OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	John Dau Foundation
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100

Project Title :	Emergency Integrated response to life threatening malnutrition for Conflict affected populations in Duk County, Jonglei state, South Sudan
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/103161	**Fund Project Code :**	SSD-17/HSS10/SA2/N/NGO/6478
Cluster :	Nutrition	**Project Budget in US$:**	179,972.00
Planned project duration :	6 months	**Priority:**	Not Applicable
Planned Start Date :	01/08/2017	**Planned End Date :**	31/01/2018
Actual Start Date:	01/08/2017	**Actual End Date:**	31/01/2018

Project Summary :

This integrated (CMAM) project will provide support to internally displaced people (IDPS) and host communities in underserved areas affected by the recent ongoing conflicts in Duk counties. The intervention will also target new arrivals fleeing recent insecurity in the neighboring Counties of Uror and Ayod. The proposed lifesaving interventions will target delivering quality life-saving management of acute malnutrition for the most at risk. It will also ensure enhanced needs analysis of nutrition situation and robust monitoring and coordination of emergency nutrition responses while increasing access to safe and integrated health and WASH responses due to recent cholera outbreaks with support from Home Health Promoters (HHPs) who will work with CNVs in Duk County. The project will fill the existing gaps by covering the entire county to address the deteriorating nutrition situation through strengthening 4 stabilization Centres, 8 TSFP sites, 6 fixed OTP sites, 2 Mobile OTP sites. Program approaches will include community education, active case detection and treatment (TSFP, OTP and SC), MIYCF in emergencies, deworming campaigns, and mass screening targeting IDPs and host communities. This intervention will expand the coverage of nutrition sites, therefore, the entire county including island will be supported by 6 Fixed OTP sites, 2 Mobile OTP sites and 4 SC as well as reducing cholera transmission in the county.
The goal of the project is to contribute to the reduction in nutrition related mortality and morbidity, and improve access to high quality Multisectoral lifesaving nutrition interventions for the most vulnerable populations notably U5 children and pregnant and lactating women.

Additionally, JDF will provide technical support to Duk County CHD through capacity building of staff and supportive supervision of OTP/TSFP/SC staffs will be directly managed by the County Health Department of Duk in an integrative programming.
JDF Added values are Integration with Nutrition and WASH program; Long-standing partnership with CHDs for health system strengthening contributing to improved health and Nutrition service delivery for local communities and IDPs/returnees.
This project will contribute to the reduction in nutrition related mortality and morbidity, and improve access to high quality multi-sectoral life-saving nutrition interventions for the most vulnerable populations notably U5 children and pregnant and lactating women. The project will support treatment of acute malnutrition (SAM) for children below 5 years and PLWs.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
24,131	26,140	5,009	6,783	62,063

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	5,009	6,783	11,792
Pregnant and Lactating Women	0	4,965	0	0	4,965
Internally Displaced People	8,000	9,600	0	0	17,600
People in Host Communities	16,131	11,575	0	0	27,706

Indirect Beneficiaries :

Indirect beneficiaries are 60,000 people who are not linked to the Project but would benefit from direct beneficiaries

Catchment Population:

The entire county catchment population is at 124127 people(M=66,226 and F=57,901) of which 23,584 are children under 5(M=11,321 and F=12,263)

Link with allocation strategy :

Duk County is one of the worst affected areas. Malnutrition and food insecurity are among the highest in the country and ACF-USA's most recent SMART survey found that, in Duk County, the (GAM) is at 26.1% (22.2-30.5 95% CI) and SAM at 5.5% (3.7- 8.1 95% CI) based on Weight-for-Height. The crude death rate is at 1.18 (0.73-1.90) and under 5 death rate was at 0.96 (0.38-2.38) with the most common causes of death were unknown (32.4%); violence/conflict (29.4%) and Illness (26.5%); therefore, the GAM rate was critical above the WHO emergency threshold.
The SSHF second standard allocation will enable JDF to fill critical funding gaps in its on-going Nutrition care programme and complete the project. The total project cost as per the HRP 2017 was at 1,333,000USD, hence UNICEF, WFP and OFDA has committed up to 62% (831,311USD)of the programme service delivery costs leaving 38% programme cost that will be covered partly 12%(180,000USD) by this second standard allocation with the funding gap of 26%.
It will also enable JDF as the only organization in Duk County implementing nutrition programme to provide emergency nutrition services to vulnerable populations in targeted communities. The funds will ensure that efforts are directed at activities that directly address the new emergency caused by the developing context to the vulnerable IDPs, mothers and children who are prone to malaria, Pneumonia, Diarrhea and related malnutrition of these populations. The fund will sustain the operational capacity of Nutrition facilities to respond to the new emergency and take advantage of dry season to maximize services. The CHF grant will enable JDF to complete the annual project cycle of emergency health services. The focus of basic nutrition services will be on the most vulnerable groups, especially women, children, IDPs and returnees. The CHF grant will enable JDF to provide these emergency Nutrition services in a gender-sensitive way, and the project will help save lives of many women, children and IDPs and returnees in remote & underserved areas where no alternative nutrition services presently exist. For CHF Fund, Duk County has been prioritized as an area of high humanitarian need. Due to this, the bulk of project resources will be utilized in the county to address emerging humanitarian needs. JDF will continue with its support to 4 SC, 8 OTP and 8TSFP as well as deworming, Vitamin A supplementation and MIYCF services in Duk County covering payams of Ageer, Dongchak, Payuel, Padiet and Panyang. The funding will enable JDF to recruit 18 additional nutrition staffs to cope with the sharply increased demands for nutrition services; JDF will support motivational incentives for 14 PHCC and PHCU staffs including 6 CHD staffs to ensure integration of nutrition services to health facilities; to support maintenance cost of ambulance for efficient timely referral of SAM cases with medical complications to hospital; support timely prepositioning of nutrition supplies to cover rainy season; to support project operation cost for efficient delivery of emergency nutrition services to vulnerable populations in targeted communities; to undertake repair works on are essential OTP/SC facilities to ensure their functionality.
The combined concentration of malnutrition and food insecurity ranks Duk County as a priority county by the Nutrition cluster. JDF will employ an integrated CMAM approach in the county to meet the needs, in line with the Nutrition cluster strategy.
The project will address the needs of host communities and IDPs in Duk County that the nutrition cluster has identified as priority. The interventions will focus on providing therapeutic and supplementary feeding to severely and moderately malnourished children under the age of 5 years and pregnant and lactating women.
Interventions will also focus on implementation on Maternal Infant and Young Child Feeding (MIYCF) in emergencies targeting women, girls a

