

Requesting Organization :	Christian Mission Aid			
Allocation Type :	2nd Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :	Lifesaving Emergency Nutrition Services Scaled up to Reach Unserved Payams in Nyirol County in South Sudan			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-17/H/103527	Fund Project Code :	SSD-17/HSS10/SA2/N/INGO/6495	
Cluster :	Nutrition	Project Budget in US\$:	217,999.98	
Planned project duration :	6 months	Priority:		
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 :	<p>The project will be implemented in Nyirol County rated as IPC 4 Emergency for the June-July period with a projection of IPC 3 for acute malnutrition, but expected to deteriorate (IPC SS May 2017, FEWS Net, pgs 4 and 5). Estimates for Nyirol show 35,541 IDPs as of October 2016. Since then conflict in Waat and Chuil has forced the flight of many more IDPs. Recent reports from local authorities and CMA's on-ground team show a figure now exceeding 100,000 IDPs in the county. Most new IDPs are displaced from within Nyirol. Based on a U5 GAM rate of 17.7% (5.4% SAM, 12.3% MAM), the county caseloads were estimated as follows: SAM – 3,716, MAM – 8,464 and the caseload of PLW with GAM rate of 21.3% 3,561 (Final Nutrition Cluster HNO Case Load 2017). CMA's experience from Nyirol during the final quarter of 2016 showed SAM and MAM admissions rose by 62% even in the post-harvest season (CMA Report to UNICEF and WFP). Screening of U5 children in Pultruk and Chuil during February 2017 showed a proxy GAM rate of 38.2% (12.1% SAM, 26.2% MAM).</p> <p>The critical humanitarian gap that needs to be filled is the lack of access to lifesaving nutrition services for the most vulnerable U5 children and PLW of unserved IDP populations. The overall objective of this project is to save lives of U5 children and PLW suffering SAM and MAM in payams not being served. The payams targeted are Pading, Chuil, Pultruk and Bariak. Areas targeted comprise an estimated 69% of the total population of Nyirol County, and 66% of the IDP population.</p> <p>Project objective 1 is to deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk. This project will reach 854 U5 children with SAM, 1,945 U5 children with MAM and 955 PLW with MAM interventions. Planned coverage of these life-saving nutrition interventions are 30% of caseloads for U5 SAM, 30% for U5 MAM and 35% of PLW in targeted areas.</p> <p>CMA's PCA with UNICEF will complemented SSHF funding to support project objectives 2 and 3, specifically (2) to increase access to integrated programs preventing under nutrition for the most vulnerable and at risk children and ensure enhanced needs analysis, monitoring and coordination of emergency nutrition response, and (3) to increase access to safe and integrated nutrition, FSL, health and WASH responses in payams with critical levels of acute malnutrition. SSHF resources will support the sharing monthly nutrition reports with collaborating humanitarian actors, and increasing coordination/integration of nutrition programming with protection, health, FSL and WASH programming.</p> <p>To achieve these objectives, the project will provide human resources (cost-shared with the UNICEF/WFP), in-service training for nutrition and health workers, and support to facilitate a robust nutrition outreach approach to reach areas where large IDP populations have settled but who are without access to any nutrition services. The project will conduct screening (including screening of U5 children for malaria and providing iron folate for PLW) and provide treatment services both from the static sites and through outreach services. To achieve gender equality in opportunity to access nutrition services, communities will be organized to protect vulnerable women and children so they can consistently access nutrition services. The nutrition services of this project will be fully integrated with CMA's health services in the same locations sharing human, facilities and transportation resources.</p> <p>Presently, CMA is in the process of extending the PCA with UNICEF and FLA with WFP through December 2017. UNICEF assistance focuses on SAM of U5 children while WFP provides supplies for MAM of U5 children and PLW. With support from SSHF, CMA will scale-up and expand the reach of current activities to reach unserved IDP and host community populations in padding and Bariak that urgently need services.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total

0	955	1,344	1,456	3,755
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Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,344	1,456	2,800
Pregnant and Lactating Women	0	955	0	0	955

Indirect Beneficiaries :

19377
Men = 1034
Women = 5109
Boys = 6352
Girls = 6882

Catchment Population:

Host Population = 98198
IDPs = 23533
Total = 121,731

Link with allocation strategy :

With SSHF SA2 2017 funding, this project will provide vital resources at a time when the severity of acute malnutrition is rising sharply in Nyirol County now rated at IPC 4 Emergency (IPC SS May 2017, FEWS Net, pg. 1) and where GAM rates are at 17.7% and 21.3% for U5s and PLW respectively (Final Nutrition Cluster HNO Caseload 2017). The SA2 strategy that focuses on critical life-saving frontline nutrition services and scaling-up these services provides a critical contribution needed to stem and turn back the rising rates of SAM and MAM in Nyirol County. This project will direct at least 90% of budget and effort to delivery of SAM and MAM services.

Nyirol has experienced severe conflict during the first half of the year forcing a large new displaced population to add to the previous IDPs now estimated to exceed 100,000 individuals. The Situation Overview Jonglei State published by REACH dated May 2017 (pg 2) indicates 73% of settlements now host IDPs in Nyirol County. The REACH publication also noted that food access assessment for Nyirol County has dropped from 80% of households reporting sufficient food access in January to 37% in May 2017 (pg 5). The same publication (pg 7) notes that SGBV is cited as the main protection issue for women. This project will target payams where IDPs are concentrated and conduct outreaches and promote community-based protection approaches to ensure vulnerable populations can access nutrition services. Further, the project will focus on locations where humanitarian needs are most severe and cover those remote locations specifically Bariak and Pading that are not reached by others and needs are greatest.

SSHF assistance will complement CMA's PCA with UNICEF, and FLA with WFP. With the PCA and FLA providing nutrition supplies for OTP and TSFP and support for prevention of malnutrition (vitamin supplementation, deworming, IYCF, nutrition education and promotion), SSHF funding will enable a scale-up and expansion of the critical SAM and MAM services, and support outreaches so that unserved IDPs and host communities can be reached. The project will be delivered fully integrated with CMA's health services. To maximize funding leverage, the nutrition services will target same locations as health, use common facility, transportation and human resources. The project will promote WASH along with nutrition and health messages with schools and communities and support communities to implement protection activities to ensure children U5, adolescent girls and WCBA have unimpeded access to nutrition services. As a multi-sector and lead agent for RRHP in Nyirol, CMA participates in county forums for coordinating and collaborating within the nutrition sector and across other sectors. This will be sustained to maximize synergies.

- Additionally, critical project qualities include:
1. providing life-saving services in accordance with the CERF life-saving criteria.
 2. providing frontline services fully aligned with the cluster priorities, specifically with a priority focus on the most vulnerable to deliver programming for the management of SAM and MAM among U5 children and PLW.
 3. capacity to respond to the rising severity of malnutrition and the likelihood of further populations movements, new IDPs and potential for service disruption due to insecurity.
 4. providing services that are feasible, cost effective and impactful by mainstreaming gender, applying the do-no-harm approach in all activities and engaging community leaders in planning, implementing and monitoring to strengthen accountability to affected populations.

Presently, security has normalized and no disruptions in services are expected during the rainy season, typically a period of relative peace. In respect of the needs and security context, CMA has designed project approaches and activities to ensure best outcome for the target populations.

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
WFP (excluding committed supplies)	42,150.00
	42,150.00

Organization focal point :

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BACKGROUND**1. Humanitarian context analysis**

Intensified conflict in GUN has deepened the humanitarian crisis in Nyirol County during dry season 2017. Conflict in Waat and Chuil in recent months has displaced a huge population and disrupted services. Recent shocks have been the closing of trade routes and the markets in Malakal and Tonga due to the widening conflict. These markets provided cereals in the lean season to Nyirol. The national economic crisis, constant insecurity and market disruptions are exacerbating the shocks of ongoing conflict. Nyirol was rated as Severity of Need Level 4 (South Sudan HNO 2017, UNOCHA pg 10) but the situation has deteriorated in recent months (IPC SS May 2017, FEWS Net, pg 1).

Attacks against aid workers and economic decline have severely impacted the provision of life-saving nutrition services (South Sudan HNO 2017, UNOCHA pg 23). Nutrition services have been delivered through health facilities. However, the facility infrastructure has eroded such that only a few locations can adequately deliver either nutrition or health services. The absence of stores for nutrition supplies is an ongoing constraint. Nationwide, "it is estimated that only 43 per cent of the country's health facilities remain operational" (South Sudan HNO, UNOCH, pg 22). At the end of June 2017 only one OTP at Pultruk was operational in Nyirol County. The end of RRHP funding in June 2016 caused some facilities to close severely restricting the delivery of both nutrition and health services.

Official records from 2016 show Nyirol was hosting an estimated 35,571 IDPs (Health Cluster Target by County 2017 Response). Unofficial estimates from Nyirol local authorities and CMA's on-ground team show a figure of more than 70,000 over the 2016 figure. MEDAIR and CMA assessments from May-Jun 2015 indicated: 65%-75% of adult IDPs were women; IDPs subsisted on wild foods for long periods; influx of IDPs overwhelmed functional nutrition services; and closed facilities left large IDP populations without access to any services. This information demonstrates the heightened vulnerability and suffering experienced constantly by the IDP populations.

