

<b>Requesting Organization :</b>	Save the Children			
<b>Allocation Type :</b>	2nd Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
NUTRITION		100.00		
		<b>100</b>		
<b>Project Title :</b>	Integrated Emergency Nutrition Response in Akobo and Nyirol counties in former Jonglei State, South Sudan.			
<b>Allocation Type Category :</b>	Frontline services			
<b>OPS Details</b>				
<b>Project Code :</b>	SSD-17/H/102998	<b>Fund Project Code :</b>	SSD-17/HSS10/SA2/N/INGO/6509	
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	556,000.72	
<b>Planned project duration :</b>	6 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/08/2017	<b>Planned End Date :</b>	31/01/2018	
<b>Actual Start Date:</b>	01/08/2017	<b>Actual End Date:</b>	31/01/2018	
<b>Project Summary :</b>	<p>SCI is seeking to deliver a six months emergency nutrition project in two IPC4 and hot spot counties; namely Nyirol, and Akobo. In line with the call of the nutrition cluster and the midyear humanitarian response review, SCI proposed scale up of nutrition response in these two locations through revitalizing existing nutrition sites, operating mobile nutrition sites, and conducting Rapid Response Mechanisms (RRM), as well as rapid assessments to further inform the needs/gaps in nutrition services and coverage.</p> <p>The overall objective of this project is to contribute for the reduction of mortality, morbidity and impacts of poor growth development due to malnutrition amongst children under five and pregnant and lactating women (PLW) through management of acute malnutrition, promotion of maternal, infant and young child nutrition (MIYCN) in emergency, and nutrition surveillance.</p> <p>This project is designed to reduce vulnerabilities and risk associated the current food insecurity in the proposed counties, and they will complement existing nutrition activities that SCI is implementing in Akobo and Nyirol counties.</p> <p>The project's thematic sector focus will be emergency nutrition, and it will be effective from August 01, 2017 to January 31, 2018. A total of 51,149 beneficiaries (children under five years of age and PLW) will be addressed directly with lifesaving nutrition and MIYCN interventions, along with sanitation and hygiene promotion activities. A total of 300 men will targeted in the MtMSG. Emergency nutrition interventions focusing on screening, referral and treatment of children with life-threatening conditions will be conducted. Specifically, Save the Children will provide treatment of severe and moderate acute malnutrition among under-five children and PLW in 15 OTP/TSFP sites (8 in Akobo and 7 in Nyirol) and one stabilization center (SC) in Akobo; strengthen nutrition monitoring, surveillance and analysis of the evolving nutrition situation; conduct community mass screening, as well as promote nutrition, sanitation, hygiene and MIYCN promotion targeting children under five years of age, and PLW.</p> <p>A total of 30 CNWs will be trained to screen and treat children and PLW with acute malnutrition, 900 members of mother to mother support group (MtMSG) will be trained to conduct nutrition mass screening, as well as disseminate nutrition and MIYCN messages.</p> <p>This project will have two objectives; namely, (1) providing quality lifesaving CMAM interventions to children under five years of age and PLW; and (2) promoting health, sanitation and hygiene and MIYCN messages through community volunteers, as well as strengthening quality and accountability to affected populations.</p> <p>SCI has a good understanding of the geographical area and movement of host communities in the trend of crises such as drought, conflicts and sporadic fights. SCI has existing health and nutrition programs in Nyirol and Akobo Counties funded by Global Fund, UNICEF and WFP, and this proposed project will be complement the existing ones through providing additional human resources, activities and nutrition supplies that can help to address gaps and the increased humanitarian needs. Thus the proposed project is mainly to cover financial and logistic gaps within the existing nutrition services sites, as well as costs related the mobile nutrition services, establishment of one new SC and RRM/ICRM.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
300	15,155	17,277	18,717	51,449

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	8,653	17,277	18,717	44,647
Internally Displaced People	0	3,324	0	0	3,324
People in Host Communities	0	2,578	0	0	2,578
Trainers, Promoters, Caretakers, committee members, etc.	300	600	0	0	900

**Indirect Beneficiaries :**

SCI will consider and enroll indirect beneficiaries in the nutrition program, A total of 11350 people has ben targeted to reach through the entire program, Internally displaced people, people with chronic illness like people living with HIV, TB patties will be considered in the program.

**Catchment Population:**

SCI will implement this project in five payam of Nyirol county and in six payam of both West and Akob wets(4 in east Akobo and two in east Akobo). Hence a total of 136 217 people in Nyirol and 146 296 people in Akbo county will be covered in the catchment area of the program implementations.

**Link with allocation strategy :**

The IPC released in June 2017 categorized Nyirol and Akobo Counties as IPC phase 4 and 3 respectively with very critical food insecurity situation. The IPC state that a dramatic deterioration in the proportion of population having sufficient access to food, with Jonglei in May 2017 continuing to record the lowest level of access to food since April 2016.

SCI is in line with the second round allocation 2017 strategy and nutrition cluster SSHF funding allocation gaps that focusses on the first HRP strategic Objective of saving lives and alleviating suffering through safe access to services with dignity and ensuring communities are capable and prepared to cope with significant threats ,this proposed SCI project will continue to support existence of nutrition services in emergency affected areas through RRM in Nyirol and Akobo as well as scale up and strengthening of the existing sites focusing on under five children and PLWs.

The proposed operational areas are not easily accessible due to insecurity, and geographic factors, and thus SCI will reach them with short term life saving activities through availing integrated programs preventing under nutrition for at least 50% per cent of girls and boys aged 0-59 months, and PLW in the targeted counties, as well as older people and other vulnerable groups. To ensure the sustainability and create functional nutrition services continues monitoring mechanism capacity mapping will be carried out. The community leaders and the churches will be the key players for information sharing and identification of community workers and HHPs. This relates to Nutrition objective #3, which states: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response. The activities to be conducted will best demonstrate value for money throughout the implementation period and SCI having been present in Akobo and Nyirol with multi-sectoral program will make nutrition integration smoother. Mainstreaming of gender, protection, AAP (Accountability to Affected Population), and conflict sensitivity to the extent feasible in the circumstances will be taken into account. SCI will strive to optimize the resources available to maximize reach and impact for the fund.