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
UNICEF,OFDA AND WFP	831,311.00
	831,311.00

Organization focal point :

Name	Title	Email	Phone
Morris Okwir	Programme Manager	morrisokwir@johndaufoundation.org	+211923506671

BACKGROUND

1. Humanitarian context analysis

The recent on going conflict has just turned the situation from bad to worse leading to an inflow of IDPs into Duk County. The IDPs numbers have increased in recent months following a fresh outbreak of conflict in February and March 2017 between government and IO forces in the neighboring counties (Ayod and Uror). These IDPs have since been integrated into the host communities but this has not made the situation better. The County is one of the hardest to reach areas of the country, because of poor road conditions and insecurity due to cattle raiding and its proximity to active fighting. Hence majority (41,711) persons of which 8,342 are children a <5 years of age (males 4,004 and females 4,338) has been displaced (Ayod,Uror and Nyirol) to Pajut in Panyang as well as other payams and the resulting displacement has destabilized the normal cultivation practices resulting to high prevalence of malnutrition due seasonal changes to food security, violence, poor WASH services and disease burden.

According to HRP 2017, Duk has 23,584 children under five with total SAM case load of 3,311 and target SAM case load (75%) of 2,483 children under 5 years. Also total MAM caseload is 7,542 while total target for MAM is 4,525 children under 5 years.
Despite of reaching 1083 children 6-59 month in OTP and 2,156 children 6-59 month in TSFP using UNICEF, WFP and OFDA grants, the recent SMART Survey conducted by ACF-USA in March and April of 2017 indicated that the prevalence of global acute malnutrition (GAM) was at 26.1% (22.2-30.5 95% CI) and SAM was 5.5% (3.7- 8.1 95% CI) based on Weight-for-Height. The crude death rate was at 1.18 (0.73-1.90) and under 5 death rate was at 0.96 (0.38-2.38) with the most common causes of death were unknown (32.4%); violence/conflict (29.4%) and Illness (26.5%); therefore, the GAM rate was critical above the WHO emergency threshold.

The finding also concurs with the lean period (February to July) which normally has highest prevalence of malnutrition due seasonal changes to food security, violence, poor WASH services and disease burden. The County is one of the hardest to reach areas of the country, because of poor road conditions and insecurity due to cattle raiding and its proximity to active fighting. Hence majority has been displaced (Ayod,Uror and Nyirol) to Pajut in Panyang as well as other payams and the resulting displacement has destabilized the normal cultivation practices and cattle migration and adversely affected the community livelihood including cholera outbreak.
This high prevalence of malnutrition requires an emergency Integrated (CMAM) response to internally displaced people (IDPS) and host communities in underserved areas affected by the recent ongoing conflicts in Duk counties as well as targeting new arrivals fleeing recent insecurity in the neighboring Counties of Uror and Ayod. This will contribute to the reduction in nutrition related mortality and morbidity, and improve access to high quality Multisectoral lifesaving nutrition interventions for the most vulnerable populations notably U5 children and pregnant and lactating women.

2. Needs assessment

According to HRP 2017, Duk has 23,584 children under five with total SAM case load of 3,311 and target SAM case load (75%) of 2,483 children under 5 years. Also total MAM caseload is 7,542 while total target for MAM is 4,525 children under 5 years.
The most recent SMART survey (March/April 2017) for Duk County, showed a prevalence of GAM at 26.1% (22.2-30.5 95% CI) and SAM at 5.5% (3.7- 8.1 95% CI) based on Weight-for-Height. The crude death rate at 1.18 (0.73-1.90) and under 5 death rate at 0.96 (0.38-2.38) with the most common causes of death were unknown (32.4%); violence/conflict (29.4%) and Illness (26.5%); therefore, the GAM rate was critical above the WHO emergency threshold. The Survey further revealed that a high
proportion (58.4%) of children were ill during the last 2 weeks prior to the assessment with Diarrhoea (37%), fever (26%) and cough (21%) were the most common prevalent reported illnesses suggesting that measures have to be in place to prevent illnesses.

Further to this, 34.3% of the ill children did not receive treatment. SMC/CHD supports in health service provision in the county but even with this, more health services need to be extended to cover all payams. Malaria and diarrhea continued to be the commonest illnesses experienced which calls for high sensitization campaigns for hygiene and public health concerns. Sources of safe drinking water is not a big problem with over 80% accessing water from boreholes however hygiene issues of hand washing and lack of latrine usage remain a key challenge hence causing recent cholera outbreak in the county.
JDF will provide health and Nutrition based messages at Nutrition sites and in the community through Participatory Hygiene and Sanitation Transformation (PHAST) approach and Community Led Total Sanitation (CLTS) to educate host communities and IDPs on WASH related interventions.

3. Description Of Beneficiaries

A total of 62,063 (10,343 HH) ; Men =24,131 Female=26,140, girls=6,783, boys= 5,009 will be reached with integrated nutrition services; Children <5, pregnant and lactating women, community volunteers (male and female), other groups of people, including elderly and people with special needs, are particularly vulnerable.

However, in line with the Nutrition Cluster strategy, JDF is prioritizing PLWs and children under 5 who are both the first affected by malnutrition. Moderately malnourished children and PLW will receive supplementary feeding through TSFP while severe cases will be managed through OTP and SC with RUTF and F100/75. Other groups will be men and women in the targeted areas, CHD workers, caretakers, people with disabilities and the elderly among IDPs and host families who will benefit from nutrition and health education and training. Through community based MIYCF groups, sessions on nutritional best practices, vitamin A and EPI promotions, hygiene and food security topics geared towards at reducing malnutrition in children and pregnant and lactating mothers will be conducted. JDF will support 4 SC, 8 TSFP and 8 OTP including internal capacity building for 180 Community Nutrition Volunteers CNVs (80female and 80 male), 120 IYCF counselors (115 female and 5 male) and 36 nutrition staff; 30 male and 6female (Nutrition Project Manager, MIYCF Officer, M&E Officers, Nutrition Nurse, Nutrition site supervisors and Nutrition extension workers). JDF will receive in kind support of RUTF and food aid from WFP and UNICEF. Trainings will be based on internationally recognized protocols and IEC materials which will be sourced from MOH, UNICEF and WFP and reproduced for use in implementation. UNICEF/WHO CMAM guideline will be followed and SPHERE standards will be used to measure the success of SC/OTP/SFP programs. Participatory approaches will be used; Communities in the catchment area have been and will continue to participate in activity implementation and impact assessment of the program. JDF is already active in Duk County will only increase coverage to reach displaced populations where there are no other accessible nutrition programs. JDF will identify beneficiaries through active community screenings and identified malnourished cases will be admitted and discharge as per the standard criteria using the Ministry of Health and WHO guidelines

