

<b>Requesting Organization :</b>	International Medical Corps UK				
<b>Allocation Type :</b>	1st Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
NUTRITION		100.00			
		<b>100</b>			
<b>Project Title :</b>	Emergency integrated lifesaving nutrition response to conflict, most affected and vulnerable populations (children 6-59 months, pregnant & lactating women) in Nyal- Panyijar County in South Sudan.				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-17/H/103526	<b>Fund Project Code :</b>	SSD-17/HSS10/SA1/N/INGO/5268		
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	350,141.00		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/04/2017	<b>Planned End Date :</b>	30/09/2017		
<b>Actual Start Date:</b>	01/04/2017	<b>Actual End Date:</b>	30/09/2017		
<b>Project Summary :</b>	<p>International Medical Corps UK, through SSHF funds, will continue to provide lifesaving nutrition services, to the most affected Internally displaced populations in Nyal, Panyijar County Unity state. International Medical Corps UK is proposing SSHF funding for six months period from April 01, 2017 to October 31, 2017. This is to ensure continuity of the nutrition program in the proposed areas that have a high burden of acute malnutrition and already declared to be on elevated risk of famine, according the latest released IPC in February, 2017.</p> <p>International medical Corps UK received 3 months funds from OFDA, last year in order to provide outreach health and nutrition services in Nyal, responding to the displaced population mainly from Leer County due to the ongoing conflict, the current grant with OFDA ends on 31st March, 2017. International Medical Corps UK, nutrition interventions started in February 2017 and through nutrition outreach program, 69 children aged 6-59 months with Severe Acute Malnutrition, have been admitted and provided with treatment. Current areas of Operation, Nyal and Katieth Payam, the County Health department has requested International Medical Corps UK to scale up it nutrition services to other islands especially Ngop and Nyoat. Ngop has estimated population of 10,000 people and Nyoat population estimated at 5000.</p> <p>Panyijar County nutrition situation, remain very critical according to the MUAC assessment report that was used during the Integrated Food Security Phase Classification analysis in February, 2017. Panyijar County had MUAC proxy GAM rate of 35.2% and SAM rate of 11.1%. International Medical Corps UK with support from UNICEF and the nutrition cluster is currently conducting a SMART survey that will better inform all stake holders on the current nutrition situation. IMC UK propose to continue providing treatment to SAM cases, start TSFP and IYCF plus micronutrient in this area.</p> <p>Therapeutic nutrition interventions will include treatment for children aged 6-59 months and pregnant and lactating women with acute malnutrition. International Medical Corps UK will also implement preventive measures to alleviate suffering caused by acute malnutrition.</p>				
<b>Direct beneficiaries :</b>					
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
350	5,787	5,616	6,083	17,836	
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	5,787	5,616	6,083	17,486
Pregnant and Lactating Women	0	0	0	0	0
Internally Displaced People	120	0	0	0	120
People in Host Communities	230	0	0	0	230
<b>Indirect Beneficiaries :</b>					

Indirect beneficiaries; 7128  
 Children 4,452, women 1696 and 980 men

**Catchment Population:**

Nyal and Katieth Payam population; 21,200

**Link with allocation strategy :**

International Medical Corps UK through SSHF funding, will implement nutrition interventions in line with the nutrition cluster 2017 strategy;

- Needs; treatment of children aged 6-59 months (Boys & Girls) and pregnant and lactating women with acute malnutrition, in Outpatient therapeutic programs (OTP), and Targeted supplementary feeding programs (TSFP). The Management of SAM and MAM will be completed through an Integrated CMAM approach. Nutrition services will be provided in 5 nutrition sites (already 2 functional and more 3 will be opened in Nyal and Katieth Payam), among the affected internally persons and the host communities. Mainly OTP, TSFP and IYCF services.
- Prevention of malnutrition will be prioritized, especially on strategies to implement Maternal Infant and Young Child, nutrition feeding programs (MIYCN) through are well-established mother support groups. Additionally, water, sanitation and hygiene practices will be emphasized as well. The prevention strategy will involve men, women and adolescents (female & male) and intervention strategies such as Micro-nutrient supplementation (including Vitamin A among children aged 6-59 months and iron-folate among pregnant women) and deworming. Community and facility case findings will contribute to the early detection and referral of acutely malnourished children and pregnant and lactating women for timely treatment. The community nutrition and health promoters, plus community leaders will be involved in the mobilization for children aged 6-59 months and pregnant and lactating women for MUAC screening. Screening data, will be analyzed, that will inform the program on how best to improve coverage or services in an area.
- International Medical Corps UK will train and equip the nutrition and the MoH staff, to better provide management and prevention of acute malnutrition, this will be done through formal and informal trainings on CMAM using the new South Sudan CMAM guideline. International Medical Corps UK surveillance team, through SSHF support will conduct a SMART survey in Panyijar –post harvest the survey will inform the stakeholders on the nutrition prevalence of malnutrition. SSHF funds will support in the transportation of supplies through chartered flights due to poor roads and insecurity hindering road transportation, on the field level canoes will be hired to transport supplies to reach far islands in Nyal with nutrition services.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Golam Azam	Country Director	gazam@internationalmedicalcorps.org	0927000112
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Leslie Joseph McTyre	Program Director	lymctre@internationalmedicalcorps.org	0927000377

**BACKGROUND**

**1. Humanitarian context analysis**

The violence that erupted in Greater Upper Nile in May 2015 led to a humanitarian crisis involving a massive displacement of people into Panyijar County. The conflict, and associated displacement, has had a significant impact on food security, led to the disruption of health and nutrition care services consequentially, increasing the risk of an elevated prevalence of malnutrition. IRC, UNIDO have been providing, health and nutrition services in Panyijar County, however due to increased influx of the IDPs from Leer, Mayandit and Koch International Medical Corps UK, started implementing outreach health services in December, 2016 and in February, 2017, nutrition services were started to cater for children with Severe Acute Malnutrition. OXFAM, Mercy Corps and GAA are operational in the area implementing FSL, WASH, food assistance and protection including child protection and women protection and empowerment respectively. A continued multi-sectoral approach to address immediate and underlying and causes of malnutrition will be key, including the provision of nutrition services working closely with other actors in WASH, Health and Food security & Livelihoods sectors. According to the Panyijar County authorities the estimated population for Nyal is 68,057 people, however a more updated data will be soon released by WFP after a biometric registration of population, expected to come out in April, 2017.

