

Requesting Organization :	CARE International			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :	Integrated Emergency Nutrition Services for Malnourished Children Under Five Years of Age in Mayom and Rubkona counties			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-17/H/103531	Fund Project Code :	SSD-17/HSS10/SA1/N/INGO/5276	
Cluster :	Nutrition	Project Budget in US\$:	550,140.05	
Planned project duration :	6 months	Priority:	Not Applicable	
Planned Start Date :	01/04/2017	Planned End Date :	30/09/2017	
Actual Start Date:	01/04/2017	Actual End Date:	30/09/2017	
Project Summary :	<p>The overall objective of this project is to increase access to lifesaving treatment and preventive services for children under five and pregnant/Lactating women in Rubkona and Mayom counties</p> <p>This project is complementary to the UNICEF PCA and WFP FLA which are currently funding OTP and TSFP activities at 13 static sites in Rubkona (6) and Mayom (7). The project is designed to contribute to the famine response, especially to serve the displaced populations from Southern Unity settling within host communities in Mayom and especially Rubkona. SMART surveys conducted by CARE in Rubkona and Mayom during the post-harvest period in December 2016 shows high malnutrition rates with GAM rates of 20.2% (17.1- 23.8 C. I) in Rubkona, and SAM rates of 2.8% (1.5-5.1 CI) while in Mayom, GAM was 21.0% (17.8-24.6% C. I) and SAM 2.7% (1.7-4.4 C.I). A network of 100 community volunteers from 12 mobile sites will screen 50% of children under five years 20,709 (10,928 girls) as well as 5700 pregnant and lactating women for malnutrition in Mayom and Rubkona. Screened children will be treated at outreach sites using RUTF for SAM and RUSF for MAM. The remaining 50% of the children will be managed at mobile sites using UNICEF/WFP funding.</p> <p>Objective 1: of this project will focus Delivering treatment of Severe and moderate acute malnutrition to underserved locations by scaling up mobile outreaches in Rubkona and Mayom. In addition, the project will increase CARE's participation in ongoing RRM to Jazeera and Dorbor which are affected by insecurity. 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: This project will integrate IYCF promotion as part of health and nutrition education at feeding sites. This will target primarily caregivers of children on the CMAM program but will be complementary to a more rigorous IYCF promotion by Mother to Mother Support groups with funding from UNICEF</p> <p>Objective 3. Strengthen surveillance and Accountability to affected populations. This project will conduct monthly exhaustive mass MUAC screening to provide surveillance data to monitor the nutrition situation. Community feedback, review and planning meetings and suggestion boxes will be adopted as models for accountability to affected populations. Regular SMART surveys in Rubkona, Mayom will be reserved for funding from UNICEF PCA to strengthen information management for the proposed locations. This intervention will focus on life saving interventions. Community engagement meetings, office visits</p> <p>Objective 4 The project will promote integration of lifesaving nutrition sensitive health interventions including hygiene/handwashing facilities at OTP/TSFP sites, testing and treatment of malaria micronutrient supplementation and health/nutrition education for PLWs to reduce the incidence of acute malnutrition. This objective will target caregivers of children of the CMAM program to deliver timely messages at feeding sites and will be complementary to IYCF messaging promoted through UNICEF funding</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
1,000	5,000	9,781	10,928	26,709

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	350	1,225	0	0	1,575
People in Host Communities	650	2,183	0	0	2,833
Pregnant and Lactating Women	0	1,592	0	0	1,592
Children under 5	0	0	9,781	10,928	20,709

Indirect Beneficiaries :

Indirect beneficiaries will include over 306 health and nutrition workers will also benefit from the training under this project. In addition, 100 community volunteers (50 females and 50 males) will be identified and trained to support promotion of nutrition sensitive activities in IDP settlements and villages.

