

<b>Requesting Organization :</b>	CARE International			
<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 Emergency Nutrition Services for Malnourished Children Under Five Years of Age in Mayom and Abiemnom counties			
<b>Allocation Type Category :</b>	Frontline services			
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/N/INGO/3631	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	581,996.50	
<b>Planned project duration :</b>	5 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	31/01/2017	
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	31/01/2017	
<b>Project Summary :</b>	<p>The goal of this intervention is to provide quality lifesaving CMAM interventions to children 5-59 months and Pregnant and Lactating Women in Mayom, Abiemnom and Rubkona. Through this project, CARE will screen 50% of children under five years 29,270 (14,928 girls) as well as the same proportion of pregnant and lactating women (12,324) for malnutrition in the three counties. The project will reach 100% MAM and SAM caseload in Mayom and Abiemnom and 50% of the MAM and SAM caseloads in Rubkona. The project will be complemented by the RRF funds to cover the remaining 50% of the caseloads in Rubkona county during the proposed period. Indirect beneficiaries of this project will include 1500 male caretakers of children under five, County health department staff, health workers and community nutrition volunteers.</p> <p>Objective 1 of this project will focus on increasing the coverage of existing Community-based management of Acute Malnutrition (CMAM) by strengthening the community mobilization component of CMAM and increasing the number of mobile sites in Rubkona. In addition the interventions will improve program quality through refresher trainings for Nutrition assistants and community mobilizers, and frequent goal oriented joint support supervision to project sites of community nutrition volunteers to conduct active case finding and expanding to previously inaccessible locations especially in Rubkona and Abiemnom. The commodities for management of MAM in this project is donated by WFP while UNICEF through the ongoing PCA and FLAs. The proposed interventions will consolidate the gains already made through ongoing projects to improve quality.</p> <p>Objective 2 To a lesser extent the project will accelerate the promote saving optimal Infant Feeding in Emergencies (IFE), while integrating micronutrient supplementation and deworming among children and PLWs to reduce the incidence of acute malnutrition. Model men and women will be selected through existing community structures will be subjected to five day training in Infant and Young Child feeding in emergencies to become care group leaders. The care group leaders will be all inclusive of women living with HIV, women with disability and men and these group leaders will each be supported to provide weekly education to nine members. Mother to mother Support groups will be integrated with OTPs and SCs to support mothers of children 0-24 months with breastfeeding complications such as those with small babies, not enough milk, emotional problems among others to re-lactate and successfully breastfeed their infants.</p> <p>To contribute to cluster objective 3, CARE will conduct three SMART surveys in Rubkona, Mayom and Abiemnom to strengthen information management for the proposed locations.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
1,500	12,324	14,342	14,928	43,094

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Trainers, Promoters, Caretakers, committee members, etc.	200	105	0	0	305
Children under 5	0	0	14,342	14,928	29,270
Pregnant and Lactating Women	0	12,219	0	0	12,219
Other	1,300	0	0	0	1,300

**Indirect Beneficiaries :**

Direct Beneficiaries will include men and community volunteers that are involved in implementation. These include 130 community Nutrition volunteers, 25 Community Nutrition Workers, 20 Nutrition Assistants, 130 Lead mothers and Mother to mother support group members

**Catchment Population:**

Abiemnom County borders Mayom County to the South, Rubkona County to the East, divided into 7 payam (administrative district). It is a primarily small-scale agro-pastoralist community that farm, keep cattle, and fish. The population is estimated at 23,796. Dinka is the dominant tribe in the county but there are some pockets of Sudanese traders in the county, who shops in town. There is one Primary Health Care centre (PHCC) in the county located at Abiemnom town and three Primary Health CARE units (PHCUs) based in the outskirts of the town. These are Panyang, Manajoga and Awarpiny. The health facility is run by County Health Department with support of implementing partners. Mayom is located to the west of Bentiu and is made up of 10 Payams. With an estimated population of 180,056 Mayom disaster-prone county exposed to a multitude of natural disasters including, floods, storms, droughts and armed conflict. The security situation in Mayom is complex. There are a number of overlapping threats, including disease outbreaks, the presence of rebels targeting government installations and security forces. Frontline fighting has led to hundreds of families displaced from Payams including Wangkei and Buoth. Many of them have settled with families in other Payams within Mayom County. There are three Primary Health Care Centres namely Mankien, Mayom and Wangkei) and 5 Primary Health Care Units namely Ruathnyibel, Pub, Riak, Bieh and Kueryiek. Rubkona lies on the northern bank of the Bahr el Ghazal River, connected by bridge to the state capital Bentiu. The region is swampy, flooding in the rainy season. Malaria, Kala Azar and Bilharzia are endemic. Most of the population are Nuer people. Following decades of civil war UNMISS has recently been conducting de-mining exercise in previously hard to reach payams including: Dorbor, Jazera, Kaljak, Pakur/Ding ding, Ngop Thanyang and Nialbu. Although insecurity has not been a major hindrance in Kaljak, the roads are impassable during the rainy seasons while in Pakur/Ding ding, The projected population in Rubkona is 208507. While current IPC projections anticipate an improvement in the food security situation in the three counties due to the upcoming harvest and improved humanitarian access, the projected phase for nutrition situation will likely remain critical due to little or no harvest as most household did not cultivate due to insecurity

**Link with allocation strategy :**

The proposed interventions will contribute to the first cluster objective of delivering quality, life –saving, management of acute malnutrition for at least 70% SAM cases and 78.6% MAM cases in all define vulnerable girls and boys, PLW, older people and other vulnerable groups living in the malnutrition high burden states. Since MUAC is association with wasting and mortality in children under five this project will accelerate active case identification of severely and moderately malnourished children as well as children at risk and referring them for case management. This project will contribute to the cluster objective 1 by strengthening case identification and referral of 9179 (4681 girls) children aged 0-59 months with SAM to OTPs and 14,819 (7,558 girls) children aged 0-59 months with MAM to TSFP as well as 4,592 malnourished pregnant and lactating women to TSFP.

To contribute to cluster objective of delivering quality, lifesaving, management of acute malnutrition for at least 70% SAM cases and 78.6% MAM cases in all define vulnerable girls and boys, PLW, older people and other vulnerable groups living in the malnutrition high burden states is the second cluster objective. CARE will provide access to services geared at preventing under nutrition for 29,270 (14,928 girls) aged 0-59 months, as well as 12324 pregnant and lactating women. The project will promote optimal Infant and Young Child Feeding Practices (IYCF) to prevent acute malnutrition. In addition, the project will integrate vitamin A supplementation for the same number of children and lactating women as well as deworming for PLWs. The activities proposed will directly address the life threatening nutrition needs in Rubkona, Mayom and Abiemnom where the needs are greatest. This concept will contribute to addressing the high malnutrition rates among IDPs settled, and host communities. CARE will address all of the three Nutrition Cluster objectives by ensuring that the following activities (Outputs) are implemented within the project life span.