The last nutrition survey was conducted in Panyijar County by the IRC in April, 2016 indicated critical nutritional situation with a GAM prevalence of (93) 16.9% (13.3-21.2 95% CI) and SAM prevalence of (25) 4.5% (2.5- 8.0 95% CI). The recent MUAC assessment that was used during the IPC analysis in February, 2017 indicated a proxy GAM rate of 35.2% and SAM rate of 11.1%.

According to the recent South Sudan January 2017 IPC analysis, food security situation in South Sudan continues to deteriorate, with 4.9 million (about 42% of population) estimated to be severely food insecure (IPC Phases 3, 4, and 5), from February to April 2017 and is projected to increase to 5.5 million people, (47% of the national population) at the height of the 2017 lean season in July. In Greater Unity, some counties were classified to be in Famine or high likelihood/risk of Famine. Panyijar was classified to be in Phase 4 (Emergency) in January and likely to avoid famine if the humanitarian assistance is delivered as planned from February to July 2017. Humanitarian services, are critical in Panyijar County to avoid, the famine likelihood, already projected by the IPC analysis.

**2. Needs assessment**

The nutrition situation in Panyijar-Nyal and Katieth remains very critical based on the most recent MUAC assessment conducted in January 2017. Indicating a proxy a proxy GAM rate of 35.2% and SAM rate of 11.1%. International Medical Corps UK with support from UNICEF and the nutrition cluster is currently conducting a SMART survey that will better inform all stake holders on the current nutrition situation. Accessibility to most of the islands in Nyal, hence poor health and nutrition coverage and continued insecurity which continue to impact on household food security and livelihoods resulting in inadequate food production and consumption are some key areas challenges faced by the population in Panyijar, Nyal and Katieth Payam. Community screening and referrals will be embraced to enhance early detection and management of acutely malnourished cases. Continued conflict and food insecurity remains a big challenge that cannot be ignored and is likely the direct cause inadequate food intake in the households. International Medical Corps UK through its integrated approach in management of malnutrition will continue to provide interventions to address the nutrition situation in Panyijar-Nyal and Katieth Payam and possible scale up to new areas identified with gaps by partners in Panyijar including UNICEF and WFP. IMC UK will work closely with FSL partners in integrate nutrition services with food security, as well with all partners in formation of quality Accountability of Affected population working group in Panyijar to increase community participation in program design and implementation.

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

Management; Beneficiaries that will benefit and participate in this program will be children aged 6-59 months (boys and girls) and pregnant and lactating women with acute malnutrition. Through community and facility based screening, identification of the acute malnutrition cases will be completed at the community level through the use of MUAC by the community health promoters. Refresher training and on the job training on taking proper MUAC measurements will be a priority to minimize incorrect referrals. In establishing the caseload for both SAM and MAM clusters, the nutrition cluster calculation sheet will be used, to ensure that implementation is realistic and in accordance with the cluster targets. Children (6-59 months) with bilateral pitting Oedema (grade +/++) or severe wasting W/H Z-score <-3 and/or MUAC < 115 mm, and appetite test passed, no medical complication, clinically well will be treated in Outpatient Therapeutic Program (OTP). Targeting for MAM is based on MUAC >115mm - <125mm, no Oedema and clinically well and with good appetite. Children completing treatment for SAM or if a child returns after defaulting within 1 month are included in TSFP. Malnourished PLW having MUAC below 230mm will be treated through Targeted Supplementary Feeding. Program (TSFP).

□ Prevention; Using the mother support group approach, mothers of reproductive age will be encouraged and mobilized to attend bi-weekly mother support groups to learn how to improve child care practices, with an emphasis on the first 1000 days. Mother support groups will be established, group members will be supported by the community nutrition and health promoters and the nutrition assistant and will receive guidance from the IYCF officer, on how to increase participation of MSGs, ensuring that MSGs sessions are productive. Mother support meetings will be conducted on a bi-weekly basis, at a minimum on a monthly basis; this is to ensure increase in adoption of MIYCN and hygiene practices among the mothers\caregivers. Although it is hard to involve men in discussing the importance of healthy family practices, such as child care and hygiene messages, through this funding, International Medical Corps UK will scale up the prevention strategy to bring men on board, especially meeting them during social hours and at food security programs, where men are mainly involved. IMC UK will also strengthening nutrition surveillance; While conducting the IYCF assessment mothers with children aged 0-23 months will be considered for Infant and Young Child feeding practice assessment through interviews of the caregivers present during the time of the assessment. The nutrition situation among the pregnant and lactating women will be assessed by measuring MUAC.

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

The high level of global acute malnutrition in Panyijar-Nyal and Katieth Payam, with proxy a proxy GAM rate of 35.2% and SAM rate of 11.1%. Panyijar was classified to be in Phase 4 (Emergency) in January and likely to avoid famine if the humanitarian assistance is delivered as planned from February to July 2017, according to IPC released in February, 2017. The current International Medical Corps UK project funding ends on 31st March 2017, hence SSHF funds will be timely to enhance, continuation of nutrition services in this area with already huge nutrition, food security and health needs is critical, in supporting the affected population from famine situation.

International Medical Corps already has established nutrition program in two Payams-Nyal and Katieth, already mapping of areas with gaps ongoing with IRC, the County Health department officer, has requested International medical Corps to scale up nutrition services in Ngop Payam that is an island, with most of population in this areas are internally displaced persons from Leer, Mayandit and Koch.

International Medical Corps already in discussion with WFP to have an addendum to the existing FLA and start targeted Supplementary Feeding program in those areas, on addition Maternal Infant and Young Child, nutrition feeding program will be established to strengthen the prevention component.

There is already an established field base in Nyal, with hired cars to ease transportation. Communication is all set; staff are able to send timely reports. International Medical Corps UK, will hire international nutrition manager that will oversee capacity building of the national team and the overall management of the nutrition program. A dedicated logistic team based in Juba and in the field will support quick procurement of supplies and dispatch timely consignments, while the field will facilitate implementation. International Medical Corps UK already has existing PCA with UNICEF, this will ensure that we have smooth stock pipeline, through the project implementation. Nutrition services will be conducted in a manner that ensures safety, dignity and no harm to the beneficiaries, confidentiality will be maintained, delivery of services will be situated in areas that do not endanger beneficiaries security.