SCI mainstreams HIV/AIDS, gender, environment, and child protection across its projects, and in this project too SCI will ensure those who will involve in the implementation area aware of HIV prevention mechanisms and where to refer themselves for post exposure prophylaxis, implement gender inclusive approaches during recruitment of staff, as well as disaggregation of all project data. SCI will provide educations for beneficiaries on proper disposal of wastes; such as empty bottles and sachets after use of medications, and SCI will ensure all project staff are aware of and signs SCI child protection policy.

**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 :**

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Bester Mulauzi	PDQ Director	bester.mulauzi@savethechildren.org	+211 (0) 922412301
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**BACKGROUND****1. Humanitarian context analysis**

Food security in South Sudan has further deteriorated due to armed conflict, economic crisis, and below average harvests that were exhausted well before the ongoing lean season. An estimated 6.01 million (50% of the population) people are expected to be severely food insecure in June-July 2017, compared to 5.5 million (45% of the population) people in May 2017. This is the greatest number of people ever to experience severe food insecurity (IPC Phases 3, 4 and 5) in South Sudan. Though the famine situation in Leer and Mayendit counties that was declared in January 2017 is relatedly improved and , deterioration was in Koch and Panyijiar counties prevented as a result of immediate and sustained multisector humanitarian assistance delivered to the affected population, In June-July 2017, in addition to approximately 45,000 people estimated to be facing Humanitarian Catastrophe in Leer, Koch, Mayendit in former Unity State and Ayod County in former Jonglei state which indicated the catastrophe is expanded geographically, an estimated 1.7 million people are likely to be facing food security emergency (IPC Phase 4) - one-step below Famine on the IPC scale. Based on most likely assumptions of continued armed conflict, food shortages associated with seasonality, and humanitarian assistance delivery constraints .

Generally, the June to September 2017 rainfall performance over many parts of South Sudan is predicted to be near normal . In addition to the loss of agricultural productions and livelihoods, the ongoing conflict and associated causes have also disrupted the market system severely and even impeded the delivery of humanitarian assistance in most parts of the country. The cumulative effect of all these have the potential to result in starvation and famine, displacement, family disintegration and if not intervened will lead to the worst case scenario, many deaths.

Acute malnutrition remains a major public health emergency in several parts of South Sudan. A total of 12 SMART surveys were conducted between March and May 2017, and 10 showed Global Acute Malnutrition Weight-for Height (GAM (WHZ)) prevalence above the WHO emergency threshold of 15%, with a peak of 26.1% in Duk, bordering Extremely Critical classification, and the Levels of acute malnutrition are expected to deteriorate even further as the peak lean season approaches in July. The situation in Akobo and Nyirol according to the IPC June to July classification is in phase 3 and phase 4 respectively. The GAM rates in Akobo was 19.4% (95% CI, 14.5-25.5%), above the emergency threshold level of >15. The poor access to health care services, with increased outbreaks of common health problems including Cholera and Measles, low vaccination and access to basic hygiene and sanitation situation will exacerbated the emergency nutrition situation which lead risk of morbidity and mortality among children , pregnant and lactating mothers and other high risk groups including elders. The malnutrition prevalence in Akobo and Nyirol persisted over the last three years above the emergency threshold. However, with an integrated response funded by SSHF, UNICEF and WFP for the first time In 2016 there was a slight reduction in the malnutrition level. The current allocation will help us to further reduce the prevalence of malnutrition and to save lives of children

## **2. Needs assessment**

• SMART Survey (March to May 2017): A total of 12 SMART surveys were conducted between March and May 2017, and 10 showed Global Acute Malnutrition Weight-for Height (GAM (WHZ)) prevalence above the WHO emergency threshold of 15%, with a peak of 26.1% in Duk, bordering Extremely Critical classification, and the Levels of acute malnutrition are expected to deteriorate even further as the peak lean season approaches in July. Overall GAM rates in the country continue remaining above WHO emergency threshold (>15%)at 12.5% (last year 13%)in this year as . well .In Unity state the highest GAM rate was recorded (27.4%) Followed by Jongle(26.1%) and the lowest GAM was in Western equatorial state 8.1%) .this indicates that their is an immediate need of humanitarian intervention in Jongle state specifically on Nyirol and Akobo.

## **3. Description Of Beneficiaries**

This allocation seeks to directly reach out to 51,149 beneficiaries with 70% (51,149) boys and girls under five years of age, in both Counties. This is inclusive of children under 5 years of age, IDPs and Host community beneficiaries through screening, treatment and promotion packages. In addition a total of 15,155 PLW will be reached through mass nutrition screening, acute malnutrition management and MIYCN messages. As we seek to promote MIYCN practices which eventually play a big role in reduction of malnutrition related morbidity and mortality rates, under five year boys and girls will be reached with SAM & MAM treatment. Screening will be done to be able to know the malnutrition categories and improve program coverage. Through the surveillance team in the field and technical support from the Juba offices monitoring of the nutrition situation will be given emphasis

## **4. Grant Request Justification**

The SSHF allocation prioritizes counties with the most severe humanitarian needs, locations with GAM rates substantially exceeding the emergency threshold, and IPC phase 4. The nutrition cluster has identified and recommended about 24 hot spots priority locations for immediate interventions which include Akobo and Nyirol County in the former Jonglei State. In these specific areas the nutrition cluster highlighted that about 133,900. (41,039 MAM PLW, 63,346 MAM U5 children, and 29,515 MAM U5 children) people are already projected to be acutely malnourished which include 5001 in Nyirol, and 6706 in Akobo.