- 1) Identification (active case findings) and treatment of acutely malnourished children 0-59 months and PLWs in Mayom and Abiemnom counties of Unity State.
- 2) Integration of nutrition activities in all health facilities.
- 3) Support to CHDs to conduct integrated nutrition outreach activities and referrals.
- 4) Training for health workers, nutrition staff and community outreach workers (COWs) on IYCF-E and IMAM refresher.
- 4) Provision of Vitamin A supplementation to boys and girls 6-59 months.
- 5) De-worming of children boys and girls above 1 year of age
- 6) Integration of Vitamin A supplementation in National Immunization Days (NIDS).
- 7) Promotion of optimal IYCF in the vulnerable populations in the PoCs, host communities and IDPs
- 8) Participate and support National, State and County Nutrition Cluster forums, and
- 9) Monitor and analyze the nutrition situation on a quarterly basis in the two counties

All above proposed activities will contribute to the CHF and Nutrition Cluster strategic objectives and also link strongly with the prioritization of projects.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$
CARE International	International NGO	581,997.00
		<b>581,997.00</b>

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

Other Funding Source	Other Funding Amount
General Electric Foundation for Mayom/Abiemnom	100,000.00
IOM Rapid Response Funds for Rubkona (Anticipated)	150,000.00
	<b>250,000.00</b>

**Organization focal point :**

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**BACKGROUND****1. Humanitarian context analysis**

Since December 2013, millions of people in South Sudan remain engulfed in a protracted humanitarian crisis. Despite the recent formation of the Transitional Government of National Unity (TGoNU) in April 2016, violence continued in multiple locations, while the economic situation deteriorated, causing humanitarian needs to intensify and increase. The widespread internal displacement and increased vulnerability to malnutrition is evident in all the conflict affected populations in the three counties (Rubkona, Mayom, and Abiemnom) where CARE international implements emergency nutrition program. According to the revised HRP (July 2016), over 2.5 million people (more than one in every five people in South Sudan) have been forced to flee their homes since the conflict began, including 1.6 million internally displaced people (with 53.4 per cent estimated to be children) and nearly 900,000 refugees in neighboring countries. Hunger and malnutrition have reached historic levels and taken hold in previously stable areas. It is reported that by July 2016, some 4.8 million people - more than one in every three people in South Sudan - were estimated to be severely food insecure. Inevitably, mortality has been exacerbated by acute malnutrition and disease, including a malaria outbreak in 2016 that is similar in magnitude to the unprecedented 2015 season, and a cholera outbreak in 2016 for the third year in a row. Survey results done by CARE in Rubkona, Mayom and Abiemnom during the pre-harvest period in May 2016 shows high malnutrition rates with GAM rates of 29.2% (24.5-34.4) in Rubkona, 28.5% (23.7-33.7%C.I) in Mayom County and 29.2% [25.6-33.2 95%C.I] in Abiemnom county..

The most vulnerable amongst the population in the three counties are women and children boys and girls (0-59 months). Pregnant and lactating women are particularly affected as they aren't able to access health care for the health and nutritional needs due to insecurity and destruction of existing health facilities. Further, the burden of taking care of children (feeding, cooking, fetching water and firewood) is principally the duty of women and is severely affected when normal livelihood activities are completely or partially destroyed. Men on the other hand are on frontline providing security and key men roles like provision of food through casual work and pastoralist activities are highly affected. Inadequacy of food, inadequate nutrition treatment and prevention services, lack of immunization services and health services has led to high malnutrition burden especially to Women and children boys and girls 0-59 months. This further affects breastfeeding activities, and overall health and nutrition care for children. CARE mainstreams Gender activities in all program work through inclusion male and female among staff and volunteers, getting and provision of feedback to different groups on the performance of the project and finding ways to improve it in a consultative manner.

The ongoing nutrition activities implemented by CARE have remarkably put in check the morbidity and mortality associated with malnutrition. This CHF funding will build on the work started by 1st round allocation in Rubkona, Mayom and Abiemnom counties. This intervention will further expand CARE's Mobile health outreach clinics at Mayom and Rubkona to Abiemnom and other hard to reach locations areas within the counties. The outreaches have successfully integrated nutrition in the past, reaching many malnourished children pregnant and lactating mothers with lifesaving care.

**2. Needs assessment**

In Rubkona county some 7570, children (0-59 months) suffer Severe acute malnutrition while 10,518 children and 3,108 pregnant and lactating women have moderate acute malnutrition and are in urgent need of CMAM interventions. A SMART Survey conducted by CARE in Rubkona County during the pre-harvest period of May 2016 shows high prevalence of malnutrition with GAM rates of 29.2% [25.6-33.2 95%C.I]. This rate is consistent with results of a screening of children (based on their places of origin) for malnutrition that was done by UNICEF in Bentiu Town and Rubkona Payam in February 2016. High malnutrition rates are largely attributable to active conflict in lower Unity State including Leer and some parts of Mayiendit which resulted in an exodus of children towards Rubkona. Despite CARE's current interventions at static sites in Rubkona and Bentiu town, active case finding shows a sharp upsurge of new cases. In addition to the displacement, physical insecurity has been a major hindrance to delivering lifesaving nutrition interventions to many parts of the county. Some of the previously inaccessible payams include: Dorbor, Jazera, Kaljak, Pakur/Ding ding, Ngop Thanyang and Nialbu. Although insecurity has not been a major hindrance in Kaljak, the roads are impassable during the rainy seasons while in Pakur/Ding ding. While current IPC projections anticipate an improvement in the food security situation due to the upcoming harvest and improved humanitarian access, the projected phase for nutrition situation will likely remain critical due to little or no harvest as most households did not cultivate due to insecurity. CARE plans to scale up interventions to the far off locations

In Mayom and Abiemnom, ongoing interventions have resulted in a slight reduction in the nutrition situation but the GAM rates remain critical with up to 5,394 SAM children in both counties needing OTP services while 9560 children with MAM need TSFP services. Causes of the high prevalence include food insecurity and a recent upsurge of disease incidence. Close to 70% of children in Mayom and 40% in Abiemnom had had symptoms of malaria in the week preceding a recent SMART survey, consistent with program data which indicated a possible malaria outbreak in most of the state including Parieng County. The high morbidity pattern was not helped by the fact that food distribution in all counties has been infrequent, the most recent GFD in Mayom for instance happened only in May following a long spell. These factors were compounded by limited economic access to nutritious food at household level due to sky rocketing commodity prices and limited access to markets. Moreover the conflict which broke out on July 7th in Juba blocked the importation of foodstuff from Uganda and neighboring countries via the Wau route. There is need to intensify case identification and follow up included outreaches to distant locations especially in Abiemnom

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

A total of 43094 direct beneficiaries will be targeted through this project including 29,270 children under five years, 12324 PLW and 1500 men. Indirect beneficiaries will include over 306 health and nutrition workers will also benefit from the training under this project. In addition, 130 community volunteers (50 females and 80 males) will be identified and trained to support and conduct IYCF promotion activities in IDP settlements and villages. These community nutrition outreach promoters will be identified through proper consultation with community leaders and support from local authorities (such as the RRC) on the ground. Special attention will be given to inclusion of persons with disabilities among the nutrition workers within the communities.