International Medical Corps UK through its implementation, considers gender mainstreaming as an important aspect, ensuring that there all gender related aspects are address during program implementation period.

### **5. Complementarity**

SSHF funding is essential to continuation of the nutrition program in Nyal- Panyijar County, this will be a major source of funding, and without this funds, then all nutrition activities will cease, that will expose more children and women to suffer from acute malnutrition. International medical Corps will be sourcing for more funds from UNICEF and WFP to ensure that operational cost are well catered. The outputs of this project will as well complement other projects such as Health and WASH, in reduction and prevention of malnutrition. IMC UK will be sending proposal to WFP requesting for addendum to FLA and extension of UNICEF PCA to cover Panyijar- Nyal locations proposed.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

Contribute to reduction of mortality, morbidity and impacts of poor growth development, due to malnutrition, through management of SAM and MAM & Provision of support to MIYCN in emergencies, Micronutrient supplementation, and nutrition surveillance.

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection			80		
Increase access to integrated programmes preventing under nutrition for the most vulnerable and at risk.		SO2: Protect the rights and uphold the dignity of the most vulnerable			15		
Ensure enhanced analysis of the nutrition situation and robust monitoring and coordination of emergency nutrition responses.		SO2: Protect the rights and uphold the dignity of the most vulnerable			5		
<p><b>Contribution to Cluster/Sector Objectives :</b> International Medical Corps UK through this project will contribute to the cluster objectives on the following ways;</p> <p>Provide Management for acute malnutrition cases</p> <p>International Medical Corps UK will be able to continue providing treatment to children aged 6-59 months, pregnant and lactating women with Severe and Moderate Acute Malnutrition. Through the community nutrition and health promoters' network screening will be done on a monthly basis, and mass/mop-up screening on a quarterly basis. Nutrition treatment sites will generate and fill the follow up forms, which will be used by the CNHPs to follow up absent, defaulter and non-respondents cases at household level and ensure mothers/caregivers return back to the program and complete the treatment phase. Referral mechanisms will be strengthened from one nutrition site to another depending either on improvement or deterioration of children and pregnant and lactating women undergoing treatment. IMC UK will scale up the nutrition activities aimed at increasing the coverage for SAM and MAM cases, in terms of strengthening community outreach nutrition services, effective community mobilization using the Community health promoters and local leaders' platforms. At OTP level IMC UK will ensure that children get systematic treatment. Nutrition staff will be trained and be supervised to adhere to the new South Sudan CMAM guideline, further sharpening their skills and knowledge in the management of SAM out- patient) and MAM cases.</p> <p>Prevention for acute malnutrition</p> <p>25 Mother support groups will be established in Nyal and Katieth Payam .Through SSHF, International Medical Corps UK will strengthen the mother support group activities, MIYCN counseling cards and hygiene charts will be provided to each support group consisting of 15 mothers, as well as sitting mats, to create a conducive environment for sharing messages during MSGs sessions. MUAC Screening, on a monthly basis will be conducted, and during the National Immunization Days, International Medical Corps will participate fully in provision of Vitamin A and de-wormers to the target age group of children 6-59 months will accomplished.</p> <p>Support in enhancement of needs analysis of nutrition situation and robust monitoring and effective coordination of responses</p> <p>International Medical Corps UK, has already a nutrition surveillance team that has been conducting SMART, SQUEAC, IYCF assessments in various location in the country in 2016, this team will conduct SMART survey in Panyijar County. International Medical Corps nutrition team, will help strengthen coordination among the nutrition partners in Nyal, to ensure that gaps are addressed, timely respond to emerging needs.</p>							
<b>Outcome 1</b>							
Increased availability, access and utilization of quality acute malnutrition treatment services, among children 6-59 months, pregnant and lactating women							
<b>Output 1.1</b>							
<b>Description</b>							
Panyijar County- Nyal and Katieth Payam, 11,699 children aged 6-59 months (5616 boys & 6083 girls), 5,787 Pregnant lactating women will be screened using MUAC at community and facility level for acute malnutrition and referred to appropriate nutrition treatment sites							
<b>Assumptions &amp; Risks</b>							
<p>Assumptions:</p> <p>Supplies are adequate and prepositioned timely  International Medical Corps UK has access to the sites for activities to continue nutrition services implementation  Security situation improves  Funds are adequate to support the activities</p> <p>Risks  Insecurity and limited access due to poor infrastructure and population movement increasing operational cost.  Inadequate funding  Looting and interruption of supplies delivery due to access and insecurity  Political sensitivity around assessment, use and sharing of nutrition data and information  Increased morbidity and disease outbreaks contributing to high malnutrition burden  Economic crisis i.e. inflation</p>							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline] Number of monthly average of children (6-59 months) screened in the community during the project period (should be reported once)			936	1,013	1,949

<b>Means of Verification</b> : NIS monthly report							
Indicator 1.1.2	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			5,616	6,083	11,699
<b>Means of Verification</b> : NIS monthly report							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Improved early identification (MUAC screening) and referrals of SAM and MAM cases among children 6-59 months, Pregnant and lactating women at the community and facility level							
<b>Output 1.2</b>							
<b>Description</b>							
Strengthened and improved coverage of service delivery points for SAM and MAM management for children 6-59 months, pregnant and lactating women. Treat SAM cases children 6-59 months, 525 (273 girls & 252 boys) MAM cases children 6-59 months 1079 (561 girls & 518 boys) PLW 562, in Nyal and Kateith Payam							
<b>Assumptions &amp; Risks</b>							
Assumptions							
Supplies are adequate and prepositioned timely International Medical Corps UK has access to the sites for activities to continue nutrition services implementation Security situation improves Funds are adequate to support the activities							
Risks							
Insecurity and limited access due to poor infrastructure and population movements increasing operational cost. Inadequate funding Looting and interruption of supplies delivery due to access and insecurity Political sensitivity around assessment, use and sharing of nutrition data and information Increased morbidity and disease outbreaks contributing to high malnutrition burden Economic crisis i.e. inflation							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.2.1	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			252	273	525
<b>Means of Verification</b> : NIS monthly report							
Indicator 1.2.10	NUTRITION	[Frontline] Percentage of MAM children died (death rate) out of the total discharged from TSFP					2
<b>Means of Verification</b> : NIS monthly							
Indicator 1.2.2	NUTRITION	[Frontline] Number of girls and boys (6-59 months) with SAM screened for malaria and tested positive and treated			137	149	286
<b>Means of Verification</b> : NIS monthly report							
Indicator 1.2.3	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			518	561	1,079
<b>Means of Verification</b> : NIS monthly report							
Indicator 1.2.4	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		562			562
<b>Means of Verification</b> : NIS monthly							
Indicator 1.2.5	NUTRITION	[Frontline] Number of nutrition sites providing integrated OTP and TSFP services in the same site					5
<b>Means of Verification</b> : NIS monthly							
Indicator 1.2.6	NUTRITION	[Frontline] Number of nutrition sites having required number of OTP and TSFP staff					5
<b>Means of Verification</b> : Site supervision visit							
Indicator 1.2.7	NUTRITION	[Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services					80
<b>Means of Verification</b> : NIS monthly							
Indicator 1.2.8	NUTRITION	[Frontline] Percentage of SAM children defaulted (defaulter rate) out of the total discharged from TFP (OTP/SC)					9