Hunger and malnutrition have reached historic levels (South Sudan HRP 2017, UNOCHA pg. 4). The coping mechanisms of vulnerable households have been totally eroded and there is a risk of severe malnutrition if the cereal deficit is not met particularly through the lean season of 2017 (South Sudan HRP 2017, UNOCHA pg. 6). In Jonglei as predicted through assessments of IPCWG, the populations experiencing Phase 3 Crisis, Phase 4 Emergency and Phase 5 Catastrophic has risen sharply since January rise from 40.1 % in the January to 63.1% as of June 2017 (IPC SS May 2017, FEWS Net, pg 4). For Nyirol, the IPC for acute malnutrition stands at Phase 3 serious but deteriorating (IPC SS May 2017, FEWS Net, pg 1).

Factors driving the nutrition crisis include rising food insecurity, high morbidity rates, limited access to safe water and sanitation and declining availability of nutrition services causing the level of acute malnutrition to rise significantly (South Sudan HNO 2017, UNOCH, pg 23). Undernourished children who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities (South Sudan HNO 2017, UNOCH, pg. 23).

Conflict, insecurity and floods affect women, men, boys and girls differently. Men maintain mobility, but IDPs, children U5, and women have restricted movement (South Sudan HNO 2016 UNOCHA pg. 6). Acute malnutrition affects U5 children and PLW most, as well as the elderly and HIV/AIDS and TB patients (South Sudan HNO 2017 UNOCHA pg 23). With long distances to reach nutrition facilities, women and children face immediate risks of violence when attempting to access services. Men can protect themselves, but women and children need protection to access nutrition services.

2. Needs assessment

Critical gaps/needs identified in the Cluster Strategy for SSHF SA2 2017 focus on the need to increase treatment of SAM and MAM for U5 children and PLW, through OTP/TSFP and stabilization centers. The cluster plans to target 60,788 individuals through these interventions (170706_SSHF_2017_SA2_Clusters priorities and requirements).

There are clearly additional needs, especially:

- Need to provide IYFC services;
- Need for micronutrient supplementation in high risk areas;
- Need for monitoring the evolving nutrition situation.

From a SMART Survey conducted in Nyriol County in 2016, the GAM rate for U5s was 17.7% (5.4% SAM, 12.3% MAM) and 21.3% for PLW. The county caseloads were estimated as follows: U5 SAM 3,716, U5 MAM 8,464 and PLW MAM 3,561 (Final Nutrition Cluster HNO Caseload 2017). This data indicates the 2017 caseloads for U5 children and PLW have increased 14% and 25% respectively over 2016 caseloads. CMA's experience from Nyriol during the final quarter of 2016 showed SAM and MAM admissions rose by 62% even in the post-harvest season (CMA Report to UNICEF and WFP). Screening of 1,157 U5 children in February showed a proxy GAM rate of 38.2% (12.1% SAM, 26.2% MAM). This data indicates the Nutrition Cluster estimated caseload is low.

Comparing GAM rates of IDP and host community, MEDAIR's data (2015) from Chuil and Puktruk for U5 children showed a rate of 16.2% for IDPs, and 7.3% for host community. For PLW of IDP households, the GAM rate was 38.7% compared with 16.6% for host population. There is clear need to ensure that IDP families are prioritized for SAM and MAM interventions.

High GAM rate for children 6 – 23 months is partly caused by worms, Vitamin A deficiency and diarrhea due to poor child feeding practices and poor hygiene and sanitation. Further, most families are now relying on wild foods for part of their daily diet, which are less nutritious for children. Delivering vitamin supplementation, de-worming and WASH messages along with OTP and TSFP services is essential. For Nyriol, total 2017 estimated U5 Vitamin A caseload is 26,468, de-worming caseload for children 12-59 months is 21,084 and caseload for IYCF support for PLW is 11,144.

Expanding lifesaving nutrition services for vulnerable U5 children and PLW of unserved IDPs will fill a critical humanitarian gap in Nyriol. The foregoing data demonstrates the priority services needed are: (1) Management of SAM and MAM for U5 children; (2) Management of MAM for PLW; (3) Provision of IYCF-Emergency interventions; and (4) Micronutrient supplementation. With support from UNICEF and WFP, CMA has established two OTP and TSFP units at Pultruk PHCC and Chuil PHCC. These facilities provide nutrition services to only 34% of the total population of Nyriol but reach 66% of IDPs. There is clear need to sustain these services and to scale-up by adding two additional OTP/TSFP facilities to reach the remaining unserved IDPs and host populations who are in greatest need.

To take advantage of cross-sector synergies, nutrition interventions need to be well integrated with health services and also collaborate with FSL fishing-kits delivery, WASH and protection messaging, and referrals for SGBV cases. Even though it is the rainy season, there is need to conduct emergency responses through joint nutrition and health outreaches to locations with large unserved IDP populations not served by static facilities. Due to distance and insecurity, case-finding outreaches and community-based protection measures are needed to ensure IDPs, PLW and children have access to services. This approach will enable effective nutrition monitoring and ensure accountability to affected populations. With SSHF funding support, CMA will sustain current nutrition units and scale-up lifesaving nutrition services to locations where unserved IDP and host populations live.

3. Description Of Beneficiaries

The population in Nyriol County is predominantly Nuer ethnicity, overwhelming rural and whose livelihoods are based on agro-pastoralism. The focus of this project will be on reaching locations where large IDP populations have settled and where nutrition services are not being provided by any other nutrition sector humanitarian actor. At the end of 2016, it was estimated that Nyriol was hosting 35,571 IDPs (Health Cluster Target by County 2017 Response). Recent conflict in Waat and Chuil has caused massive displacements, with the actual number of new IDPs reported to exceed an additional 70,000 individuals (Reported by Local Authorities and CMA's On-ground Team July 2017).

As lead agent for health services in Nyriol, and with assistance from WFP and UNICEF for nutrition programming, CMA has sustained its presence on-ground since the beginning of the current crisis. This has enabled effective collaboration with CHDs and other humanitarian actors operating in Nyriol and enabled CMA to identify the locations of beneficiaries most in need of this project's assistance. The bomas where beneficiaries will be targeted are: Bariak and Pultruk in Pultruk payam; Chuil in Chuil payam; and Pading in Pading payam. These bomas comprise an estimated catchment population of 121,731, 69% of the total population of Nyriol County, and at least 23,533 IDPs, 66% of the county IDP population. The most vulnerable and at-risk populations within these target areas have been identified through CMA's monitoring surveys. The primary target beneficiaries of the project will be the IDPs and those households that are hosting IDPs. The beneficiary populations have been displaced by conflict and insecurity. The target beneficiaries within these households are the vulnerable U5 children and PLW. CMA ensures its programs are accessible to all regardless of race, tribe, gender or religious belief.

Even in non-crisis situations, this population has experienced poor nutrition, related to food insecurity and poor water and sanitation standards. IDP and IDP hosting households are seriously affected by malnutrition and crowded conditions which is causing general increase in morbidity. Men have joined the armed forces (HNO 2015 pg 3) leaving women to maintain households. CMA's personnel estimate that community-wide 50% of households are now women headed, and among IDP households 70% are women headed. The coping mechanisms of these vulnerable households have been totally eroded (South Sudan HRP 2017, UNOCHA pg 6). The target beneficiaries are now coping with IPC 4 Emergency, and conditions continue to deteriorate (IPC SS May 2017, FEWS Net, pg 1). Nyriol has been placed in the group of counties rated as Severity of Need Level 4 (South Sudan HNO 2017, UNOCHA pg 10). CMA's on-ground experience provides the same evidence provided in the HRP - HNO 2017.

The project will sustain static nutrition services at 4 centers attached to PHCCs and PHCUs including establishing one Stabilization center at Pultruk. From these centers, CMA will employ a mobile outreach approach to reach populations where nutrition services have never been provided and where there are concentrations of IDPs. Total individual direct beneficiaries of SSHF support for SAM and MAM treatments will be 3,754 (female – 2,410 and male – 1,344) of which an estimated 1,670 (45%) will be IDPs. Additionally, with the UNICEF PCA support, the total beneficiary children U5 (screened for malnutrition, screened for malaria and receiving Vitamin A supplementation, deworming, IYCF support) will be 13,234 (girls 6,882 and boys 6,352) and total PLW beneficiaries receiving IYCF interventions will be 2,424. The indirect beneficiaries will be U5 children screened, and the caretakers of U5 children receiving IYCF, health, FSL, WASH and protection messages.

4. Grant Request Justification

The critical humanitarian gap this project will fill is the sharply rising caseload of SAM and MAM among U5 children and PLW, especially among IDPs and communities hosting large IDP populations. In Nyirol, CMA's data from its current program shows that SAM and MAM admissions increased by 62% during the final quarter of 2016 even though it was the immediate post-harvest season (CMA Report to UNICEF and WFP). Screening of 1,157 U5 children in the month of February showed a proxy GAM rate of 38.2% (12.1% SAM, 26.2% MAM). Priority services needed are treatment for SAM and MAM of U5 children and MAM of PLW with total beneficiaries of 4,938 and cost per beneficiary of \$59. The funding request to SSHF will allocate 95% of project resources toward delivering these priority life-saving services.