Catchment Population:

Mayom is located to the west of Bentiu and is made up of 10 Payams. With an estimated population of 180,056, Mayom is a disaster-prone county exposed to a multitude of natural disasters including, floods, storms, droughts and armed conflict. The security situation in Mayom is currently relatively stable but there are a number of overlapping threats, including high GAM rates and possibility of disease outbreaks. 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. CARE maintains static OTP/TSFP sites at three Primary Health Care Centers namely Mankien, Mayom and Wangkei) and at 5 Primary Health Care Units namely Ruathnyibel, Pub, Riak, Bieh and Kueryiek. CARE now proposes additional mobile outreaches to Lingeira Tuchloch, Pup, Ruathbel, wangbor-pibor, wangbor-nuane, kualkuony The Health facilities are run by CHD with support from World Relief while CARE runs nutrition and EPI components funded by UNICEF through both static and mobile clinics. CARE has been implementing health and nutrition intervention in Mayom for over ten years including a stabilization center at Mankien PHCC.

Rubkona lies on the northern bank of the Bahr el Ghazal River, connected by bridge to the state capital Bentiu. The region is swampy, and prone to 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, Kaljak, Pakur/Ding ding. Even in payams where insecurity has not been a major hindrance like in Kaljak, the roads are impassable during the rainy seasons especially in Pakur/Ding ding. According to IOM & OCHA (Sept 2016) the estimated population in Rubkona 151688 people including 137192 IDPs. Rubkona currently hosts multitudes of displaced persons from southern unity as a result of armed conflict and has recently suffered its own share of internal displacement in Jazeera. CARE runs six static nutrition sites within Bentiu POC, Bentiu town and Rubkona town including; Bentiu Hospital, Rubkona PHCC, Bentiu POC (Sector 1) Bentiu POC(Sector 5) Dingding, Kaljak . As part of the Beyond Bentiu response, CARE maintains five additional mobiles sites and two RRM sites initially funded by the IOM Rapid Response Fund; CARE now proposes to continue conducting outreaches to the five sites including Pakur, Dhorbor, Ngop, Budang, Jazeera for the next 6 months. CARE recently established a stabilization center at Bentiu Hospital with funding from UNICEF

Link with allocation strategy :

The proposed interventions will contribute to the cluster objective of delivering quality, life –saving, management of acute malnutrition. 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 572 children aged 0-59 months with SAM to OTPs and 3672 children aged 0-59 months with MAM to TSFP as well as 1,592 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 20,709 (10,928 girls) aged 0-59 months, as well as 5000 pregnant and lactating women. The project will promote optimal Infant and Young Child Feeding Practices (YCF) 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 and Mayom.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
CARE International	International NGO	650,000.00
		650,000.00

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

Other Funding Source	Other Funding Amount
UNICEF PCA	782,000.00
	782,000.00

Organization focal point :

Name	Title	Email	Phone
Joram Chikwanya	Program Development Coordinator	joram.chikwanya@care.org	+211955136114
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BACKGROUND

1. Humanitarian context analysis

With the humanitarian crisis in South Sudan deepening and spreading, the 2017 Humanitarian Needs Overview (HNO) estimates that some 7.5 million people, over 60% of the population, are in need of humanitarian assistance. Areas of the country previously seen as relatively stable, have been engulfed by conflict, violence and displacement. More than 3.4 million people have been displaced – 1.9 million internally displaced persons (IDPs) and 1.5 million refugees who have fled to neighboring countries. Health conditions have deteriorated, and food insecurity and malnutrition have skyrocketed. In February 2017, localized famine was declared in Leer and Mayendit, with Koch deemed at high risk of famine. An estimated 4.9 million people are currently severely food insecure and this figure is expected to rise to 5.5 million people at the height of the lean season in July. Inevitably, mortality has been exacerbated by recurrent disease outbreaks, including a malaria outbreak in 2016 that is similar in magnitude to the unprecedented 2015 season, and a cholera outbreak in 2016 for the fourth year in a row. Existing challenges, including insecurity, limited access to basic services and high rates of malnutrition, were further exacerbated by the deadly conflict. The civil war has forced families from their homes and caused some qualified health personnel to flee the country. The conflict has also caused significant damage to the country's health care system (both infrastructure and supplies) including the cold chain, which had improved in the years preceding the war. SMART surveys conducted by CARE in Rubkona and Mayom during the post-harvest period in December 2016 shows high malnutrition rates with GAM rates of 20.2% (17.1- 23.8 C.I) in Rubkona and 21.0% (17.8-24.6% C.I) in Mayom 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 reduced the morbidity and mortality associated with malnutrition. This CHF funding will build on the work started by previous CHF allocation in Rubkona and Mayom counties. This intervention will further expand CARE's Mobile health outreach clinics in Mayom and Rubkona 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