<b>Means of Verification</b> : NIS monthly report							
Indicator 1.2.9	NUTRITION	[Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services					80
<b>Means of Verification</b> : NIS monthly report							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.							
<b>Activity 1.2.2</b>							
Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition							
<b>Activity 1.2.3</b>							
Screen all children identified with acute Malnutrition for Malaria and treat those found with malaria							
<b>Activity 1.2.4</b>							
Support timely prepositioning of nutrition supplies to project sites							
<b>Activity 1.2.5</b>							
Improve case tracing for the defaulter cases at household level, by the community health/nutrition promoters							
<b>Activity 1.2.6</b>							
Provide support supervision to the nutrition sites on a monthly basis							
<b>Activity 1.2.7</b>							
on quarterly monitor the nutrition program, using Quality, Accountability of Affected People nutrition cluster set indicators							
<b>Activity 1.2.8</b>							
Coordinate with WASH, FSL and Health partners in ensuring that beneficiaries receive integrated services							
<b>Output 1.3</b>							
<b>Description</b>							
25 IMC staff and MoH staff capacity strengthened on management of acute malnutrition using new CMAM South Sudan protocol							
<b>Assumptions &amp; Risks</b>							
staff willingness to be trained funds available for training Risk No funds No support from local authorities to provide capacity building Insecurity							
<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 1.3.1	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	15	10			25
<b>Means of Verification</b> : This is meant to be CMAM training therefore CMAM training report							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
Training nutrition staff on management of acute malnutrition using the new CMAM guideline							
<b>Outcome 2</b>							
Strengthen and support prevention of undernutrition among boys and girls aged 6-59 months, pregnant and lactating women							
<b>Output 2.1</b>							
<b>Description</b>							
25 Mother support groups, supported to participate in Maternal Infant and Young Child Nutrition feeding and hygiene practices, sessions.							
<b>Assumptions &amp; Risks</b>							

Assumptions

Access and security enable delivery of the service  
 Community Mobilization done  
 Funds are adequate to support the activities

Risks

Lack of mothers\caregivers participation  
 Lack of funds to support mother support groups  
 Insecurity

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					25

**Means of Verification** : NIS monthly

Indicator 2.1.2	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	15	10			25
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**Means of Verification** : Training report and the final SSHF report

Indicator 2.1.3	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		5,225			5,225
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**Means of Verification** : NIS monthly

Indicator 2.1.4	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					24
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**Means of Verification** : NIS monthly report

**Activities**

**Activity 2.1.1**

Increased provision of MIYCN messages in nutrition centers and health delivery clinics, targeting women of reproductive age, pregnant and lactating women and men

**Activity 2.1.2**

Strengthen the capacity of nutrition staff, MoH health facility workers on MIYCN in emergency context

**Activity 2.1.3**

Provide support and supervision to mother support groups, to enable them effectively organize and participate during mother support group sessions and encourage them to adopt MIYCN and hygiene practices.

**Output 2.2**

**Description**

1200 children aged 12-59 months (624 girls & 576 boys) dewormed, in routine nutrition program.

**Assumptions & Risks**

Assumptions

Access and security enable delivery of the service  
 Community Mobilization is completed  
 Funds are adequate to support the activities

Risks

Lack of mothers/caregivers participation in vitamin A and deworming exercise.  
 Insecurity and lack of access to reach the communities

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	[Frontline] Number of children (12 -59 months) dewormed in non NID areas			576	624	1,200

**Means of Verification** : NIS monthly

**Activities**

**Activity 2.2.1**

Deworm children 12-59 months in the nutrition program that were missed during the routine National Immunization Days (NIDs)

<b>Outcome 3</b>							
Enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of response							
<b>Output 3.1</b>							
<b>Description</b>							
Quality and Accountability for the Affected Population mechanism functional							
<b>Assumptions &amp; Risks</b>							
Assumptions							
International Medical Corps UK has access to the sites for activities							
Security situation improves							
Funds are adequate to support the activities							
Risks							
Insecurity and limited access due to poor infrastructure and population movements increasing operational cost.							
Inadequate funding							
Political sensitivity around the assessments, use and sharing of nutrition data and information							
<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 3.1.1	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs					85
<b>Means of Verification</b> : Final project report							
Indicator 3.1.2	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.					85
<b>Means of Verification</b> : QAAP supervision report							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
Train the program staff, on importance and how to improve and monitor quality, accountability to the Affected population							
<b>Activity 3.1.2</b>							
Monitor the progress made by the nutrition team in ensuring QAAP, and involvement of the community in QAAP							
<b>Activity 3.1.3</b>							
Train 12 nutrition staff on GBV on identification and referral of GBV cases at nutrition sites							
<b>Additional Targets</b> :							

**M & R**

**Monitoring & Reporting plan**

International Medical Corps UK implements project monitoring at three levels: 1) objectives monitoring to assess whether objectives and strategies developed are relevant to the changing situation on the ground; 2) context monitoring to track changes in critical assumptions and/or risks, or other areas that may affect the capacity of the program to respond; and 3) institutional monitoring to assess physical implementation of the program. IMC UK will utilize a range of monitoring tools including Performance Monitoring Tool (PMT) to ensure that project activities are implemented as per the plan and resources are utilized efficiently. With the technical support and guidance from the Nutrition coordinator and Monitoring and Evaluation coordinator field managers guided by detailed implementation plan will ensure timely execution of program activities and review.