Justification for this project is based the evidence that as a result of the economic and political crisis of the past 3 years, and recent conflicts in Waat and Chuil that has generated a large number of new IDPs, "the coping mechanisms of vulnerable households have been totally eroded and there is a risk of severe malnutrition if the cereal deficit is not met" (South Sudan HRP 2017, UNOCHA pg 6). Further, conflict in GUN region during the past dry season closed the market routes that traditionally supply cereals to this area. Without greatly expanded support for nutrition programming, the lives of many vulnerable children and PLW will be lost.

To address this risk, the proposed project will enable CMA to sustain its current presence in two payams and expand this program to reach two additional payams where needs are greatest. With SSHF assistance, CMA will scale-up SAM and MAM services by fully integrating health and nutrition programming and reaching unserved locations through a robust outreach approach. The proposed project will add two new nutrition centers and establish one new stabilization center at Pultuk. These facilities will serve as bases to deliver the planned case-finding outreaches as well as provide static SC, OTP and TSFP services for a vulnerable population now experiencing IPC Phase 4 Emergency conditions. The SSHF assistance will provide salaries for facility-based and outreach nutrition workers, supplies and materials to establish the SC and two OTP centers, supplies needed to provide robust incentives to facilitate implementation of the outreach model. In this way the SSHF support will leverage the reach of ongoing support from CMA's FLA with WFP for TSFP supplies, and the PCA with UNICEF for OTP supplies and support for malnutrition prevent interventions. The outreach approach will enable the project to adjust to new IDP movements and provide continuity in nutrition interventions.

CMA has worked in Nyirol since 1997 and has established capacity to sustain services in the current crisis. Building on past experience, CMA will deliver nutrition services in a gender sensitive approach that includes training for nutrition workers, mobilizing communities to address gender issues as related to food and nutrition, and awareness on need for protection to enable women, girls and boys to access nutrition services in the context of insecurity and conflict. Drawing on experience, CMA has a designated security focal point, evacuation plans and protocols and clear ground rules to ensure a "do-no-harm" approach. CMA is best placed to manage these security risks. CMA is known and trusted as a competent nutrition service provider by community leaders, local authorities and the CHDs. With this experience, and to effectively utilize the training support provided by the Cluster, CMA will combine the resources of SSHF with WFP and UNICEF support to fill a critical gap and meet the need for nutrition interventions for IDP and host populations. With relevant experience and the on-ground presence, CMA is best positioned to deliver the proposed project.

5. Complementarity

CMA has provided nutrition services in Nyirol County since November 2015 and health services since 1997. For this SSHF funded project, CMA will draw on the lessons learned from past programs to deliver effective services in the current crisis of conflict and economic hardship. Currently, CMA has committed assistance from the WFP FLA and is well into the process of extending its PCA with UNICEF for nutrition services, and with RRHP II for health services. These agreements form the funding foundation for a complementary approach in delivery of SSHF's nutrition sector assistance.

Complementarity in Populations Reached: Ongoing support from UNICEF and WFP support static services delivered from two nutrition units established at functional PHCCs at Pultruk and Chuil. The SSHF project will add two new nutrition units at established PHCUs of Bariak and Pading and provide nutrition outreach teams to conduct outreaches targeting locations where new IDPs are concentrated and not reached by any nutrition service provider. Outreaches are planned at the rate of 4 per month from the PHCC nutrition facilities, with flexible capacity to increase this number should acute malnutrition become more severe. The SSHF project will enable delivery of lifesaving nutrition services to a much larger population of the most vulnerable IDP and host community populations within the targeted payams.

Complementarity within Nutrition Sector: Resources from UNICEF PCA provide support for OTP for U5 children from static units, IYCF, Vitamin A supplementation and deworming, while the WFP FLA provides support for TSFP for U5 children and PLW, also from static units. The assistance from SSHF will enable the scale up of the most urgently needed OTP and TSFP services by adding human resource capacity to manage increased incidence of SAM and MAM and increase case-finding outreaches, while the UNICEF PCA will continue providing the preventative IYCF, Vitamin A supplementation and deworming support. The SSHF project will add the stabilization center at Pultruk, provide stores and facilities at two new sites to complete the most needed set-up for delivery of nutrition services. The combination of strong outreach and increased human resource capacity will also enable strengthened monitoring of the nutrition situation especially in unreached locations.

Complementarity Across Sectors (Nutrition - Health – WASH – Protection - FSL): The SSHF funded nutrition services will be delivered fully integrated with health services at the level of static services and outreach services achieving efficiency and effectiveness of the integrated approach and related synergy and complementarity. Further, from both the static services and outreach services, WASH messages and protection awareness will be constantly delivered through community promotion, meetings with affected populations and IEC sessions. FSL fishing kits can also be delivered when available. Further, CMA will engage with other humanitarian actors in Nyirol County and through these channels CMA will ensure effective and timely coordination with all humanitarian actors delivering programs in the targeted locations of this project. The functional PHCCs where nutrition units will be established all have effective working relationships with local authorities and community leaders. Chuil and Pultruk have and well-maintained landing strips, while the Pading landing strip needs rehabilitation and Bariak will be reached by road. These attributes and assets will provide ideal bases for the delivery of more complete WASH, FSL, BSFP and other emergency assistance whenever other humanitarian partners can avail their sectoral assistance to the areas covered through this project.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the project is to save lives of U5 children and PLW suffering SAM and MAM in payams not being adequately served in Nyirol County. The specific project objectives are to:

1. Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.
2. Increase access to integrated programs preventing under nutrition for the most vulnerable and at risk children and ensure enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of emergency nutrition response.
3. Increase access to safe and integrated nutrition, FSL, health and WASH responses in payams with critical levels of acute malnutrition.

The project will help sustain two current nutrition facilities, add a SC in Pultruk and scale up service delivery of OTP and TSFP in two additional locations (Bariak and Pading) in Nyirol County. Current facilities are at Pultruk and Chuil PHCCs. From these 4 static facilities, the project will be mainly focused on life-saving treatment of SAM and MAM, but also promote malnutrition prevention (IYCF-E) along with WASH messages, provision of vitamin A supplementation and deworming.

The project will mainly be implemented in the rainy season. Historically this has provided a time of relative peace from major conflict. The project will utilize the period of relative period of peace to implement integrated responses employing joint nutrition case finding and health outreaches to unserved IDPs and deliver protection, WASH and FSL messages to schools and communities along with nutrition and health promotion messages. In the context of constant insecurity, through the outreaches to locations of new IDPs and vulnerable households, project personnel will actively seek the victims of SGBV, refer these vulnerable victims to health facilities for CMR and SGBV services and advocate among community leaders for community-based protection measures that will ensure IDPs, PLW and children have unimpeded access to nutrition services. The project will support community awareness raising and advocacy to help communities reduce the risk of GBV. This approach will also enable effective nutrition monitoring and ensure accountability to affected populations. Where feasible CMA will collaborate with FSL programs for delivery of fishing kits, vegetable seeds and tools.

Important cross-cutting themes will be (1) mainstreaming gender equality; (2) accountability to affected populations; and (3) protection of vulnerable populations. By engaging men and women leaders of host and IDP communities, the project will ensure that gender, accountability and protection are integrated into nutrition service delivery. Feedback from outreaches and regular meetings with host community and IDP leaders will be applied in ongoing programming. Guidelines from the Nutrition Cluster on gender mainstreaming and protection are important resources for training personnel and for designing nutrition interventions for gender and protection. Tools prepared by IASC to ensure accountability to affected populations will be critical references for CMA. In the context of constant insecurity, the economic crisis now forms an additional risk. To manage these risks, CMA will: (1) strive to maintain a one month stock of essential nutrition supplies; (2) maintain good relationships with local authorities and leaders as they are best placed to provide security of personnel and supplies in an emergency.

Complementarity will be achieved as the nutrition program will be fully integrated with CMA's health services and by coordinating and collaborating closely with other humanitarian actors delivering WASH, protection and FSL projects. Currently, CMA is in the process of finalizing a new PCA with UNICEF for nutrition program into 2018. The current FLA with WFP ends in December 2017. Presently, conflict/insecurity is not impeding access to Nyirol.

