X										
Activity 3.1.3: Collect beneficiary feedback in exit interviews including development of a complaints/feedback tracking system.	2016									X	X	X	X
	2017	X	X										

## OTHER INFO

### Accountability to Affected Populations

As a member of HAP-I, Medair seeks to provide public information to the beneficiaries about the programmes provided through local government, community outreach and facility based awareness and health promotion activities. Medair consults with local authorities, community leaders, CHD and health and nutrition staff regarding decisions to commence, adapt or complete programmes. Medair uses household surveys to assess programme coverage and a KPC survey is planned for September 2016. Medair also uses post exit interviews at the facility level for monitoring the quality of service provision and providing opportunities for beneficiaries to share their feedback on the nutrition services provision. Every staff member working with Medair in South Sudan receives an orientation on the Code of Conduct and has to sign it, together with a "Summary of Minimum Standards for the Protection of Women and Children Against Sexual Abuse and Exploitation" which form part of the National and International Staff Guidelines. Medair also has Fraud and Misconduct Notification Guidelines in place.

### Implementation Plan

Medair will continue to provide a full integrated CMAM package at three static sites in Renk County which are all within health facilities, provide nutrition services to at least six communities where access to nutrition services is difficult through a mobile response as well as continuing to provide services to children with SAM who have complications through a SC. At each site Medair provides OTP, TSFP <5 and TSFP PLW services. Children are admitted by MUAC and WHZ and PLW's are admitted with a MUAC <21cm. IYCF messaging is incorporated into our programming within the nutrition clinic and through the Care Groups. All children receive the standard nutrition medications and our team coordinates with the EPI team for vaccinations. The nutrition clinic and Reproductive Health services coordinate to improve access to both services for PLWs.

Due to the emergency nutrition rates, Medair will assess if there are areas where it would be appropriate to set up further mobile sites to reach children and improve coverage or relocate to areas with higher populations. Strengthening community outreach will be implemented through establishing a network of community nutrition volunteers to conduct active case finding, follow up on children who are absent/defaulters and losing weight/not gaining weight and provide IYCF messaging, by improving links between the Care Group and the nutrition team and also conducting regular county wide mass MUAC screening during this emergency phase.

Medair will directly implement the programme activities in Renk County without sub-granting other entities.

Medair works with the local community to ensure both men and women have equal access to employment with Medair as well as to the services. Medair has support bases, with staff and resources in place to successfully implement the activities, given adequate funding.

In all responses and activities, Medair liaises and coordinates with national, state, county and local government officials and authorities. Medair also liaises with UNICEF and WFP to acquire nutrition supplies in a timely manner which support our activities. Coordination with other partners and the nutrition cluster will continue to take place at all stages of the intervention. Medair delivers the whole CMAM package in Renk County, as opposed to separating the different components between partners within the same location. This approach increases the efficiency of the project since all components are closely linked and it is crucial to be able to adjust one with the other. Moreover, it avoids duplication of logistics resources necessary for both partners to cover the same area with transportation and the impact it has on the environment. Medair will continue to closely coordinate with other partners on ground to avoid duplication; this particularly takes place at the time of writing PCA/FLAs with UNICEF and WFP but also in finding ways to find systems to avoid double registration in different nutrition sites (only admitting children from specific villages) and regular meetings with partners.

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
CHD	Meetings to update on progress held every second week
UNICEF, WFP	PCA and FLAs

### Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

### Gender Marker Of The Project

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

### Justify Chosen Gender Marker Code

Besides the disaggregation of data between boys and girls admitted in the programme, monthly analysis of the SC, OTP/TSFP data will continue to identify any gender discrepancies in admissions. As a result, it has been identified that significantly more girls were admitted to the nutrition programme than boys. FGD's with different age groups and divided by gender will be conducted to identify the reasons behind the discrepancy and find solutions to address it.

### Protection Mainstreaming

Medair seeks to incorporate protection principles through our nutrition programming through the programme design and implementation. This is achieved through awareness of protection risks and taking into consideration the impact of the programme to reduce or exacerbate those risks and operating under the "first do no harm principle"—especially when determining site locations. Medair will increase awareness and access to nutrition services and promote safety and dignity through the activities implemented in consultation with the community to ensure safe access to services. Medair's programming aims to reduce barriers to accessing services for vulnerable groups including children under five and PLWs without putting them at increased risk.