Nutrition program data will be captured routinely. International Medical Corps UK has a well-established monitoring and evaluation system; at the field level nutrition managers use the developed work plan that will guide implementation of the program. At Juba level, the Nutrition coordinator, working closely with the M & E coordinator will provide technical support to the field teams in regard to data collections, reporting and analysis pointing areas that need extra efforts to improve quality of services. Using the existing reporting tools (check list, daily, weekly, monthly NIS reporting form and CMAM database), Program training reports and supplies consumption reports will be shared internally and externally with the MoH, donor and other stakeholders. The nutrition staff will be able to capture information and report appropriately. In addition to the formal reporting system, field program office will conduct quarterly review meetings with key actors, county health team, community representatives to address implementation problems in a timely manner as well as share best practices and experiences. Joint supportive supervision will be conducted during program implementation. Program staff will continue to receive on the job training on collection of quality data quality data and how to analyze and use the information to cause a positive desired change during implementation period.

Data collected will be disaggregated as per the gender (male, female, girls, boys) analysis will look at how different genders are affected, involvement/participation in the program.

The program is already using NIS, cluster reporting forms, and internally CMAM reporting database has been established, field nutrition teams are getting trainings on data entry, quality will be checked by data managers at Juba level before it is shared with relevant stakeholders.

County Health department will receive report updates on a monthly basis during monthly meetings; this will ensure that they are involved in decision making and understand factors affecting/contributing to the program data/results. CHD team members on a quarterly basis will participate in program field visit and provide feedback to the nutrition team in areas that needs improvement.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Improved early identification (MUAC screening) and referrals of SAM and MAM cases among children 6-59 months, Pregnant and lactating women at the community and facility level	2017				X	X	X	X	X	X			
Activity 1.2.1: Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.	2017				X	X	X	X	X	X			
Activity 1.2.2: Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition	2017				X	X	X	X	X	X			
Activity 1.2.3: Screen all children identified with acute Malnutrition for Malaria and treat those found with malaria	2017				X	X	X	X	X	X			
Activity 1.2.4: Support timely prepositioning of nutrition supplies to project sites	2017				X		X		X				
Activity 1.2.5: Improve case tracing for the defaulter cases at household level, by the community health/nutrition promoters	2017				X	X	X	X	X	X			
Activity 1.2.6: Provide support supervision to the nutrition sites on a monthly basis	2017				X	X	X	X	X	X			
Activity 1.2.7: on quarterly monitor the nutrition program, using Quality, Accountability of Affected People nutrition cluster set indicators	2017						X			X			
Activity 1.2.8: Coordinate with WASH, FSL and Health partners in ensuring that beneficiaries receive integrated services	2017				X	X	X	X	X	X			
Activity 1.3.1: Training nutrition staff on management of acute malnutrition using the new CMAM guideline	2017					X		X					
Activity 2.1.1: Increased provision of MIYCN messages in nutrition centers and health delivery clinics, targeting women of reproductive age, pregnant and lactating women and men	2017					X	X	X	X	X			
Activity 2.1.2: Strengthen the capacity of nutrition staff, MoH health facility workers on MIYCN in emergency context	2017					X		X					
Activity 2.1.3: Provide support and supervision to mother support groups, to enable them effectively organize and participate during mother support group sessions and encourage them to adopt MIYCN and hygiene practices.	2017					X	X	X	X	X			
Activity 2.2.1: Deworm children 12-59 months in the nutrition program that were missed during the routine National Immunization Days (NIDs)	2017				X	X	X	X	X	X			
Activity 3.1.1: Train the program staff, on importance and how to improve and monitor quality, accountability to the Affected population	2017					X		X					
Activity 3.1.2: Monitor the progress made by the nutrition team in ensuring QAAP, and involvement of the community in QAAP	2017						X		X				
Activity 3.1.3: Train 12 nutrition staff on GBV on identification and referral of GBV cases at nutrition sites	2017					X							

**OTHER INFO**

### **Accountability to Affected Populations**

International medical Corps, projects will promote accountability to the affected population, by forming a Quality Accountability of Affected Population (QAAP) working group in Panyijar to increase community participation in program design and implementation as well ensure that QAAP indicators are included in the program routine monitoring tools.

International Medical Corps UK, at the same time will ensure humanitarian workers do not use the project material, services provided to the affected population as a bait for sexual exploitation and abuse (PSEA). All IMC employee contracts, include a policy to ensure that employees adhere to PSEA policy and protect affected population against sexual exploitation. Through this project, IMC UK will continue providing opportunity to the communities (host & IDPs) to provide feedback on implementation, involve the County health department in field visits, give them chance to meet with beneficiaries and directly get feedback regarding the program. International Medical Corps UK will organize meeting with Payam, leaders on a quarterly basis to inform them on program achievement, challenges and seek support in community mobilization and awareness raising on nutrition related matters.

Capacity building of the community nutrition and health promoters, nutrition field teams-staff, county health department staff, will be a priority most especially on improving management of acute malnutrition, emergence nutrition preparedness, which includes nutrition assessments. Equality on gender (male, female) participation will be encouraged, most especially the women in the nutrition program will be provided with information that will lead to adoption of healthy practices, influencing a healthy family. Mother support groups will play a key role in involvement of the affected population during infant and young child feeding program, supporting them to make right decision pertaining child care practices. During the nutrition treatment days, mothers will receive explanation, about the program, its importance, the process how the supplies reach them from the donors and how it is important to use the therapeutic supplies for its sole purpose

### **Implementation Plan**

SSHF first allocation funding will ensure continuation of the implementation for nutrition following OFDA funding that is ending on March, 31, 2017 in Nyal. International Medical Corps UK will implement the proposed intervention directly, working closely with the MoH, nutrition cluster partners in the two counties, state and national level. Most of the nutrition sites are integrated with health services, beneficiaries with other medical needs will receive treatment easily.