The IPC estimates that over 100, 000 people are suffering famine in Southern Unity, also consistent with findings from CARE'S pre- and post- harvest SMART surveys in the surrounding counties of Rubkon and Mayom. At the same time, over 65.3% of the population in the rest Unity state will be humanitarian catastrophe by June 2017 unless humanitarian assistance is scaled up. There is currently limited attention to multitudes of children and women that have been displaced from Central and Southern Unity to Bentiu often arriving with no assets or belongings as all support. In Rubkona county some 1,145 children (0-59 months) suffer Severe acute malnutrition while 8,576 children and 3,108 pregnant and lactating women have moderate acute malnutrition and are in urgent need of CMAM interventions Results from surveys undertaken by CARE in these counties during the post-harvest period in Dec 2016 shows high malnutrition rates with GAM rates of 21.3% (17.8- 24.6 95% C.I) in Mayom County, and 20.2% [17.1-23.8 95% C.I] in Rubkona Counties indicative of a critical situation especially since they were conducted during post-harvest season. 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.

In Mayom, ongoing interventions have resulted in a slight reduction in the nutrition situation but the GAM rates remain critical with up to 410 children with SAM needing OTP services at mobile clinics while some 2782 children with MAM need TSFP services over the next six months. This case load will be shared between the static sites funded by UNICEF and the mobile outreaches proposed in this concept. Causes of the high prevalence include food insecurity and a recent upsurge of disease incidence. A significant number of children in Mayom reported 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. 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 Rubkona

3. Description Of Beneficiaries

A total of 20,709 children under five and PLW will be screened; 5836 direct beneficiaries will be targeted with treatment through this project including 3672 children under five with moderate acute malnutrition, 1592 Malnourished PLWs and 572 children with severe acute malnutrition including 86 of them with complications. Also 5000 caregivers of malnourished children will be reached with optimal infant feeding messages. Indirect beneficiaries will include over 306 health and nutrition workers will also benefit from the training under this project. In addition, 100 community volunteers (50 females and 50 males) will be identified and trained to support promotion of nutrition sensitive 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

The proposed project will build on CARE's existing operational presence in Rubkona and Mayom as well as an existing UNICE and WFP programs in both locations. Although CARE has been providing nutrition services to children in Rubkona through static clinics in the POC Rubkona and Bentiu towns, many children South of the county in Pakur, Dhorbor, Ngop, Budang and Jazeera Payams only have intermittent access to services due to insecurity. CARE now proposes to use CHF funding to scale up outreaches and RRM missions to these locations over a period of six months. Results from surveys undertaken by CARE in these counties during the post-harvest period in Dec 2016 shows high malnutrition rates with GAM rates of 21.3% (17.8- 24.6 95% C.I) in Mayom County, and 20.2% [17.1-23.8 95% C.I] in Rubkona Counties indicative of a critical situation especially since they were conducted during post-harvest season. 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 therefore serve as part of the current famine response, enabling CARE to scale-up ongoing nutrition interventions in Rubkona and Mayom counties in order to meet the increased nutrition needs of newly IDPs and surrounding host communities. The proposed strategy in both Mayom is to conduct mobile outreaches and mobile response 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 Rubkona. In Rubkona, the CHF will reach 50% of the SAM/MAM caseload while the UNICEF will cover the remaining 50% in five under- served payams while in Mayom it will cover 7 outreach locations to complement the 7 static sites under UNICEF Funding

LOGICAL FRAMEWORK

Overall project objective

To increase access to lifesaving treatment and preventive services for children under five and pregnant/Lactating women in Rubkona and Mayom counties