### Country Specific Information

### Safety and Security

Renk town has been relatively quiet in recent months. It remains a strategic location given its proximity to the river, the tarmac road to Khartoum, and as the northern gateway to the Paloich oilfields. There were clashes there through 2014 including extensive shelling by anti-government forces into Renk town and ground fighting. The SPLA took the key town of Wadakona on the western bank of the Nile in March 2015 and things have quietened since then. However, there have been several small scale incidents since mid-August 2016 which mirror the pattern of action from late 2014 which led to attacks by anti-government forces. It is rumoured that there have been some recent SPLA defections in the area (soldiers who were loyal to the former commander in the area, Stephen Buai) and there are concerns that Renk could be a gateway for an attack by anti-government forces.

Medair has a strong security management approach. We have a detailed security plan outlining our movement procedures, various relocation options (by air, vehicle and foot) and communication procedures. Our teams all carry quick run bags when travelling to field sites, should they need quickly to run to the bush. The team calls in three times a day to Juba to report that the situation is calm. We have good acceptance in the community and maintain good relationships with the authorities on the ground.

#### Access

Medair has a base in Renk town and a fleet of vehicles to mobile around. Mobilising teams have strict call in procedures and carry mossie domes, additional water, food and first aid kits with them when travelling. We use both UNHAS and charter flights to move people and cargo into the area. We have a good relationship with the RRC and do our own access negotiations with the authorities in order to move around the county.

#### 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	Programme Nat. staff :1 Health Manager	D	1	1,848.68	6	33.06	3,667.04
	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.2	Programme Nat. staff :2 Nurse, 6 Nutrition Nurses	D	8	1,226.94	6	33.06	19,470.07
	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.3	Programme Nat. staff : 2 Care Group Assistant, 1 Care Group Officer, 1 Sr. Care Group Officer	D	1.33	1,388.50	6	33.06	3,663.12
	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.4	Programme Nat. staff : 1 Clinical Officer Stabilization Centre	D	1	1,638.68	6	33.06	3,250.49
	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.5	Programme Nat. staff : 2 Cook/Cleaner for Clinic	D	2	274.49	6	33.06	1,088.96
	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.6	Programme Nat. staff :6 Nutrition Assistant	D	6	558.90	6	33.06	6,651.80
	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.7	Programme Nat. staff :3 Nutrition Outreach Worker	D	3	446.46	6	33.06	2,656.79
	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.8	Programme Nat. staff :1 Nutritionist	D	1	711.03	6	33.06	1,410.40
	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.9	Programme Nat. staff :3 Security Guard - Clinic	D	3	279.45	6	33.06	1,662.95
	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.10	Programme Nat. staff :1 Nutrition Officer	D	1	1,246.79	6	33.06	2,473.13

