

| | | | | |
|-----------------------------------|---|---------------------------------|-----------------------------|--------------|
| Requesting Organization : | Universal Network for Knowledge and Empowerment Agency | | | |
| Allocation Type : | 2nd Round Standard Allocation | | | |
| Primary Cluster | Sub Cluster | Percentage | | |
| NUTRITION | | 100.00 | | |
| | | 100 | | |
| Project Title : | Provision of emergency community nutrition services to IDPs and host community in Nasir County - Upper Nile State | | | |
| Allocation Type Category : | Frontline services | | | |
| OPS Details | | | | |
| Project Code : | SSD-17/H/103483 | Fund Project Code : | SSD-17/HSS10/SA2/N/NGO/6501 | |
| Cluster : | Nutrition | Project Budget in US\$: | 320,000.00 | |
| 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>UNKEA aims to continue providing Community Nutrition Services to IDPs, host community in Nasir County of Upper Nile State. The project will focus on CMAM package, Management of severe acute malnutrition (SAM) among under-five children, management of Moderately Acute Malnutrition(MAM) among under five Children, Management of malnutrition among pregnant and lactating women (PLWs) including training of Health workers on CMAM package, IYCF, and preventive services (deworming and Vitamin A). UNKEA will also conduct Post harvest nutrition SMART Survey. UNKEA will implement this project in existing 12 OTPs and existing 12 TSFP sites plus 2 SC respectively. The project aim to target 21743 as direct beneficiary and 549 as indirect beneficiaries which include IDPs and host community, children under five (boys and girls) pregnant and lactating women, women and men as below;</p> <ul style="list-style-type: none"> - 15000 children screened - 900 SAM children (under-5) admitted for treatment - 101 Malnourished children with malaria -100 SAM admission to SC - 1371 MAM Children (under-5) admitted for the treatment -580 PLW benefited from program - 580 PLW and caretakers of children 0-23 months reached IYCF promotion - 243 men reached with IYCF key messages - 1500 children (under -5) reached with Vitamin A supplementation - 1260 children (12 -59 months) dewormed - 48 CNVs recruited - 41 health workers trained in CMAM and IYCF package - 2 SC supported - 12 OTPs sites - 12 TSFP sites - 2 Rounds of Nutrition Supplies transported - 1 pre harvest SMART survey conducted <p>UNKEA will carry out nutrition activities like Admission and treatment for SAM and MAM, Community screening and referral of girls/boys under five years for SAM and MAM in all sites, Provision of preventive services (deworming, Vitamin A micro nutrient) to under five children (boys and girls) in all UNKEA project sites, Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and at community level to woman and men, boys and girls, train CMAM staff on integrating pathways in Nutrition and protection, referral of GBV survivors; caregivers of children with SAM or MAM and PLW; Also integrate with WASH on provision of clean drinking water / hand washing facilities in all sites; integrate with Health on treatment of diseases in under five, and integrate with FSL on prioritization of households with SAM and MAM cases especially in GFD, fishing kits, vegetable kits/ seeds and tools allocations respectively. Community nutrition volunteers (CNV) and mother to mother support women (Women and men) will be caring out volunteers activities at community level mainly referral, defaulter tracings, MUAC screening and national Immunization days (NIDS) exercises including IYCF promotion services to mitigate malnutrition prevalence in the county.</p> | | | |
| Direct beneficiaries : | | | | |
| Men | Women | Boys | Girls | Total |
| 308 | 1,191 | 10,122 | 10,122 | 21,743 |

Other Beneficiaries :

| Beneficiary name | Men | Women | Boys | Girls | Total |
|------------------------------|-----|-------|--------|--------|--------|
| Children under 5 | 0 | 0 | 10,122 | 10,122 | 20,244 |
| Pregnant and Lactating Women | 0 | 580 | 0 | 0 | 580 |
| Internally Displaced People | 98 | 215 | 0 | 0 | 313 |
| People in Host Communities | 210 | 396 | 0 | 0 | 606 |

Indirect Beneficiaries :

549 indirect beneficiary; People living in the proximity of the site but not being targeted e.g beneficiaries from neighboring counties especially makak and Riang will consider 10% under five children to benefit from the project

Catchment Population:

Under five population: Makak 1475 and Riang 4006

Link with allocation strategy :

To conduct Management of severe acute malnutrition (SAM) among under-five children (< 5 years) for at least 70% of SAM; Management of moderate acute malnutrition (MAM) among under-five children (6 - 59 months) for at least 75% and Management of malnutrition among pregnant and lactating women (PLWs) for at least 60% among IDPs and host community in Nasir county. UNKEA will mitigate the threat of acute malnutrition through routine screenings in all OTPs sites, conduct massive community screening, referral of boys and girls for admissions and treat those with severe and moderate acute malnutrition. Also UNKEA will ensure enhanced needs analysis of nutrition situation and robust monitoring and coordination of response by conducting one post harvest SMART surveys, carry out daily nutrition surveillance, perform bi-weekly and timely monthly reporting, coordinate with partners and engage in assessments like Rapid Respond Missions. To ensure communities are protected through GVB sensitization messages, prepare GBV survivors; caregivers of children with SAM or MAM and PLWs to cope with significant threats, UNKEA will increase access to integrated program preventing under-nutrition by bringing in sectors like food security and livelihood, Health and WASH to address the underlying causes of malnutrition hence prevention of under nutrition. Also UNKEA will renew / select IYCF mother support groups(MSG) for the IYCF promotion and Community Nutrition Volunteers (CNVs) for the community Nutrition activities. UNKEA will ensure that all eligible children visiting the health facility receive EPI vaccines respective of their age alongside vitamin A supplement and deworming. This can be achieved by getting the support of the CHD, stakeholders, Community local leaders, religious leaders, women and men including IDPs through expansion of activities to reach the most vulnerable and unreached people in Nasir county.