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	50					
Increase access to integrated programmes preventing under nutrition for the most vulnerable and at risk.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	20					
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	10					
Increase access to integrated nutrition, health and WASH FSL responses in counties with critical levels of acute malnutrition.	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	20					
Contribution to Cluster/Sector Objectives : 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.							
Outcome 1							
Provide quality lifesaving CMAM interventions to children 5-59 months and Pregnant and Lactating Women in Mayom, and Rubkona Counties.							
Output 1.1							
Description							
Output 1.1 Strengthening mobile outreaches in existing OTP and TSFP programs to expand coverage to five sites							
Assumptions & Risks							
Risk: access constraints due to conflict or security issues; Assumption: the security situation allows for safe access to communities							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
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)			9,781	10,928	20,709
Means of Verification : Tally Sheets							
Indicator 1.1.2	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			280	291	571
Means of Verification : Joint support supervision reports							
Indicator 1.1.3	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			1,799	1,873	3,672
Means of Verification : Tally Sheets							
Indicator 1.1.4	NUTRITION	[Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services					80
Means of Verification : OTP registers							
Indicator 1.1.5	NUTRITION	[Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services					80
Means of Verification : TSFP register							
Indicator 1.1.6	NUTRITION	[Frontline] Percentage of SAM children defaulted (defaulter rate) out of the total discharged from TFP (OTP/SC)					10
Means of Verification : OTP Defaulter registers							
Indicator 1.1.7	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		1,592			1,592
Means of Verification : Register and NIS report							
Activities							
Activity 1.1.1							
Provide treatment for Severe and moderate acute malnutrition at 10 integrated OTP/TSFP outreach sites in Rubkona (3) and Mayom (7) Counties							
Activity 1.1.2							

Conduct mobile responses to two sites (Jazeera and Dobor) in Bentiu as part of WFP/UNICEF RRM missions to treat severe and moderate acute malnutrition

Activity 1.1.3

Conduct monthly exhaustive mass MUAC screening to monitor nutrition situation in Rubkona and Mayom

Activity 1.1.4

Conduct weekly case identification at 10 OTP/TSFP mobile and 2 RRM sites including 5 in Rubkona, and 7 in Mayom

Activity 1.1.5

Conduct weekly defaulter tracing and screening of children in 2 counties

Activity 1.1.6

Conduct a 5-day refresher training in new CMAM protocols for 80 Community volunteers in Rubkona (50) and Mayom (30)

Activity 1.1.7

Conduct a 2-day refresher trainings for 40 male and female CHW/Nutrition Assistants on management of SAM & MAM (40 in Rubkona and 40 in Mayom)

Activity 1.1.8

Conduct weekly support supervision to mobile sites in Mayom, and Rubkona

Activity 1.1.9

Provide treatment for Moderately malnourished Pregnant and Lactating women

Output 1.2

Description

Output 1.2 Increase access to nutrition promotion and prevention interventions for 10928 girls and 9781 boys (aged 0-59 months) as well as 5000 PLW and 1000 men

Assumptions & Risks

Risk: access constraints due to conflict or security issues
Assumption: the security situation allows for safe access to communities

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					60
Means of Verification : Activity reports							
Indicator 1.2.2	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.					80
Means of Verification : Complaints reports							
Indicator 1.2.3	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		5,000			5,000

Means of Verification : NIS monthly

Activities

Activity 1.2.1

Provide malaria test kits and ACTs for treatment of malaria at all mobile TSFP/OTP sites

Activity 1.2.2

Ensure availability of hand washing and sanitary facilities at all mobile sites

Activity 1.2.3

Provide weekly Health, IYCF and Hygiene promotion to caregivers of malnourished children at integrated TSFP/OTP sites

Activity 1.2.4

Mobilize children under five for Immunization, Vitamin A supplementation and Deworming through routine clinics and NIDS in 3 counties

Activity 1.2.5

Deliver community mobilization messages during National Immunization days (NIDS) in Mayom and Rubkona

Activity 1.2.6

Conduct monthly community feedback review and planning meetings at for accountability in 10 mobile sites

Additional Targets :