Thus, in line with the call of the nutrition cluster and the midyear humanitarian response review, SCI proposed scale up of life saving emergency nutrition response in Nyirol and Akobo counties.

The proposed project will build on SCI's existing operational presence in these locations. Although SCI has been providing emergency nutrition services in four sites (Alali, Diror, Walgak, Kaikuyi) in Akobo and five sites (Thol, Waat, Pading, Nyambor (2x)) of Nyirol county funded through UNICEF and WFP for prevention and treatment of acute malnutrition. Meanwhile potential aggravating factors; including food insecurity, increasing market prices, widely prevalent open defecation practices, upcoming rainy season that is expected to last from July to October, and low health seeking behaviors, poor hygiene and sanitation and limited access to health services can position further high risk malnutrition.

The insufficient resources (compared with the need), insecurity and intermittent access are also limiting access to basic services in these two counties. Thus SCI proposes to use SSHF funding to scale up and maximize access to life saving nutrition services over a period of six months. This SSHF funding will therefore serve as part of SCI's existing emergency response program enabling SCI to scale-up ongoing nutrition interventions in Akobo, and Nyirol counties in order to meet the increased humanitarian needs.

Cross cutting issues, like gender, HIV and environment, are priority concerns during humanitarian responses, and SCI will mainstream them across its programs. SCI mainstreams gender activities in all its program work through inclusion male and female among staff and volunteers, getting and provision of feedback to different groups on the performance of the project and finding ways to improve it in a consultative manner. Save the Children also mainstreams HIV and environment through its program through ensuring risk of HIV infection is minimized among staff, advising them for post exposure prophylaxis, as well as availing key HIV prevention messages on HIV for staff and project beneficiaries. Save the Children is accountable to the population affected and beneficiaries of the project through advising beneficiaries properly disposes empty boxes, tines and sachets of medications and nutrition commodities

Throughout its operation in these areas, SCI has shown strong continued performance and created good working relations with the local authorities and the community thus creating a sense of ownership for the programs and also active participation in program activities. SCI through the technical and operational team will continue replicating the efforts & coordinate with other partners in the areas with strong commitment to its core vision, mission and values to serve the community as to project implementation strategies.

In summary, this project is designed to reduce vulnerabilities and risk associated with the current food insecurity in the proposed counties, and its activities will be delivered through static, outreach as well as Rapid Response Mechanism (RRM), and they will complement existing nutrition activities that SCI is implementing in Akobo and Nyirol counties

#### **5. Complementarity**

This project will be supplemented with other funds ,UNICEF new PCA, and WFP FLA,

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To contribute for the reduction of morbidity and mortality from acute malnutrition through provision of life saving emergency nutrition interventions integrated with health, sanitation and MIYCN promotions to the most vulnerable and at risk populations in Akobo and Nyirol Counties.

SCI will ensure enhanced needs analysis of the nutrition situation and robust monitoring of interventions in order to ensure provision of preventive, curative and promotive nutritive intervention to children 0-59 months (boys and girls) both in host community, and IDPs are available and accessible in Nyirol and Akobo counties.

### **NUTRITION**

<b>Cluster objectives</b>	<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>
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	60
Increase access to integrated programmes preventing under nutrition for the most vulnerable and at risk.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	20
Increase access to integrated nutrition, health and WASH FSL responses in counties with critical levels of acute malnutrition.	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.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	10

**Contribution to Cluster/Sector Objectives :** In former Jonglei State, SCI plays a leading role in coordination activities on nutrition at county and state level supporting SMOH and CHDs as well other implementing partners, UNICEF and WFP. The strong presence in the area and acceptance of SCI at community, government and with local partners is strength of SCI and leverage for successful programming. To ensure that we deliver a complete CMAM program efforts are being made through WFP and UNICEF support. The project will follow the cluster coordination structures and improve any areas of gap identified if any. Moreover, the project will be linked to the existing development and emergency projects including ICCM which is being implemented by SCI.

#### **Outcome 1**

Improved access and utilization of quality acute malnutrition treatment services, among children 0-59 months boys and girls, and PLW in Akobo and Nyirol Counties