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	90
Increase access to integrated programmes preventing under nutrition for the most vulnerable and at risk.	SO2: Protect the rights and uphold the dignity of the most vulnerable	5
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	5
<p>Contribution to Cluster/Sector Objectives : The project will be implemented in Nyirol County rated as IPC 4 Emergency (IPC SS May 2017, FEWS Net, pgs 4). While the Health Cluster estimated a total of 35,541 IDPs in Nyirol at the end of 2016, recent reports from local authorities indicate the 2017 conflicts in Waat and Chuil have added as many as 70,000 new IDPs to the 2016 totals. Three payams will be covered with 4 OTP facilities and 1 SC. These payams comprise an estimated 69% of the total population of Nyirol County, and 66% of the IDP population. Caseload estimates are as follows: U5 SAM 3,716, U5 MAM 8,464 and PLW MAM 3,561 (Final Nutrition Cluster HNO Case Load 2017).</p> <p>Project objective 1 will deliver quality lifesaving management of acute malnutrition targeting the most vulnerable and at risk girls and boys 6-59 months and PLW. The following targets will be achieved: U5 SAM – 854, U5 MAM – 1,945 and PLW MAM – 955 individuals. In the 6 month period of the project, planned coverage of these life-saving nutrition interventions is 30% of Nyirol’s total U5 SAM and U5 MAM caseloads and 35% of PLW caseload. The total SA2 Cluster target beneficiaries for SAM and MAM interventions is 60,788 (170706_SSHF_2017_SA2_Clusters priorities and requirements). This project will contribute at least 8% of the Cluster’s target.</p> <p>To achieve this objective, the project will provide human resources, in-service training for these workers and 18 health workers, and support to facilitate a robust nutrition outreach approach to areas where large IDP populations have settled but not being served by any nutrition partner. The project will conduct screening (including screening of U5 children for malaria and provide iron folate for PLW) and treatment services both from the static sites and through outreaches. To achieve gender equality in opportunity to access nutrition services, communities will be organized to protect vulnerable women and children so they can consistently access nutrition services. The nutrition services of this project will be fully integrated with CMA’s health services in the same locations sharing human, facilities and transportation resources. Demonstrating the high priority of this objective, at least 95% of activity and budget are allocated to its implementation. These interventions will deliver on SA1 CO1 and contribute significantly to the cluster’s beneficiary targets.</p> <p>Project objective 2 will be supported through CMA’s PCA with UNICEF to increase access to integrated programs preventing under nutrition. SSHF support will focus on enhancing needs analysis of nutrition situation, monitoring and coordination of emergency nutrition response. And project objective 3 will Increase access to safe and integrated nutrition, FSL, health and WASH responses in payams with critical levels of acute malnutrition. CMA’s PCA will include increasing coverage of Vitamin A supplementation and deworming children and delivery of IYCF-E interventions. SSHF support will provide for a SMART survey and sharing monthly nutrition reports with collaborating humanitarian actors, and increasing coordination/integration with health, FSL and WASH programming. These activities will deliver on the cluster’s strategy of enhancing complementarity and coordination and cross-sector integration.</p> <p>CMA is in the process of extending its PCA with UNICEF to continue providing supplies and personnel salaries for OTP SAM services, the prevention of malnutrition including IYCF, Vitamin A supplementation, deworming, and promotion of WASH messages. Further, CMA has a FLA with WFP for TSFP for U5 MAM and PLW MAM services. The funding support from SSHF will complement UNICEF and WFP resources to enable the scale-up of U5 SAM and MAM and PLW MAM services and complete the implementation of this project and deliver on the clusters strategy of leveraging funding resources.</p>		
Outcome 1		
Expected project outcome is the lives of U5 children and PLW suffering SAM and MAM saved in payams not being adequately served in Nyirol County.		
Output 1.1		
Description		
Quality lifesaving management of acute malnutrition delivered for the most vulnerable and at risk.		
Assumptions & Risks		
<p>Assumptions: that CMA can sustain functional nutrition facilities and deliver nutrition services integrated with health services from static facilities and to use static facilities as bases for mobilizing nutrition outreaches to access areas and IDP populations where nutrition services are most needed; and that CMA can recruit and sustain personnel for delivery of nutrition services in the context of insecurity and the economic crisis; and that target populations especially PLW, U5 children and elderly can be protected and freely access services; and that CMA can access sufficient of nutrition supplies to meet the needs of SAM and MAM patients.</p> <p>Risks: Political unrest/conflict and the economic crisis will disrupt delivery of project materials and inputs, and deployment of personnel in unserved areas; localized insecurity could disrupt project delivery of outreach services; and prevent populations from accessing services especially in IDP and woman headed household circumstances.</p> <p>To mitigate this risk, CMA will procure materials and inputs in advance of utilization, and CMA will engage leaders of affected populations and host communities in community-based assessments for delivery of static nutrition and outreaches services, and apply the “do-no-harm” approach to reduce the potential for conflict. CMA will mobilize community-based protection committees to ensure vulnerable persons especially PLW and U5 children have access to needed services. Further, CMA will focus recruitment and training on skilled South Sudanese personnel and sensitize personnel to the stress and trauma experienced by target populations.</p>		
Indicators		

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline] Number of nutrition sites providing integrated OTP and TSFP services in the same site					4
Means of Verification : CMA quarterly project reports							
Indicator 1.1.2	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs					40
Means of Verification : CMA quarterly project reports							
Indicator 1.1.3	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.					25
Means of Verification : CMA quarterly project reports							
Indicator 1.1.4	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			410	444	854
Means of Verification : CMA quarterly project reports							
Indicator 1.1.5	NUTRITION	[Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services					75
Means of Verification : CMA quarterly project reports							
Indicator 1.1.6	NUTRITION	[Frontline] Percentage of SAM children defaulted (defaulter rate) out of the total discharged from TFP (OTP/SC)					15
Means of Verification : CMA quarterly project reports							
Indicator 1.1.7	NUTRITION	[Frontline] Percentage of SAM discharged died (death rate) out of the total discharged from TFP (OTP/SC) services					3
Means of Verification : CMA quarterly project reports							
Indicator 1.1.8	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			934	1,011	1,945
Means of Verification : CMA quarterly project reports							
Indicator 1.1.9	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		955			955
Means of Verification : CMA monthly project reports.							
Activities							
Activity 1.1.1							
rehabilitate outpatient units and supply stores for OTP and TSFP nutrition services.							
Activity 1.1.2							
provide community-based nutrition workers to deliver OTP and TSFP services from static sites and outreaches.							
Activity 1.1.3							
provide in-service training for nutrition personnel on the vulnerability of targeted affected populations and on gender, trauma, GBV sensitivity, the risk of patients in the IDP context and the referral pathway for GBV survivors.							
Activity 1.1.4							
establish complaint and feedback mechanisms in nutrition sites at Pultruk, Bariak, Pading and Chuil nutrition sites.							
Activity 1.1.5							
raise awareness and provide information on beneficiaries on their rights and entitlement in the nutrition sites in targeted locationS.							
Activity 1.1.6							
involve communities in design, implementation, monitoring and evaluation of nutrition project interventions in targeted sites.							
Activity 1.1.7							
admit children into OTP for SAM treatment including malaria testing							
Activity 1.1.8							
admit children into TSFP for MAM treatment.							
Activity 1.1.9							
admit PLW into TSFP for treatment of MAM.							
Output 1.2							

Description							
Increased access to integrated programs preventing undernutrition including community screening, and delivery of protection, health, nutrition and WASH messages and SMART surveys.							
Assumptions & Risks							
Assumptions: that localized insecurity will not prevent community outreach approach to deliver screening activities, Vitamin A and de-worming services, IYCF, nutrition and WASH messages, and SMART surveys and that the PCA with UNICEF will be extended, and that the CMA will retain management and M&E personnel to complete the analysis of data and reporting in a timely manner.							
Risks: Localized conflict could prevent implementation of outreaches intended to deliver screening activities and prevent the project from delivering other lifesaving services.							
To mitigate these risks, CMA will recruit and train local nutrition workers and engage local leaders and mother-to-mother support groups to assist in screening activities.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			1,344	1,455	2,799
Means of Verification : CMA monthly project reports							
Indicator 1.2.2	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					5
Means of Verification : CMA monthly project reports							
Indicator 1.2.3	NUTRITION	[Frontline] Number of pre and post SMART surveys undertaken					1
Means of Verification : CMA monthly project reports							
Indicator 1.2.4	NUTRITION	Number of monthly reports submitted on time					6
Means of Verification : CMA monthly project reports.							
Activities							
Activity 1.2.1							
screen malnourished U5 girls / boys ensuring IDP, women headed households are reached and refer SAM and MAM cases for treatment							
Activity 1.2.2							
provide in-service training of nutrition and health workers on delivery of protection, health, nutrition and WASH messages							
Activity 1.2.3							
deliver protection, health, nutrition and WASH messages through outreaches routinely at OTP and TSFP centers							
Activity 1.2.4							
mobilize and train mother to mother support groups on protection, health, nutrition and WASH messages, and integrate men in awareness raising							
Activity 1.2.5							
conduct SMART survey in area prioritized with GAM and SAM above emergency thresholds undertaken by a professional in the field of nutrition monitoring and assessment and a sample size targeting at least 600 respondents.							
Activity 1.2.6							
conduct monitoring and prepare regular monthly and quarterly reports that analyze and report results of SAM and MAM program data on a monthly basis to nutrition cluster partners and humanitarian actors, including analysis of impacts on affected populations							
Output 1.3							
Description							
Access to integrated nutrition, health, FSL and WASH responses increased.							
Assumptions & Risks							
Assumptions: that ongoing conflict, insecurity and economic crisis will not prevent humanitarian partners from delivering their programs and coordinating activities with one another, and that CMA can access areas and IDP populations where nutrition services are most needed; and that populations especially PLW, U5 children and elderly can access services; and that CMA can access sufficient inputs and supplies to deliver the integrated program.							
Risks: localized insecurity could disrupt delivery of health and nutrition services and the economic and political crisis could break the supply chain and disrupt the standard liaison and consultation forums among humanitarian actors necessary for successful implementation of the integrated program.							
To mitigate this risk, CMA will engage leaders of affected populations and host communities in community-based assessments for delivery of nutrition and health services, and apply the "do-no-harm" approach to reduce the potential for conflict. CMA will procure materials and inputs in advance of utilization, and engage with coordination forums/meetings at the county and federal levels to ensure requisite coordination can be implemented.							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	Number of nutrition sites delivering services integrated with health services					4
Means of Verification : CMA quarterly project reports							
Indicator 1.3.2	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					80
Means of Verification : CMA quarterly project reports							
Activities							
Activity 1.3.1							
deliver nutrition services integrated with health services, from shared facilities, and utilizing common transport and equipment and deliver health, WASH and nutrition education through community outreaches and from static nutrition sites							
Activity 1.3.2							
community nutrition workers deliver protection, health, WASH and nutrition education through community outreaches							
Additional Targets :							