Sub-Grants to Implementing Partners :

| Partner Name | Partner Type | Budget in US\$ |
|--------------|--------------|----------------|
| | | |

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

| Other Funding Source | Other Funding Amount |
|----------------------|----------------------|
| | |

Organization focal point :

| Name | Title | Email | Phone |
|---------------------|--------------------|----------------------------------|------------------|
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BACKGROUND**1. Humanitarian context analysis**

Since the latest conflict erupted in South Sudan in December 2013, more than 2.3 million people have been forced to flee their homes and 3.9 million (approximately one third of the population) do not have enough to eat. All humanitarian actors struggle to respond to these acute needs against a context of chronic poverty, ongoing conflict and insecurity, limited infrastructure and a significant funding shortfall, Nasir is among the most hit areas and still in dire needs of nutrition services. This has led to increased humanitarian needs as hundreds of people were displaced and this has been made worse by cattle raiders, inter-clan fights and floods as of current. Nasir County have 252,644 by mid 2015 and predicted to have 257,177 by mid 2016, a total of 15,086 households (HHs) of IDPs who were assessed and registered with a total population 131,259 individuals, mostly women and children (SRRC, Nasir, and January 2014). Until date, population movements continues to Nasir county and its surrounding payams in Upper Nile and others crosses the border to Ethiopia causing the exact population in Nasir to be unknown. UNKEA is covering 9 payams out of 13 payams which include Nasir, Kiechkon, Mading, Roam, Jikmir, Kurengke, Kierwan, Dinker and Maker but Mandeng payam currently hosts most of the IDPS and the returnees from Ethiopia and neighboring counties. The recent fighting in July 2016 and June 2015 in some parts of Upper Nile has increased the number of IDPS seeking shelter in Nasir county especially Mandeng and Jikmir payams. In a recent visit to Mandeng, the ROSS reported that about three quarters (3/4) of the IDPs from Malakal, Ulang and Nasir town have settled in Mandeng and Jikmir in Nasir county. The pressure of hunger is so huge on the host community leading to lack of basic nutrition services, Clean Water, Non Food Items (NFIs), food and shelter. Besides war, floods of July and August 2016 have destroyed gardens and will lead to limited food production. This is going to worsen the food security situation making more people food insecure and suffers from Malnutrition. The number of food insecure people in Nasir County according to the 20th -21st May IRNA projected it to be 25,200 people. Therefore with the impact of the recent fighting in Malakal, Nasir and other counties within Upper Nile state plus recent inflation rates, UNKEA strongly believes that malnutrition situation is on rise or gone higher than critical and as seen that Food shortages are highest in Nasir making boys and girls <5 and Pregnant and Lactating Women more prone to severe acute malnutrition. As the malnutrition situation in Nasir was found by UNKEA SMART Survey in May 2016 as 21.8% GAM and SAM prevalence rate was 3.4%. Now the situation is believe to be worsening among IDPs who own nothing and limited intake of fortified foods especially among children under five years (Boys and Girls). The host community which bears the burden of the IDPs is likely to face similar food insecurity. As UNKEA is the ONLY prominent National NGO providing Nutrition services in Nasir County is calling for this fund to continue providing community Nutrition services and work hard to reduce the rising Malnutrition rates to acceptable level.

2. Needs assessment

The nutrition situation in Nasir still remains unpredictable however it does not stop humanitarian work. The last fighting was observed in January 2017 with on/off cattle raiders causing population displacement, leaving foods behind and other sources of livelihood. The needs of this Nasir community had gone high due to current inflation in the country where prices of foods in the market has gone high and the traders could not easily access dollars for buying foods from neighboring countries hence low foods in the market. Also, there has been increasing refusal of local currency (pounds) since the start of 2017. There has been reports on pockets of inaccessible payams like Rieng, Keichkon, mading due to flooding and heavy rains where UNKEA intends to reach particularly in this SA allocation with good planning and preposition.

3. Description Of Beneficiaries

The beneficiaries will be IDPs and host community, people with special needs, disable people, special needy adolescence and HIV people will be referred for better services (ARV treatment), this includes children under five, pregnant and lactating women in the same context the project will also advocate for men involvement in IYCF as well as those seeking protection.

4. Grant Request Justification

The current CHF funding ended 31st July 2016 and UNKEA runs nutrition program in 9 payams along health facilities. When the crises started on 15th December many National and international NGOs either scaled down or withdrew from Nasir County. Currently UNKEA is the only National NGO providing Nutrition and health activities to population in 9 payams of Nasir county namely; Nasir, Jikmir, Kiechkon, Kuerengke, Mading, Kierwan, Maker, Dinkar and Roam payams and UNKEA would wish to take three (3) more payams of kier, Rieng and Wandering to bring 14 OTPs sites and 14 TSFP s sites in the of SR2 2016. As seen in UNKEA SMART Survey that displacement of people due to the war increases the malnutrition rates for Children under five (Boys and girls) and pregnant and lactating women (PLW). Therefore, UNKEA will face a huge case load due to high population movements in regard to recent fighting in Upper Nile State and the current inflation in the county will mean food shortages and, also the current pronounce peace on round table will trigger return of populations from surrounding counties / Ethiopia to Nasir. The population movement due to current floods is likely to compromise program outcome like cure rates and the defaulter rates. There are also other factors that need to be taken into consideration like insecurity, increase morbidity and disease outbreaks like malaria, Pneumonia, diarrhea, economic crisis (inflation) which is likely to worsen the malnutrition among children in Nasir County and GAM rate may increase higher than 21.8%. UNKEA currently is the only active humanitarian agency in Nutrition activities and is submitting this proposal to continue CMAM activities in the 12 mentioned payams for the management of SAM and MAM cases, carryout IYCF activities, to be able to open mobile outreach activities base on the life saving nutrition interventions in areas outside UNKEA coverage like Makak and Vitamin A supplement will be given alongside Measles vaccinations as well as deworming services. Also UNKEA will face the reality of taking RRM in collaboration with partners like UNICEF, WFP and others to reach unreached population in Nasir County. Thus this funding is requested to support UNKEA accelerate response initiative (ARI), to continue reposition of therapeutic / supplementary foods in both safe and inaccessible areas due to rains, reduce morbidity and mortality due to severe acute malnutrition in children under five, pregnant and lactating women among the vulnerable IDPs and host communities through 2 SC, 14 OTPs sites and 14 TSFP sites as well as through the renewed 40 mother to mother support groups for IYCF which contain 400 women. At the same time, the fund will be used to adapt guidance on life saving nutrition interventions and expansion of nutrition services in high insecurity conflict payams of Nasir County as well as to support the transportation of nutrition supplies to far facilities, nutrition technical refresher trainings, community level awareness campaigns, Community MUAC screenings, treatment, prevention and management of acute malnutrition. With UNKEA 14 year's presence and working experiences in Nasir County, there is a strong community's trust and support, acceptability and involvement making programs intervention cost effective and sustainable. Working with community nutrition volunteers has been an added value to the success of our programs. UNKEA has viable working relationship with its partners such as UNICEF, WFP, Nutrition Cluster, SMoH, CHD, Nile Hope and ADRA in supporting the health care system in Nasir County. UNKEA will continuously utilize information from the access working group to guide programming and consult partners for long term funding for sustainability. But should these funds not be there, the 21.8%.GAM rate is likely to go higher and worse