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

In light of the prevailing humanitarian situation in Unity State, CARE is requesting funds to complement UNICEF and WFP to provide integrated nutrition services to the conflict affected populations of Rubkona, Abiemnom and Mayom Counties in Unity State. The proposed project will build on CARE's existing operational capacities and strong presence on the ground as well as existing projects and programs in both health and nutrition. The widespread internal displacement has increased vulnerability to malnutrition for all the conflict affected populations in the two counties. The situation calls for immediate and continued nutrition interventions targeting the most vulnerable (children under five and PLW). Results from surveys undertaken by CARE in these counties during the pre-harvest period in May 2016 shows high malnutrition rates with GAM rates of 28.5% (23.7-33.7%C.I) in Mayom County, and 29.2% [25.6-33.2 95%C.I] in Abiemnom and Rubkona Counties. The magnified burden due to disruptions of livelihood are major contributing factors to the high malnutrition rates. All the survey results indicate that both boys and girls are equally affected. The potential aggravating factors to malnutrition are sub-optimal IYCF practices, poor hygiene and sanitation and limited access to health care. In addition, the deteriorating household food security as a consequence of displacement, as well as high food prices caused by hyper-inflation and depreciation of the local currency, are all further increasing the risk of acute malnutrition and associated mortality. All proposed target locations have been identified, proposed and recommended by Nutrition Cluster as high priority counties for nutrition interventions.

The CHF funding will help CARE to scale-up ongoing nutrition interventions as well as expand emergency support to other locations within each county in order to meet the increased nutrition needs of IDPs and host communities. The proposed strategy in both Mayom and Abiemnom is to assign mobile nutrition teams to reach remote bomas in the interior of the counties and ensure that all malnourished children and PLWs are reached.

### **5. Complementarity**

The proposed project will be complimentary to the UNICEF PCA as well as WFP FLA through which CARE obtains RUSF for management of MAM and RUTF for management of SAM. The CHF will support outreaches to locations that are not currently covered by both projects in Mayom and Abiemnom. In Rubkona, the CHF will reach 50% of the SAM/MAM caseload while the RRF will cover the remaining 50% in six under served payams through mobile outreaches. In addition, the GE fund contributes \$100,000 for implementation of the Stabilization Centers in Mankien and Abiemnom PHCCs

## **LOGICAL FRAMEWORK**

### **Overall project objective**

The overall objective of this project is reduce the prevalence and incidence of GAM from 28.5% to &lt;25% in Mayom and from 29.2% to &lt;26% in Abiemnom and Rubkona through scaling up of the current CMAM program, and providing IYCF interventions targeting children under five and PLW.

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		70			
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity		20			
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses		HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats		10			
<p><b>Contribution to Cluster/Sector Objectives :</b> This project will help to save lives of malnourished children under five and malnourished PLWs. Provision of integrated nutrition services will enable malnourished children and PLW to access services within their locality which will help protect communities from the life threatening effects of malnutrition. Nutrition (CMAM), preventive services of IYCF, and micronutrient supplementation will help control malnutrition in the two counties.</p>							
<b>Outcome 1</b>							
Provide quality lifesaving CMAM interventions to children 5-59 months and Pregnant and Lactating Women in Mayom, Abiemnom and Rubkona Counties.							
<b>Output 1.1</b>							
<b>Description</b>							
Strengthen mobile outreaches in existing OTP and TSFP programs to expand coverage							
Description: Active case finding of both severe and moderate acutely malnourished children under five years of age							
<b>Assumptions &amp; Risks</b>							
Risk: access constraints due to conflict or security issues; Assumption: the security situation allows for safe access to communities							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Conduct three 5-day refresher CMAM training for 130 Community volunteers in Rubkona (45), Mayom (55) and Abiemnom (30)							
<b>Activity 1.1.2</b>							
Conduct two 2- day refresher trainings for 25 male and female CHW/Nutrition Assistants on management of SAM & MAM(10 in Rubkona and 15 in Abiemnom+Mayom)							
<b>Activity 1.1.3</b>							
Conduct monthly mass MUAC screening for case identification for 20 OTP/TSFP sites including 5 in Rubkona, 9 in Mayom and 4 in Abiemnom							
<b>Activity 1.1.4</b>							
Conduct weekly defaulter tracing and screening of children in 3 counties							
<b>Activity 1.1.5</b>							
Conduct weekly OTP/TSFP outreaches to fifteen mobile sites							
<b>Activity 1.1.6</b>							
Purchase bicycles for 55 CNVs in Mayom, 30 in Abiemnom and 45 in Rubkona to enable them conduct community mobilization							
<b>Activity 1.1.7</b>							
Provide life saving treatment for Severe and moderate acute malnutrition at 20 integrated OTP/TSFP sites in Rubkona, Mayom and Abiemnom Counties							
<b>Activity 1.1.8</b>							
Provide treatment for severe acute malnutrition with complications at three stabilization centers in Mankien, Abiemnom and Rubkona							
<b>Activity 1.1.9</b>							
Conduct one quarterly joint support supervision with respective CHDs, to Mayom, Abiemnom and Rubkona							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Frontline services # of children screened in the community			14,342	14,928	29,270
<b>Means of Verification :</b>							
Indicator 1.1.2	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			4,498	4,681	9,179
<b>Means of Verification :</b>							
Indicator 1.1.3	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			7,261	7,558	14,819