M & R

Monitoring & Reporting plan

The baseline for this project has been derived from Nutrition Cluster estimates for populations and SAM and MAM caseloads within the targeted catchment areas of Nyirol County. CMA will use the following tools to monitor project activities: (1) Focused community surveys to monitor protection, impacts of awareness outreaches and IDP access to nutrition facilities; (2) Community nutrition screening to monitor rates of SAM and MAM, including SAM with medical complications; (3) Reports on regular consultations with affected populations (host community, IDP, vulnerable women, girls and boys) to ensure participation in planning and monitoring the program, access to services, implementation of a complaints mechanism and awareness on complaints process, and ensure a system of representation of affected populations is in place; (4) Monthly nutrition reports from each nutrition site and screening and case-finding outreaches to locations of vulnerable populations; (5) Monthly activity reports from nutrition units providing data not included in the monthly nutrition reports; (6) Quarterly project reports to donors; (7) Quarterly field monitoring and evaluation reports.

Project reports will provide assessment of planned versus actual output results using the indicators identified in the logical framework, and data disaggregated on the basis of gender and age. To monitor output achievement, the County Nutritionist will ensure each nutrition site will collect data on SAM and MAM treatments of U5 children, number of referrals of SAM with medical complications, MAM treatment of PLW, data from screening U5 children and PLW using the MUAC technique, participants in nutrition promotion, FSL, WASH, health and protection message sessions, and mortality data from treatment services. This data will be analyzed at the PHCC level, and worsening trends in malnutrition will be investigated, and crisis and catastrophic situations will be responded to rapidly. The CMA Nutrition Coordinator and County Nutritionist will conduct the monitoring visits to the sites delivering CMAM services at least once per quarter, and more frequently if required. These personnel will work together to complete the monthly reports and the compilation of this data into the quarter and final reports. When results are unsatisfactory, CMA's Medical Program Manager with the Nutrition Coordinator will ensure that measures are taken to improve performance. In relation to outcome monitoring, the M and E Specialist will lead the analysis of information gathered through the community surveys and meetings and consultations with affected populations, communities and local authorities, etc. Results of this analysis will be used by CMA for review of strategies and approaches to delivery of nutrition services in the current crisis, and for future planning and application at the county level. CMA will share reports and compare nutrition data with other partners.

In order to plan appropriate and timely responses to any worsening nutrition emergencies, CMA will constantly monitor changes in local conditions that may affect the implementation of nutrition services (movement of IDPs, conflict and displacement due to hunger, etc.). If an unusual trend or crisis is detected, CMA is well placed to inform the Nutrition Cluster, UNICEF, WFP and other agencies, so that complementary, consistent and coordinated responses can be carried out.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: rehabilitate outpatient units and supply stores for OTP and TSFP nutrition services.	2017								X	X			
	2018												
Activity 1.1.2: provide community-based nutrition workers to deliver OTP and TSFP services from static sites and outreaches.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.3: provide in-service training for nutrition personnel on the vulnerability of targeted affected populations and on gender, trauma, GBV sensitivity, the risk of patients in the IDP context and the referral pathway for GBV survivors.	2017								X	X		X	X
	2018												
Activity 1.1.4: establish complaint and feedback mechanisms in nutrition sites at Pultruk, Bariak, Pading and Chuil nutrition sites.	2017								X	X			
	2018												

Activity 1.1.5: raise awareness and provide information on beneficiaries on their rights and entitlement in the nutrition sites in targeted locationS.	2017								X	X	X	X	X
	2018												
Activity 1.1.6: involve communities in design, implementation, monitoring and evaluation of nutrition project interventions in targeted sites.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.7: admit children into OTP for SAM treatment including malaria testing	2017								X	X	X		X
	2018	X											
Activity 1.1.8: admit children into TSFP for MAM treatment.	2017								X	X	X	X	X
	2018	X											
Activity 1.1.9: admit PLW into TSFP for treatment of MAM.	2017								X	X	X	X	X
	2018	X											
Activity 1.2.1: screen malnourished U5 girls / boys ensuring IDP, women headed households are reached and refer SAM and MAM cases for treatment	2017								X	X	X	X	X
	2018	X											
Activity 1.2.2: provide in-service training of nutrition and health workers on delivery of protection, health, nutrition and WASH messages	2017								X	X		X	X
	2018												
Activity 1.2.3: deliver protection, health, nutrition and WASH messages through outreaches routinely at OTP and TSFP centers	2017								X	X	X	X	X
	2018	X											
Activity 1.2.4: mobilize and train mother to mother support groups on protection, health, nutrition and WASH messages, and integrate men in awareness raising	2017								X	X	X	X	X
	2018	X											
Activity 1.2.5: conduct SMART survey in area prioritized with GAM and SAM above emergency thresholds undertaken by a professional in the field of nutrition monitoring and assessment and a sample size targeting at least 600 respondents.	2017											X	X
	2018												
Activity 1.2.6: conduct monitoring and prepare regular monthly and quarterly reports that analyze and report results of SAM and MAM program data on a monthly basis to nutrition cluster partners and humanitarian actors, including analysis of impacts on affected populations	2017								X	X	X	X	X
	2018	X											
Activity 1.3.1: deliver nutrition services integrated with health services, from shared facilities, and utilizing common transport and equipment and deliver health, WASH and nutrition education through community outreaches and from static nutrition sites	2017								X	X	X	X	X
	2018	X											
Activity 1.3.2: community nutrition workers deliver protection, health, WASH and nutrition education through community outreaches	2017								X	X	X	X	X
	2018	X											
OTHER INFO													
<u>Accountability to Affected Populations</u>													

The project will be implemented in collaboration with local authorities, host community leaders, and the leaders of IDPs to ensure their inclusion in program decision-making. These structures will enable affected populations to participate in planning, implementing and monitoring the delivery of all emergency nutrition services. CMA's on-ground teams will work actively to engage the local leaders, to mobilize communities to receive nutrition services and engage groups of IDPs by conducting monthly meetings to report on nutrition programming and to obtain feedback from local populations. Through these regular consultations with affected populations (host community, IDP, vulnerable women, girls and boys), will have the opportunity to effectively participate in planning and monitoring the program, access to services, raise awareness on their entitlements for access to nutrition services, the complaints process and complete the full implementation of the complaints mechanism. CMA's on-ground teams will ensure that affected populations are aware and able to utilize the complaints mechanism by putting into practice the minimum principles of transparency, communication and provision of information linked to the complaints mechanism, and conducting meetings with target populations to obtain their feedback. These measures will ensure an effective system of representation of affected populations is in place.

Nutrition case-finding outreaches and MUAC screening that reach IDP populations and women headed households will be conducted throughout the duration of the project to ensure that these populations are included in planning nutrition services and are able to access the facilities delivering nutrition services. Additional promotion and awareness on IYCF (with UNICEF assistance) and WASH messages will be carried out to ensure care-takers of children 6-23 months can access these services. The structures noted above will be engaged for the purpose of ensuring accountability for project delivery and improving nutrition outcomes.

Further, the project will promote community-based strategies and practices among affected populations to provide protection for the most vulnerable community members (children and PLW, especially IDPs). The project will engage men and women leaders of affected populations to take responsibility for the maintenance and protection of nutrition stores and facilities, and for mobilizing protection for disadvantaged and vulnerable populations, so that they have access to nutrition services.

The CMAM Field Supervisors as leader of the facility based nutrition program will be responsible for organizing and coordinating the engagement of the targeted communities. This person will report to CMA's County Nutritionist and Nutrition Coordinator on each monthly meeting or more frequently if required so that community feedback is available for management decision making. Further, the Nutrition Coordinator will regularly (at least once per quarter) visit and supervise the nutrition program, and during these supervisory visits, the Nutrition Coordinator will conduct meetings with local leaders of host and IDP communities, and local authorities to ensure robust monitoring, and effective implementation of the complaints mechanism so as to achieve effective accountability to the populations being served.

To adhere to the principles of "Do-No-Harm", the project will strive to deliver services in a balanced manner so that IDP and host community populations and all persons regardless of ethnicity will have equal access to nutrition services. To achieve this balance, CMA will implement a strong program of awareness promotion so that as far as feasible all who need nutrition services will have access to them.