5. Complementarity

Since UNKEA have Active PCA with UNICEF for one year (December 16th, 2016 to 16th December 2017). Also WFP have active FLA for one year. UNKEA have all there staffs functioning in the field until date. Also UNKEA have some good buffer stock for in kind Nutrition supply / Commodities (RUFT) for the management of SAM cases and have functional Nutrition equipment's from UNICEF which can compliment the budget from CHF SA2 funding in 2017.

LOGICAL FRAMEWORK

Overall project objective

Provide life saving management of acute malnutrition and access to integrated preventive programs and enhance needs analysis.

| 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 | | | 85 | | |
| Increase access to integrated programmes preventing under nutrition for the most vulnerable and at risk. | | SO1: Save lives and alleviate the suffering of those most in need of assistance and protection | | | 10 | | |
| Ensure enhanced analysis of the nutrition situation and robust monitoring and coordination of emergency nutrition responses. | | SO2: Protect the rights and uphold the dignity of the most vulnerable | | | 5 | | |
| <p>Contribution to Cluster/Sector Objectives : The project will focus on the Management of SAM and MAM, provide IYCF services to 0 – 23 months, Vitamin A supplementation and Deworming NIDS , Nutrition screening, surveys, surveillance and situation monitoring. All these can be achieved through optimizing community nutrition activities and referrals of children under five and PLW for admission in OTPs and TSFP, integration of CMAM into PHCUs/PHCCs, formation of mobile and outreach team to strengthen active case finding, monthly nutrition response monitoring including 5Ws, as well as nutrition assessment and surveillance among the IDPs and host community in Nasir County. This project will strengthen the existing services being provided by UNKEA in start of 2017 and expand coverage of services to areas that are hard to reach. The project will engage staff and community nutrition volunteers (CNV) in prevention of Malnutrition by adopting an integrated approach, and work as a team with Health, WASH and FSL. The project will ensure that staff are trained on CMAM and IYCF package, surveillance and SMART surveys. One pre-harvest SMART survey will be conducted, results validated and shared with partners and MOH. Also monitoring and evaluation will be a major component of the project together with timely reporting, coordination meetings with other partners in the nutrition cluster will be attended as well lessons, experiences and challenges will be shared.</p> | | | | | | | |
| Outcome 1 | | | | | | | |
| Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk; at least 70% of SAM and 75% of MAM cases for girls and boys 6-59 months, 60% PLW cases among the IDPs and host community in Nasir county | | | | | | | |
| Output 1.1 | | | | | | | |
| Description | | | | | | | |
| Conduct nutrition screenings and surveillance to provide time critical information for identification of areas of urgent need, or deterioration in the nutritional situation, and for identification of cases of acute malnutrition for referral for lifesaving treatment. | | | | | | | |
| Assumptions & Risks | | | | | | | |
| If security prevails and parents, guidance and care takers bring children to facility | | | | | | | |
| Indicators | | | | | | | |
| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
| | | | 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 | | | 450 | 450 | 900 |
| Means of Verification : Bi weekly and Monthly reports | | | | | | | |
| Indicator 1.1.10 | NUTRITION | [Frontline] Number of nutrition sites having required number of OTP and TSFP staff | | | | | 51 |
| Means of Verification : Monthly reports | | | | | | | |
| Indicator 1.1.11 | NUTRITION | [Frontline] Estimated number of girls and boys (6-59 months) admitted with SAM in SC / inpatient and treated with F75/F100 / RUTF supplies from the pipeline | | | | | 100 |
| Means of Verification : Biweekly, Monthly and register reports | | | | | | | |
| Indicator 1.1.12 | NUTRITION | Estimated number of girls and boys (6-59 months) screened for acute malnutrition | | | | | 15,000 |
| Means of Verification : Bi-weekly and monthly reports plus registers | | | | | | | |
| Indicator 1.1.2 | NUTRITION | [Frontline] Number of girls and boys (6-59 months) with SAM screened for malaria and tested positive and treated | | | 50 | 51 | 101 |
| Means of Verification : Bi 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 | | | 680 | 691 | 1,371 |
| Means of Verification : | | | | | | | |
| Indicator 1.1.4 | NUTRITION | [Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP | | 580 | | | 580 |
| Means of Verification : Bi weekly reports and monthly reports | | | | | | | |
| Indicator 1.1.5 | NUTRITION | [Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services | | | | | 76 |
| Means of Verification : Bi weekly and Monthly report | | | | | | | |