M & R

Monitoring & Reporting plan

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: Provide treatment for Severe and moderate acute malnutrition at 10 integrated OTP/TSFP outreach sites in Rubkona (3) and Mayom (7) Counties	2017				X	X	X	X	X	X			
Activity 1.1.2: Conduct mobile responses to two sites (Jazeera and Dabor) in Bentiu as part of WFP/UNICEF RRM missions to treat severe and moderate acute malnutrition	2017				X	X	X	X	X	X			
Activity 1.1.3: Conduct monthly exhaustive mass MUAC screening to monitor nutrition situation in Rubkona and Mayom	2017				X	X	X	X	X	X			
Activity 1.1.4: Conduct weekly case identification at 10 OTP/TSFP mobile and 2 RRM sites including 5 in Rubkona, and 7 in Mayom	2017				X	X	X	X	X	X			
Activity 1.1.5: Conduct weekly defaulter tracing and screening of children in 2 counties	2017				X	X	X	X	X	X			
Activity 1.1.6: Conduct a 5-day refresher training in new CMAM protocols for 80 Community volunteers in Rubkona (50) and Mayom (30)	2017				X								
Activity 1.1.7: Conduct a 2- day refresher trainings for 40 male and female CHW/Nutrition Assistants on management of SAM & MAM (40 in Rubkona and 40 in Mayom)	2017				X								
Activity 1.1.8: Conduct weekly support supervision to mobile sites in Mayom, and Rubkona	2017				X	X	X	X	X	X			
Activity 1.1.9: Provide treatment for Moderately malnourished Pregnant and Lactating women	2017				X	X	X	X	X	X			
Activity 1.2.1: Provide malaria test kits and ACTs for treatment of malaria at all mobile TSFP/OTP sites	2017				X	X	X	X	X	X			
Activity 1.2.2: Ensure availability of hand washing and sanitary facilities at all mobile sites	2017				X	X	X	X	X	X			
Activity 1.2.3: Provide weekly Health, IYCF and Hygiene promotion to caregivers of malnourished children at integrated TSFP/OTP sites	2017				X	X	X	X	X	X			
Activity 1.2.4: Mobilize children under five for Immunization, Vitamin A supplementation and Deworming through routine clinics and NIDS in 3 counties	2017				X				X				
Activity 1.2.5: Deliver community mobilization messages during National Immunization days (NIDS) in Mayom and Rubkona	2017				X	X	X	X	X	X			
Activity 1.2.6: Conduct monthly community feedback review and planning meetings at for accountability in 10 mobile sites	2017				X	X	X	X	X	X			

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 and Mayom 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 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/SFP mobile 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 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/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 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 two Counties, CHD will be involved in monitoring since CARE's 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 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 ensuring the rubhall has all the commodities propositioned.
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 that 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 rubhall and staff. In Mayom, road access to the beneficiaries are expected to be clear until the onset of rains in early June 2017. During wet period access to mobile sites will be accessed by Quad bikes purchased with funding from the previous CHF round. 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
Staff and Other Personnel Costs							
1.1	Country Director	S	1	16,130.00	6	3.00	2,903.40
	<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	6	5.00	4,407.00
	<i>5% 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	6	5.00	4,191.00
	<i>5% 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 Manager	S	1	9,650.00	6	5.00	2,895.00
	<i>5% 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	6	25.00	16,635.00
	<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 spent 25% of her time isupporting this project</i>						
1.6	MEAL Coordinator	S	1	10,375.00	6	5.00	3,112.50
	<i>MEAL Coordinator (Juba Based -International staffs) salary will be charged at this project. Basic salary+Benefits of \$7,975 + Housing - \$2,400. He will be responsible for data collection and quality assurance. He will spent 5% of his time in supporting this project. One will be based at Mankien to manage Mayom and Abiemnom program while another will be based in Bentiu</i>						
1.7	Program Development and Reporting Coordinator	S	1	10,375.00	6	5.00	3,112.50
	<i>Program Development Coordinator (Juba Based - International staff) salary will be charged at this project. Basic salary+Benefits of \$7,975 + Housing - \$2,400. He will be in charge of ensuring donor compliance and reporting of the project at health facility levels and at outreach sites. He will spent 5% of his time to supporting the project with reporting and compliance</i>						
1.8	Nutrition Program Managers	D	2	6,480.00	6	65.00	50,544.00
	<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 spent 65% of their time in managing this project. One will be based at Mankien to manage Mayom while another will be based in Bentiu</i>						
1.9	Nutrition officers	D	2	2,717.00	6	65.00	21,192.60
	<i>2 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 at Abiemnom and will be spent 65% of their time to coordinate Static and mobile activities 2 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 at Abiemnom and will be spent 65% of their time to coordinate Static and mobile activities</i>						
1.10	SC Nurses	D	2	883.00	6	100.00	10,596.00
	<i>2 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 Hospital and Mankien PHCC</i>						
1.11	Nutrition assistant officers	D	35	745.00	6	100.00	156,450.00