	<i>This includes the National recruited staff (NRS) that will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. Salaries are based on the Medair local compensation scale. Staff insurance, food for relocatable staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>							
1.11	Programme Int. staff: 1 Project Manager	D	0.4	4,395 .77	6	33.06	3,487.78	
	<i>This includes the salaries of the international staff working directly on the implementation of the project. Salaries are based on Medair's established expatriate compensation package. The International recruited staff (IRS) will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. IRS Income tax, Retirement benefits, Risk benefits, and Staff insurance are included in the salary Unit costs. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>							
1.12	Programme Int. staff: 1 Nutrition Advisor	D	0.25	5,467 .85	6	33.06	2,711.51	
	<i>This includes the salaries of the international staff working directly on the implementation of the project. Salaries are based on Medair's established expatriate compensation package. The International recruited staff (IRS) will dedicate the percentage of their time indicated in the Unit quantity column to the direct implementation of the project. IRS Income tax, Retirement benefits, Risk benefits, and Staff insurance are included in the salary Unit costs. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>							
1.13	Finance National staff: 5 staff-all allocated as a % to the project (2 Finance Officer, 1 Finance Support Officer, 1 Senior Finance Officer, 1 Senior Payroll Officer)	S	5	2,334 .61	6	4.10	2,871.57	
	<i>This includes the salaries of the NRS working to support the implementation of the project. Salaries are based on the Medair local compensation scale. The NRS detailed here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. Staff insurance, food for staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>							
1.14	Logistics National staff: 9 staff-all allocated as a % to the project (3 Logistics Officer, 1 Logistics Assistant, 1 Procurement Assistant, 2 Procurement Officer, 1 IT Officer, 1 project Support Manager)	S	10	2,200 .70	6	2.55	3,367.07	
	<i>This includes the salaries of the NRS working to support the implementation of the project. Salaries are based on the Medair local compensation scale. The NRS detailed here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. Staff insurance, food for staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>							
1.15	Facilities National staff: 28 staff allocated as a % to the project (1 Facilities Officer, 16 Security Guards, 1 Housekeeper, 3 Cleaners/Assistant Cooks, 2 Cooks, 1 Cleaner/Cook, 4 Cleaners/Housekeepers)	S	26	645.3 6	6	8.65	8,708.49	
	<i>This includes the salaries of the NRS working to support the implementation of the project. Salaries are based on the Medair local compensation scale. The NRS detailed here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. Staff insurance, food for staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>							
1.16	Monitoring and Evaluation National staff: 2 staff allocated as a % to the project (1 M & E Senior Officer, 1 Senior M & E Technical Officer)	S	0.5	2,520 .99	6	16.00	1,210.08	
	<i>This includes the salaries of the NRS working to support the implementation of the project. Salaries are based on the Medair local compensation scale. The NRS detailed here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. Staff insurance, food for staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>							
1.17	HR National staff: 3 staff-all allocated as a % to the project (2 Senior HR Officer, Admin and HR Officer)	S	3	2,274 .18	6	1.50	614.03	
	<i>This includes the salaries of the NRS working to support the implementation of the project. Salaries are based on the Medair local compensation scale. The NRS detailed here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. Staff insurance, food for staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>							
1.18	Fleet National staff: 13 staff-all allocated as a % to the project (7 Driver, 2 Driver/ Logistics Assistant, 1 Fleet Manager, 1 Lead Driver, 1 Mechanic, 1 Flights officer)	S	12.3	999.8 3	6	6.33	4,670.75	
	<i>This includes the salaries of the NRS working to support the implementation of the project. Salaries are based on the Medair local compensation scale. The NRS detailed here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. Staff insurance, food for staff, and a training allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>							
1.19	Senior Management Support International Staff: 1 Country Director, 2 Deputy Country Directors, 1 Project Coordinator	S	4	8,739 .46	6	4.35	9,124.00	

	<i>This includes the salaries of the IRS working to support the implementation of the project. Salaries are based on Medair's established expatriate compensation package. The IRS included here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information provided here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. IRS Income tax, Retirement benefits, Risk benefits, and Staff insurance are included in the salary Unit costs. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.20	Communication and Monitoring Support International Staff: 1 Programme Funding Manager, 1 Communications officer, 1 Monitoring and Evaluation Manager	S	3	4,108.73	6	4.38	3,239.32
	<i>This includes the salaries of the IRS working to support the implementation of the project. Salaries are based on Medair's established expatriate compensation package. The IRS included here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information provided here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. IRS Income tax, Retirement benefits, Risk benefits, and Staff insurance are included in the salary Unit costs. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.21	Programme Support International Staff: 2 Programme Support Managers	S	2	5,875.46	6	9.71	6,846.09
	<i>This includes the salaries of the IRS working to support the implementation of the project. Salaries are based on Medair's established expatriate compensation package. The IRS included here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information provided here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. IRS Income tax, Retirement benefits, Risk benefits, and Staff insurance are included in the salary Unit costs. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.22	Finance Support International Staff: 1 Finance Manager	S	1	5,501.59	6	1.50	495.14
	<i>This includes the salaries of the IRS working to support the implementation of the project. Salaries are based on Medair's established expatriate compensation package. The IRS included here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information provided here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. IRS Income tax, Retirement benefits, Risk benefits, and Staff insurance are included in the salary Unit costs. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.23	Human Resources Support International Staff: 1 Human Resources Manager	S	1	6,391.55	6	1.50	575.24
	<i>This includes the salaries of the IRS working to support the implementation of the project. Salaries are based on Medair's established expatriate compensation package. The IRS included here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information provided here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. IRS Income tax, Retirement benefits, Risk benefits, and Staff insurance are included in the salary Unit costs. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
1.24	Logistics Support International Staff: 1 Logistics Manager, 1 ICT Officer, 1 Transport Manager	S	3	4,213.23	6	1.50	1,137.57
	<i>This includes the salaries of the IRS working to support the implementation of the project. Salaries are based on Medair's established expatriate compensation package. The IRS included here support all of Medair's projects in South Sudan. The percentage of their time charged to CHF is indicated in the % Charged to ERF / CHF column to the support of the implementation of this project. The information provided here reflects the proportion of their time expected to be chargeable to these activities and their actual time will be traced through monthly labour reports and used to charge their cost of employment to CHF. IRS Income tax, Retirement benefits, Risk benefits, and Staff insurance are included in the salary Unit costs. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage. R&amp;R and Food allowance are included in the Plus Benefits Contribution based on a weighted percentage.</i>						
<b>Section Total</b>							<b>95,053.39</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Consumable supplies (OTP & TSFP admission cards & ration cards, PLW admission & ration cards, Stationary for nutrition teams, Soap for handwashing at nutrition sites, Sheets for Stabilisation Centre, Kitchen and consumable items for Stabilisation Centre (knives, tea cups, plates, jugs, buckets etc)	D	6	199.05	6	31.36	2,247.19
	<i>The unit number and unit cost of supplies, commodities, and materials used for the direct implementation and support of this project have been estimated based on a needs assessment as well as on the previous experience of running this project. Casual labour is needed for the off/loading of supplies, support in the repair of clinics, covering staff, MUAC screenings, etc. Costs have been budgeted at \$3, \$3.50 and \$4 per day depending on the skills required.</i>						
2.2	Construction materials	D	2	130.02	6	31.36	489.29