<b>Means of Verification :</b>							
Indicator 1.1.4	NUTRITION	Core pipeline # of joint monitoring missions to the implementation sites					1
<b>Means of Verification :</b> Joint support supervision reports							
Indicator 1.1.5	NUTRITION	OTP Cure rate (%)					80
<b>Means of Verification :</b> OTP registers							
Indicator 1.1.6	NUTRITION	TSFP Cure rate (%)					80
<b>Means of Verification :</b> TSFP register							
Indicator 1.1.7	NUTRITION	TSFP/OTP Defaulter rate (%)					10
<b>Means of Verification :</b> TSFP/OTP Defaulter registers							
<b>Output 1.2</b>							
<b>Description</b>							
Strengthening existing CMAM supply chain pipeline management and logistical support							
<b>Assumptions &amp; Risks</b>							
Risk: Security situation deteriorates, posing access challenges							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Conduct training of 20 OTP/TSFP staff in commodity management							
<b>Activity 1.2.2</b>							
Transport of nutrition commodities from Juba to Rubkona Mayom and Abiemnom							
<b>Indicators</b>							
			End cycle beneficiaries				End cycle
<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	Core pipeline # of implementing partners and UNICEF staff trained on pipeline management and warehousing					20
<b>Means of Verification :</b> Training reports and attendance lists							
<b>Outcome 2</b>							
Increase access to nutrition promotion and prevention interventions for 14,928 girls and 14,342 boys (aged 0-59 months) as well as 12,324 PLW							
<b>Output 2.1</b>							
<b>Description</b>							
Promote optimal infant feeding for children 0-24 months through IFE interventions							
<b>Assumptions &amp; Risks</b>							
Risk: access constraints due to conflict or security issues; Assumption: the security situation allows for safe access to communities							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Train 180 care group leaders (90 Mayom, 40 in Abiemnom and 50 in Rubkona) in IYCF in emergencies for 3 days							
<b>Activity 2.1.2</b>							
Purchase 60 sitting mats, and aho feeding accessories for Mother to Mother Support Groups in three counties							
<b>Indicators</b>							
			End cycle beneficiaries				End cycle
<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	0	3,521			3,521
<b>Means of Verification :</b>							
Indicator 2.1.2	NUTRITION	Frontline services # of functional mother-to-mother support groups					180
<b>Means of Verification :</b>							
Indicator 2.1.3	NUTRITION	# of complaints submitted, resolved and feedback provided to the communities					10
<b>Means of Verification :</b> complaints registers							
<b>Output 2.2</b>							
<b>Description</b>							
Enhance micronutrient supplementation and deworming of boys and girls (aged 0-59 months) and PLW							

<b>Assumptions &amp; Risks</b>							
Risk: access constraints due to conflict or security issues; Assumption: the security situation allows for safe access to communities							
<b>Activities</b>							
<b>Activity 2.2.1</b>							
Mobilize children under five for Immunization, Vitamin A supplementation and Deworming through routine clinics and NIDS in 3 counties							
<b>Activity 2.2.2</b>							
Deliver community mobilization messages during National Immunization days (NIDS) in Mayom Abiemnom and Rubkona							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			5,209	5,421	10,630
<b>Means of Verification :</b>							
Indicator 2.2.2	NUTRITION	Frontline services # of children (12 -59 months) dewormed			5,421	5,209	10,630
<b>Means of Verification :</b>							
<b>Outcome 3</b>							
Nutrition survey information is available for use by CARE and National Nutrition cluster for planning and caseload calculations, HRP, etc.							
<b>Output 3.1</b>							
<b>Description</b>							
Access to timely nutrition information for need analysis, monitoring and coordination of nutrition emergency responses							
<b>Assumptions &amp; Risks</b>							
Risk: access constraints due to conflict or security issues; Assumption: the security situation allows for safe access to communities							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
Recruitment and training of survey team (enumerators and supervisors) in three counties							
<b>Activity 3.1.2</b>							
Data collection, analysis and dissemination of the results							
<b>Activity 3.1.3</b>							
Recruitment of 3 Survey Consultants from Juba							
<b>Activity 3.1.4</b>							
Conduct SMART surveys in Rubkona, Mayom and Abiemnom							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Frontline services # SMART surveys undertaken - Post-harvest					2
<b>Means of Verification :</b>							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							



Project monitoring will be undertaken as an integral part of project implementation and will focus on the inputs, activities and outputs. It is an internal requirement that all CARE Projects design an M&E framework that consists of a logical Framework Matrix, a detailed Monitoring and Evaluation Plan, an Indicator Tracking table and an Activity Tracking Matrix with standardized formats for these tools are in place. Further to these, the M&E system consists of the following processes and tools:

- Implementation Support tools- Including Detailed Implementation plans as well as Finance and Procurement plans each with clear indicators and targets for measuring progress and performance.
  - Regular Monitoring and Feedback system – Undertaken by project implementation staff with support from management.
  - Appropriate tools are designed to facilitate monitoring at all levels of the project. Monitoring data is reflected in monthly management reports which are reviewed by both HN Coordinator and feedback provided.
  - Field monitoring is undertaken by the M& E specialist, sector coordinator and program development and management coordinator
  - Reporting of monitoring information will be done through activity and progress reports. Activity reports will be confined to reporting on discrete activities and will be done in line with formats to be developed by the cluster. Periodic Narrative and Financial Reports are prepared in accordance with CHF and cluster guidelines. Management Reports are done on a monthly and semi-annual basis and submitted as required. Standardized reporting formats have been developed for the management reports. Mechanisms for ensuring continuous documentation of progress i.e. through monthly and quarterly reporting are in place.
- Reports will be prepared based on the Monthly and Semi-annual Management reporting guidelines while Field monitoring reports that will be generated from time to time will be retained as part of the project records.
- Reflection and learning underpins the CARE's quality assurance framework and is integrated at all stages of the project implementation. In this project the key reflection and learning events that will be undertaken will include the following monthly project review meetings, and I community meetings. These meetings will reflect on activity implementation in relation to targets realized or not realized; Community perspectives and feedback on project implementation and challenges and problems encountered especially those emanating from the community. This will provide the basis for adjustments/re-planning of the project activities. SMART surveys will be conducted ensuring participation of communities and all stakeholders in all stages of the process and to build their capacity to participate in similar exercises in the future. Both qualitative and quantitative approaches will be utilized in collecting and analyzing information

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct three 5-day refresher CMAM training for 130 Community volunteers in Rubkona (45), Mayom (55) and Abiemnom (30)	2016										X		
	2017												
Activity 1.1.2: Conduct two 2- day refresher trainings for 25 male and female CHW/Nutrition Assistants on management of SAM & MAM(10 in Rubkona and 15 in Abiemnom+Mayom)	2016										X		
	2017												
Activity 1.1.3: Conduct monthly mass MUAC screening for case identification for 20 OTP/TSFP sites including 5 in Rubkona, 9 in Mayom and 4 in Abiemnom	2016									X	X	X	X
	2017	X											
Activity 1.1.4: Conduct weekly defaulter tracing and screening of children in 3 counties	2016									X	X	X	X
	2017	X											
Activity 1.1.5: Conduct weekly OTP/TSFP outreaches to fifteen mobile sites	2016									X	X	X	X
	2017	X											
Activity 1.1.6: Purchase bicycles for 55 CNVs in Mayom, 30 in Abiemnom and 45 in Rubkona to enable them conduct community mobilization	2016										X		
	2017												
Activity 1.1.7: Provide life saving treatment for Severe and moderate acute malnutrition at 20 integrated OTP/TSFP sites in Rubkona, Mayom and Abiemnom Counties	2016									X	X	X	X
	2017	X											
Activity 1.1.8: Provide treatment for severe acute malnutrition with complications at three stabilization centers in Mankien, Abiemnom and Rubkona	2016									X	X	X	X
	2017	X											
Activity 1.1.9: Conduct one quarterly joint support supervision with respective CHDs, to Mayom, Abiemnom and Rubkona	2016												X
	2017												
Activity 1.2.1: Conduct training of 20 OTP/TSFP staff in commodity management	2016											X	
	2017												
Activity 1.2.2: Transport of nutrition commodities from Juba to Rubkona Mayom and Abiemnom	2016									X		X	
	2017												
Activity 2.1.1: Train 180 care group leaders (90 Mayom, 40 in Abiemnom and 50 in Rubkona) in IYCF in emergencies for 3 days	2016												X
	2017												