	<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>						
1.12	Field Finance and Admin Officer	S	1	2,434.55	6	40.00	5,842.92
	<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>						
1.13	Field Cooks and Cleaners	S	6	538.00	6	20.00	3,873.60
	<i>2 cooks and 4 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 538\$ including benefits 2 cooks and 4 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>						
1.14	Field Assistant Logistics Officer	S	2	2,175.00	6	40.00	10,440.00
	<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>						
1.15	Field Driver	S	1	645.25	6	20.00	774.30
	<i>This position will be based at the field office to facilitate staff using the organizational vehicles - 20% of salary and benefits to be charged to this project</i>						
1.16	Field security guard	S	9	537.95	6	20.00	5,809.86
	<i>This position will be based at the field office to provide security to CARE, staff, facilities, assets and offices. - 20% of salary and benefits to be charged to this project</i>						
1.17	Field store keeper	S	1	767.05	6	20.00	920.46
	<i>This position will be based at the field office to support the assistant logistics/ admin officer in managing the CARE's store and the inventories. To keep proper records and report on the same. - 20% of salary and benefits to be charged to this project</i>						
1.18	Juba Support Staff	S	1	53,637.00	6	7.00	22,527.54
	<i>Juba based Nation support staffs include IT Manager, Security Officer, Admin Manager, Administration Officer, Logistics Assistant, Administration Assistant, Travel Officer, Driver/Mechanic/Technicians, Driver, Cleaner, Senior Procurement Officer, Procurement Assistant Accounting Manager, Finance Officer, Roving Finance Officer, Senior Contracts and Grants Officer, Contracts and Grants Officer, Clerk, HR Manager, HR Assistant, Human Resources Officer, and Communication Officer and their salary charged 7% for 6 months.</i>						
	Section Total						326,227.68
Supplies, Commodities, Materials							
2.1	Transportation of Nutrition supplies	D	2	1,000.00	3	100.00	6,000.00
	<i>Vehicle rental for secondary transportation of Nutrition supplies within field level Lumpsum figure per month within Rubkona and Mayom 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 (Rubkona 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 UNICEF To operate mobile teams 5 mobile sites in two counties (Rubkona 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 UNICEF</i>						
2.3	Mobile Nutrition teams, fuel, accomodation, transport and food	D	2	1,000.00	5	100.00	10,000.00
	<i>Each county Mayom, and Rubkona 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 \$1000 per month per team.(this included hiring of vehicle, fuel, and food). Mobile teams in Rubkona will be funded through UNICEF</i>						
2.4	Field level Vehicle and Generator Fuel and maintainance	D	2	2,000.00	5	20.00	4,000.00
	<i>Each of the field base Rukona 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 freight services. one trips are proposed to mankien costing about \$6000 for 1 tonne chartered flight and another th Bentiu at \$6000</i>						