2.3	Equipment, furniture and accessories (Mattresses for Stabilisation Centre, Chairs for nutrition sites, Tables for nutrition sites, Mats for nutrition sites, Beds for Stabilisation Centre, Mackintosh covers for SC mattresses)	D	6	39.98	6	31.36	451.36
2.4	Incentives and Casual labour (Care Group Promoter Incentives, Casual cover for SC nurses & CO , Casual labour for onloading/offloading supplies, Casual labour for mass MUAC screenings )	D	4	212.09	6	31.36	1,596.27
2.5	Transport of nutrition stock, Referrals from OTP sites to SC, Referral of critical SC patients , Transport for Care Group promoters & nutrition trainings	D	4	3,042.55	6	31.36	22,899.45
2.6	Promotion and training (International celebration days , T-shirts for Care Group volunteers , Printing of promotion materials & stationary for Care Groups, Hire of training venues , Stationary (pens, flipcharts etc) for Care Group monthly meetings & nutrition trainings, Food & lodging for Care Group promoters & nutrition training)	D	6	188.91	6	31.36	2,132.72
<b>Section Total</b>							<b>29,816.28</b>
<b>Equipment</b>							
3.1	Laptop accessories	D	1	66.67	6	31.36	125.45
<i>Medair has been implementing CHF funded grants in South Sudan for many years and our price estimates as presented in the budget reflect our most recent actual purchases of similar items. Due to the harsh dusty environment and high usage, a proportion of equipment needs regular replacement, repair and maintenance. Items include new and replacement equipment for main base and field bases (for example printers, scanners, laptops, communications equipment, etc.)</i>							
3.2	Household, IT, Power, and Communications equipment (e.g laptops and accessories, printers, phones, fridge, stove, washing machine) for the support base	S	7	504.18	6	6.10	1,291.71
<b>Section Total</b>							<b>1,417.16</b>
<b>Contractual Services</b>							
4.1	Surveys & evaluations	D	8	212.69	6	31.36	3,201.58
<i>Medair will carry out KPC surveys as well as incur legal fees. The unit number and unit cost based on previous experience of running this project.</i>							
4.2	Legal fees, Translation	S	2	148.09	6	6.10	108.40
<b>Section Total</b>							<b>3,309.98</b>
<b>Travel</b>							
5.1	Ground Travel (taxi to and from airport, travel to project site)	D	65	0.39	6	27.34	41.58
5.2	Ground Travel (taxi for support managers)	S	10	56.82	6	6.10	207.96
5.3	Continental flights (for programme staff)	D	16	102.28	6	27.22	2,672.70
<i>Continental flights take staff to and from Juba to the field location in Renk. Unit number and unit costs for continental and intercontinental flights are based on previous experience of running this project and are based on recent actual costs incurred.</i>							
5.4	Continental flights (for support managers)	S	8	684.82	6	6.10	2,005.15
<i>Continental flights take staff to and from Juba to the field location in Renk. Unit number and unit costs for continental and intercontinental flights are based on previous experience of running this project and are based on recent actual costs incurred.</i>							
5.5	Intercontinental flights (home leave for programme staff)	D	8	16.58	6	27.00	214.88