Activity 2.1.2: Purchase 60 sitting mats, and aho feeding accessories for Mother to Mother Support Groups in three counties	2016										X		
	2017												
Activity 2.2.1: Mobilize children under five for Immunization, Vitamin A supplementation and Deworming through routine clinics and NIDS in 3 counties	2016								X	X	X	X	
	2017	X											
Activity 2.2.2: Deliver community mobilization messages during National Immunization days (NIDS) in Mayom Abiemnom and Rubkona	2016										X	X	
	2017	X											
Activity 3.1.1: Recruitment and training of survey team (enumerators and supervisors) in three counties	2016										X		
	2017												
Activity 3.1.2: Data collection, analysis and dissemination of the results	2016										X		
	2017												
Activity 3.1.3: Recruitment of 3 Survey Consultants from Juba	2016								X				
	2017												
Activity 3.1.4: Conduct SMART surveys in Rubkona, Mayom and Abiemnom	2016										X	X	
	2017												

#### OTHER INFO

##### Accountability to Affected Populations

CARE has ongoing project accountability mechanism to beneficiaries, the current project at inception the community was involved through their leaders, selection of community nutrition volunteers is done through RRC and CHD. During project implementation period communities are always updated on the progress. Communities Rubkona Mayom and Abiemnom Counties will be informed about mobile nutrition teams that will be visiting them on specific dates and services they will be expecting before the services commence.

CARE has feedback mechanism already in place, any complain by Community or beneficiaries is lodged and discussed at community level , field office level or at Juba level and solution provided. In case of non performance of our staff, negligence and abuse of the mandate of CARE in provision of humanitarian nutrition services the remedial actions involves discussion at community level, proper action taken even dismissal of staff, all in view to ensure our clients/beneficiaries receive the highest quality services

##### Implementation Plan

Health workers and the County health Department in collaboration with CARE staff will be primarily responsible for collecting, summarizing and reporting performances on weekly basis from OTP sites and SC and monthly SFP sites as well as community mobilization activities. CARE will use community based monitoring and evaluation approaches to ensure that the target communities are part of the learning processes and that institutions within the community are able to keep and pass on the knowledge. The health volunteers and mobilizers will share their performances during the monthly t review meetings. CARE will provide onsite support for the health workers to review and summarize the weekly and monthly reports. Hard copies of weekly performances and monthly reports will be kept in separate files for OTP, SC and SFP at County health offices to track performance records and control the stock. This project will be implemented as support to the ongoing projects in Rubkona, Abiemnom and Mayom County managed by CARE. Periodic visits by Nutrition and health coordinator from Juba will be done on monthly basis. At Bentiu, there is sub cluster meeting on weekly basis, CARE is an active cluster member and will ensure the activities are implemented in coordinated manner seeking advises from Nutrition partners and stakeholders appropriately.

At the three Counties, CHD will be involved in implementation of project since our nutrition services are integrated within health facilities managed by CHD while supported by CARE. The inputs from this grant will complement the ongoing projects supported by GE, WFP and UNICEF in both the Counties

##### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	CARE has a PCA with UNICEF and manages the Nutrition rubhall at Bentiu POC and collaborates with UNICEF in ensring the rubhall has all the commodities prepositioned. if the commodities are nearing out of stock CA
WFP	CARE collaborates with WFP in management of MAM cases, supplies of MAM commodities is done by WFP and care works closely with field level officers for WFP
MSF-S	OTP, TSFP and IYCF services at Mayom PHCC will be coordinated between CARE and MSF-S

##### 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**

CARE promotes gender mainstreaming throughout its programs as a priority as well as core cross-cutting theme. Women are socially considered the primary caregivers for children in South Sudan hence this project targets them directly; however, CARE will employ strategies to ensure involvement of men and male caregivers in child nutrition as well. This is cognizant of the fact that men make the decisions regarding household allocation of resources and therefore indirectly affect the nutrition of children and women. CARE will apply gender inclusive methods during rural appraisals, staff recruitment, project beneficiary selection, implementation, community feedback and project monitoring and evaluation. The project will give opportunity to both men and women to lead nutrition care groups in order to promote women's leadership skills. All data collected and reported will be dis-aggregated data by gender and age.

**Protection Mainstreaming**

As the proposed project will be implemented in an emergency context, CARE mainstreams protection principles into project activities. The Do no Harm principle will be maintained to ensure that project activities do not expose communities to further harm. Rather than have caregivers walk long distances and expose themselves to possible violence including rape for women, CARE will use the mobile outreaches to deliver health care to hard-to-reach locations. In locations where security is a major concern, CARE tags onto the UN to deliver emergency nutrition interventions

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

CARE maintains a Security team at country office whose responsibility is to conduct security risk assessments before project roll out and during implementation. CARE will obtain security clearance before traveling to the proposed project locations since they are opposition controlled. At the same time, CARE transport important project records for archiving in Juba on a regular basis as a risk mitigation measure. This project will be implemented in collaboration with government ministry of Health and also with full consent of commissioner of each of the counties will implement the project. In case of any impending insecurity we shall keep our beneficiaries informed in any programming changes

**Access**

Access to Bentiu POC is likely not to be interrupted during implementation period since steps have been made by IOM to ensure road network is improved within the POC. However access to Bentiu town will be via road using CARE vehicles to deliver supplies from Bentiu POC rumbhall and staff. Mayom, Abiemnon and Pariang access roads to the beneficiaries are expected to be clear until the onset of rains in early June 2016. During wet period access to mobile sites will be necessitated by Quad bikes. There is no major concern regarding the access to the beneficiaries apart from unforeseen insecurity incidences.