2.6	CMAM training for 80 community volunteers in Mayom and Abiemnom	D	1	4,000.00	1	100.00	4,000.00
	<i>Two refresher trainings for 50 CNVs in Rubkona and 30 in Mayom 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	Conduct monthly exhaustive mass MUAC screening to monitor nutrition situation in Rubkona and Mayom	D	24	20.00	6	100.00	2,880.00
	<i>24 community Nutrition Volunteers (two from each mobile site) will be trained in MUAC screening and supported to conduct exhaustive mss MUAC screening on a monthly basi. Each will be given \$20 per day</i>						
2.8	IncentivesCommunity Nutrition Volunteers support for community mobilization and nutrition education	D	80	100.00	6	80.00	38,400.00
	<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 12 sites 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 \$6. The CNV rates are revised monthly by OCHA</i>						
2.9	Conduct a 5-day refresher training in new CMAM protocols for 80 Community Nutrition workers in Rubkona (40) and Mayom (40)	D	80	10.00	5	100.00	4,000.00
	<i>Five day training of CNWs in the newCMAM guidelines and protocols for 80 participants</i>						
2.10	Weekly support supervision visits	D	12	50.00	20	100.00	12,000.00
	<i>Fuel worth \$50 will be required for every site by Project Manager and/or project officer to ensure adherence to guidelines every week (12 sitesx\$50x20 weeks= 12,000)</i>						
2.11	Digging sanitary pits at 7 outhouse sites in Mayom	D	7	200.00	1	100.00	1,400.00
	<i>Members of the community will be mobilised to dig sanitary pits at each of the integrated nutrition sites to prevent open defecation and risk of diarrhea. Each pit will cost \$200 including use of temporary material for enclosure</i>						
2.12	Community feedback meetings	D	12	100.00	6	100.00	7,200.00
	<i>To promote accountability to affected population monthly meetings will be held at 12 sites. Each meeting will cost approximately \$100 for refreshments hence 12payamx\$100x6 months =7200</i>						
	Section Total						106,880.00
Equipment							
3.1	Purchase RDT kits and ACTs for testing and treating malaria	D	1	10,000.00	1	100.00	10,000.00
	<i>Malaria testing is essential to integrate health into ongoing nutrition interventions; A reserve stock of kits and and treatment worth 10,000 will be maintained</i>						
3.2	Camping materials for RRM missions or intercluster emergency responseteams	D	10	1,500.00	1	100.00	15,000.00
	<i>10 camping tents and accessories will be purchased to use by RRM teams during missions. Each tent costs \$1800 hence for 10 tents \$18000</i>						
3.3	Plastic chairs and tables for mobile teams	D	5	500.00	1	100.00	2,500.00
	<i>Two mobile teams in Mayom and and two in Rubkona 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 500\$ per team.</i>						
3.4	Sanitation equipments- Buckets, towels, soap, jerricans	D	12	200.00	1	100.00	2,400.00
	<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>						
3.5	Safety and Communication Equipment	D	1	7,000.00	1	100.00	7,000.00
	<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.</i>						
	Section Total						36,900.00
Travel							
5.1	Staff flights outside juba-Field flight	D	12	550.00	1	100.00	6,600.00
	<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 \$550, 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	650.00	2	100.00	2,600.00
	<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 \$650, 100% will be charged to this project</i>						

5.3	Staff Perdiem	D	1	4,050.00	1	100.00	4,050.00
	<i>Field staff visiting juba for meetings and Juba based staff visiting Field for supportive supervision 6 staff per months for 3 days @ \$45 per day for 5 months= \$4,050</i>						
	Section Total						13,250.00
General Operating and Other Direct Costs							
7.1	Internet connection costs-VSAT	D	2	500.00	6	50.00	3,000.00
	<i>Vsat internet communication at Rubkona and Mayom 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	2	1,500.00	1	100.00	3,000.00
	<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	2	1,800.00	6	30.00	6,480.00
	<i>field office based at Bentiu, and Mayom 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	2	725.00	6	50.00	4,350.00
	<i>Communication in the field level is limited to Thuraya satellite phones and only phones access is while at Juba. a lumpsum of 725\$ per month is required for communication for each of the three field bases.</i>						
7.5	Juba Office Office Running Costs	D	1	46,873.00	6	5.00	14,061.90
	<i>These are the costs of running the Juba office - rent, utilities and supplies, maintenance etc. The monthly cost is \$46,374, the project will support with 7% of this.</i>						
	Section Total						30,891.90
SubTotal			351.00				514,149.58
Direct							443,339.50
Support							70,810.08
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							35,990.47
Total Cost							550,140.05