	<i>Intercontinental flights are for the following; contract break, monitoring, meetings and other management tasks. Unit number and unit costs for continental and intercontinental flights are based on previous experience of running this project and are based on recent actual costs incurred.</i>						
5.6	Intercontinental flights (home leave for support staff)	S	8	734.66	6	6.10	2,151.08
	<i>Intercontinental flights are for the following; contract break, monitoring, meetings and other management tasks. Unit number and unit costs for continental and intercontinental flights are based on previous experience of running this project and are based on recent actual costs incurred.</i>						
5.7	Rental of vehicle/boat, including fuel and maintenance	D	5	356.54	6	31.36	3,354.33
5.8	Rental of vehicle/boat, including fuel and maintenance	S	8	1,839.75	6	6.10	5,386.79
	<b>Section Total</b>						<b>16,034.47</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office supplies (cartridges, stationery, paper for the supporting staff, business cards, label maker)	S	5	303.26	6	6.10	554.97
	<i>Medair has directly implemented and supported the project in Renk for the past several years with support coming from the bases in Renk, Juba, and Nairobi. Unit numbers and unit costs related to general operating and other direct costs have been budgeted based on previous experience as well as recent actual costs in incurred.</i>						
7.2	Transport for non-beneficiary goods, conference fees	D	4	0.00	6	27.00	0.00
7.3	Transport for non-beneficiary goods, conference fees, bank fees	S	3	2,376.95	6	6.10	2,609.89
7.4	Communication costs (phone, internet, satellite communications) for the project	D	3	0.00	6	27.00	0.00
7.5	Communication costs (phone, internet, satellite communications) for the supporting staff	S	3	1,825.63	6	6.10	2,004.54
7.6	Visibility material (posters, sign boards, T-shirts, stamps, stickers, billboards) for project	D	5	16.67	6	31.36	156.83
7.7	Visibility material (posters, sign boards, T-shirts, stamps, stickers, billboards) for support	S	5	60.02	6	6.10	109.84
7.8	Facility maintenance, and supplies. (Warehouse maintenance, supplies, generators, water for warehouse, warehouse rent)	D	4	59.12	6	31.36	444.96
7.9	Facility maintenance, supplies, furniture, and utilities (Office, house repairs, electrical repairs, gas, electricity, water)	S	6	732.25	6	6.10	1,608.02
7.10	Office equipment maintenance, security supplies, training, maintenance (Warehouse security maintenance)	D	6	6.63	6	31.36	74.85
7.11	Office equipment maintenance, security supplies, training, and maintenance (locks, batteries, fire alarms, fire extinguishers)	S	8	197.66	6	6.10	578.75
7.12	Rent of nutrition storage	D	1	418.14	6	31.36	786.77
7.13	Office rent for support base	S	1	11,761.52	6	6.10	4,304.72

<b>Section Total</b>									<b>13,234.14</b>
<b>SubTotal</b>				326.78					<b>158,865.42</b>
Direct									93,084.25
Support									65,781.17
<b>PSC Cost</b>									
PSC Cost Percent									7.00
PSC Amount									11,120.58
<b>Total Cost</b>									<b>169,986.00</b>
<b>Grand Total CHF Cost</b>									<b>169,986.00</b>

<b>Project Locations</b>									
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Total	Activity Name	
		Men	Women	Boys	Girls				
Upper Nile -> Renk	100	108	2,742	4,059	4,397	11,306	Activity 1.1.1 : Optimise community outreach and referral for CMAM services through MUAC screening Activity 1.1.2 : Strengthen existing CMAM service provision and increase coverage of CMAM services through capacity building and supervision, and the expansion of mobile sites depending on identified need. Activity 1.1.3 : Support and establish programmes for the treatment of SAM and MAM in children 0-59 months and PLW Activity 1.1.4 : Train local female and male nutrition workers to diagnose and treat acute malnutrition and/or refer to relevant service (OTP or SC) and carry out defaulter tracing Activity 2.1.1 : Initiate/continue communication of health, IYCF and hygiene messages in nutrition sites Activity 2.1.2 : Organise Volunteers/Promoters meeting every other week to gather feedback from previous weeks and teach message for the following 2 weeks (fixed sites) Activity 3.1.1 : MUAC screening of boys, girls 6-59 months and PLW Activity 3.1.2 : Coordinate/collaborate with partners and nutrition cluster before, during and after assessment and interventions		

<b>Documents</b>	
Category Name	Document Description
Project Supporting Documents	Renk Beneficiary Calculations.xls