**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	Country Director	S	1	16,130.00	5	5.00	4,032.50
	<i>Country Director (Based in Juba) Salary will be charged on this project as support cost</i>						
1.2	Assistant Country Director - Program	S	1	14,690.00	5	10.00	7,345.00
	<i>10% of Assistant Country Director - Program (Juba Based) salary will be charged to this project as support cost: Basic salary \$8500 plus 44% benefits plus house allowance</i>						
1.3	Finance Director	S	1	13,970.00	5	10.00	6,985.00
	<i>10% of Finance director (Juba Based) salary will be charged to this project as support cost: Basic salary \$8000 plus 44% benefits plus house allowance \$2450=\$11090</i>						
1.4	Grants and contracts coordinator	S	1	9,650.00	5	10.00	4,825.00
	<i>10% of Grants Coordinator (Juba Based) salary will be charged to this project as support cost. This officer is in charge of managing all program grants CHF inclusive: Basic salary \$5000 plus 44% benefits plus house allowance \$2450=\$9650</i>						
1.5	Health and Nutrition Coordinator	D	1	11,090.00	5	25.00	13,862.50
	<i>Health and Nutrition Coordinator (Juba Based -International staff) salary will be charged at this project Basic salary \$6000 plus 44% benefits plus house allowance \$2450=\$11090 She will be involved in technical support and management of the project, provision of training to project staff, representation of the project at Cluster level, supporting in quarterly reporting, supportive supervision at field level. She will spend 50% of her time in managing this project</i>						
1.6	Nutrition Program Managers	D	2	6,480.00	5	80.00	51,840.00
	<i>Nutrition Program manager (Field Based -International staffs) salary will be charged at this project Basic salary \$4500 plus 44% benefits=\$6480 They will be involved in management of the project at field level, provision of training to project staff, representation of the project at County Cluster level, quarterly reporting, supervision at field level. they will spend 80% of their time in managing this project. One will be based at Mankien to manage Mayom and Abiemnom program while another will be based in Bentiu</i>						
1.7	Nutrition officers	D	3	2,717.00	5	100.00	40,755.00
	<i>3 Nutrition officers (field Based -National staff) salary will be charged at this project Basic salary \$1874 plus 45% benefits = \$2717. They will be involved in the implementation of the project at health facility levels and at outreach sites. one will be based at Bentiu, Mankien and the other will be at Abiemnom and will be spent 100% of their time to coordinate static and mobile activities</i>						

1.8	Stabilization Center Nurses	D	3	883.00	5	100.00	13,245.00
	<i>3 SC Nurses (field Based -National staff)salary will be charged at this project Basic salary \$609 plus 45% benefits = \$883. They will be involved in the implementation of SC activities at Bentiu, Mankien and Abiemnom PHCC</i>						
1.9	Nutrition assistant officers	D	35	745.00	5	50.00	65,187.50
	<i>35 Nutrition Assistants (field Based -National staff)salary will be charged at this project Basic salary \$514 plus 45% benefits = \$745 They will be involved in the implementation of the project at health facility levels and at outreach sites. There will spend 50% of their time on this project</i>						
1.10	Finance and Admin Officer	S	1	2,645.00	5	40.00	5,290.00
	<i>Finance and admin officer Mankien Based) salary will be charged to this project as Direct cost. This officer is in charge of managing all program grants-Finances CHF inclusive:Basic salary \$1824 plus 45% benefits = \$2645</i>						
1.11	Cooks and Cleaners	D	23	435.00	5	60.00	30,015.00
	<i>3 cooks and 20 cleaners will be involved in maintaining the nutrition program centers and compound clean and riving the staff to and from the field each will have salary of 435\$ including benefits</i>						
1.12	Assistant Logistics Officer	S	2	2,175.00	5	40.00	8,700.00
	<i>Two nutrition assistant logistics officers Bentiu/Mankien base-National staff will be charged at this project Basic salary \$1500 plus 45% benefits = \$2175.</i>						
1.13	Juba support staff	S	1	59,214.00	5	10.00	29,607.00
	<i>Juba office has several support staff who will be key to facilitating smooth operation of the project. They include logistics, Procurement, HR, Drivers, Finance, IT, and security officers. the total months fee for all amount to 59214\$ per month. this project will be charged 10% of Juba support staff</i>						
1.14	Field level support staff	S	1	24,486.00	5	20.00	24,486.00
	<i>At the three operational bases (Rubkona, Mankien, and Abiemnom) there are support staff. They include Drivers, procurement officer, log and admin officers, cleaners, guards and security officers). all together in a month cost estimated cost is 16324\$. this project will be charged 20% for their salaries in a month</i>						
	<b>Section Total</b>						<b>306,175.50</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Transportation of Nutrition supplies	D	3	1,000.00	5	100.00	15,000.00
	<i>Vehicle rental for secondary transportation of Nutrition supplies within field level Lumpsum figure per month within Rubkona Mayom, and Abiemnom counties</i>						
2.2	Tents, gumboots, torches, mattresses, Bedsheet and blanketsfor volunteers	D	5	1,000.00	1	100.00	5,000.00
	<i>To operate mobile teams 5 mobile sites in two counties (Abiemnom and Mayom) tents will be required to facilitate accommodation at Field level by support staff and program staff. the assorted camping equipment will be allocated a lump sum of \$1000 per mobile site. The cost of camping supplies in Rubkona will be covered by IOM RRF funds</i>						
2.3	Mobile Nutrition teams, fuel, accomodation, transport and food	D	2	1,500.00	5	100.00	15,000.00
	<i>Each county Mayom, and Abiemnon will have one mobile team to serve the far to reach areas and increase the coveragee of nutrition services. each team with 1 nurse, 2 community nutrition workers and 1 IYCF assistant . Their will be lumpsum allocation of \$1500 per month per team.(this included hiring of vehicle, fuel, and food). Mobile teams in Rubkona will be funded through the IOM RRF</i>						
2.4	Field level Vehicle and Generator Fuel and maintainance	D	3	2,000.00	5	20.00	6,000.00
	<i>Each of the field base Rukona, Abiemnom and Mayom with office will get fuel for generators and vehicles for this project. Fuel and maintenance cost will be charged 20% as support cost</i>						
2.5	Air transport for nutrition materials from juba to Mankien and Mayom	D	2	6,000.00	1	100.00	12,000.00
	<i>To deliver nutrition materials to field locations, the only safe way is via fright services. one trips are proposed to mankien costing about \$8000 for 1 tonne chartered flight and another th Bentiu at \$8000</i>						
2.6	CMAM training for 130 community volunteers in Mayom and Abiemnom	D	1	6,500.00	1	100.00	6,500.00
	<i>Two refresher trainings for 45 CNVs in Rubkoza, 55 in Mayom and 30 in Abiemnom in the revised IMAM protocol for 5 day. there will be one joint training for Mayom and Abiemnom in Mankien and another for Rubkona in Bentiu. @10\$ per participant for five days</i>						
2.7	Train 150 care group leaders in IYCF in emergencies for 3 days	D	1	5,400.00	1	100.00	5,400.00
	<i>180 Care group leaders will be selected from the community and trained for three days in optimal IYCF; the training will cost \$10 per participant perday for three days equivalent to 5400</i>						
2.8	Train 25 Heath workers in IYCF initiatives and support then to develop breastfeeding policies	D	1	1,250.00	1	100.00	1,250.00