#### **Output 1.1**

<b>Description</b>							
Quality lifesaving CMAM interventions to children under five years of age and PLW provided							
<b>Assumptions &amp; Risks</b>							
The security situation in the operational areas is relatively stable, if to the worst cases scenario security clearance is provided for free movement of the team that enable exception of the proposed activities							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of children 6-59 month screened and referred for appropriate treatments					51,149
<b>Means of Verification</b> : Progress report Screening reports							
Indicator 1.1.2	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			478	517	995
<b>Means of Verification</b> : NIS data base Progress 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			2,745	2,973	5,718
<b>Means of Verification</b> : NIS data Progress Reports							
Indicator 1.1.4	NUTRITION	Total number of girls and boys (0-59 months) newly admitted with SAM with complication in SC and treated.					199
<b>Means of Verification</b> :							
Indicator 1.1.5	NUTRITION	[Frontline] Number of girls and boys (6-59 months) with SAM screened for malaria and tested positive and treated			140	152	292
<b>Means of Verification</b> : Progress Report Supportive supervision report							
Indicator 1.1.6	NUTRITION	[Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services					75
<b>Means of Verification</b> : NIS database							
Indicator 1.1.7	NUTRITION	Number of nutrition sites providing integrated OTP and TSFP services in the same site					15
<b>Means of Verification</b> : Progress Report Supportive supervision Report							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Conduct mass community and site screening to early identify cases of acute malnutrition and admit them into the CMAM program							
<b>Activity 1.1.2</b>							
Admission and treatment of acute malnourished cases in OTPs, TSFP and SC/ITP sites for an appropriate treatment of acute malnutrition							
<b>Activity 1.1.3</b>							
Distribution of registration books, tally sheets, reporting sheets, and anthropometric equipment to OTP/TSFP sites for proper implementation, monitoring and reporting of CMAM program (this will be need based and for the sites to be reactivated)							
<b>Activity 1.1.4</b>							
Screening ,testing and treating at least 15% of children with SAM for Malaria							
<b>Activity 1.1.5</b>							
Support Children (12-59 Months) get deworming during national immunization days and RRM/ICRM							
<b>Activity 1.1.6</b>							
Conduct monthly RRM (participate in ICRM) in hard to reach areas of Akobo and Nyirol Counties							
<b>Output 1.2</b>							
<b>Description</b>							
Local capacity to detect, respond and manage emergency nutrition is strengthened in Nyirol and Akobo							
<b>Assumptions &amp; Risks</b>							
Security of staff movement prevails. Willingness of local community to receive new nutrition services. Political stability							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Number of project staff trained on management acute malnutrition (SAM and MAM) based on the new CMAM and MIYCN guidelines					30
<b>Means of Verification</b> : Training Report							
Indicator 1.2.2	NUTRITION	Number of HHP/Volunteers trained on prevention management acute malnutrition (SAM and MAM) based on the new CMAM and MIYCN guidelines					60
<b>Means of Verification</b> : Training Report Progress Report							
Indicator 1.2.3	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					900
<b>Means of Verification</b> : Progress Reports Supportive supervision reports							
Indicator 1.2.4	NUTRITION	Proportion of OTP/TSFP with functional hand washing facilities and latrine					100
<b>Means of Verification</b> : Progress Reports Supportive supervision Reports							
Indicator 1.2.5	NUTRITION	[Frontline] Number of nutrition sites having required number of OTP and TSFP staff					15
<b>Means of Verification</b> : Progress Report Supportive supervision report							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Refresher training for CNWs and SCI staff on CMAM and MIYCN protocols							
<b>Activity 1.2.2</b>							
Provide minor rehabilitation of OTP/TSFP sites, as well as establish one new SC							
<b>Activity 1.2.3</b>							
Rehabilitate WASH facilities at OTP/TSFP sites, as well as provide hygiene and sanitation items for OTP/TSFP sites							
<b>Activity 1.2.4</b>							
Provide orientation to HHP/Volunteers on prevention management acute malnutrition (SAM and MAM) based on the new CMAM and MIYCN guidelines							
<b>Activity 1.2.5</b>							
Ensure all the 15 nutrition services points have at least two CNWs (staff time budgeted and deployed)							
<b>Activity 1.2.6</b>							
Provide PFA (psychological first aid training for children) training to CNWs and other nutrition staff ...[budgeted internal under SCI's protection unit]							
<b>Activity 1.2.7</b>							
Establish help desk in each OTP to ensure children in need of protection are early identified and supported/referred where there is services -----[budgeted internally through SCI's protection unit]							
<b>Outcome 2</b>							
Acute malnutrition among children boys and girls 0-59 months and PLW in Akobo and Nyirol counties is reduced ,prevented, and optimal nutrition practices are improved.							
<b>Output 2.1</b>							
<b>Description</b>							
Integrated MIYCN, sanitation and hygiene promotion is promoted							
<b>Assumptions &amp; Risks</b>							
HHP and Mothers continue to participate in the MIYCF/E messaging activities. Security prevails to allow effective outreaches							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Number of community members reached with health, sanitation, hygiene and MIYCN messages					42,309
<b>Means of Verification</b> : Progress Reports Sensitization Reports							
Indicator 2.1.2	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	30	30			60
<b>Means of Verification</b> :							

Indicator 2.1.3	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs						0
<b>Means of Verification</b> : Exit interview, Supervision report								
Indicator 2.1.4	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.						0
<b>Means of Verification</b> : Monthly report, incident report,								
<b>Activities</b>								
<b>Activity 2.1.1</b>								
Continue supporting existing MtMSGs and form additional groups in Akobo and Nyirol counties to help and improve optimal MIYCN practices								
<b>Activity 2.1.2</b>								
Conduct monthly community sensitization with key sanitation, hygiene, nutrition and MIYCN key messages								
<b>Activity 2.1.3</b>								
Provide non-monetary incentives (such as soaps and mosquitoes nets) for the MtMSGs								
<b>Activity 2.1.4</b>								
Conduct MIYCN-E training for a total of 30 Staff.								
<b>Activity 2.1.5</b>								
Distribute culturally sensitive IEC materials on MIYCN								
<b>Activity 2.1.6</b>								
Conduct community briefing about the program and ensure they understand the criteria to be enrolled in the program .								
<b>Outcome 3</b>								
Ensure enhanced Needs analysis of Nutrition situation and Monitoring of effective programming								
<b>Output 3.1</b>								
<b>Description</b>								
Adequate nutrition information that can guide the design, implementation and follow up of nutrition interventions are generated								
<b>Assumptions &amp; Risks</b>								
Security will allow for surveys to be conducted in Akobo and Nyirol Counties.								
<b>Indicators</b>								
			<b>End cycle beneficiaries</b>				<b>End cycle</b>	
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>	
Indicator 3.1.1	NUTRITION	[Frontline] Number of pre and post SMART surveys undertaken					2	
<b>Means of Verification</b> : Survey Report								
Indicator 3.1.2	NUTRITION	Number of NIS reports shared (per county )					6	
<b>Means of Verification</b> : NIS Report								
Indicator 3.1.3	NUTRITION	Timeliness and completeness of NIS reports (Percentage)					85	
<b>Means of Verification</b> : NIS Report Performance Review								
<b>Activities</b>								
<b>Activity 3.1.1</b>								
Conduct 2 SMART surveys , one in Akobo and Nyirol County								
<b>Activity 3.1.2</b>								
Continue conducting Nutrition Surveillance across the nutrition services points (project area)								
<b>Activity 3.1.3</b>								
Number of Compile and submitted NIS reports to the nutrition cluster, CHD and SMoH								
<b>Additional Targets :</b>								
<b>M &amp; R</b>								
<b>Monitoring &amp; Reporting plan</b>								
SCI has in place a strong monitoring, evaluation, accountability and learning framework which will be used to ensure that the project generates information for management decision for ongoing, corrective actions, accountability to the donor and beneficiaries and to generate program learning. The system will encompass regular monitoring, quality benchmark monitoring, accountability systems and systematic learning								
<b>Workplan</b>								



Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct mass community and site screening to early identify cases of acute malnutrition and admit them into the CMAM program	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Admission and treatment of acute malnourished cases in OTPs, TSFP and SC/ITP sites for an appropriate treatment of acute malnutrition	2017								X	X	X	X	X
	2018	X											
Activity 1.1.3: Distribution of registration books, tally sheets, reporting sheets, and anthropometric equipment to OTP/TSFP sites for proper implementation, monitoring and reporting of CMAM program (this will be need based and for the sites to be reactivated)	2017								X	X	X	X	X
	2018	X											
Activity 1.1.4: Screening ,testing and treating at least 15% of children with SAM for Malaria	2017								X	X	X	X	X
	2018	X											
Activity 1.1.5: Support Children (12-59 Months) get deworming during national immunization days and RRM/ICRM	2017								X	X	X	X	X
	2018	X											
Activity 1.1.6: Conduct monthly RRM (participate in ICRM) in hard to reach areas of Akobo and Nyirol Counties	2017								X	X	X	X	X
	2018	X											
Activity 1.2.1: Refresher training for CNWs and SCI staff on CMAM and MIYCN protocols	2017								X	X	X	X	X
	2018	X											
Activity 1.2.2: Provide minor rehabilitation of OTP/TSFP sites, as well as establish one new SC	2017								X	X	X	X	X
	2018	X											
Activity 1.2.3: Rehabilitate WASH facilities at OTP/TSFP sites, as well as provide hygiene and sanitation items for OTP/TSFP sites	2017								X	X	X	X	X
	2018	X											
Activity 1.2.4: Provide orientation to HHP/Volunteers on prevention management acute malnutrition (SAM and MAM) based on the new CMAM and MIYCN guidelines	2017								X	X	X	X	X
	2018	X											
Activity 1.2.5: Ensure all the 15 nutrition services points have at least two CNWs (staff time budgeted and deployed)	2017								X	X	X	X	X
	2018	X											
Activity 1.2.6: Provide PFA (psychological first aid training for children) training to CNWs and other nutrition staff ...[budgeted internal under SCI's protection unit]	2017								X	X	X	X	X
	2018	X											
Activity 1.2.7: Establish help desk in each OTP to ensure children in need of protection are early identified and supported/referred where there is services ----- [budgeted internally through SCI's protection unit]	2017								X	X	X	X	X
	2018	X											
Activity 2.1.1: Continue supporting existing MtMSGs and form additional groups in Akobo and Nyirol counties to help and improve optimal MIYCN practices	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: Conduct monthly community sensitization with key sanitation, hygiene, nutrition and MIYCN key messages	2017								X	X	X	X	X
	2018	X											
Activity 2.1.3: Provide non-monetary incentives (such as soaps and mosquito nets) for the MtMSGs	2017								X	X	X	X	X
	2018	X											
Activity 2.1.4: Conduct MIYCN-E training for a total of 30 Staff.	2017								X	X	X	X	X
	2018	X											
Activity 2.1.5: Distribute culturally sensitive IEC materials on MIYCN	2017								X	X	X	X	X
	2018	X											
Activity 3.1.1: Conduct 2 SMART surveys , one in Akobo and Nyirol County	2017								X	X	X	X	X
	2018	X											



Activity 3.1.2: Continue conducting Nutrition Surveillance across the nutrition services points (project area)	2017								X	X	X	X	X
	2018	X											
Activity 3.1.3: Number of Compile and submitted NIS reports to the nutrition cluster, CHD and SMoH	2017								X	X	X	X	X
	2018	X											

#### OTHER INFO

##### Accountability to Affected Populations

SCI has its own accountability systems, founded on Humanitarian Accountability Partnership Standards on accountability and quality management, and Inter-Agency Standing Committee (IASC) recommended principles and values. For this project, SCI will conduct community sensitization and information sharing sessions on project activities with girls, boys, women and men, together with community and government leaders at the onset of implementation, to ensure communities are well informed about the project and to receive feedback from beneficiaries and communities. SCI will seek and consider the views of beneficiaries and community members throughout the project to ensure that their feedback and complaints are addressed in an effective and timely manner. SCI has an established complaint response mechanism (CRM) with two components a) beneficiary complaint/feedback collection mechanism and b) complaint handling and response mechanism.

##### Implementation Plan

The proposed action considers its advantages in terms of its operational presence, sectorial experience in health, nutrition, FSL, CRG and protection, as well as good partnership in Jonglei. At a national level, both operation and technical specialists will oversee the project in a coordinated way and provide the required level of technical backup to ensure quality and timely implementation of the project by organizing field visits and remote assistance where due necessary. At the field level sci will also coordinate with the state and county government of Jonglei, as well as beneficiaries and support their lead during the implementation of program activities.