4. Grant Request Justification

The SSHF second standard allocation will enable JDF to fill critical funding gaps in its on-going Nutrition care programme and complete the project. The total project cost as per the HRP 2017 was at 1,333,000USD, hence UNICEF, WFP and OFDA has committed up to 62% (831,311USD)of the programme service delivery costs leaving 38% (501,689USD) programme cost that will be covered partly 12%(180,000USD) by this second standard allocation with the funding gap of 26% to enable JDF cover the entire Duk county with nutrition services.
It will also enable JDF as the only organization in Duk County implementing nutrition programme to provide emergency nutrition services to vulnerable populations in targeted communities. The funds will ensure that efforts are directed at activities that directly address the new emergency caused by the developing context to the vulnerable IDPs, mothers and children who are prone to malaria, Pneumonia, Diarrhea and related malnutrition of these populations. The fund will sustain the operational capacity of Nutrition facilities to respond to the new emergency and take advantage of dry season to maximize services. The CHF grant will enable JDF to complete the annual project cycle of emergency health services. The focus of basic nutrition services will be on the most vulnerable groups, especially women, children, IDPs and returnees. The CHF grant will enable JDF to provide these emergency Nutrition services in a gender-sensitive way, and the project will help save lives of many women, children and IDPs and returnees in remote & underserved areas where no alternative nutrition services presently exist. For CHF Fund, Duk County has been prioritized as an area of high humanitarian need. Due to this, the bulk of project resources will be utilized in the county to address emerging humanitarian needs. JDF will continue with its support to 4 SC, 8 OTP and 8TSFP as well as deworming, Vitamin A supplementation and MIYCF services in Duk County covering payams of Ageer, Dongchak, Payuel, Padiet and Panyang. The funding will enable JDF to recruit 18 additional nutrition staffs to cope with the sharply increased demands for nutrition services; JDF will support motivational incentives for 14 PHCC and PHCU staffs including 6 CHD staffs to ensure integration of nutrition services to health facilities; to support maintenance cost of ambulance for efficient timely referral of SAM cases with medical complications to hospital; support timely preposition of nutrition supplies to cover rainy season; to support project operation cost for efficient delivery of emergency nutrition services to vulnerable populations in targeted communities; to undertake repair works on are essential OTP/SC facilities to ensure their functionality.

5. Complementarity

The proposed project complements JDF's ongoing Nutrition programme which is funded in part by UNICEF, WFP and OFDA that cover up to 62% of the programme service delivery costs leaving 38% programme cost that will be partly 12%(180,000USD) covered by this second standard allocation with the funding gap of 26% to enable JDF cover the entire Duk county with nutrition services. The current project targets gaps in each project area with a focus on Panyang and Dongchak payams which are not targeted by either donor. Across all projects, JDF uses the same protocols and reporting mechanism to ensure that relevant data are shared with the cluster, donor community, and other reports, like FSNMS and IPC.
The proposed lifesaving interventions will target delivering quality life-saving management of acute malnutrition for the most at risk. It will also ensure enhanced needs analysis of nutrition situation and robust monitoring and coordination of emergency nutrition responses while increasing access to safe and integrated health and WASH responses with support from Home Health Promoters (HHPs) who will work with CNVs in Duk County. The project will fill the existing gaps by covering the entire county to address the deteriorating nutrition situation through strengthening 4 stabilization Centres, 8 TSFP sites, 6 fixed OTP sites, 2 Mobile OTP sites, support MIYCN and community outreach activities including vitamin A supplementation and deworming of U5 Children. This intervention will expand the coverage of nutrition sites, therefore, the entire county including island will be supported by 6 Fixed OTP sites, 2 Mobile OTP sites and 4 SC.
Additionally, JDF will provide technical support to Duk County CHD through capacity building of staff and supportive supervision of OTP/TSFP/SC staffs will be directly managed by the County Health Department of Duk in an integrative programming.
This project will contribute to the reduction in nutrition related mortality and morbidity, and improve access to high quality multi-sectoral life-saving nutrition interventions for the most vulnerable populations notably U5 children and pregnant and lactating women. The project will support treatment of acute malnutrition (SAM) for children below 5 years and PLWs.
The project will contribute to cluster priorities activities that includes;
Nutrition screening, messaging and referral to nutrition facilities using school governing bodies in areas were GAM exceeds emergency thresholds and nutrition / health centres exist.
Cholera-prevention through rehabilitation / construction of hand-washing facilities and latrines, provision of soap and HTH, school-based cholera response teams (PTAs/SMCs, teachers and adolescents/youth) to undertake chlorination, hygiene messaging on cholera symptoms, modes of transmission and prevention, referral to cholera treatment / health centers
JDF Added values are Integration with Nutrition and WASH program; Long-standing partnership with CHDs for health system strengthening contributing to improved health and Nutrition service delivery for local communities and IDPs/returnees.

LOGICAL FRAMEWORK

Overall project objective

To improve access to quality lifesaving integrated nutrition services for children under five and pregnant and lactating women including other vulnerable groups through prevention and treatment of acute malnutrition including referral of complicated cases in Duk County.

To strengthen nutrition sites and capacity of nutrition staffs to respond to emergency nutrition services in Duk County