	<i>25 Health Workers from thirteen Health Facilities will be trained in IYCF and supported to develop Breastfeeding policies for their facilities for five days each at a cost of \$10 per day for five days</i>						
2.9	CNVs support for community mobilization and nutrition education	D	40	50.00	5	100.00	10,000.00
	<i>Casual nutrition screening staff will be employed to assist in active case finding within the facilities and outreach catchment areas, they will be involved in defaulter tracing activities, follow ups and distribution of commodities during outreaches and some facilities. their incentives will be direct cost charged to the project. each of 20 HF and outreach sites will have 2 community outreach workers, of male and female, a special groups such as persons with disabilities will be given due consideration. they will be given incentive on monthly basis of \$75. All 40 in a month will receive \$4000</i>						
2.10	Purchase 130 bicycles for CNV transportation	D	130	200.00	1	100.00	26,000.00
	<i>CNV movement within the communities during screening and follow up has been a challenge hence each will be provided with a bicycle to solve this problem. each bicycle costs \$200 x 130 CNVs</i>						
	<b>Section Total</b>						<b>102,150.00</b>
<b>Equipment</b>							
3.1	Mats and other sitting and materials and toys	D	20	250.00	1	100.00	5,000.00
	<i>Tapolins and mats for sitting and play materials for children during OTP/TSFP and outreach sessions for 14 static sites and 6 outreach sites in Mayom and abiemnom of 500\$ is proposed per team. For Rubkona, these items will be acquired through RRM funding</i>						
3.2	Plastic chairs and tables for mobile teams	D	5	1,000.00	1	100.00	5,000.00
	<i>The three mobile teams in Mayom and two in Abiemnom will require tables and chairs and blinders to triage malnourished children and other beneficiaries. each team will have 5 plastic chairs and 2 tables at a consolidated cost of 1000\$ per team. Mobile team costs in Rubkona will be covered by RRM</i>						
3.3	Sanitation equipments- Buckets, towels, soap, jerricans	D	18	1,000.00	1	100.00	18,000.00
	<i>During out reach services as well in the static health centers, infection prevention equipment will be procured to keep safe water for appetite testing, drinking water, cleaning water and also for hand washing. a lumpsum of 1500\$ is proposed for each of 18 nutrition centers (13 static facilities and 5 mobile outreaches) in Mayom and Abiemnom. In Rubkona sanitation equipment will be funded through RRF</i>						
3.4	Quad Bike	D	2	12,000.00	1	100.00	24,000.00
	<i>Transportation of items and staff to hard to reach locations in Rubkona and Abiemnom where CARE is opening new mobile clinics in undeserved payams, especially during the rainy season when vehicle transportation is not possible. each bike will cost \$12000</i>						
3.5	Safety and Communication Equipment	D	1	8,500.00	1	100.00	8,500.00
	<i>This will include satphones, radios, walky talkies to allow for communication during outreach activities where networks are not available. CARE is also the lead for providing weather and security updates for the counties - this budget line will be used to update communication equipment if needed. (lumpsum)</i>						
	<b>Section Total</b>						<b>60,500.00</b>
<b>Contractual Services</b>							
4.1	SMART survey consultants	D	3	10,000.00	1	100.00	30,000.00
	<i>2 SMART survey consultants will be engaged to carry out nutrition survey at a cost of 400\$ per day for 25 days. they will carry out two nutrition surveys in Rubkona Mayom, and Abiemnom counties during Post-harvest period November - December</i>						
4.2	SMART survey enumeratos wages, training venue, transportation and stationery	D	56	500.00	1	100.00	28,000.00
	<i>Cost of training 20 numerators as well as daily facilitation in each of the three locations = 20 ppts x 3 loations= 60</i>						
	<b>Section Total</b>						<b>58,000.00</b>
<b>Travel</b>							
5.1	Staff flights outside juba-Field flight	D	16	500.00	1	100.00	8,000.00
	<i>Flights cost for direct program staff going to field and from field to Juba, 4 staff, 3 trips per staff= 12 trips each round trip \$500, 100% will be charged to this project; 4 trips are budgeted for support and monitoring trips</i>						
5.2	Staff flights outside juba-International travel	D	2	1,500.00	2	100.00	6,000.00
	<i>Flights cost for direct program international staff going for RnR and leave, 2 international staff (one Nutrition Managers and one Nutrition and health coordinator) 2 trips per staff= 4 trips each round trip \$1500, 100% will be charged to this project</i>						
5.3	Staff Perdiem	D	1	6,071.00	1	100.00	6,071.00

	<i>Field staff visiting juba for meetings and Juba based staff visiting Field for supportive supervision 6 staff per months for five days @\$45 per day for 5 months plus \$446= 6071</i>						
	<b>Section Total</b>						<b>20,071.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Internet connection costs-VSAT	D	3	500.00	5	100.00	7,500.00
	<i>Vsat internet communication at Rubkona Mayom and Abiemnom, estimated to cost on monthly basis \$500 subscription on monthly basis for communication between field basis and Juba and with partners</i>						
7.2	Office stationary and supplies	D	3	1,500.00	1	100.00	4,500.00
	<i>Office stationary and supplies for the project in three counties at 300\$ per months for 3 locations for 5 months</i>						
7.3	Office rent at field level	D	3	1,800.00	5	30.00	8,100.00
	<i>field office based at Bentiu, Mayom and Abiemnom office- expenses include generator fuel, food supplies, guesthouse maintenance will charge 30% from this project</i>						
7.4	Communication- Airtime for phones and thurayas	D	3	1,000.00	5	100.00	15,000.00
	<i>Communication in the field level is limited to Thuraya satellite phones and only phones access is while at Juba. a lumpsum of 1000\$ per month is required for communication for each of the three field bases.</i>						
	<b>Section Total</b>						<b>35,100.00</b>
<b>SubTotal</b>			400.00				<b>581,996.50</b>
Direct							490,726.00
Support							91,270.50
<b>PSC Cost</b>							
PSC Cost Percent							
PSC Amount							0.00
<b>Total Cost</b>							<b>581,996.50</b>
<b>Grand Total CHF Cost</b>							<b>581,996.50</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	
Unity -> Abiemnhom	9	500	951	1,108	1,153	3,712	Activity 1.1.1 : Conduct three 5-day refresher CMAM training for 130 Community volunteers in Rubkona (45), Mayom (55) and Abiemnom (30) Activity 1.1.2 : Conduct two 2- day refresher trainings for 25 male and female CHW/Nutrition Assistants on management of SAM & MAM(10 in Rubkona and 15 in Abiemnom+Mayom) Activity 1.1.3 : Conduct monthly mass MUAC screening for case identification for 20 OTP/TSFP sites including 5 in Rubkona, 9 in Mayom and 4 in Abiemnom Activity 1.1.4 : Conduct weekly defaulter tracing and screening of children in 3 counties Activity 1.1.5 : Conduct weekly OTP/TSFP outreaches to fifteen mobile sites Activity 1.1.6 : Purchase bicycles for 55 CNVs in Mayom, 30 in Abiemnom and 45 in Rubkona to enable them conduct community mobilization Activity 1.1.7 : Provide life saving treatment for Severe and moderate acute malnutrition at 20 integrated OTP/TSFP sites in Rubkona, Mayom and Abiemnom Counties Activity 1.1.8 : Provide treatment for severe acute malnutrition with complications at three stabilization centers in Mankien, Abiemnom and Rubkona Activity 1.1.9 : Conduct one quarterly joint support supervision with respective CHDs, to Mayom, Abiemnom and Rubkona Activity 1.2.1 : Conduct training of 20 OTP/TSFP staff in commodity management Activity 1.2.2 : Transport of nutrition commodities from Juba to Rubkona Mayom and Abiemnom Activity 2.1.1 : Train 180 care group leaders (90 Mayom, 40 in Abiemnom and 50 in Rubkona) in IYCF in emergencies for 3 days Activity 2.1.2 : Purchase 60 sitting mats, and aho feeding accessories for Mother to Mother Support Groups in three counties Activity 2.2.1 : Mobilize children under five for Immunization, Vitamin A supplementation and Deworming through routine clinics and NIDS in 3 counties Activity 2.2.2 : Deliver community mobilization messages during National Immunization days (NIDS) in Mayom Abiemnom and Rubkona Activity 3.1.1 : Recruitment and training of survey team (enumerators and supervisors) in three counties