| | | | | | | | | |
|---|----------------|---|--------------------------------|--------------|-------------|--------------|------------------|----|
| 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 : Bi weekly and Monthly reports | | | | | | | | |
| Indicator 1.1.7 | NUTRITION | [Frontline] Percentage of SAM discharged died (death rate) out of the total discharged from TFP (OTP/SC) services | | | | | | 10 |
| Means of Verification : Bi weekly and monthly reports | | | | | | | | |
| Indicator 1.1.8 | NUTRITION | [Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services | | | | | | 76 |
| Means of Verification : Bi weekly and monthly report | | | | | | | | |
| Indicator 1.1.9 | NUTRITION | [Frontline] Percentage of MAM children died (death rate) out of the total discharged from TSFP | | | | | | 3 |
| Means of Verification : Bi weekly and monthly reports | | | | | | | | |
| Activities | | | | | | | | |
| Activity 1.1.1 | | | | | | | | |
| Facility Nutrition Screening of children under five(Boys and girls) pregnant and lactating women for SAM and MAM management in all sites | | | | | | | | |
| Activity 1.1.2 | | | | | | | | |
| Management of children under five (boys and girls) with severe acute malnutrition through inpatient and outpatient | | | | | | | | |
| Activity 1.1.3 | | | | | | | | |
| Management of children under five (Boys and girls) plus PLW for MAM through outpatient / TSFP | | | | | | | | |
| Activity 1.1.4 | | | | | | | | |
| Recruitment of IYCF staff for OTP /TSFP and renew Nutrition volunteers and mother support groups for all the sites | | | | | | | | |
| Activity 1.1.5 | | | | | | | | |
| Conduct training on CMAM package and training on IYCF intervention | | | | | | | | |
| Activity 1.1.6 | | | | | | | | |
| Conduct community Nutrition , surveillance and referral of children under five for the management of acute malnutrition | | | | | | | | |
| Activity 1.1.7 | | | | | | | | |
| Transportation of nutrition supplies from Field central site to all sites | | | | | | | | |
| Activity 1.1.8 | | | | | | | | |
| Conduct supervision to all sites | | | | | | | | |
| Output 1.2 | | | | | | | | |
| Description | | | | | | | | |
| Provide increased access to integrated program preventing under-nutrition for the most vulnerable and at risk; through IYCF for at least 60% PLW, 90% vitamin A and dew arming coverage for girls and boys aged 0-59 months and 40% PLW among IDPS and host community in Nasir county | | | | | | | | |
| Assumptions & Risks | | | | | | | | |
| If security prevails and parents, guidance and care takers bring children to facility | | | | | | | | |
| Indicators | | | | | | | | |
| | | | End cycle beneficiaries | | | | End cycle | |
| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target | |
| Indicator 1.2.1 | NUTRITION | [Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions | | 580 | | | 580 | |
| Means of Verification : Bi weekly and monthly reports | | | | | | | | |
| Indicator 1.2.10 | NUTRITION | Number of men reached with IYCF-E interventions during Health and Nutrition sessions | | | | | 243 | |
| Means of Verification : Bi-weekly, monthly Reports plus Nutrition session Register | | | | | | | | |
| Indicator 1.2.11 | NUTRITION | [Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe. | | | | | 2 | |
| Means of Verification : Number of awareness raised to sensitize the PLW on effective complaint mechanism | | | | | | | | |
| Indicator 1.2.12 | NUTRITION | Number of complaint / feedback organized at community and facility | | | | | 2 | |
| Means of Verification : Record of complaints raised and number of feedback provided and recorded | | | | | | | | |
| Indicator 1.2.2 | NUTRITION | [Frontline] Number of functional mother-to-mother support groups | | | | | 12 | |
| Means of Verification : Bi weekly and Monthly Reports | | | | | | | | |
| Indicator 1.2.3 | NUTRITION | [Frontline] Number of children (12 -59 months) dewormed in non NID areas | | | 630 | 630 | 1,260 | |

| | | | | | | |
|---|-----------|---|----|---|--|-------|
| Means of Verification : Bi weekly and monthly reports | | | | | | |
| Indicator 1.2.4 | NUTRITION | children (under -5) supplemented with Vitamin A during NIDs | | | | 1,500 |
| Means of Verification : NID reports | | | | | | |
| Indicator 1.2.5 | NUTRITION | [Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers | | | | 120 |
| Means of Verification : Bi weekly and monthly reports | | | | | | |
| Indicator 1.2.6 | NUTRITION | [Frontline] Number of health workers trained in Infant and Young Child Feeding | 44 | 7 | | 51 |
| Means of Verification : Training report | | | | | | |
| Indicator 1.2.7 | NUTRITION | [Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe. | | | | 80 |
| Means of Verification : Quarterly reports | | | | | | |
| Indicator 1.2.8 | NUTRITION | Number of active Community nutrition volunteers linking community to Nutrition services | | | | 48 |
| Means of Verification : Bi weekly and monthly reports | | | | | | |
| Indicator 1.2.9 | NUTRITION | [Frontline] Number of pre and post SMART surveys undertaken | | | | 1 |
| Means of Verification : SMART survey report | | | | | | |
| Activities | | | | | | |
| Activity 1.2.1 | | | | | | |
| Formation mother to mother support groups (MSGs) | | | | | | |
| Activity 1.2.2 | | | | | | |
| Conduct NIDs campaigns for dewarming and Vitamin A supplementation | | | | | | |
| Activity 1.2.3 | | | | | | |
| Conduct Health, WASH and nutrition educations sessions | | | | | | |
| Activity 1.2.4 | | | | | | |
| Conduct health staff training on IYCF interventions | | | | | | |
| Activity 1.2.5 | | | | | | |
| Conduct focus group discussion(FGD) with PLW to confirm effectiveness of complaint mechanism | | | | | | |
| Activity 1.2.6 | | | | | | |
| Conduct meetings with Community Nutrition volunteers and mother to mother support groups to strengthen volunteerism acts | | | | | | |
| Activity 1.2.7 | | | | | | |
| Establish complaint and feedback mechanisms in nutrition sites at start of project through awareness raising | | | | | | |
| Activity 1.2.8 | | | | | | |
| Conduct sessions through out the project to provide information to beneficiaries on their rights and entitlement in the nutrition sites | | | | | | |
| Activity 1.2.9 | | | | | | |
| Involve communities in design, implementation, monitoring and evaluation of the nutrition project | | | | | | |
| Additional Targets : | | | | | | |