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	100

Contribution to Cluster/Sector Objectives : The proposed project complements JDF's ongoing Nutrition programme which is funded in part by UNICEF, WFP and OFDA that cover up to 62% of the programme service delivery costs leaving 38% programme cost that will be 12%(180,000USD partly covered by this second standard allocation with the funding gap of 26% to enable JDF cover the entire Duk county with nutrition services. The current project targets gaps in each project area with a focus on Panyang and Dongchak payams which are not targeted by either donor. Across all projects, JDF uses the same protocols and reporting mechanism to ensure that relevant data are shared with the cluster, donor community, and other reports, like FSNMS and IPC.
The proposed lifesaving interventions will target delivering quality life-saving management of acute malnutrition for the most at risk. It will also ensure enhanced needs analysis of nutrition situation and robust monitoring and coordination of emergency nutrition responses while increasing access to safe and integrated health and WASH responses with support from Home Health Promoters (HHPs) who will work with CNVs in Duk County. The project will fill the existing gaps by covering the entire county to address the deteriorating nutrition situation through strengthening 4 stabilization Centres, 8 TSFP sites, 6 fixed OTP sites, 2 Mobile OTP sites, support MIYCN and community outreach activities including vitamin A supplementation and deworming of U5 Children. This intervention will expand the coverage of nutrition sites, therefore, the entire county including island will be supported by 6 Fixed OTP sites, 2 Mobile OTP sites and 4 SC.
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This project will contribute to the reduction in nutrition related mortality and morbidity, and improve access to high quality multi-sectoral life-saving nutrition interventions for the most vulnerable populations notably U5 children and pregnant and lactating women. The project will support treatment of acute malnutrition (SAM) for children below 5 years and PLWs.
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Nutrition screening, messaging and referral to nutrition facilities using school governing bodies in areas were GAM exceeds emergency thresholds and nutrition / health centres exist.
Cholera-prevention through rehabilitation / construction of hand-washing facilities and latrines, provision of soap and HTH, school-based cholera response teams (PTAs/SMCs, teachers and adolescents/youth) to undertake chlorination, hygiene messaging on cholera symptoms, modes of transmission and prevention, referral to cholera treatment / health centers
JDF Added values are Integration with Nutrition and WASH program; Long-standing partnership with CHDs for health system strengthening contributing to improved health and Nutrition service delivery for local communities and IDPs/returnees.

Outcome 1

Providing quality SAM and MAM treatment services and improving the Indicators
• SAM treatment achieves SPHERE standards (<10% died, >75% recovered and <15% defaulted)
• MAM treatment achieves SPHERE standards (<3% died, >75% recovered and <15% defaulted)
• Access to therapeutic and supplementary care for undernourished under 5years is at SPHERE standards (>50%)

Output 1.1

Description

Treat MAM and SAM in children under 5 through the provision of TSFP, SC and OTP

Assumptions & Risks

Security stabilizes allow access for humanitarian activities
Humanitarian crisis/mass displacements reduce and stabilize
Plumpy nut and CSB remains available
No emergency health outbreaks
Ongoing funding
Natural disasters (e.g. flooding) do not take place

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	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			1,192	1,292	2,484
Means of Verification : Weekly and monthly cluster reports							
Indicator 1.1.2	NUTRITION	[Frontline] Number of girls and boys (6-59 months) with SAM screened for malaria and tested positive and treated			1,192	1,292	2,484
Means of Verification : Weekly and Monthly 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			1,086	1,177	2,263
Means of Verification : Weekly and Monthly Reports							
Indicator 1.1.4	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		4,965			4,965
Means of Verification : Weekly and Monthly reports							

Activities

Activity 1.1.1

Weekly screening and admission of all children with MUAC of less than 11.5cms and poor appetite and clinically unwell to SC programme

Activity 1.1.2

Screening and provision of treatment using ACT for malaria to children who tested positive using RDT

Activity 1.1.3

Weekly screening and admission of all children with a MUAC of 11.5 cm – 12.5 cm and without oedema to TSFP programme

Activity 1.1.4

Weekly screening and admission of all pregnant and lactating mothers with a MUAC of less than 23cms to TSFP.

Activity 1.1.5

Weekly screening and admission of all children with MUAC of less than 11.5cms or with low grade Oedema will be admitted to OTP program.

Output 1.2

Description

Prevention of Malnutrition
Children aged 6-59 months receive Vitamin A supplementation during community screening and at feeding centres
Children 12-59 months receive deworming tablet as per WHO guidelines during community screening sessions and at feeding centres
PLW and children U5 admitted in Nutrition program are provided with micronutrient supplementation

Assumptions & Risks

Security stabilizes allow access for humanitarian activities
Humanitarian crisis/mass displacements reduce and stabilize
Plumpy nut and CSB remains available
No emergency health outbreaks
Ongoing funding
Natural disasters (e.g. flooding) do not take place

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Frontline] Number of children (12 -59 months) dewormed in non NID areas			5,009	6,783	11,792
Means of Verification : Monthly and weekly reports							
Indicator 1.2.2	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			1,192	1,292	2,484
Means of Verification : Monthly and weekly reports							

Activities

Activity 1.2.1

Weekly derworming of children aged 12-59 months with albendazole tablets :

Activity 1.2.2

Weekly screening of children under five years, pregnant and Lactating Women in the target payams will be screened for malnutrition using MUAC with referral to TSFP and OTP as necessary:

Activity 1.2.3

Provision of amoxicillin as a routine medication to all children admitted to prevent infection on admission to OTP programme.

Outcome 2

Improving Infant care practices and capacity among Community nutrition Volunteers.

Output 2.1

Description

Capacity Building of the community on MIYCF care and practices

Assumptions & Risks

Security stabilizes allow access for humanitarian activities
Humanitarian crisis/mass displacements reduce and stabilize
Plumpy nut and CSB remains available
No emergency health outbreaks
Ongoing funding
Natural disasters (e.g. flooding) do not take place

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		4,965			4,965
Means of Verification : Weekly and Monthly Reports							
Indicator 2.1.2	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					10
Means of Verification : Weekly and Monthly report							
Indicator 2.1.3	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					96
Means of Verification : Weekly and Monthly Report							
Indicator 2.1.4	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs					100
Means of Verification : Weekly and Monthly reports							
Indicator 2.1.5	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.					100
Means of Verification : Weekly and Monthly Report							

Activities

Activity 2.1.1

Weekly health education and MIYCF counseling of mothers at facility on early initiation of exclusive breastfeeding in accordance with SPHERE guidelines t

Activity 2.1.2

Selection and training of mother to mother support groups who will conduct monthly community sensitization and meetings to educate the mothers on the importance of breastfeeding and complementary feeding in order to prevent malnutrition

Activity 2.1.3

Supporting community nutrition volunteers to conduct out reach sessions through integrated Nutrition, Health and WASH intervention

Activity 2.1.4

Conducting monthly awareness creation to provide information on beneficiaries on their rights and entitlement in the nutrition sites as a mechanism of AAP

Activity 2.1.5

Establishing complaint and feedback mechanisms using suggestion box and exit interviews in all the nutrition sites to address the complaints of PLWs and other beneficiaries in the community.