Implementation Plan

CMA will implement this project in full integration with health services, with additional assistance from UNICEF and WFP, and with the participation of local community-based groups and local authorities. No other NGOs or contractors will be subcontracted to deliver this project.

The project will be headed by the Country Director and Medical Program Manager, experienced in delivering nutrition services in the context of conflict in South Sudan. The Country Director and Medical Program Manager will hold the responsibility for overseeing the field teams and ensure effective integration in the delivery of health and nutrition activities at both static facilities and the nutrition outreaches. The Country Director and Medical Program Manager will work with the Nutrition Coordinator to deliver field activities and assigned duty stations of personnel in order to ensure sufficient gender balance are located where most needed and ensure that nutrition facilities are provided with the requisite OTP, TSFP inputs and other supplies and equipment etc.

Each site nutrition team will be comprised of CMAM Field Supervisor, Nutrition Assistant and community-based nutrition workers and support personnel and supported by the County Nutritionist. These personnel positions will be filled by South Sudanese nationals. The County Nutritionist and facility-based CMAM Field Supervisors will lead in delivery of both static and outreach nutrition services, and supervise community-based nutrition workers and support personnel of static facilities and those implementing nutrition outreaches. At the community level, positions will be targeted to be filled by skilled women national personnel in order to achieve gender balance. CMA will ensure the nutrition teams are mobilized along with health teams so they have capacity to reach IDPs in locations without access to nutrition facilities.

A Supply Chain Manager will be responsible for procuring and delivering all supplies necessary to maintain the program and ensure that required building materials and supplies are procured and delivered to the sites where required in order to complete the construction and maintenance of nutrition facilities, and to mobilize the outreach teams.

CMA has gained experience working in the nutrition sector in collaboration with MEDAIR and ACF, and through the UNICEF PCA assistance and participation in the Nutrition Cluster. It has become familiar with and able to apply the protocols, policies, strategies and practices directed by government in the nutrition sector. The features that are important for coordination with other nutrition sector humanitarian actors will be:

- (1) Ensuring that through case-finding outreaches, screening surveys, and nutrition outreaches, the project will reach the populations most vulnerable in the current emergency, and implement the outreach services to special at-risk populations with no access to nutrition services;
- (2) Participating actively in county-based forums to ensure this project is delivering services in complement to other county and state level humanitarian services providers, and to make focused effort to reach populations not otherwise served;
- (3) Ensuring the nutrition inputs are pre-positioned and available throughout the emergency.

At the national level, CMA will coordinate with other nutrition service stakeholders ensuring an adequate exchange of knowledge and information on present and emerging nutrition crisis with peer organizations and networking bodies specifically, the Nutrition Cluster, UN agencies (UNICEF, WFP, UNOCHA, UNDP) and donor agencies (SSHF, RRF, IMA World Health) through meetings, participating in committees and sharing of annual reports and lessons learned. Similarly, the project will endeavor to link the described nutrition services with emergency preparedness and response through effective utilization of EWARN.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
County Health Department	Overall guidance on the delivery of health and nutrition services. Linking agencies delivering nutrition services in Nyiról County and coordinating distribution of nutrition coverage, surveillance, planning, and distribution of nutrition supplies.
County Health and Nutrition Forum	Planning and reporting response to health and nutrition crisis, determining and filling gaps, especially monitoring SAM, detecting and filling gaps in coverage of nutrition services.
UNICEF	Funding partner for OTP supplies, and for the delivery of IYCF, Vitamin A and deworming.
WFP	Funding partner for TSFP supplies and implementation

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

CMA's experience in Nyiról County dates back to 1997 implementing health, nutrition, food security and livelihoods assistance for the blind and reproductive health programming. CMA's experience shows that the drivers of the current nutrition crisis are economic decline, conflict and insecurity and the cessation of RRHP assistance from June 2016. These crisis drivers affect women and men, and boys and girls differently. Risks are higher for IDPs in the context of constant population movements. The Situation Overview Jonglei State published by REACH dated May 2017 (pg 2) indicates that 73% of settlements now host IDPs in Nyiról County. The same publication (pg 7) notes that SGBV is cited as the main protection issue for women. Comparing GAM rates of IDP and host community, MEDAIR's data (2015) from Chuil and Puktruk for U5 children showed a rate of 16.2% for IDPs, and 7.3% for host community. For PLW of IDP households, the GAM rate was 38.7% compared with 16.6% for host population. The need to reach households hosting IDPs is clear.

In consultation with IDP and host community leaders, CMA has gained an understanding of the differential needs of women, men and children in the IDP and host populations contexts. Men have remained mobile, and able to access nutrition services. Most women, girls and boys access nutrition services at considerable risk and often need protection. Women headed households, both IDP and host community, are particularly vulnerable. CMA has designed nutrition program delivery strategies that include case-finding outreach activities to ensure equality of opportunity to access nutrition services. CMA has also ensured that project personnel are sensitized to gender issues and skilled to apply gender equity principles in their approach to nutrition service delivery. CMA has conducted needs analysis with the participation of men and women of IDP and host communities. This has enabled gender to be mainstreamed into the planning of project objectives, outcomes, outputs and activities.

Specific measures to identify different needs of men, women, boys and girls and integrate gender into ongoing planning, implementation and monitoring of nutrition service delivery include: (1) training of gender balanced teams of nutrition workers to deliver services with gender sensitivity and always with dignity toward patients; (2) collecting data always disaggregated on the basis of gender; (3) engaging men and women leaders to take responsibility for mobilizing vulnerable populations (IDPs, children, adolescent girls, women) to seek services, and to protect these populations so they have equal opportunity to access facility-based nutrition services; (4) providing nutrition services to men, women, girls and boys without gender bias and conduct outreach to IDP and women headed households to ensure the most vulnerable men, women, boys and girls receive available services; (5) providing gender training and awareness along with nutrition education, FSL and WASH messages to men and women of IDP and host communities to raise awareness on the vulnerability of children, girls and women; (6) and engage men and women leaders of host communities and IDPs in planning interventions, monitoring impacts and revising service delivery as required.

Through these measures, CMA will make significant contributions toward gender equality in the delivery of this project.

Protection Mainstreaming

In the current context of the project areas, the main threats to personal safety are the conflict between the armed forces of the government and opposition force (rebels), conflict between host community members and IDPs, and sexual and gender based violence targeting women and adolescent girls. The Situation Overview Jonglei State published by REACH dated May 2017 (pg 2) indicates 73% of settlements now host IDPs in Nyiról County. The same publication (pg 7) notes that SGBV is cited as the main protection issue for women. Households headed by women, especially IDP households head by women are particularly vulnerable to SGBV. These threats to personal safety are a direct restriction on their access to nutrition services.

The specific measures planned in this project to mainstream protection are:

- (1) raising awareness among men, women, boys and girls on the prevalence of SGBV and ensuring all nutrition personnel know the treatment referral pathway for victims of SCBV and the location of health facilities that provide MISP and MHPSS for victims of SGBV and MHPSS for all those affected by the trauma of conflict and displacement;
- (2) promoting community-based approaches and practices encouraging communities to organize committees empowered to protect and assist vulnerable persons to access nutrition facilities whenever needed;
- (3) delivering a balanced approach to static nutrition services and outreach nutrition services so that host communities and IDPs have equal access to the benefits of nutrition services as a measure to reduce/eliminate conflict between IDPs and host communities;
- (4) raising awareness among men and women leaders of host and IDP communities on the vulnerability of boys targeted for conscription into armed forces;
- (5) engaging community leaders, IDP leaders and local authorities to organize themselves to protect community assets like nutrition stores and facilities from destruction or looting by armed forces, and to advocate for peace between the armed forces and the community.

As part of the integration of nutrition services with health services, CMA will provide the basic package of services for the management and dignified treatment of sexual assault and violence that will include counseling and MHPSS as measures to support victims of SGBV and also to encourage abused women and girls to report exploitation, abuse and SGBV as the first necessary step to stemming SGBV.

Country Specific Information

Safety and Security

CMA has established safety and security plans for each site where re-locatable personnel are assigned including personnel who work in, or transit through Juba. These plans are based on UNDSS recommendations as well as InterAction's Minimum Operating Security Standards.

The purpose of CMA's safety and security plans are to:

- (1) Guide the activities and behavior of employees working in project areas and as far as possible help them avoid security risks and prevent them from inadvertently putting themselves at risk;
- (2) Protect employees in the event of conflict, and as far as possible, define the conditions, responsibilities and operating procedures for safety while working in project areas and when required, to safely evacuate from locations in conflict.

CMA has an officer located in the field who holds primary responsibility for the development and update of security and evacuation plans for each site and for office personnel in Juba. This officer works under the supervision of CMA's South Sudan management team (Country Director and Medical Program Manager) to set overall guidelines and operating procedures for the safety and security of employees and authorized visitors. CMA constantly monitors the security context to ensure full awareness of any potential for conflict fare-up.