Security measures will be taken to ensure safety of the beneficiaries, staff during implementation. International Medical Corps UK, plans to increase number of community nutrition health promoters in all locations, in order to increase coverage, most especially among the host communities, areas referred to have pockets of acute malnutrition, during the community MUAC screening.

Investing more, on empowering and motivating the nutrition staff will be key, this is to ensure quality, follow up and timely delivery of services. Where personnel gaps exist, hiring high skilled personnel will cover this.

Nutrition supplies: Through UNICEF PCA and WFP FLA, International Medical Corps UK will be able to request for the supplies for both MAM and SAM. Supplies from Juba will be transported using charter and in the field mostly the canoes will be used to reach populations in the islands. Nutrition supplies will be provided to the right beneficiaries and provide mothers/caregivers with adequate information on usage. Engaging local leaders and security authority will help mitigate on selling of nutrition supplies.

Effective coordination and representation: International Medical Corps UK will continue, providing support to partners in Nyal, working closely with the County Health department in coordination of nutrition services, providing accurate information to the national nutrition cluster team, regarding nutrition interventions in Panyijar County in particular Nyal. Program monitoring: Involving the county health department in field visit, conducting nutrition assessment, collecting credible data and reporting as scheduled will be a priority during implementation of this grant.

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

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
ACTED	implementing, Livelihood and general food distribution with WFP
OXFAM	implementing livelihoods and WASH project
IRC	Implementing Health and Nutrition
MERCY COPRS	Implementing Livelihoods and WASH program
UNIDO	Implementing Health and Nutrition

### **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**

- 1) The project will cover all gender; Children boys and girls, women and men without discrimination.
- 2) Staff will be trained on GBV on identification of the GBV cases and appropriately refer them maintaining high standards of confidentiality
- 3) The nutrition information; nutrition assessment, reports, data will be disaggregated as per gender (boys, girls, men, women) defining the most affected group. Coordination among other sectors (GBV, Education, Health, & FSL) will be put in place. The project will not discriminate against any gender, race, and tribe or based on religious background during implementation, International Medical Corps UK nutrition team will receive training on gender based violence, especially on referral pathways for mothers with related issues on GBV

### **Protection Mainstreaming**

The affected population in the proposed location has faced suffering and indignity due to the prolonged conflict since, December 2013. Therefore International Medical Corps program, will ensure that affected population are protected, especially on providing treatment to those affected with acute malnutrition, that even during service delivery, the services will be provided in manner that do not put the affected population any further risk. The project staff will prevent and minimize any negative effects that might increase vulnerability of the beneficiaries, through application of following;

Do no harm; the treatment rations (RUTF, RUSF, CSB++) provided to the beneficiaries will be on a weekly basis to reduce chances of sharing, selling or been stolen from the caregivers in case the large quantities provided. Also the treatment will start in the morning hours and close before dark to allow mothers reach home safely, if allocation has many beneficiaries then they will be more days will be allocated to serve each section or block to allow enough time to reach and leave the site.

Impartial Assistance; The program will provide special treatment to children, boys and girls, women, men with disabilities, old caregivers men and women to be given priority in service provision to reduce further suffering, as well in case they have other complications that need specialized care, appropriate referral will be done.

Violence prevention; Treatment will be conducted in health and nutrition facilities, free from military or armed personnel, away from military bases. Order will be maintained during the treatment days, and services will be provided timely, avoiding overcrowding at the nutrition site, by allocating different days from beneficiaries from different sector or village. In case of eruption of fighting outside the nutrition site, mothers, caregivers, men and women will be guided on measures to ensure they are protected, as well relevant authorities will be informed timely to restore order and peace.

This project will prioritize safety and dignity of beneficiaries mainly women and girls through linking them to the provision of psych-social and case management services, group psycho-social activities at the women centers management and support by International Medical Corps GBV team. In addition this project will provide access to assistance and services without discrimination of sex or age and also ensuring that most vulnerable groups and groups with special needs are reached and assisted with appropriate confidentiality. This project through advocacy, empowerment of targeted groups as well as use of community based committees to enhance population's ability to reclaim their rights. Increased awareness on consequences of acute malnutrition, importance of early case detection, referral and treatment will enhance utilization of available services for women, girls and boys affected by conflict. The community nutrition volunteers will conduct MUAC screening, refer and provide nutrition information at community level. To build resilience in communities by enhancing the capacity of service providers to support women, men, girls and boys affected by conflict

### Country Specific Information

#### Safety and Security

At the moment there is relative peace in Nyal to allow implementation of the project, there are reports of people influx of Internally Displaced person coming from Mayandit South, which indicated that the area is relatively safe, comparing to other surrounding areas. However security measures are in place to ensure safety of the beneficiaries and that of staff. International Medical Corps UK will work closely with local authorities, UNDSS get security information regarding safety and access to the outreach nutrition sites. Nutrition team will reach the nutrition sites early, provide services to ensure mothers are able to travel back home early enough. In case of insecurity, leading to suspension of the activities beneficiaries will be informed through their community leaders, the same will be done on return of services. International Medical Corps UK, has already emergency operational plan, shared to all staff in Nyal, which provides guidance on security measures to take, during service delivery to the affected population and in case of any security threat/risk, they are fully aware of the immediate measures to take. At Field level site managers are the security focal persons, and at national level the field are supported by security manager, based in Juba

#### Access

All the project sites are accessible at the moment, some sites are reached with canoes. It is expected that during the rainy season, movement to some sites will be hard due to muddy roads, but canoe transport will be the only option to reach affected populations in Nyal-Panyijar County. Nutrition supplies will be prepositioned during the dry season, to ensure continuity of the program during rainy. In case of insecurity and no access to some areas, International Medical Corps UK has put in place, measures to ensure minimal continuation of services, even if relocatable staff are evacuated, by recruiting local staff as nutrition promoters that can continue providing nutrition services with remote support. WFP and UNICEF will deliver supplies in Nyal, but however in case this is not visible International Medical Corps UK will hire charter to deliver supplies in the field site timely to avoid disruption of the service