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 -> Mayom	37	400	2,000	3,912	4,371	10,683	Activity 1.1.1 : Provide treatment for Severe and moderate acute malnutrition at 10 integrated OTP/TSFP outreach sites in Rubkona (3) and Mayom (7) Counties Activity 1.1.3 : Conduct monthly exhaustive mass MUAC screening to monitor nutrition situation in Rubkona and Mayom Activity 1.1.4 : Conduct weekly case identification at 10 OTP/TSFP mobile and 2 RRM sites including 5 in Rubkona, and 7 in Mayom Activity 1.1.5 : Conduct weekly defaulter tracing and screening of children in 2 counties Activity 1.1.6 : Conduct a 5-day refresher training in new CMAM protocols for 80 Community volunteers in Rubkona (50) and Mayom (30) Activity 1.1.7 : Conduct a 2- day refresher trainings for 40 male and female CHW/Nutrition Assistants on management of SAM & MAM (40 in Rubkona and 40 in Mayom) Activity 1.1.8 : Conduct weekly support supervision to mobile sites in Mayom, and Rubkona Activity 1.1.9 : Provide treatment for Moderately malnourished Pregnant and Lactating women Activity 1.2.1 : Provide malaria test kits and ACTs for treatment of malaria at all mobile TSFP/OTP sites Activity 1.2.2 : Ensure availability of hand washing and sanitary facilities at all mobile sites Activity 1.2.3 : Provide weekly Health, IYCF and Hygiene promotion to caregivers of malnourished children at integrated TSFP/OTP sites Activity 1.2.4 : Mobilize children under five for Immunization, Vitamin A supplementation and Deworming through routine clinics and NIDS in 3 counties Activity 1.2.5 : Deliver community mobilization messages during National Immunization days (NIDS) in Mayom and Rubkona Activity 1.2.6 : Conduct monthly community feedback review and planning meetings at for accountability in 10 mobile sites

Unity -> Rubkona	63	600	3,000	5,869	6,557	16,026	<p>Activity 1.1.1 : Provide treatment for Severe and moderate acute malnutrition at 10 integrated OTP/TSFP outreach sites in Rubkona (3) and Mayom (7) Counties</p> <p>Activity 1.1.2 : Conduct mobile responses to two sites (Jazeera and Dabor) in Bentiu as part of WFP/UNICEF RRM missions to treat severe and moderate acute malnutrition</p> <p>Activity 1.1.3 : Conduct monthly exhaustive mass MUAC screening to monitor nutrition situation in Rubkona and Mayom</p> <p>Activity 1.1.4 : Conduct weekly case identification at 10 OTP/TSFP mobile and 2 RRM sites including 5 in Rubkona, and 7 in Mayom</p> <p>Activity 1.1.5 : Conduct weekly defaulter tracing and screening of children in 2 counties</p> <p>Activity 1.1.6 : Conduct a 5-day refresher training in new CMAM protocols for 80 Community volunteers in Rubkona (50) and Mayom (30)</p> <p>Activity 1.1.7 : Conduct a 2- day refresher trainings for 40 male and female CHW/Nutrition Assistants on management of SAM & MAM (40 in Rubkona and 40 in Mayom)</p> <p>Activity 1.1.8 : Conduct weekly support supervision to mobile sites in Mayom, and Rubkona</p> <p>Activity 1.1.9 : Provide treatment for Moderately malnourished Pregnant and Lactating women</p> <p>Activity 1.2.1 : Provide malaria test kits and ACTs for treatment of malaria at all mobile TSFP/OTP sites</p> <p>Activity 1.2.2 : Ensure availability of hand washing and sanitary facilities at all mobile sites</p> <p>Activity 1.2.3 : Provide weekly Health, IYCF and Hygiene promotion to caregivers of malnourished children at integrated TSFP/OTP sites</p> <p>Activity 1.2.4 : Mobilize children under five for Immunization, Vitamin A supplementation and Deworming through routine clinics and NIDS in 3 counties</p> <p>Activity 1.2.5 : Deliver community mobilization messages during National Immunization days (NIDS) in Mayom and Rubkona</p> <p>Activity 1.2.6 : Conduct monthly community feedback review and planning meetings at for accountability in 10 mobile sites</p>
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Documents

Category Name	Document Description
Budget Documents	Juba Support staffs_Budget line 1.1.8.xlsx