All sites including the Juba office site have a common security handbook to guide employees on personal safety, and which provides standard operating procedures for employees and the officers responsible for implementing security practices and executing evacuations. CMA has established county and site specific security and evacuation plans which give details on specific procedures and required practice, and priority secure destinations for the protection and safe evacuation of personnel. These plans are designed to take into account the seasonal changes in plausible escape routes, and site specific variables that impose upon evacuation plans. These plans are reviewed and updated annually or more frequently if factors change substantially. The designated officer is also responsible for verifying that all personnel are trained and prepared for both personal safety and security while working in the field and for evacuation in the case of insecurity and conflict.

Access

Currently, there are no access restrictions on the targeted project locations in Nyirol County. The Chuil location was a restricted area during May and June 2017. However, recent reports indicate security has normalized in this location. CMA has delivered humanitarian programming in Nyirol County since 1997, and is experienced in delivering nutrition services from the logistical base-station of Juba. CMA is well known in the community, and by the local authorities. When security challenges do arise, local authorities have been able to intervene so that CMA could continue service delivery. CMA intends to sustain these good relationships recognizing that these relationships are critical to enabling continued operation in Nyirol County and in the specific locations targeted. Access to all parts of the project target area is by charter air carriers or UNHAS only. CMA has longstanding good partnerships with critical air service providers, specifically AIM Air, MAF and Samaritan's Purse, as well as UNHAS. Delivering this project requires that CMA sustains good operating relationships with these air service providers.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Medical Program Manager	S	1	4,200.00	4	20.00	3,360.00
	<i>Medical Program Manager, South Sudan [Supervise field planning and implementation, supervise field personnel performance, monitor budget utilization, output achievements and compile reports] [fte 20% is based on proportion of this project budget of the total estimated country program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]</i>						
1.2	Nutrition Programme Coordinator, South Sudan	D	1	3,080.00	6	50.00	9,240.00
	<i>Lead field program planning and implementation, supervise field personnel performance, monitor budget utilization, output achievements and compile reports] [50% fte on the project] [cost based on monthly salary and benefits (social security, medical and life insurance cover) plus upkeep while in the field]</i>						
1.3	County Nutritionist Nyirol	D	1	1,540.00	6	60.00	5,544.00
	<i>Lead in delivering field activities, training health personnel on treatment for SAM and MAM, integrating nutrition into health services, supervise treatments, CNWs and CNVs in delivery of case finding, IYCF practices, promotion of nutrition and WASH messages, 1 Nutritionist / county, (cost based on 60% fte for the project inclusive of monthly salary and benefits (social security, medical and life insurance) plus upkeep while in the field)</i>						
1.4	Nutrition Nurse Nyirol	D	1	1,000.00	6	100.00	6,000.00
	<i>Lead in providing nutrition services at Stabilization Centre caring for severely malnourished on inpatient basis (1 Nutrition Nurse at SC) (cost based on 100% fte for the project inclusive of monthly salary and benefits (social security, medical and life insurance) plus upkeep while in the field)</i>						
1.5	CMAM Field Supervisors	D	4	840.00	6	50.00	10,080.00

	<i>Lead in delivering nutrition services from OTP centers and supervise Nutrition Assistants including case finding outreaches to IDP populations and PHCUs, follow-up on cases, IYCF promotion, micronutrient distribution and WASH messages (cost based on monthly salary inclusive of benefits and for 1 CMAM Supervisor for each of 4 OTP centers where IDPs are concentrated at 75% fte) plus incentives for outreaches and upkeep while in the field</i>							
1.6	Nutrition Assistants	D	4	580.00	6	50.00	6,960.00	
	<i>Support CMAM Supervisors to deliver nutrition services from OTP centers and for outreaches teams including case finding outreaches to IDP populations and PHCUs, follow-up on cases, IYCF promotion, micronutrient distribution and WASH messages (cost based on monthly salary inclusive of benefits and for 1 nutrition assistant for each of 4 OTP centers and outreaches where IDPs are concentrated at 50% fte) plus incentives for outreaches and upkeep while in the field</i>							
1.7	Community Nutrition Volunteers / Workers	D	16	310.00	6	60.00	17,856.00	
	<i>Community nutrition volunteers / workers deliver nutrition services at field level including case finding, follow-up on cases, support nutrition surveys and monitoring (cost based on salary for volunteers 4 CNVs/CNWs for each of 4 OTP centers including outreach to where IDPs are concentrated at 50% fte) plus incentives for outreaches</i>							
1.8	Logistics Assistants	D	4	290.00	6	40.00	2,784.00	
	<i>Logistics Assistants support delivery of nutrition services and secure nutrition supplies (cost based on salary inclusive of social security benefits, 1 persons for each of 4 OTP centers IDPs are concentrated at 40% fte)</i>							
1.9	Facility-based Support Personnel (Casuals and Guards)	D	8	225.00	6	60.00	6,480.00	
	<i>Support delivery of nutrition services and secure nutrition supplies (cost based on salary inclusive of social security benefits, 2 persons for each of 4 OTP centers where IDPs are concentrated at 60% fte)</i>							
1.10	Country Director, South Sudan	S	1	3,480.00	6	15.00	3,132.00	
	<i>Provide overall direction in planning and delivery of the project and supervision of performance in budget utilization and output achievements] [fte 15% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]</i>							
1.11	Administrator	S	1	1,040.00	6	15.00	936.00	
	<i>Support planning project budgets and preparation of financial reports, monitor and control budget utilization, ensure cash-flow meets the needs of project field activities (fte 15% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]</i>							
1.12	M and E Specialist	D	1	3,230.00	6	20.00	3,876.00	
	<i>Support Nutrition Program Coordinator designing and implementing SMART surveys and data collection and analysis for monitoring and reporting on outcome results achieved at beneficiary level] [fte 20% of actual time working on this project in a 6 month period - planned 25 days of work] [cost based on monthly salary and benefits (social security, medical and life insurance cover)] plus accommodation and upkeep while in the field</i>							
1.13	Supply Chain Manager and Senior Logistician	S	2	1,690.00	6	15.00	3,042.00	
	<i>Procure and deliver supplies, monitor shipments and verify application of supplies, manage the transportation of personnel and delivery of supplies to OTP centers, maintain financial records of procurement and transport of supplies] [fte 15% of actual time working on this project in a 6 month period - 36 days of work] [cost based on monthly salary and benefits (social security, medical and life insurance cover)] plus accommodation and upkeep while in the field</i>							
1.14	Senior Accountant	S	1	2,785.00	6	15.00	2,506.50	
	<i>Supervise financial planning, administration and reporting to donors and monitor project budget utilization [fte 15% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]</i>							
1.15	Project Accountant	S	1	1,140.00	6	15.00	1,026.00	

	<i>Maintain monthly financial records on incomes and expenditures of the project and compile reports for review and approval of Finance Manager and Country Director] [fte 15% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]</i>						
1.16	Office Support Personnel and Drivers	S	4	525.00	6	15.00	1,890.00
	<i>Receptionist, Cleaner, Drivers (2) support senior personnel complete project management and administrative duties, protect and maintain office equipment and supplies, support delivery of field programs] [fte 15% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)</i>						
	Section Total						84,712.50
2. Supplies, Commodities, Materials							
2.1	Nutrition Outpatient Facilities and Nutrition Input Stores	D	4	5,000.00	1	100.00	20,000.00
	<i>Facility for receiving and treating nutrition patients on outpatient basis and for storing nutrition supplies cost based on basic 2 room structures made of timber and iron sheets and costs inclusive of air charter and ground transport for materials + basic furniture, 4 sites identified for this assistance - Chuil, Pultruk, Bariak, Pading @ 100%</i>						
2.2	Nutrition Stabilization Center Facility and Supplies	D	1	13,910.00	1	100.00	13,910.00
	<i>Facility for receiving and treating nutrition patients on inpatient basis (basic 1 room structure made of timber and iron sheets and costs inclusive of air charter and ground transport for materials = \$9,650)+(4 beds with mattress, blankets, sheets, cooking utensils = \$4,260), 1 site identified for this assistance - Pultruk @ 100%</i>						
2.3	Accommodation amenities for 2 senior personnel	D	2	735.00	1	100.00	1,470.00
	<i>Accommodation amenities for 2 senior personnel, 1 kit / person (kit comprised of bed w mattress, net and pillow \$345, 3 sheets \$45, 1 blanket at \$25, 1 mirror at \$15, 2 chairs at \$40, metal trunks \$65, solar lamps w/accessories @ \$200)</i>						
2.4	Tents for Accommodation of Personnel on PHCU Outreaches	D	0	2,800.00	1	100.00	0.00
	<i>Tents for use by teams of nutrition personnel (Nutritionist Assistants + CNWs) suitable for delivering outreaches inclusive mattress, foldable bed, chair, table and solar lamp and procurement and transport to the field</i>						
2.5	Materials and Supplies for Training Nutrition Personnel	D	26	60.00	2	100.00	3,120.00
	<i>Training and refresher training County Nutritionist, Nutrition Nurse, Nutrition Assistants, CMAM Supervisors, CNVs/CNWs including materials, guides and visual aids etc. for on-the-job training of 26 nutrition workers @ \$120 per trainee</i>						
2.6	Community Mobilizing meetings/workshops	D	4	250.00	2	100.00	2,000.00
	<i>Community mobilizing meetings/workshops 4 sites, 1 workshop per quarter per site, refreshments and incentives \$237 / workshop</i>						
2.7	Emergency Transport of Nutrition Supplies Juba to the Field Sites	D	4	2,000.00	1	100.00	8,000.00
	<i>Transportation of OTP and STFP supplies from Juba Warehouse to the sites in the field (1 caravan flight per site for emergencies 4 sites @ \$4,500/flight rtrip @ 50%)</i>						
2.8	Pading Airstrip Rehabilitation	D	1	0.00	1	100.00	0.00
	<i>Engage community by providing community incentives to repair, rehabilitate and maintain dysfunctional air strip at Pading PHCU</i>						
2.9	RUTF supplies for U5 Children from UNICEF	D	1120	0.00	1	100.00	0.00
	<i>Based on 1,114 children U5 treated for SAM (estimated 1,120 cartons to be procured from UNICEF provided through pipeline support)</i>						
2.10	RUSF supplies for U5 Children from WFP	D	15.3	0.00	1	100.00	0.00
	<i>Based on 2,542 children U5 treated for MAM (estimated 15.3 MT of supplies to be procured from WFP through pipeline support)</i>						
2.11	CSB++ for PLW from WFP	D	23.1	0.00	1	100.00	0.00
	<i>Based on 1,282 PLW treated for MAM (estimated 23.1 MT of supplies to be procured from WFP through pipeline support)</i>						
	Section Total						48,500.00