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nutrition coordinator-Juba	D	1	11,585.00	6	25.00	17,377.50
	<i>Coordinates all nutrition interventions in country. 1 person, total cost includes salary and fringe.</i>						
1.2	Nutritionist (Nyal)	D	1	9,337.00	6	100.00	56,022.00
	<i>Implements all nutrition interventions in Nyal. 1 person, total cost includes salary and fringe.</i>						
1.3	Site Manager (Nyal)	D	1	8,418.00	0	100.00	0.00
	<i>S/he will coordinate operational activities of CHF funded programs in Nyal, and directly manage field staff and logistic support. This person also is responsible ensuring timely program delivery.</i>						
1.4	Country Director	S	1	21,489.25	6	5.00	6,446.78

	<i>Manages all IMC South Sudan Operations. 1 person, total cost includes salary and fringe</i>						
1.5	Medical Director	S	1	11,634.00	6	5.00	3,490.20
	<i>Supervises technical health and Nutrition program implementation. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.6	Program Coordinator	S	1	12,926.00	6	5.00	3,877.80
	<i>Oversees the program implementation, Based in Juba. 1 person, total cost include salary and fringe benefit</i>						
1.7	Finance Director	S	1	16,733.33	6	5.00	5,020.00
	<i>Manages all IMC South Sudan finance services. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.8	Finance Manager	S	1	11,332.94	6	5.00	3,399.88
	<i>S/he will be primarily responsible for the accounting and reports and HQ financial and administrative reporting. Support finance field officers IMC operating projects. S/he will partially work under this project.</i>						
1.9	Finance Manager	S	1	10,432.42	0	5.00	0.00
	<i>S/he will be primarily responsible for the accounting and reports and HQ financial and administrative reporting. Support finance field officers IMC operating projects. S/he will partially work under this project.</i>						
1.10	Senior Logistics Manager	S	1	10,434.00	6	5.00	3,130.20
	<i>The Senior logistics manager will be directly reporting to the Logistics Coordinator and will assist in the overall management and coordination of the logistics department and supportive systems. S/he will partially work under this project.</i>						
1.11	Logistics Coordinator	S	1	13,093.33	6	5.00	3,928.00
	<i>S/he will be responsible for providing direction to the logistic team in accordance with project objectives and the proposal. S/he will provide support for project procurement, asset/inventory and report writing and liaising with the site manager to ensure lead time between purchasing and delivery of supplies and other is kept minimal and determined beforehand. S/he will partially work under this project.</i>						
1.12	Senior HR Manager	S	1	11,174.86	0	5.00	0.00
	<i>S/he is responsible for developing and implementing HR policies and procedure, ensuring that all labor laws are complied with, and is a member of senior management team</i>						
1.13	Security Manager	S	1	15,239.29	6	5.00	4,571.79
	<i>Manages all IMC South Sudan security services and staff safety. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.14	Nutrition Officer (Nyal)	D	1	1,177.00	6	100.00	7,062.00
	<i>Nutrition program implementation. 1 person Nyal, total cost includes salary and fringe.</i>						
1.15	Nutrition Supervisor (Nyal)	D	1	958.85	0	100.00	0.00
	<i>Nutrition program implementation. 1 person Nyal, total cost includes salary and fringe.</i>						
1.16	Nutrition/ Health promoters (Nyal)	D	10	375.83	6	100.00	22,549.80
	<i>Nutrition program implementation. 8 person in Nyal, total cost includes salary and fringe.</i>						
1.17	IYCF Officer (Nyal)	D	1	958.85	6	100.00	5,753.10
	<i>Implement IYCF activities. 1 person, total cost includes salary and fringe</i>						
1.18	Logistics Officer - Nyal	D	1	1,432.00	6	50.00	4,296.00
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.19	Finance Admin/Officer - Nyal	D	1	1,477.78	6	50.00	4,433.34
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.20	Cleaners & Guards	D	8	316.74	6	50.00	7,601.76
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.21	Juba Support Staff	S	1	53,043.87	0	100.00	0.00

	<i>National finance, HR and logistics staff providing support from IMC Juba main office for program implementation. Total cost includes salary and fringe</i>						
1.22	Juba Support Staff- Human Resources	S	1	9,068.00	6	5.00	2,720.40
	<i>These staff are responsible for recruitment and deployment of staff to the sites .They also handle all employee related issues</i>						
1.23	Juba Support Staff- Finance	S	1	14,753.00	6	5.00	4,425.90
	<i>Are responsible for the finance support to the program. This includes ensuring sufficient cash flow to the sites .They are responsible for reporting</i>						
1.24	Juba Support Staff- Procurement /Logistics & Warehousing /Admin	S	1	21,138.00	6	5.00	6,341.40
	<i>These staff are responsible for the procurement and dispatch of supplies to the offices</i>						
1.25	Juba Support Staff- M&E /program support	S	1	8,056.00	6	5.00	2,416.80
	<i>Are responsible for the data entry and producing programmatic reports</i>						
	<b>Section Total</b>						<b>174,864.65</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Nutrition Sites supplies (Equipments, furnitures, ration cards)	D	1	6,000.00	1	100.00	6,000.00
	<i>OTP/SC/TSFP equipment/furniture and materials for Nyal. Lump sum figure based on supply and equipment needs.</i>						
2.2	Transportation of the supplies & staff to the field (Hiring charters, trucks, Boats)	D	2	8,000.00	1	100.00	16,000.00
	<i>Transport supplies to field sites for delivery</i>						
2.3	Training MoH, IMC staff on IYCF & Nutrition surveillance	D	2	750.00	1	100.00	1,500.00
	<i>CMAM, IYCF training.</i>						
2.4	Mother support groups support, incentives	D	1	10,839.76	1	100.00	10,839.76
	<i>Cost will be used to support mother support groups meetings and incentives</i>						
2.5	SMART survey Panyijar-Lean period	D	1	15,000.00	0	100.00	0.00
	<i>Funds will support training, conducting and allowances for enumerators other related costs</i>						
2.6	Support community mobilization, MUAC screening and micro nutrient & deworming provision	D	2	1,000.00	1	100.00	2,000.00
	<i>To support mobilization, screening conducted by CNVs and CHD staff support</i>						
2.7	Support joint program supervision CHD, community leaders meetings (Quality Accountability team)	D	1	1,000.00	1	100.00	1,000.00
	<i>To Support the CHD, community leaders during supervision and meetings</i>						
2.8	Visibility (T shirts, banners and Boards)	D	1	4,959.17	1	100.00	4,959.17
	<i>Program and donor visibility materials.</i>						
	<b>Section Total</b>						<b>42,298.93</b>
<b>Equipment</b>							
3.1	Laptop for the nutrition staff in Nyal	D	2	1,500.00	1	100.00	3,000.00
	<i>Office equipment as laptop s are needed to administratively support the project: write reports, enter and analyze data, and also communicate with HQ . One of the laptop will be for the nutrition manager while the other one will be shared by the other nutrition staff (nutrition supervisor and nutrition officer) Cost is budgeted as per the costs on the local market.</i>						
	<b>Section Total</b>						<b>3,000.00</b>
<b>Travel</b>							
5.1	National Staff Travel per diem	D	6	250.00	1	100.00	1,500.00
	<i>This covers the cost of staff per diem during training and other times of assignment outside of their duty station.</i>						