Outcome 3

Enhancing support for children, caregivers and communities for improved nutrition and provision of appropriate care and Infant & Young Child Feeding in targeted locations

Output 3.1

Description

Improved Capacity among Nutrition staff and CHD staff on management of acute malnutrition

Assumptions & Risks

Security stabilizes allow access for humanitarian activities
Humanitarian crisis/mass displacements reduce and stabilize
Plumpy nut and CSB remains available
No emergency health outbreaks
Ongoing funding
Natural disasters (e.g. flooding) do not take place

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	29	7			36
Means of Verification : Training reports							
Indicator 3.1.2	NUTRITION	[Frontline] Number of nutrition sites providing integrated OTP and TSFP services in the same site					8
Means of Verification : Site reports							
Indicator 3.1.3	NUTRITION	[Frontline] Number of nutrition sites having required number of OTP and TSFP staff					8

Means of Verification : Staffs contracts

Activities

Activity 3.1.1

Training of both old and new staff trained on IMSAM, CMAM guidelines and MIYCF to have capacity to manage malnutrition.

Activity 3.1.2

Strengthening 6 OTP,TSFP and 2 SC as well as creating 2 additional SC and 2 OTP/TSFP that will be functional through out the project timeline

Activity 3.1.3

Recruiting 18 additional new staffs to manage the additional 2 OTP and 2 SC new sites

Additional Targets :

M & R

Monitoring & Reporting plan

A detailed logical framework and monitoring plan will be used by the project and field staff to guide the work. Tracking tools that are user friendly and accessible to local staff will be used. These will be progressively adjusted when and where necessary to meet all reporting requirements. Weekly, monthly, and quarterly reports for the Nutrition cluster, UNICEF and WFP shall be prepared as well as periodic donor reports for SSHF and other donors. JDF Programme Director, CHD,SMOH,UNICEF,WFP, Payam Leaders and Other Stakeholders will conduct joint monitoring visits to the CMAM sites so as to ascertain its functionality as well as programme quality. Nutrition workers on a routine basis provide the first program tally sheets, these are cross checked by the Nutrition supervisor and Nurse and then passed over to the Nutrition officers who do further checking before entering into databases and produce the first reports. The reports are cross checked and analyzed by the Nutrition manager, final analysis is done by the Programme Director who then send to designated recipients. The monthly nutrition cluster report, internal JDF reports and monthly reports to SSHF, OFDA,UNICEF & WFP will be sources of verification. These sources will also show areas that need improvement for future programming.
JDF has developed an M&E tool managed by the M&E Officer which captures data, and relevant staffs have been trained on its use. Other baseline values come from
ACF SMART surveys, UN agency databases and previous program reports. Source, methods and time frame of data collection: To ensure effective involvement of all program staff at different levels, an orientation session at project start will cover the program Logical Framework, detailed implementation plan, M&E indicators and data collection processes, performance targets, and key data collection tools. The team will also identify and agree on the key M&E coordination aspects and areas for community participation in performance monitoring of the proposed program.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Weekly screening and admission of all children with MUAC of less than 11.5cms and poor appetite and clinically unwell to SC programme	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Screening and provision of treatment using ACT for malaria to children who tested positive using RDT	2017								X	X	X	X	X
	2018	X											
Activity 1.1.3: Weekly screening and admission of all children with a MUAC of 11.5 cm – 12.5 cm and without oedema to TSFP programme	2017								X	X	X	X	X
	2018	X											
Activity 1.1.4: Weekly screening and admission of all pregnant and lactating mothers with a MUAC of less than 23cms to TSFP.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.5: Weekly screening and admission of all children with MUAC of less than 11.5cms or with low grade Oedema will be admitted to OTP program.	2017								X	X	X	X	X
	2018	X											
Activity 1.2.1: Weekly derworming of children aged 12-59 months with albendazole tablets :	2017								X	X	X	X	X
	2018	X											
Activity 1.2.2: Weekly screening of children under five years, pregnant and Lactating Women in the target payams will be screened for malnutrition using MUAC with referral to TSFP and OTP as necessary:	2017								X	X	X	X	X
	2018	X											
Activity 1.2.3: Provision of amoxicillin as a routine medication to all children admitted to prevent infection on admission to OTP programme.	2017								X	X	X	X	X
	2018	X											

Activity 2.1.1: Weekly health education and MIYCF counseling of mothers at facility on early initiation of exclusive breastfeeding in accordance with SPHERE guidelines t	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: Selection and training of mother to mother support groups who will conduct monthly community sensitization and meetings to educate the mothers on the importance of breastfeeding and complementary feeding in order to prevent malnutrition	2017								X	X			
	2018												
Activity 2.1.3: Supporting community nutrition volunteers to conduct out reach sessions through integrated Nutrition, Health and WASH intervention	2017								X	X	X	X	X
	2018	X											
Activity 2.1.4: Conducting monthly awareness creation to provide information on beneficiaries on their rights and entitlement in the nutrition sites as a mechanism of AAP	2017								X	X	X	X	X
	2018	X											
Activity 2.1.5: Establishing complaint and feedback mechanisms using suggestion box and exit interviews in all the nutrition sites to address the complaints of PLWs and other beneficiaries in the community.	2017								X	X	X	X	X
	2018	X											
Activity 3.1.1: Training of both old and new staff trained on IMSAM, CMAM guidelines and MIYCF to have capacity to manage malnutrition.	2017								X	X			
	2018												
Activity 3.1.2: Strengthening 6 OTP,TSFP and 2 SC as well as creating 2 additional SC and 2 OTP/TSFP that will be functional through out the project timeline	2017								X	X	X	X	X
	2018	X											
Activity 3.1.3: Recruiting 18 additional new staffs to manage the additional 2 OTP and 2 SC new sites	2017								X				
	2018												

OTHER INFO

Accountability to Affected Populations

Beneficiary accountability is one of JDF Quality standards and reflected as a cross cutting theme throughout the project cycle. JDF adheres to Humanitarian Accountability Partnership (HAP) principles, one of which is beneficiary accountability. All team members have been trained on the use of participatory approach especially on how to receive feedback from the communities. Beneficiaries have been involved in the project design for follow up to the current projects. They will also continue being part of the community based structures/committees that contribute to matters that affect them such as the days/timings/locations for food distributions and capacity building. The Nutrition workers hired for the project have already worked with JDF in these communities, and, as a result, they have established relationships and trust that will facilitate implementation. Since they are from the communities and are based there, the trust established between beneficiaries and extension workers enables regular feedback into the program. Likewise in the field sites, beneficiary accountability is reinforced; Our selection of beneficiaries is discussed with beneficiaries in community meetings, so that it is clear that our services are based and we treat patients on a needs only basis.
Otherwise, JDF holds focus groups with communities to discuss project designs and arranges mobilization meetings with community leaders to review the CMAM protocols, and specifically the approach to MIYCF. Otherwise, during implementation, community members are involved as nutrition volunteers for household visits during which they gather feedback and data to report back to project management staff. Finally, survey reports are shared with community leaders, and a meeting to present the results is arranged with the local authorities.