Unity -> Mayom	56	500	7,202	8,382	8,724	24,808	<p>Activity 1.1.1 : Conduct three 5-day refresher CMAM training for 130 Community volunteers in Rubkona (45), Mayom (55) and Abiemnom (30)</p> <p>Activity 1.1.2 : Conduct two 2- day refresher trainings for 25 male and female CHW/Nutrition Assistants on management of SAM &amp; MAM(10 in Rubkona and 15 in Abiemnom+Mayom)</p> <p>Activity 1.1.3 : Conduct monthly mass MUAC screening for case identification for 20 OTP/TSFP sites including 5 in Rubkona, 9 in Mayom and 4 in Abiemnom</p> <p>Activity 1.1.4 : Conduct weekly defaulter tracing and screening of children in 3 counties</p> <p>Activity 1.1.5 : Conduct weekly OTP/TSFP outreaches to fifteen mobile sites</p> <p>Activity 1.1.6 : Purchase bicycles for 55 CNVs in Mayom, 30 in Abiemnom and 45 in Rubkona to enable them conduct community mobilization</p> <p>Activity 1.1.7 : Provide life saving treatment for Severe and moderate acute malnutrition at 20 integrated OTP/TSFP sites in Rubkona, Mayom and Abiemnom Counties</p> <p>Activity 1.1.8 : Provide treatment for severe acute malnutrition with complications at three stabilization centers in Mankien, Abiemnom and Rubkona</p> <p>Activity 1.1.9 : Conduct one quarterly joint support supervision with respective CHDs, to Mayom, Abiemnom and Rubkona</p> <p>Activity 1.2.1 : Conduct training of 20 OTP/TSFP staff in commodity management</p> <p>Activity 1.2.2 : Transport of nutrition commodities from Juba to Rubkona Mayom and Abiemnom</p> <p>Activity 2.1.1 : Train 180 care group leaders (90 Mayom, 40 in Abiemnom and 50 in Rubkona) in IYCF in emergencies for 3 days</p> <p>Activity 2.1.2 : Purchase 60 sitting mats, and aho feeding accessories for Mother to Mother Support Groups in three counties</p> <p>Activity 2.2.1 : Mobilize children under five for Immunization, Vitamin A supplementation and Deworming through routine clinics and NIDS in 3 counties</p> <p>Activity 2.2.2 : Deliver community mobilization messages during National Immunization days (NIDS) in Mayom Abiemnom and Rubkona</p> <p>Activity 3.1.1 : Recruitment and training of survey team (enumerators and supervisors) in three counties</p>
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Unity -> Rubkona	35	500	4,170	4,853	5,051	14,574	<p>Activity 1.1.1 : Conduct three 5-day refresher CMAM training for 130 Community volunteers in Rubkona (45), Mayom (55) and Abiemnom (30)</p> <p>Activity 1.1.2 : Conduct two 2- day refresher trainings for 25 male and female CHW/Nutrition Assistants on management of SAM &amp; MAM(10 in Rubkona and 15 in Abiemnom+Mayom)</p> <p>Activity 1.1.3 : Conduct monthly mass MUAC screening for case identification for 20 OTP/TSFP sites including 5 in Rubkona, 9 in Mayom and 4 in Abiemnom</p> <p>Activity 1.1.4 : Conduct weekly defaulter tracing and screening of children in 3 counties</p> <p>Activity 1.1.6 : Purchase bicycles for 55 CNVs in Mayom, 30 in Abiemnom and 45 in Rubkona to enable them conduct community mobilization</p> <p>Activity 1.1.7 : Provide life saving treatment for Severe and moderate acute malnutrition at 20 integrated OTP/TSFP sites in Rubkona, Mayom and Abiemnom Counties</p> <p>Activity 1.1.8 : Provide treatment for severe acute malnutrition with complications at three stabilization centers in Mankien, Abiemnom and Rubkona</p> <p>Activity 1.1.9 : Conduct one quarterly joint support supervision with respective CHDs, to Mayom, Abiemnom and Rubkona</p> <p>Activity 1.2.1 : Conduct training of 20 OTP/TSFP staff in commodity management</p> <p>Activity 1.2.2 : Transport of nutrition commodities from Juba to Rubkona Mayom and Abiemnom</p> <p>Activity 2.1.1 : Train 180 care group leaders (90 Mayom, 40 in Abiemnom and 50 in Rubkona) in IYCF in emergencies for 3 days</p> <p>Activity 2.1.2 : Purchase 60 sitting mats, and aho feeding accessories for Mother to Mother Support Groups in three counties</p> <p>Activity 2.2.1 : Mobilize children under five for Immunization, Vitamin A supplementation and Deworming through routine clinics and NIDS in 3 counties</p> <p>Activity 2.2.2 : Deliver community mobilization messages during National Immunization days (NIDS) in Mayom Abiemnom and Rubkona</p> <p>Activity 3.1.1 : Recruitment and training of survey team (enumerators and supervisors) in three counties</p> <p>Activity 3.1.2 : Data collection, analysis and dissemination of the results</p>
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Documents	
Category Name	Document Description