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

Name of the organization	Areas/activities of collaboration and rationale
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##### Environment Marker Of The Project

##### Gender Marker Of The Project

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

##### Justify Chosen Gender Marker Code

Health and nutrition seeking behaviors of women, girls, men and boys are different and nutrition project activities will be designed according to cultural and society norms, considering the specific needs of women (including PLW), girls, boys and men. A primary focus of the project will be women who are the primary caregivers for infants and children and are influential in child care practices. Outreach to communities will strive to ensure women facing economic or social pressures do not present to health facilities late for services or treatment. Men, who are traditionally head of the household will be encouraged in joining the support groups, helping them to understand optimal MIYCN practices to be able to support mothers and caregivers. Through community consultations on project activities, women and men will be equally selected, consulted and involved in decision-making. The selection of community Health and Nutrition Volunteers (HHPs & CNVs) is through the Boma Health Initiative and will target both males and females. Data collected from the communities and health facilities will be disaggregated and analyzed by sex. Save the Children strives to ensure gender balance in its employment and trainings of staff and volunteers

##### Protection Mainstreaming

Households and their family members, mainly women and children that are vulnerable for to conflict, will benefit from the project from the awareness and capacity building capacity of the local communities and institutions on community based conflict mitigation and promotion of peace building. In addition to awareness and psycho-social treatments, households and their families who are affected and vulnerable to the ongoing conflict that could aggravate their malnutrition status will be supported from the basic services and livelihood assistances. As Nile hope and IMC are implementing partners in the area, SCI will work with close collaboration through establishing good referral mechanism, coordination meeting and completing. All SAM children with complication will be referred to SC lead by Nile hope and IMC .

##### Country Specific Information

##### Safety and Security

##### Access

#### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Director of Programme Development and Quality	D	1	7,831.00	6	4.00	1,879.44

	<i>5% Director of PDQ's (Juba Based International staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months</i>						
1.2	Director of Programme Implementation	D	1	10,512.00	6	4.00	2,522.88
	<i>5% Director of Program Implementation's (Juba Based International staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months</i>						
1.3	Programme Implementation Manager	D	1	7,453.00	6	4.00	1,788.72
	<i>5% Program Implementation Manager's (Juba Based International staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months</i>						
1.4	Health and Nutrition Technical Specialist	D	1	6,547.00	6	10.00	3,928.20
	<i>10% Health and Nutrition Technical Specialist's (Juba Based International staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months</i>						
1.5	Emergency Nutrition Technical Specialist	D	1	6,547.00	6	13.00	5,106.66
	<i>15% Emergency Nutrition Technical Specialist's (Juba Based International staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months</i>						
1.6	Roving MEAL Manager	D	1	6,527.00	6	4.00	1,566.48
	<i>10% Health and Nutrition Technical Specialist's (Juba Based International staff) salary, benefits and fringes cost will be charged as Direct cost for 6 months</i>						
1.7	Zonal Nutrition Program Manager (Roving Jonglei)	D	1	6,527.00	6	9.00	3,524.58
	<i>10% Zonal Nutrition Program Manager's (Field Based International staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. This person will oversee and coordinate the project implementation, and liaise with the SMoH in Jonglei</i>						
1.8	Nutrition Program Manager	D	1	6,527.00	6	45.00	17,622.90
	<i>10% Zonal Nutrition Program Manager's (Field Based International staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. This person will be primarily responsible for the implementation of the project, provision of training, supervision, site monitoring and reporting.</i>						
1.9	SCUK HQ Technical support (Nutrition)	D	1	266.00	10	95.00	2,527.00
	<i>100% SCUK Technical Adviser's salary, benefit and fringe benefits at a daily rate of \$266 for 10 days will be charged under this project as direct cost</i>						
1.10	Advocacy & Policy Director	D	1	6,073.00	6	8.00	2,915.04
	<i>10% Advocacy and Policy Director's (Juba Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months.</i>						
1.11	Senior MIYCN Technical Coordinator	D	1	1,560.00	6	15.00	1,404.00
	<i>20% Senior MIYCN Technical Coordinator's (Juba Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. This person will be primarily responsible for the technical oversight of the MIYCN activities and integration into the CMAM program</i>						
1.12	Health and Nutrition Information Coordinator	D	1	1,560.00	6	9.00	842.40
	<i>10% Health and Nutrition Information Coordinator's (Juba Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. This person will be responsible for the receiving, compilation and reporting of nutrition information.</i>						
1.13	Survey Officers	D	2	1,418.00	6	20.00	3,403.20
	<i>30% two survey officers' (Roving, National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will support the planning, conduct and reporting of the two SMART surveys, and the nutrition surveillance activities.</i>						
1.14	County Assistant Nutrition Manager	D	2	2,588.00	6	45.00	13,975.20
	<i>50% two County Assistant Nutrition Managers' (field Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible for coordinating the emergency nutrition interventions in their respective counties</i>						
1.15	CMAM Officers	D	2	892.00	6	35.00	3,746.40
	<i>50% two CMAM Officers' (field Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible supervising OTP/TSFP sites, proving refresher training for CNWs, following and reporting services from the nutrition services points.</i>						
1.16	MIYCN Officers	D	2	892.00	6	35.00	3,746.40
	<i>50% two MIYCN Officers' (field Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible selecting, and training MtMSG, promotion of MIYCN, and community sensitization, as well as integration of WASH into the nutrition services</i>						