Implementation Plan

JDF is the Nutrition cluster lead and the only nutrition actor in Duk County with 8 nutrition sites evenly distributed across the county. Each Nutrition site has 30 Community nutrition volunteers with a team leader who provides leadership at the sites. All the 8 sites has nutrition supervisor in charge making it 8 supervisors in the programme. Nutrition supervisors support in monitoring and supervision of activities at feeding centres as well as checking and or making tally sheets. A nutrition nurse whose level is higher than the nutrition supervisor is also available in the program.
He moves in all the feeding centres providing day to day supervision of nutrition activities but also majorly supporting the medical side of the nutrition program, including provision of routine medications and awareness of medical complications among malnourished children. A nutrition Project Manager, whose level is higher than the nurse works, with the nutrition officer they are generally in charge of the treatment part of the nutrition project. They supervise and provide leadership to the nutrition treatment part of the JDF nutrition project. The Community component of the project is headed by a Nutrition Community officer who oversees community outreach and mobilization as well as community IYCF activities. Both Nutrition officers and the nurse are supervised by the Programme Director who oversees the nutrition program at the head office level (Juba) supported by the Executive Director based at Headquarters(USA) who provides strategic technical support to the Programme Director as well as the entire project.
Both the Programme Director and Executive Director support in final reporting, proposals and further technical input into the Projects. JDF works closely with Payam administrators who act as links to county and or government officials as well as other local officials who mainly include, village, boma and payam chiefs. Community Leaders in the county are involved at key stages of implementation. They support the recruitment process, play a part in selection and recruitment of volunteers and are provided with feedback on the implementation as well as key assessment findings.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
SMC	Children in the nutrition program who were never vaccinated are referred to the health facility for vaccinations and so are pregnant and lactating mothers for antenatal and postnatal services respectively

CHD/MOH	Children in the nutrition program who were never vaccinated are referred to the health facility for vaccinations and so are pregnant and lactating mothers for antenatal and postnatal services respectively
CRS	Participating in active mobilization of malnourished children including PLW during General Food Distribution
MAGNA	Supporting referal of identified malnourished children by CBDs to OTP Centres as well as supporting sensitization and community health education on early health seeking behaviour
PAH	community mobilization and sensitization on WASH related activities.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

JDF actively promotes gender issues and equality. Gender is one of quality standards in line with the Red Cross Code of Conduct and HAP benchmarks, which JDF adheres to, and by which JDF projects are internally assessed. JDF's needs assessment is broken down by age and sex. The project encourages and supports equal participation of all community groups in the planning, implementation and monitoring of project activities at all levels in order to create and sustain community ownership.
During implementation, women are encouraged to undertake the role of nutrition surveillance in the community by volunteering to be trained to identify malnutrition through MUAC screening. JDF endeavors to include men and women in project activities, taking into consideration the different needs and roles of each. The Nutrition Project Manager will initiate focus group discussions to assess gender needs, for example on issues such as the age of marriage and child spacing, workload imbalance, and its impact on the communities' health and development. Poor child spacing links to anaemia in pregnant women and in turn malnutrition. Maternal labour directly links to child/mother contact time, feeding time and rates of malnutrition. Findings are used to impact the design of the projects and help JDF learn about community opinions and values enabling increased involvement of women whilst being sensitive to existing community power structures. Communities themselves are directly consulted regarding beneficiary selection criteria and all needs assessment data is dis aggregated for gender, including training courses, all training are open to men and women. Gender considerations are also made in staffing where possible; women are given equal opportunity for recruitment as men. Mothers are allowed all maternity leave benefits and breastfeeding access through creation of breast feeding corners in work place and nutrition sites.

Protection Mainstreaming

JDF is transparent about beneficiary selection purely on basis of needs targeting the most vulnerable, regardless of tribe, ethnicity, gender or political or religious beliefs. Needs based selection on predefined vulnerability criteria, is in accordance with international humanitarian standards. The project focuses on lifesaving activities, based on humanitarian imperatives including conflict sensitivity and impartiality in needs based selection of beneficiaries. Targeting beneficiaries in the Nutrition programme is based on the South Sudanese Nutrition guidelines. The admission, discharge and other operational criteria are in line with these guidelines. Every feeding centre has got defined catchment areas in the form of village lists. The team leader at every feeding centres plans with the team of nutrition workers on where screening for malnutrition will be carried. A new MIYCF approach recommended by UNICEF has been adopted; this aims at reaching large numbers regardless of background. All members of the community are allowed entry into support groups while MIYCF counselors and Mother support group leaders are selected by community members, leaders and the process is supported and guided by JDF.
JDF has 4 SC, 6 static Nutrition and 2 mobile feeding centres in Duk county all of which are evenly distributed throughout the County in order to allow improved coverage and decrease distances that women have to travel, so as to reduce their vulnerability to SGBV. The initial number of feeding centre was 6, but in order to reduce distances walked by beneficiaries three other centres have been established. Distance walked is part of the data collected by the monitoring tools, this is analyzed to ensure that beneficiaries are within an hour walk radius to the feeding centres, it was on this basis that the two OTP and two SC were newly established.
Beneficiaries are attended to on a first come first to be served basis except for people with disabilities who are served first. Caretakers are encouraged to participate in anthropometric measurements. Beneficiaries are also provided with small bags/sacks to ensure safety of supplies but also to make it easy for them to walk back home.

Country Specific Information

Safety and Security

Security has remained very fluid and though less volatile since the recent conflicts, although it has slightly improved from active fighting between government and
SPLA/IO on the frontline in Ayod and Uror County, community members in some areas in close proximity have fled to the neighboring ‘safer’ Payams on the Duk County especially in Dongchak and Panyang payam . In general, the entire Duk County remains relatively calm with isolated cases of Murle attacks. The threats of government attacks on the opposition still stand and communities continue to live in fear.
JDF is committed to the security of its operations against all major risks, particularly in the current conflict. JDF has Field Coordinator who advises field staffs, in addition to Juba based staff, on the movement of the conflict and its potential impact on operations.
Depending on the analysis, JDF will use its security protocol to determine best course of action and will stay in regular formal and informal communication with SSHF on the progress towards the Action's objectives and any hindrances. Staffs have been trained on security and first aid, with a good security team culture. JDF has been working in Duk for many years and built lasting, strong relationships with beneficiaries, village leaders, community groups local authorities and ministries. Therefore, should there be any issues regarding local security or motivation, JDF will first draw on its excellent relations with relevant people, engaging them in actively mitigating the risks to effectively implementing the programme. JDF uses a detailed Threat Assessment and Action Matrix in which the security triangle is embedded as a methodology in day to day operations to mitigate risks.