5.2	National & International Staff Travel accommodation	D	5	200.00	1	100.00	1,000.00
	<i>This covers the cost of staff accommodation during training and other times of assignment outside of their duty station,</i>						
5.3	In country travel - airfare	D	7	550.00	1	100.00	3,850.00
	<i>1 round trip per month at 550 USD based on current UNHAS travel cost.</i>						
	<b>Section Total</b>						<b>6,350.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Guest House/Office/warehouse Rental & Maintenance ( Juba)	S	1	40,000.00	6	5.00	12,000.00
	<i>Costs related to guest house/office/warehouse rental and maintenance in Juba. cost budgeted on historical cost</i>						
7.2	Accommodation Nyal	D	1	3,000.00	6	50.00	9,000.00
	<i>Costs related to staff accommodation in Nyal</i>						
7.3	Office utilities and Supplies - Nyal	D	1	1,700.00	6	50.00	5,100.00
	<i>This line is requested to cover for various office supplies, which include stationery, toners &amp; cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost "" "</i>						
7.4	Office utilities and Supplies - Juba	S	1	12,000.00	6	5.00	3,600.00
	<i>This line is requested to cover for various office supplies, which include stationery, toners &amp; cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost. This line is requested to cover for various office supplies, which include stationery, toners &amp; cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost</i>						
7.5	Postage/Courier	S	1	165.00	6	5.00	49.50
	<i>Costs related postage of documents charge</i>						
7.6	Fuel and Maintenance of Generators - Nyal	D	1	2,000.00	6	50.00	6,000.00
	<i>Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power. Cost is budgeted as per the historical cost.</i>						
7.7	Fuel and Maintenance of Generators - Juba	S	1	6,000.00	6	5.00	1,800.00
	<i>Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power. Cost is budgeted as per the historical cost.</i>						
7.8	Legal Fees (including NGO forum registration fee)	S	1	2,870.00	6	5.00	861.00
	<i>costs including the registration fee for NGO forum</i>						
7.9	Software licences	S	1	3,000.00	6	5.00	900.00
	<i>Costs related with software Licenses including windows software , payroll software and accounting software</i>						
7.10	Bank Charges and Cash Facilitator Fees	S	1	7,000.00	6	5.00	2,100.00
	<i>Costs related bank fee and fee for cash facilitators to the areas where they are no banking system "</i>						
7.11	General insurance	S	1	2,000.00	6	5.00	600.00
	<i>Includes costs for repair and maintenance, as well as costs for insurance/registration fees, since due to very poor to non-existing road conditions, regular maintenance is a necessity for normal functioning of the vehicles.</i>						
7.12	Security company services	S	1	4,000.00	6	5.00	1,200.00

	<i>Costs related to Security company to guarding the guest house and office</i>						
7.13	Security/Physical and Operational Security Upgrades	D	1	14,000.00	1	100.00	14,000.00
	<i>Due to harsh security situation in Southern Sudan, International Medical Corps requires these funds to upgrade existing and implement additional layers of physical security infrastructure at its offices, clinics and other field sites as well as revise operational security protocols to enhance staff security, asset protection and crisis management systems. Due to the current risk, more frequent security assessments are occurring in our operational areas, which range from weekly to daily. It is critical that funding be applied to our proven safety and security systems to increase our ability to remain and continue our work in these high threat areas. The budgeted amount includes cost of accommodations, local transport, support supplies and other related costs associated with the security activities, in county or for HQ support when needed</i>						
7.14	Monitoring and Evaluation	D	1	9,066.00	1	100.00	9,066.00
	<i>M&amp;E represents estimated cost of program evaluation to be completed by senior expatriate expert for quality assurance purposes, as well as headquarter staff coming for monitoring visits. It is International Medical Corps' global policy to provide continuing monitoring and evaluation of programs for quality assurance purposes. Budgeted amount includes cost of accommodation, local transport, air ticket and support supplies and other related costs associated with the evaluation activities for staff in South Sudan and possible visit from HQ. Cost is budgeted as per the historical cost.</i>						
7.15	Communication -Nyal	D	1	1,700.00	6	50.00	5,100.00
	<i>Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost.</i>						
7.16	Communication - Juba	S	1	5,775.00	6	5.00	1,732.50
	<i>Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost.</i>						
7.17	Vehicle/Motorbikes Registration/Insurance/Maintenance - Juba	S	1	3,500.00	6	5.00	1,050.00
	<i>Costs related to Vehicle/Motorbikes Registration/Insurance/Maintenance</i>						
7.18	Vehicle/Boat/Motorbike Fuel - Nyal	D	1	7,200.00	4	50.00	14,400.00
	<i>The budget will cover the Maintenance for vehicle/motorbike in Nyal</i>						
7.19	Vehicle Fuel/rent - Juba	S	1	11,300.00	6	5.00	3,390.00
	<i>The budget will cover the fuel for vehicle as well as rental of vehicles</i>						
7.20	Vehicle/Boat/Motorbike Fuel - Nyal	D	1	2,924.00	6	50.00	8,772.00
	<i>The budget will cover the fuel for vehicle/motorbike/boat in Nyal</i>						
	<b>Section Total</b>						<b>100,721.00</b>
<b>SubTotal</b>			92.00				<b>327,234.58</b>
Direct							248,182.43
Support							79,052.15
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							22,906.42
<b>Total Cost</b>							<b>350,141.00</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Panyijiar	100	350	5,787	5,616	6,083	17,836	

**Documents**

Category Name	Document Description
Budget Documents	Juba National staff breakdown.xls