1.17	CNWs (Community Nutrition Workers)	D	30	552.00	6	55.00	54,648.00
	<i>75% of 30 CNWs' (site based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible for running OTP/TSFP sites</i>						
1.18	SC Nurses	D	2	552.00	6	75.00	4,968.00
	<i>75% of 2 SC nurses' (site based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible for running SC</i>						
1.19	Clinical Officers for SC	D	1	552.00	6	100.00	3,312.00
	<i>100% of one clinical officer's (site based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. This person will be responsible for clinical oversight of the SC</i>						
1.20	Cleaners- OTP/TSFP	D	16	440.00	6	50.00	21,120.00
	<i>50% of 16 cleaners' (15 OTP/TSFP and 1 SC) (site based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months.</i>						
1.21	Center Guards -OTP/TSFP	D	30	440.00	6	35.00	27,720.00
	<i>50% of 32 guards' (site based National staff) salary, benefits and fringes cost will be charged as direct program for 6 months.</i>						
1.22	Incentives for Home Health Promoters	D	30	25.00	6	100.00	4,500.00
	<i>100% monthly incentive costs at a rate of \$25 per month per HHP for 30 HHPs (2 per site) will be charged as direct program cost for 6 months. These HHPs will be responsible for liaising the nutrition services points with the community, community representatives, as well as support the MtMSG and community sensitization activities</i>						
1.23	International Staffs(CD,DPD, Finance director, HR director,Security Director, Award director, Head of logistic,Area PM)	S	8	31,889.00	6	1.00	15,306.72
	<i>8 International Staff ( Field and Juba based ) The cost is related to shared activities/tasks. This includes; Finance, Human resources, Logistics, Award Management, The activities/tasks of these functions will benefit the whole Country office portfolio and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The time spent by each support staff will be recorded (and documented) via the SCI Effort Reporting System (timesheet). It is budgeted at a total cost of \$76,533.60 for 6 Months.</i>						
1.24	National Support staff salaries ( Juba & Field based)(Feild PM 2, Logistic manger,Security officer 2,Finance officer, HR coordinator, )	S	16	15,263.00	6	3.00	43,957.44
	<i>This is related to National staff in the country office and the field office in the 3 states. The cost is related to shared activities/tasks. This includes; Finance, Human resources, Logistics, Award Management, Field office Operations Management, The activities/tasks of these functions will benefit the whole Country office portfolio and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The time spent by each support staff will be recorded (and documented) via the SCI Effort Reporting System (timesheet). It is budgeted at a total cost of \$43,957.44 for 6 Months.</i>						
	<b>Section Total</b>						<b>246,031.66</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Conduct mass community and site screening to early identify cases of acute malnutrition and admit them into the CMAM program	D	2	5,803.10	6	60.00	41,782.32
	<i>65% direct program cost for conducting nutrition screening cost will be charged under this project a rate of 1522 per county per month for six months to cover costs of purchase MtMSG materials; like mats, children playing materials, demonstration banners, meeting venue sitting materials, radio, and etc.</i>						
2.2	Admission and treatment of acute malnourished cases in OTPs, TSFP and SC/ITP provided appropriate treatment	D	15	583.00	6	70.00	36,729.00
	<i>55% direct program cost for admission and treatment of acute malnourished cases in OTPs, TSFP and SC/ITP will be charged under this project a rate of 583.33 per OTP/TSFP site per month for six months. The cost items under this activity include Buffer stock OTP/SC Supplies (\$20,000), OTP /SFP Nutrition - Basic Furniture, Medical Equipment OTP (\$1500) and establish one new SC (\$10,000)</i>						
2.3	Distribution of OTP and TSFP Tools from the revised CMAM guideline for proper implementation, monitoring and reporting	D	2	2,125.00	2	66.00	5,610.00
	<i>50% direct program cost for distribution of registration books, tally sheets, reporting sheets, and anthropometric equipment will be charged under this project a rate of 2125 per county twice during the project period. The cost items under this activity include Transportation cost (chartered flight) (\$4000), and loading and unloading costs (\$250)</i>						
2.4	Screening ,Testing and treating Girls and Boys ( 6-59 Months ) for Malaria	D	2	486.00	1	100.00	972.00
	<i>100% direct program cost for Screening ,Testing and treating Girls and Boys ( 6-59 Months ) for Malaria will be charged under this project a rate of 517.5 per county. The cost items under this activity includes purchase of RDT kit (\$270), and training of CNWs on RDT (\$765)</i>						
2.5	Support Children (12-59 Months) get deworming during national immunization days	D	2	1,200.00	1	85.00	2,040.00