Access

JDF maintains 2 vehicles at its base in Duk which provide transport when the ground is not soaked with rainwater. As of July 2017, the roads in Duk County remain open to vehicle movement. Otherwise, JDF management staffs walk to project sites to conduct monitoring and quality control. Project implementation is completed by extension workers who are from the targeted communities. Staff always moves with a satellite phone or access to HF radio because there is no cell phone network in Duk. Otherwise, JDF staffs coordinate with the local authorities and others from the community to learn about accessibility in specific locations before moving to the intended area. From Juba, JDF has an agreement with MAF for Quarterly charters of relevant project supplies, personnel movement and goods to maintain its base in Duk.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Nutrition Programme Manager(International)	D	1	4,000.00	6	50.00	12,000.00
	The incumbent will oversee the entire project implementation through technical support to the Project manager including donor reporting as well as monitoring and evaluation.						
1.2	Nutrition Project Manager(National)	D	1	1,600.00	6	50.00	4,800.00
	The incumbent support field staffs and reports to Programme Manager including submission of weekly and monthly activity reports						
1.3	M&E Officer	D	1	800.00	6	50.00	2,400.00
	Responsible for data management and report compilation as per the logical frame work and reports to Project manager						
1.4	Nutrition Nurse	D	2	700.00	6	50.00	4,200.00
	The nurse is in charge of overseeing treatment and preventive activities at feeding center level. Provide assistance according to technical guidelines and standards in nutrition. *She/he will be responsible for nursing duties as well as monitoring food service operations to ensuring conformance to nutritional, safety, sanitation and quality standards*						
1.5	Nutrition extension workers	D	8	300.00	6	50.00	7,200.00
	Nutrition Extension workers are in charge of day to day implementation of the activities at the nutrition sites. They are also responsible for community outreach activities and *support to IYCF, spending their full time on this project, spending their full time on this project*						
1.6	Nutrition site supervisors	D	4	600.00	6	50.00	7,200.00
	The nutrition supervisor will be in charge of day to day operations and are responsible for reporting on supplies, distributions and responsible for OTP, TSFP, community outreach and IYCF, spending their full time on this project						
1.7	Field coordinator	D	1	800.00	6	50.00	2,400.00
	Responsible for field coordination and he provides Logistical Support for the procurement of goods related to the project and maintenance of the *base operations critical to the movement of staff from the base to targeted villages.*						
1.8	Finance manager	D	1	800.00	6	50.00	2,400.00
	Responsible for financial management and reporting. He reports to Executive director directly and indirectly to the Programme Director						
1.9	Logistics Officer	D	1	800.00	6	50.00	2,400.00
	The Logistics Officer is directly managed by the Programme Director. He provides Logistical Support for the procurement of goods related to the project and maintenance of the base operations critical to the movement of staff from the base to targeted villages.						
1.10	Cooks and cleaners	D	4	200.00	6	50.00	2,400.00
	The cooks provide necessary food preparation for staff on the project. The cleaners are responsible for maintaining the cleanliness of the base and assisting the cooks as *needed.*						
1.11	Guards	D	4	200.00	6	50.00	2,400.00
	Duk county is in an insecure environment in Jonglei state. Guards play a critical role in protecting JDF's base in Duk.						
1.12	Drivers	D	2	400.00	6	50.00	2,400.00
	Responsible for vehicle running and maintenance including transportation of nutrition supplies to the sites						
	Section Total						**52,200.00**

2. Supplies, Commodities, Materials							
2.1	Supporting MIYCF outreach campaigns to the affected beneficaiaries by Nutrition extension workers	D	10	500.00	1	100.00	5,000.00
	SDA and transport cost						
2.2	Community Nutrition volunteers and community mobilizers motivation kit	D	180	50.00	1	50.00	4,500.00
	For CNV motivational incentives						
2.3	MIYCF and CMAM trainings for Staffs for 5 days	D	36	250.00	1	60.00	5,400.00
	To strengthen capacity of staffs to implement emergency nutrition response programme						
2.4	Provide training for 6 CHD and 14 JDF staffs in data recording, management and reporting for 3 days.	D	20	250.00	1	60.00	3,000.00
	To strengthen quality data reporting						
2.5	Conduct facility level training of 150 CNVs and 30 community mobilisers on MIYCF and CMAM for 5 days	D	180	30.00	1	50.00	2,700.00
	To build capacity of CNVs on new CMAM and MIYCF guidelines						
2.6	Training of 30 MIYCF mother support groups each 10 members for 2 days	D	90	50.00	1	50.00	2,250.00
	To build capacity of MtMSGs on new CMAM and MIYCF guidelines						
2.7	Mother to mother support groups(30 Groups) motivational kits	D	300	12.00	2	50.00	3,600.00
	Motivational incentives						
2.8	Printing of MIYCF messaging and promotional material	D	200	40.00	1	50.00	4,000.00
	To strengthen health and nutrition educational promotions						
2.9	Provision of WASH facilities in the OTP and SC sites (Water container, Buckets, wastebins,Chlorine tablets, Sanitation towels, Soap and hand washing facility)	D	8	1,125.00	1	100.00	9,000.00
	Provision of WASH facilities in the OTP and SC sites (Water container, Buckets, wastebins,Chlorine tablets, Sanitation towels, Soap and hand washing facility)						
2.10	Provision of Therapeutic spread, sachet 92g/CAR-150-Covered by UNICEF	D	1200	0.00	1	100.00	0.00
	This will be provided by UNICEF						
2.11	Provision of CSB++ and Plumpy sup in MT	D	80	0.00	1	100.00	0.00
	This will be covered by WFP						
2.12	Provision of F75 Therapeutic diet, sachet 102.5g/CAR-120	D	50	0.00	1	100.00	0.00
	This will be provided by UNICEF						
2.13	Provision of F100 Therapeutic diet, sachet 114g/CAR-90	D	50	0.00	1	100.00	0.00
	This will be provided by UNICEF						
2.14	Provision of Amoxici.pdr/oral sus 125mg/5ml/BOT-100ml	D	6000	0.00	1	100.00	0.00
	This will be provided by UNICEF						
2.15	Provision of SAM kit	D	5	0.00	2	100.00	0.00
	This will be supported by WHO						
2.16	Provision of MUAC child 11.5 red PAC-50	D	6	0.00	1	100.00	0.00
	This will be provided by UNICEF						
2.17	Provision of Weighing scale el moth child 150 kg x 25 g	D	4	0.00	1	100.00	0.00
	This will be provided by UNICEF						
2.18	Provision of Portable bay/child L-H Meas	D	4	0.00	1	100.00	0.00
	This will be provided by UNICEF						
	Section Total						**39,450.00**