M & R

Monitoring & Reporting plan

UNKEA had experience in nutrition programs with strong knowledge in measuring indicators, data collection, analysis, and reporting since Nutrition program started years back. UNKEA had worked with partners and donors like WFP / UNICEF) including other agencies in the coordination of Nutrition activities. UNKEA had collected information on under five screening and PLW from both IDPs and the host community and compile the results for analysis and program evaluation according to the goal, objectives, and indicators for the program. UNKEA has conducted two SMART surveys to create a base line data in 2015 and 2016 to better understand the Malnutrition situation at end of respective years. UNKEA formulate work plans which led to accomplishment of set performance as agreed upon in the timelines for monitoring and reporting. UNKEA collected the data and kept the records reports for any future use. Health and Nutrition Manager had 3 visits to all sites in the Program, monitored Nutrition staff while performing their activities, compiled and analyzed program records, assessed external variables, tracked challenges and made necessary modifications to the program or work plan accordingly in order to ensure the attainment of objectives. Both Nutrition manager and Program manager had been tracking and following nutrition program, attended the nutrition cluster technical working groups and ensure that relevant information is factored into program implementation and shared UNKEA progress reports with all partners. The Executive Director ensured that planned activities took place. He also followed and coordinated of sector working group and coordination meetings, ensured relevant information is factored into program implementation and shared UNKEA's progress and statistical information with other agencies and donors appropriately. UNKEA build the operational capacity of project staffs through training's, refresher training's and on the job training in nutrition sites for the monitoring of project progress, Nutrition reporting, and maximized their participation in all activities. Project data were collected and analyzed by the Project Manager under the supervision of the Nutrition program manager. The Field Nutrition Supervisor was responsible for compiling the data into a report which was reviewed by Nutrition Project Manager to ensure correctness and accuracy, This was achieved through the use of standardized data collection tools maintained for reliability, completeness, and consistency of the report. The Nutrition Project Manager and Nutrition program manager was able to made monthly and quarterly visits to the project sites, monitored and verified Nutrition reports for all the six months of the project period as a means of project compliance with set guidelines and benchmarks. The Nutrition Manager in coordination with program manager were involved in data quality audits in randomly selected project sites in first and second quarter that formed part of project data quality assurance and quality control. Also UNICEF and WFP conducted joint monitoring visit to UNKEA operation and recommendation were taken care. Collected data were stored electronically and manually to ensure its security as part of control and safety measure. All the Nutritionists in 11 project sites were able to perform their reporting roles with support from Field Nutrition Supervisor, Nutrition manager, program manager respectively. UNKEA provided bi-weekly, monthly, quarterly and Project progress reports as against work plan, budget and indicated targets in the proposal. Nutrition workers and Nutrition field supervisor were able to monthly report to the Nutrition Manager who then reviewed the reports for consistency and accuracy before sending the reports to the Nutrition cluster for sharing with other partners.

| Workplan | | | | | | | | | | | | | |
|--|------|---|---|---|---|---|---|---|---|---|----|----|----|
| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Activity 1.1.1: Facility Nutrition Screening of children under five(Boys and girls) pregnant and lactating women for SAM and MAM management in all sites | 2017 | | | | | | | | X | X | X | X | X |
| | 2018 | X | | | | | | | | | | | |
| Activity 1.1.2: Management of children under five (boys and girls) with severe acute malnutrition through inpatient and outpatient | 2017 | | | | | | | | X | X | X | X | X |
| | 2018 | X | | | | | | | | | | | |
| Activity 1.1.3: Management of children under five (Boys and girls) plus PLW for MAM through outpatient / TSFP | 2017 | | | | | | | | X | X | X | X | X |
| | 2018 | X | | | | | | | | | | | |
| Activity 1.1.4: Recruitment of IYCF staff for OTP /TSFP and renew Nutrition volunteers and mother support groups for all the sites | 2017 | | | | | | | | X | X | | | |
| | 2018 | | | | | | | | | | | | |
| Activity 1.1.5: Conduct training on CMAM package and training on IYCF intervention | 2017 | | | | | | | | | X | X | | |
| | 2018 | | | | | | | | | | | | |
| Activity 1.1.6: Conduct community Nutrition , surveillance and referral of children under five for the management of acute malnutrition | 2017 | | | | | | | | X | X | X | X | X |
| | 2018 | X | | | | | | | | | | | |
| Activity 1.1.7: Transportation of nutrition supplies from Field central site to all sites | 2017 | | | | | | | | X | | | X | |
| | 2018 | | | | | | | | | | | | |
| Activity 1.1.8: Conduct supervision to all sites | 2017 | | | | | | | | X | X | X | X | X |
| | 2018 | X | | | | | | | | | | | |
| Activity 1.2.1: Formation mother to mother support groups (MSGs) | 2017 | | | | | | | | X | X | | | |
| | 2018 | | | | | | | | | | | | |
| Activity 1.2.2: Conduct NIDs campaigns for dewarming and Vitamin A supplementation | 2017 | | | | | | | | | | | X | |
| | 2018 | | | | | | | | | | | | |
| Activity 1.2.3: Conduct Health, WASH and nutrition educations sessions | 2017 | | | | | | | | X | X | X | X | X |
| | 2018 | X | | | | | | | | | | | |
| Activity 1.2.4: Conduct health staff training on IYCF interventions | 2017 | | | | | | | | X | X | | | |
| | 2018 | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|---|------|---|--|--|--|--|--|--|---|---|---|---|---|---|
| Activity 1.2.5: Conduct focus group discussion(FGD) with PLW to confirm effectiveness of complaint mechanism | 2017 | | | | | | | | | | | | X | |
| | 2018 | X | | | | | | | | | | | | |
| Activity 1.2.6: Conduct meetings with Community Nutrition volunteers and mother to mother support groups to strengthen volunteerism acts | 2017 | | | | | | | | X | | | | | X |
| | 2018 | X | | | | | | | | | | | | |
| Activity 1.2.7: Establish complaint and feedback mechanisms in nutrition sites at start of project through awareness raising | 2017 | | | | | | | | X | X | X | X | X | |
| | 2018 | X | | | | | | | | | | | | |
| Activity 1.2.8: Conduct sessions through out the project to provide information to beneficiaries on their rights and entitlement in the nutrition sites | 2017 | | | | | | | | X | X | X | X | X | |
| | 2018 | X | | | | | | | | | | | | |
| Activity 1.2.9: Involve communities in design, implementation, monitoring and evaluation of the nutrition project | 2017 | | | | | | | | | X | | | | X |
| | 2018 | X | | | | | | | | | | | | |

OTHER INFO

Accountability to Affected Populations

The children under five, boys and girls, pregnant and lactating women who are IDPs and the host community were the direct beneficiaries of this project. Children and women were the most vulnerable groups including elderly, HIV, TB and kala-azar patients in the society and in situations of crises like the current crises; they suffer most compared to the other members of the community. UNKEA took consideration and implemented the project design and it fully involved community in the project implementation and evaluation through Community representatives / leader. The network of mother to mother support groups and the Village Nutrition committees with the community and the project management team provided a strong support in the project implementation time. The stakeholder were key and took part in the implementation phases. The project ensure women boys and girls were treated with dignity. Also it took into consideration the fundamental human rights. UNKEA has a good record of confidentiality and all information/data collected from the community was treated with confidentiality. For example, data was collected and an informed consent from every parent / guidance of the child was checked first. As UNKEA has a good record of impartiality, the project was directed to benefit all communities in the targeted area and ensured all people were treated equal regardless of their affiliations. UNKEA collaborated with UNICEF, WFP including other agencies on ground such as Nile Hope, ADRA, NRC and others who come to Nasir County for the same provision of humanitarian services to the needy people.