3. Equipment							
3.1	Equipment - scales, height boards, MUAC tapes	D	0	1,920.00	1	100.00	0.00
	<i>Equipment - OTP registration cards, scales, height boards, MUAC tapes one kit each for 4 sites (each kit comprises of 1,000 OTP cards / site @ \$1/card, 2 scales / site @ \$80 / scale, 2 height boards / site @ \$80 / board, 20 MUAC tapes / site @ \$5 / tape, other items \$500 / site, 3 sites identified Chuil, Bariak, Pading)</i>						
3.2	Equipment for emergency and security communication 3 sites	D	3	2,470.00	1	100.00	7,410.00
	<i>Equipment for emergency and security communication 3 sites (Chuil, Pultruk, Bariak, Pading) (Thruway, Began, Quack = \$1,270)+(Computers and Power Source = \$1,200) 1 set/site)</i>						
	Section Total						7,410.00
4. Contractual Services							
4.1	SMART Survey Consultant	D	1	400.00	23	100.00	9,200.00
	<i>SMART Survey Consultant/Trainer fees and subsistence expenses for developing and pre-testing SMART survey questionnaire (1 day), services of selection and training enumerators (3 days), manage SMART survey implementation and data quality (12 days), complete data entry, clean and analyze data, prepare and deliver report (5 days) plus travel (2 days) (total of 16 days of service in Q4 post-harvest season)</i>						
4.2	Training for SMART Surveys	D	8	180.00	1	100.00	1,440.00
	<i>Transportation and accommodation for 2 days (\$100/person), materials, supplies and refreshments (\$80/person for 2 days) to train 8 CMA personnel as enumerators (3 CMAM Supervisors, 3 Nutrition Assistants + 1 County Nutritionist) to conduct SMART surveys (\$180/person/per training session)</i>						
4.3	Implementing SMART Surveys (estimate 600 respondents)	D	1	3,250.00	1	100.00	3,250.00
	<i>Materials (\$20/enumerator = \$160), questionnaire copying services (\$50), supplies to conduct SMART Surveys (\$20/enumerator = \$160), accommodation and refreshments for 12 days = \$360/person = \$2,880) (1 survey at \$3,250/survey)</i>						
4.4	UNHAS Flights (Juba-HF) for SMART Survey Consultant	D	1	550.00	2	100.00	1,100.00
	<i>UNHAS Flights (Juba-HF) for SMART Survey Consultant and ground transport (2 rtrips in qtr 4) based on one way cost of \$275 per passenger to project locations (per person cost of \$550 per rtrip @ 100%)</i>						
4.5	UNHAS Flights (Short-haul HF-HF) for SMART Survey Enumerators	D	8	275.00	1	100.00	2,200.00
	<i>UNHAS Flights (Short-haul HF-HF) for SMART Survey Enumerators inclusive of ground transport (1 rtrip/enumerator in qtr 4) based on rtrip cost of \$275 per passenger @ 100%)</i>						
4.6	Fees for Enumerators	D	8	700.00	1	100.00	5,600.00
	<i>SMART Survey Enumerators based on 8 persons for 12 days for survey + 2 days for training @ \$50 per day</i>						
	Section Total						22,790.00
5. Travel							
5.1	Boat/Vehicle Hire or Short-Haul CMA charters for Outreach Transportation	D	4	1,350.00	2	100.00	10,800.00
	<i>Cost of boat / vehicle hire or short-haul charters for long distance outreaches - 2 sites targeted for 2 outreaches / qtr. Cost per outreach (short-haul charter @ \$500/rtrip or boat/vehicle hire @ \$500/outreach (vehicle/boat hire for 5 days = \$300/outreach, fuel 100l @ \$2 / litre = \$200), supplies/materials for outreaches @ \$400 / outreach) + (upkeep/accom for 3 person team = \$450) @100%</i>						
5.2	Accommodation and Upkeep for In-Transit Nutrition Personnel (Team House)	D	7	300.00	2	75.00	3,150.00
	<i>Accommodation and Upkeep for In-Transit Nutrition Personnel per rtrip for Nutrition Program Coordinator and 1 Nutritionist, 1 Nutrition Nurse, 4 CMAM Supervisors (per person cost per rtrip, 1 rtrip/person/quarter @ \$100 per day and 3 days per rtrip at 75%)</i>						

5.3	Accommodation and Upkeep for In-Transit Technical Support Personnel	D	1	400.00	2	75.00	600.00
	<i>Accommodation and Upkeep for In-Transit Management Personnel per rtrip for M and E Specialist and Supply Chain Manager (per person cost / rtrip, 1 round trip/person @ \$100/day and 4 days / rtrip at 75%)</i>						
5.4	Travel Visas and Permits for Management Support Personnel	D	2	524.00	1	75.00	786.00
	<i>Visa's, Alien Permits for Technical Support Personnel per person / rtrip (2 personnel 2 rtrips / person) @ 75%</i>						
5.5	UNHAS Flights (Juba-HF) for Nutrition Personnel	D	8	550.00	2	100.00	8,800.00
	<i>UNHAS Flights (Juba-HF) for eligible Management, Nutrition personnel inclusive of ground transport for M and E Specialist + Supply Chain Manager (1 rtrip/qtr), Nutrition Program Coordinator (1 rtrip/qtr) and 1 Nutritionists, 1 Nutrition Nurse, 4 CMAM Supervisors (1 rtrip/qtr each) based on one way cost of \$275 per passenger to project locations (per person cost of \$550 per rtrip @ 100%)</i>						
	Section Total						24,136.00
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	Communications Juba Office	S	1	520.00	6	10.00	312.00
	<i>monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.2	Communications County Offices and project field sites monthly cost	D	1	1,310.00	6	20.00	1,572.00
	<i>monthly cost prorated @ 20% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.3	Supplies and Equipment: office, and stationaries Juba Office monthly cost	S	1	500.00	6	10.00	300.00
	<i>monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.4	Supplies, Stationery and Equipment Replacement: County offices and project sites	D	1	2,590.00	6	30.00	4,662.00
	<i>monthly cost prorated @ 30% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.5	Security Services: Juba Office monthly cost	S	1	400.00	6	10.00	240.00
	<i>monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.6	Office and Stores Rents: County Office and Supplies Stores monthly cost	D	1	300.00	6	30.00	540.00
	<i>monthly cost prorated @ 30% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.7	Office and Stores Rents: Juba Office and Supplies Stores monthly cost	S	2	3,080.00	6	10.00	3,696.00
	<i>monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						

7.8	Office Utilities: Juba Offices monthly cost	S	1	600.00	6	10.00	360.00
	<i>monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.9	Vehicle Running Costs: Juba office monthly cost	S	1	1,150.00	6	10.00	690.00
	<i>monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.10	Vehicle Running Costs: County monthly cost	D	1	1,250.00	6	30.00	2,250.00
	<i>monthly cost prorated @ 30% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.11	Generator Running Costs: Juba Office monthly cost	S	1	660.00	6	20.00	792.00
	<i>monthly cost prorated @ 20% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.12	Licence/insurances - vehicles and property Juba Office, monthly cost	S	1	413.00	6	10.00	247.80
	<i>monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
7.13	Licence/insurances - vehicles, radios, Counties and project field sites monthly cost	D	1	880.00	6	10.00	528.00
	<i>monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period</i>						
	Section Total						16,189.80
SubTotal			1,317.40				203,738.30
Direct							181,208.00
Support							22,530.30
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							14,261.68
Total Cost							217,999.98
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 -> Nyirol	100		955	1,344	1,456	3,755	
Documents							
Category Name				Document Description			
Project Supporting Documents				CHF Nutrition Cluster Comments with CMA Responses (21 Jul 17).docx			
Project Supporting Documents				Nutrition SSHF SA2 TR2 Comments and CMA Respnsse (29 Jul 17).docx			