3. Equipment							
3.1	Laptop computers	D	1	1,000.00	1	100.00	1,000.00
	The laptop is for 2 new project staffs member who uses it for data recording related to the project						
3.2	Printers	D	2	800.00	1	100.00	1,600.00
	The printer is for printing data and reporting tools that are related to the project						
3.3	Tables and Chairs for the new sites for 2 new OTP and 2 SC	D	6	1,000.00	1	100.00	6,000.00
	To furnish 2 new OTP and SC sites						
3.4	Mattress with blankets, mosquito nets and beds sheets for 2 SC	D	10	200.00	1	100.00	2,000.00
	For 2 new SC sites						
3.5	Cooking utensils for 2 new SC and OTP sites	D	2	1,000.00	1	100.00	2,000.00
	For 2 new OTP and SC sites						
3.6	Solar Panels with basic accessories for lighting the OTP and SC centres	D	1	8,000.00	1	100.00	8,000.00
	For provision of light in new sites						
3.7	Provision of VSAT in three locations for reporting and communication	D	1	6,000.00	1	100.00	6,000.00
	To strengthen communications and coordination as well as reporting						
3.8	Provision of 2 satelite phones for communication and coordinations	D	2	2,500.00	1	100.00	5,000.00
	To strengthen communications and coordination as well as reporting						
	Section Total						**31,600.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
5.1	R&R allowance and flights for two international staffs	D	2	1,000.00	4	50.00	4,000.00
	The allowance is for 4break for 2 staff members						
5.2	Operational vehicle hire (staff and cargo)	D	2	500.00	4	50.00	2,000.00
	Since the conflict when JDF's cars were Vandalized, JDF relied on hiring local vehicles. Until the fleet size is back to normal, this is a necessary cost based on previous expenditures in order to ensure the quality of the project.						
5.3	Programme Cargo charters	D	1	3,000.00	1	100.00	3,000.00
	Cargo charters transport supplies based in Juba to the field in Duk. Supplies include OTP and TSFP supplies. The cost is calculated based on average charter flights with companies like MAF and NG.						
5.4	Programme monitoring and supervision charters	D	1	3,000.00	1	100.00	3,000.00
	For the movement of project related staff between Juba/Bor and Duk on monitoring project						
5.5	Personnel flights (non-charter)	D	4	400.00	3	100.00	4,800.00
	For the movement of project related staff between Juba/Bor and Duk on a non charter flight						
	Section Total						**16,800.00**
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00

	NA						
	Section Total						**0.00**
7. General Operating and Other Direct Costs							
7.1	Office consumables	D	1	500.00	6	100.00	3,000.00
	Field based expenditure is calculated based on monthly cost analysis for items like printer cartridges, stationery. It is bought quarterly.						
7.2	Vehicle, Motorcycle,motor boat and generator fuel	D	1	2,000.00	6	50.00	6,000.00
	Calculated based on previous expenditures on a monthly basis.						
7.3	Vehicle and generator maintenance	D	1	2,000.00	6	50.00	6,000.00
	There is no market for spare parts in Duk county. This cost is based on a monthly cost to maintain and repair vehicles and generator.						
7.4	Base maintenance	D	1	1,200.00	6	100.00	7,200.00
	Calculated based on monthly cost to maintain and repair base facilities in Duk						
7.5	Communications & IT running costs	D	2	1,000.00	6	90.00	10,800.00
	Calculated based on monthly cost to maintain and repair communications and IT equipment						
	Section Total						**33,000.00**
SubTotal			8,494.00				**173,050.00**
Direct							173,050.00
Support							
PSC Cost							
PSC Cost Percent							4.00
PSC Amount							6,922.00
Total Cost							**179,972.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Duk	100	24,131	26,140	5,009	6,783	62,063	Activity 1.1.1 : Weekly screening and admission of all children with MUAC of less than 11.5cms and poor appetite and clinically unwell to SC programme Activity 1.1.2 : Screening and provision of treatment using ACT for malaria to children who tested positive using RDT Activity 1.1.3 : Weekly screening and admission of all children with a MUAC of 11.5 cm – 12.5 cm and without oedema to TSFP programme Activity 1.1.4 : Weekly screening and admission of all pregnant and lactating mothers with a MUAC of less than 23cms to TSFP. Activity 1.2.1 : Weekly derworming of children aged 12-59 months with albendazole tablets : Activity 1.2.2 : Weekly screening of children under five years, pregnant and Lactating Women in the target payams will be screened for malnutrition using MUAC with referral to TSFP and OTP as necessary: Activity 2.1.1 : Weekly health education and MIYCF counseling of mothers at facility on early initiation of exclusive breastfeeding in accordance with SPHERE guidelines t Activity 2.1.2 : Selection and training of mother to mother support groups who will conduct monthly community sensitization and meetings to educate the mothers on the importance of breastfeeding and complementary feeding in order to prevent malnutrition Activity 2.1.3 : Supporting community nutrition volunteers to conduct out reach sessions through integrated Nutrition, Health and WASH intervention Activity 2.1.4 : Conducting monthly awareness creation to provide information on beneficiaries on their rights and entitlement in the nutrition sites as a mechanism of AAP Activity 3.1.1 : Training of both old and new staff trained on IMSAM, CMAM guidelines and MIYCF to have capacity to manage malnutrition. Activity 3.1.2 : Strengthening 6 OTP,TSFP and 2 SC as well as creating 2 additional SC and 2 OTP/TSFP that will be functional through out the project timeline Activity 3.1.3 : Recruiting 18 additional new staffs to manage the additional 2 OTP and 2 SC new sites

Documents

Category Name	Document Description