Implementation Plan

UNKEA will recruit additional nutrition staff to fill the gaps in IYCF activities, conduct appraisal and re-select confident OTPs and TSFP staff to run the activities. UNKEA will provide CMAM training to the selected Nutrition staff, CNV, and Mother to mother support groups. With WHO, UNICEF support to the SCs and OTPs, UNKEA will provide quality management to SAM cases and use the MAM cases will be managed by support coming from WFP - FLA. Active and passive screenings will be taking place and referral of children with severe complications to the next level of care will be given priority. Vitamin A supplementation and deworming program will be conducted in NIDS season of the year. The nutrition team will work with, health, WASH and food security and livelihood team to conduct joint community campaigns to provide health and Nutrition education to the community on better food and health practices to promote better health and prevent malnutrition. Immunization of children will be conducted jointly with the health and nutrition teams. UNKEA will work hand in hand with the CHD (MoH) to improve on the Nutrition program for achievement of desired results. Reports will be collected and shared among the health and nutrition teams for harmonization to avoid duplication of results. One pre-harvest SMART survey will be conducted to inform nutrition programming and know the Nutrition GAM rate by end of 2017. To create ownership and sustainability of the project, UNKEA will seek and foster effective collaboration coordination with line government ministries and their respective departments at the County level in addition to closely working with other non governments engaged in similar initiatives to share lesson learn. UNKEA will continue to documents its success stories and use to inform programming at all levels of the project management. This project will be delivered under the direct technical guidance and supervision of the Nutrition Manager in collaboration with Health and Nutrition Adviser who will provide the overall project oversight at the direction of the Executive Director.

Coordination with other Organizations in project area

| Name of the organization | Areas/activities of collaboration and rationale |
|--------------------------|---|
| | |

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

Nutrition stills remains a case that has equal effect on women, men, boys and girls. Although, PLW and the under five children are the most vulnerable group, UNKEA still keeps a keen focus to equity in nutrition service provision and will keep focus on implementing the CMAM package including, GBV survivors and IYCF services where boys and girls, women and men will get equal services regardless of sex and ethnicity.

Protection Mainstreaming

The treatment centers will not be located near Armed settlements, the environment will be kept clean, latrines will be labeled Female and Male, the beneficiaries will be treated with dignity and impartially. Informed consent will be required in any data collection and all information gathered will be treated with confidentiality

Country Specific Information

Safety and Security

Over the last years, security in Nasir county has been friendly though there were few up and down episodes of fighting causing disruption but humanitarian aid agencies could freely reach beneficiaries without security interference or harassment. UNKEA has a security policy in place which guides both national and international staff and is under the direct operation of UNKEA security officer. It has an evacuation plan for its staff in case of security deterioration.

Access

UNKEA will expand its coverage throughout reach programs in order to reach the hard to reach. It intends to operate mobile OTPs and community screenings to reach the furthest places. All people in need will be granted access to the services

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 | Executive Director | S | 5800 | 1.00 | 6 | 20.00 | 6,960.00 |
| | <i>The Executive Director helps in the provision of overall guidance of the project activities in the due course of project implementation</i> | | | | | | |
| 1.2 | Program Manager | S | 3510 | 1.00 | 6 | 50.00 | 10,530.00 |
| | <i>Program technical support</i> | | | | | | |
| 1.3 | Nutrition Manager | D | 2457 | 1.00 | 6 | 100.00 | 14,742.00 |
| | <i>Technical guidance and advises</i> | | | | | | |
| 1.4 | Nutrition Supervisor | D | 1300 | 1.00 | 6 | 100.00 | 7,800.00 |
| | <i>Field supervision and program support</i> | | | | | | |
| 1.5 | IYCF Officer | D | 1000 | 1.00 | 6 | 100.00 | 6,000.00 |
| | <i>Supervision of IYCF activities</i> | | | | | | |
| 1.6 | Supply Officer | D | 1250 | 1.00 | 6 | 100.00 | 7,500.00 |
| | <i>Receives and handles all supplies in the field</i> | | | | | | |
| 1.7 | Finance Manager | S | 3000 | 1.00 | 6 | 20.00 | 3,600.00 |
| | <i>Directs finances in the organization</i> | | | | | | |
| 1.8 | Human manager | S | 3000 | 1.00 | 6 | 20.00 | 3,600.00 |
| | <i>Ensure staffs adhere to organization policy</i> | | | | | | |
| 1.9 | Logistic Manager | S | 2000 | 1.00 | 6 | 20.00 | 2,400.00 |
| | <i>Directs logistic services in the organization</i> | | | | | | |
| 1.10 | Accountant (Field and HQ Base) | S | 1404 | 2.00 | 6 | 20.00 | 3,369.60 |
| | <i>Helps in effecting payments</i> | | | | | | |
| 1.11 | Logistic Officer | S | 1404 | 1.00 | 6 | 20.00 | 1,684.80 |
| | <i>Helps in transportation work</i> | | | | | | |
| 1.12 | Area Manager | S | 1200 | 1.00 | 6 | 20.00 | 1,440.00 |
| | <i>Assist in logistic works both field and HQ</i> | | | | | | |
| 1.13 | Office Secretary | S | 800 | 1.00 | 6 | 20.00 | 960.00 |
| | <i>Assist in secretariat services</i> | | | | | | |
| 1.14 | Administrator | S | 700 | 1.00 | 6 | 20.00 | 840.00 |
| | <i>Helps in administration and support services</i> | | | | | | |
| 1.15 | M & E manager | S | 2000 | 1.00 | 6 | 20.00 | 2,400.00 |
| | <i>Helps in monitoring of the project activities</i> | | | | | | |
| 1.16 | Nutritionist | D | 750 | 2.00 | 6 | 100.00 | 9,000.00 |