	<i>100% direct program cost for supporting Children (12-59 Months) get deworming during national immunization days will be charged under this project a rate of 1200 per county. The cost items under this activity includes logistics and transportation support for up to 10 days</i>						
2.6	Conduct monthly RRM (participate in ICRM) in hard to reach areas of Akobo and Nyirol Counties	D	1	5,384.00	6	100.00	32,304.00
	<i>100% direct program cost to conduct RRM (participate in ICRM) cost will be charged under this project a rate of 5384 per mission The cost items under this activity includes salary of nutrition Nurses (CNW) (\$10704), casuals (\$1200), and transportation cost (\$20,400)</i>						
2.7	Refresher training for CNWs and SCI staff on CMAM and MIYCN protocols	D	30	65.00	1	100.00	1,950.00
	<i>75% direct program cost to conduct Refresher training for 30 CNWs and SCI staff on CMAM and MIYCN protocols will be charged under this project a rate of \$65 per trainee. The cost items under this activity includes stationary, accommodation, refreshment and hall rent</i>						
2.8	Rehabilitate and establish OTP/SC/TSFP Sites	D	2	7,500.00	2	46.00	13,800.00
	<i>45% direct program cost to conduct minor rehabilitation of existing OTP/TSFP sites will be charged under this project a rate of 7500 per county. The cost items include labour costs, purchase of local materials and local transportation</i>						
2.9	Rehabilitate WASH facilities at OTP/TSFP sites	D	2	13,125.00	1	50.00	13,125.00
	<i>50% direct program cost to Rehabilitate WASH facilities at OTP/TSFP sites will be charged under this project a rate of 13,125 per county. The cost items include labour costs, purchase of local materials and local transportation</i>						
2.10	Continue supporting existing MtMSGs and form additional groups in Akobo and Nyirol counties to help and improve optimal MIYCN practices in Akobo and Nyirol.	D	2	5,333.00	6	40.00	25,598.40
	<i>75% direct program cost to support Continue supporting existing MtMSGs and form additional groups in Akobo and Nyirol counties to help and improve optimal MIYCN practices in Akobo and Nyirol will be charged under this project a rate of 5333.33 per county per month. The cost items under this activity includes purchase of MtMSG material (\$3000), non-monetary incentives for MtMSG (33,750)</i>						
2.11	Conduct community sensitization every two months with key sanitation, hygiene, nutrition and MIYCN key messages	D	2	5,100.00	3	50.00	15,300.00
	<i>75% direct program cost to conduct community sensitization every two months with key sanitation, hygiene, nutrition and MIYCN key messages a rate of 5100 per county per month. The cost items under this activity includes monetary (\$6750) and non-monetary incentives (\$16,200) for HHPs, CHD staff and other community volunteers</i>						
2.12	Provide non-monetary incentives (such as soaps and mosquitoes nets) for the MtMSGs	D	0	20.00	6	100.00	0.00
	<i>75% direct program cost to provide non-monetary incentives for MTMSG members a rate of 20 per volunteer per month. The cost items under this activity includes purchase and distribution of items like soap, sugar etc.</i>						
2.13	Conduct MIYCN-E training for a total of 30 Staff.	D	30	65.00	1	95.00	1,852.50
	<i>75% direct program cost to conduct an MIYCN training at a rate of \$65 per trainee . The cost items under this activity includes stationary, refreshment, accommodation and hall rents</i>						
2.14	Conduct 2 SMART surveys , one in Akobo and Nyirol County	D	2	19,750.00	1	35.00	13,825.00
	<i>35% direct program cost to conduct two SMART survey at a rate of \$19,750 per survey . The cost items under this activity includes salary of survey manager (\$7800), and operational cost of the survey (\$8000)</i>						
2.15	Provide quarterly supportive supervision and monitoring visits to OTP/TSFP sites to improve the functionality and the quality of the services delivered in the sites	D	3	4,110.00	1	70.00	8,631.00
	<i>70% direct program cost to conduct joint supportive supervision and accountability a rate of \$4111 per visit.</i>						
2.16	UNICEF and WFP will provide nutrition supplies		0	0.00	0	0.00	0.00
	<i>All Supplies fro OTP,(RUTF ,Routine drugs and anthropometric measurement materials will be provided by UNICEF, and all supplies for MAM like CSB+,CSB++, Sugar, RUSF and vegetable oil will be provided by WFP</i>						
	<b>Section Total</b>						<b>213,519.22</b>
<b>3. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>4. Contractual Services</b>							
4.1	Premise costs (Juba)	S	1	47,240.00	6	4.00	11,337.60
	<i>The cost will take care of the country office premise cost to support the program, the program will therefore be required to contribute towards the rental costs, the Electricity and water, the security costs and Internet cost of Central Office costs, It is budgeted at \$14,172 for 12 months</i>						

4.2	Premise costs (field)	S	3	15,74 6.00	6	4.00	11,337.12
	<i>The cost will take care of 3 field office premise cost including rental costs, Electricity, Water, Security and Internet cost of the field office. It is budgeted at \$14,171.40 for 6 months.</i>						
4.3	Warehousing cost for 600 USD	D	1	200.0 0	6	42.00	504.00
	<i>45% warehousing cost at a monthly rate of 200% is budgeted for six months</i>						
	<b>Section Total</b>						<b>23,178.72</b>
<b>5. Travel</b>							
5.1	Flight, accommodation and per diem for program staff during field visits	D	2	1,333 .00	6	70.00	11,197.20
	<i>70% local transportation cost for RRM/ICRM and program implementation is budgeted as support cost at a rate of \$1333 per county per month</i>						
5.2	Program staff travel Costs	D	2	555.0 0	9	70.00	6,993.00
	<i>75% Juba-field travels (program support) cost support is budgeted at a rate of \$550 per trip per person, 3 program staff will travel from Juba to the field 3 times to each county during the project period</i>						
5.3	Support staff travel, lodging, capacity building (Juba)	S	0	0.00	0	0.00	0.00
	<i>This cost will cover the monitoring visits of support function staff (HR, Award, Logistic, Finance, Admin. Etc.) aim to guarantee that policies and procedure are in place and constantly adopted. It is budgeted at a total cost of \$6,377.76 for 6 months</i>						
5.4	Vehicle & transport costs (Juba)	S	4	17,71 4.00	6	1.00	4,251.36
	<i>The shared vehicle and transport cost will support the country office This is cost associated with vehicle usage for general tasks/activities that benefit the entire country office portfolio and for which the Country Office could not operate effectively without. This will include fuel, maintenance, registration and insurance costs that benefit the whole country office portfolio. It is budgeted at \$4,251.36 for 6 months</i>						
5.5	Vehicle & transport costs (Field)	S	4	17,71 4.00	6	1.00	4,251.36
	<i>The shared vehicle and transport cost will support programme implementation in the field, This is cost associated with vehicle usage for program delivery activities This will include fuel, maintenance, registration and insurance costs that benefit the whole country office portfolio. It is budgeted at \$4,251.36 for 6 months</i>						
5.6	Office supplies (Juba)	S	1	21,26 0.00	6	4.00	5,102.40
	<i>The cost will take care of the country office running cost, administration material, other consumables . It is budgeted at \$6,378.00 for 6 months</i>						
5.7	Office supplies (Field)	S	3	7,086 .00	6	4.00	5,101.92
	<i>The cost will take care of the country office running cost, administration material, other consumables . It is budgeted at \$6377.40 for 6 months</i>						
	<b>Section Total</b>						<b>36,897.24</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
NA	NA	NA	0	0.00	0	0	0.00

	NA			
	<b>Section Total</b>			<b>0.00</b>
<b>SubTotal</b>	271.00			<b>519,626.84</b>
Direct				418,980.92
Support				100,645.92
<b>PSC Cost</b>				
PSC Cost Percent				7.00
PSC Amount				36,373.88
<b>Total Cost</b>				<b>556,000.72</b>

<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei							
Jonglei -> Akobo	56	166	8,468	9,654	10,459	28,747	
Jonglei -> Nyirol	44	134	6,687	7,623	8,258	22,702	

<b>Documents</b>	
Category Name	Document Description