| | | | | | | | |
|--|--|---|-----|----------|---|--------|-------------------|
| | <i>To directs management of SAM cases in SC</i> | | | | | | |
| 1.17 | SC Nurse | D | 600 | 2.00 | 6 | 100.00 | 7,200.00 |
| | <i>To work in SC and supports management of SAM cases in SC</i> | | | | | | |
| 1.18 | Assistant SC Nurse | D | 500 | 2.00 | 6 | 100.00 | 6,000.00 |
| | <i>Assist in SC duties</i> | | | | | | |
| 1.19 | Registrar | D | 150 | 12.00 | 6 | 100.00 | 10,800.00 |
| | <i>To register children into nutrition registers</i> | | | | | | |
| 1.20 | Community mobilizers | D | 150 | 12.00 | 6 | 100.00 | 10,800.00 |
| | <i>Mobilizes the community for nutrition services</i> | | | | | | |
| 1.21 | Store keepers | D | 150 | 12.00 | 6 | 100.00 | 10,800.00 |
| | <i>Keeps supplies in the stores and stock taking</i> | | | | | | |
| 1.22 | Guards (12 guards) and cleaners (12 cleaners) | S | 147 | 24.00 | 6 | 50.00 | 10,584.00 |
| | <i>Guarding facilities and cooking milk respectively</i> | | | | | | |
| 1.23 | Nutrition Assistant | D | 512 | 12.00 | 6 | 50.00 | 18,432.00 |
| | <i>For the management of SAM/MAM in OTP and TSFP</i> | | | | | | |
| 1.24 | Cooks | D | 117 | 4.00 | 6 | 100.00 | 2,808.00 |
| | <i>To boil milk for children in Nutrition centres</i> | | | | | | |
| 1.25 | Drivers | S | 600 | 4.00 | 6 | 50.00 | 7,200.00 |
| | <i>For coordination of project activities(2 Nasir and 2 Juba)</i> | | | | | | |
| | Section Total | | | | | | 167,450.40 |
| 2. Supplies, Commodities, Materials | | | | | | | |
| 2.1 | Nutrition supplies | D | 0 | 0.00 | 6 | 100.00 | 0.00 |
| | <i>The Nutrition supplies(RUFT, RUSF, CSB++) will be obtained from UNICEF and WFP</i> | | | | | | |
| 2.2 | Nutrition equipment | D | 0 | 0.00 | 6 | 100.00 | 0.00 |
| | <i>Nutrition equipment will be obtain from UNICEF in kind such as Weighing scales, Height board and MUAC tapes</i> | | | | | | |
| 2.3 | Transporation from UNKEA field stores to respective sites | D | 12 | 100.00 | 6 | 100.00 | 7,200.00 |
| | <i>Distribution of supplies to all sites</i> | | | | | | |
| 2.4 | Transport of supplies from Juba to fields/bor | D | 1 | 8,000.00 | 1 | 100.00 | 8,000.00 |
| | <i>Transport of supplies from Air strip to UNKEA main field store</i> | | | | | | |
| 2.5 | Supplies offloading | D | 3 | 500.00 | 3 | 100.00 | 4,500.00 |
| | <i>Offloading supplies from flight</i> | | | | | | |
| 2.6 | Supply loading and offloading | D | 5 | 500.00 | 3 | 100.00 | 7,500.00 |
| | <i>Loading and Offloading supplies at store by porters to dispatch</i> | | | | | | |
| 2.7 | Rebuild burn OTP at mandeng | D | 1 | 4,000.00 | 1 | 100.00 | 4,000.00 |
| | <i>The burn OTP require rebuilding</i> | | | | | | |
| 2.8 | Nutrition site Supervision | D | 1 | 1,300.00 | 6 | 100.00 | 7,800.00 |
| | <i>Weekly and monthly site supervision to track and monitor activities</i> | | | | | | |
| 2.9 | Nutrition Report collection | D | 1 | 350.42 | 6 | 100.00 | 2,102.52 |

| | | | | | | | |
|--------------------------------|--|---|----|-----------|---|--------|------------------|
| | <i>Travel to 12 sites to collect nutrition bi weekly / monthly reports</i> | | | | | | |
| 2.10 | Community Nutrition screening | D | 12 | 300.00 | 6 | 100.00 | 21,600.00 |
| | <i>Surveillance and Nutrition screening at community level</i> | | | | | | |
| 2.11 | Cost for NIDs | D | 1 | 2,000.00 | 1 | 100.00 | 2,000.00 |
| | <i>For the de-warming and Vitamin A supplementation campaign</i> | | | | | | |
| 2.12 | Focus group Discussion (FGD) with PLW | D | 12 | 250.00 | 1 | 100.00 | 3,000.00 |
| | <i>To confirm effectiveness of feedback mechanism</i> | | | | | | |
| 2.13 | Volunteers meeting incentives | D | 12 | 75.00 | 1 | 95.00 | 855.00 |
| | <i>To cover meals / lunch incentives</i> | | | | | | |
| 2.14 | CMAM training of nutrition staff | D | 1 | 2,500.00 | 1 | 100.00 | 2,500.00 |
| | <i>Capacity building of Nutrition staff</i> | | | | | | |
| 2.15 | Training of CNVs and MSG on IYCF interventions | D | 1 | 2,000.00 | 1 | 100.00 | 2,000.00 |
| | <i>Capacity building of volunteers to strengthen their skills</i> | | | | | | |
| | Section Total | | | | | | 73,057.52 |
| 3. Equipment | | | | | | | |
| 3.1 | Computers | D | 3 | 860.00 | 1 | 100.00 | 2,580.00 |
| | <i>Computer for new Nutrition staff to use in program</i> | | | | | | |
| 3.2 | Stationary (Printing Papers, pens, files, etc) | D | 1 | 1,200.00 | 1 | 100.00 | 1,200.00 |
| | <i>For monthly data collection</i> | | | | | | |
| | Section Total | | | | | | 3,780.00 |
| 4. Contractual Services | | | | | | | |
| 4.1 | SMART survey | D | 1 | 20,000.00 | 1 | 100.00 | 20,000.00 |
| | <i>The SMART survey will cover Nasir county to collect Nutrition data making inform decision</i> | | | | | | |
| 4.2 | Printing of Nutrition treatment cards and registers | D | 1 | 4,000.00 | 1 | 100.00 | 4,000.00 |
| | <i>Registers and treatment cards for SC/OTP/ TSFP work</i> | | | | | | |
| 4.3 | Printing of Nutrition Guidelines and Lamination of lock up tables | D | 1 | 1,000.00 | 1 | 100.00 | 1,000.00 |
| | <i>Guidelines and lock up tables for use in OTP/SC/ TSFP</i> | | | | | | |
| 4.4 | Development of IEC material for IYCF intervention | D | 1 | 2,000.00 | 1 | 100.00 | 2,000.00 |
| | <i>IEC posters for dissemination of key messages</i> | | | | | | |
| 4.5 | Printing T-shirts | D | 1 | 4,000.00 | 1 | 100.00 | 4,000.00 |
| | <i>T-shirts for Nutrition visibility and volunteers motivation</i> | | | | | | |
| 4.6 | Nutrition staff T-shirt | D | 1 | 1,153.00 | 1 | 100.00 | 1,153.00 |
| | <i>T-shirts for staff visibility in work</i> | | | | | | |
| | Section Total | | | | | | 32,153.00 |
| 5. Travel | | | | | | | |
| 5.1 | Air travel for Excautive director | D | 1 | 550.00 | 1 | 100.00 | 550.00 |
| | <i>Overall supervision</i> | | | | | | |

| | | | | | | | |
|--|--|---|---|--------------|---|--------|-----------------|
| 5.2 | Air travel for program Manager | D | 1 | 550.0 0 | 2 | 100.00 | 1,100.00 |
| | <i>To provide technical support</i> | | | | | | |
| 5.3 | Air travel for Nutrition manager | D | 1 | 550.0 0 | 4 | 100.00 | 2,200.00 |
| | <i>For project supervision and activity monitoring</i> | | | | | | |
| 5.4 | Air travel for M& E manager | D | 1 | 550.0 0 | 2 | 100.00 | 1,100.00 |
| | <i>For project monitoring and evaluation</i> | | | | | | |
| 5.5 | Air travel for Accountant / Finance manager | D | 1 | 550.0 0 | 6 | 100.00 | 3,300.00 |
| | <i>For monthly salary payment</i> | | | | | | |
| 5.6 | Air travel for nutrition supervisor | D | 1 | 550.0 0 | 1 | 100.00 | 550.00 |
| | <i>Capacity building in Juba</i> | | | | | | |
| | Section Total | | | | | | 8,800.00 |
| 6. Transfers and Grants to Counterparts | | | | | | | |
| 6.1 | Transfer of funds from donor to partner | D | 1 | 500.0 0 | 2 | 100.00 | 1,000.00 |
| | <i>To cater for bank chargers / bank commissions during money transfer</i> | | | | | | |
| 6.2 | Monthly Transactions | D | 1 | 169.0 0 | 6 | 100.00 | 1,014.00 |
| | <i>Monthly transactions for the project activities</i> | | | | | | |
| | Section Total | | | | | | 2,014.00 |
| 7. General Operating and Other Direct Costs | | | | | | | |
| 7.1 | Vehile fuel | S | 2 | 450.0 0 | 6 | 20.00 | 1,080.00 |
| | <i>Coordination and it is calculated basing on the current market rate</i> | | | | | | |
| 7.2 | Vehiles Oil | S | 2 | 200.0 0 | 6 | 20.00 | 480.00 |
| | <i>Keeps cars in good working conditions</i> | | | | | | |
| 7.3 | Compound generator | S | 1 | 300.0 0 | 6 | 20.00 | 360.00 |
| | <i>Cost calculated at current market rate</i> | | | | | | |
| 7.4 | Telephone bill | S | 1 | 298.8 8 | 6 | 20.00 | 358.66 |
| | <i>For communication</i> | | | | | | |
| 7.5 | Office stationary | S | 1 | 480.0 0 | 6 | 19.80 | 570.24 |
| | <i>For day to day office use and documentation in juba</i> | | | | | | |
| 7.6 | Internet cost | S | 1 | 968.0 0 | 6 | 20.00 | 1,161.60 |
| | <i>For communication</i> | | | | | | |
| 7.7 | Office rent | S | 1 | 4,000 .00 | 6 | 20.00 | 4,800.00 |
| | <i>For juba and field</i> | | | | | | |
| 7.8 | Compound maintainance | S | 1 | 500.0 0 | 6 | 100.00 | 3,000.00 |

| | | | | |
|-------------------|---|-----------|--|-------------------|
| | <i>For staff accommodation in field</i> | | | |
| | Section Total | | | 11,810.50 |
| SubTotal | | 34,592.00 | | 299,065.42 |
| Direct | | | | 231,686.52 |
| Support | | | | 67,378.90 |
| PSC Cost | | | | |
| PSC Cost Percent | | | | 7.00 |
| PSC Amount | | | | 20,934.58 |
| Total Cost | | | | 320,000.00 |

Project Locations

| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
|------------------------------|--|---|-------|--------|--------|--------|---|
| | | Men | Women | Boys | Girls | Total | |
| Upper Nile -> Luakpiny/Nasir | 100 | 308 | 1,191 | 10,122 | 10,122 | 21,743 | Activity 1.1.1 : Facility Nutrition Screening of children under five(Boys and girls) pregnant and lactating women for SAM and MAM management in all sites Activity 1.1.2 : Management of children under five (boys and girls) with severe acute malnutrition through inpatient and outpatient Activity 1.1.3 : Management of children under five (Boys and girls) plus PLW for MAM through outpatient / TSFP Activity 1.1.4 : Recruitment of IYCF staff for OTP /TSFP and renew Nutrition volunteers and mother support groups for all the sites Activity 1.1.5 : Conduct training on CMAM package and training on IYCF intervention Activity 1.1.6 : Conduct community Nutrition , surveillance and referral of children under five for the management of acute malnutrition Activity 1.1.7 : Transportation of nutrition supplies from Field central site to all sites Activity 1.1.8 : Conduct supervision to all sites Activity 1.2.1 : Formation mother to mother support groups (MSGs) Activity 1.2.2 : Conduct NIDs campaigns for dewarming and Vitamin A supplementation Activity 1.2.3 : Conduct Health, WASH and nutrition educations sessions Activity 1.2.4 : Conduct health staff training on IYCF interventions Activity 1.2.5 : Conduct focus group discussion (FGD) with PLW to confirm effectiveness of complaint mechanism Activity 1.2.6 : Conduct meetings with Community Nutrition volunteers and mother to mother support groups to strengthen volunteerism acts |

Documents

| Category Name | Document Description |
|---------------|----------------------|
| | |