

Requesting Organization :	International Medical Corps UK				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
NUTRITION		100.00			
		100			
Project Title :	Integrated lifesaving nutrition response to conflict, most affected and vulnerable populations (children 6-59 months, pregnant & lactating women) in Akobo County, South Sudan.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/H/103526	Fund Project Code :	SSD-17/HSS10/SA2/N/INGO/6557		
Cluster :	Nutrition	Project Budget in US\$:	236,000.05		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/09/2017	Planned End Date :	28/02/2018		
Actual Start Date:	01/09/2017	Actual End Date:	28/02/2018		
Project Summary :	<p>International Medical Corps UK, through SSHF call for the proposal , is requesting funds in order to ensure continuation and scaling up of lifesaving nutrition services, to the most affected Internally displaced and the host populations in Akobo County, former Jonglei State. International Medical Corps UK is proposing SSHF funding for six months period from September 01,, 2017 to March 31, 2018. SSHF funding will support in hiring more, human resource, program supplies and rehabilitation of nutrition sites to cater for increasing caseload due to influx of Internally Displaced population from Akobo West, currently IDP population is 9,671 mainly from Walgak, Kaikunyi and cattle keepers that migrated to this area, in search of pasture and also due to persistent inter clan fighting between Murle and Nuer communities. The program admission trend since February, 2017 indicates increase of Acute Malnutrition burden, due to above mentioned factors.</p> <p>International Medical Corps UK, is running OTP and TSFP services in Akobo East, in 10 nutrition feeding sites; 3 are integrated at the health facility while 7 are community nutrition outreach program. Management of SAM cases with Medical Complications in Akobo county Hospital, the only stabilization care unit in the County.</p> <p>Akobo East County, nutrition situation, the recent SMART survey conducted by International Medical Corps in June, 2017, shown , Global Acute Malnutrition prevalence of 18.0% (14.5↔22.3 95% CI) and SAM prevalence of 4.3 % (2.7↔ 6.7 95% CI) based on Weight-for-Height and the presence of bilateral Oedema. According to WHO classification the nutrition situation remain critical above 15%.</p> <p>IPC, June 2017 report; on addition described; Former Greater Jonglei State, where food security is rapidly deteriorating, predominantly in the counties of Ayod, Canal/Pigi, Duk, Nyirol and Urur, which are facing Emergency (IPC Phase 4) acute food insecurity, with Ayod having an estimated 20,000 people experiencing Humanitarian Catastrophe (IPC Phase 5) at least through July 2017. The conflict-related displacement of over 200,000 people from northern, central, and eastern former Jonglei has severely disrupted livelihoods and access to social services, thus severely undermining food security in the State. The situation has been further exacerbated by last year's poor harvests as well as the economic crisis that has eroded households' purchasing power.</p> <p>Therapeutic nutrition interventions will include treatment for children aged 6-59 months and pregnant and lactating women with acute malnutrition. International Medical Corps UK will also implement preventive measures to alleviate suffering caused by acute malnutrition.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
400	5,533	6,439	6,701	19,073	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	6,439	6,701	13,140
Internally Displaced People	150	750	0	0	900
People in Host Communities	250	4,783	0	0	5,033

Indirect Beneficiaries :

Indirect beneficiaries; 16,846

Children 11, 360, women 4836 and 650 men

Catchment Population:

Akobo East County; population; 69,160 Host & IDPs

Link with allocation strategy :

International Medical Corps UK through SSHF funding, will implement nutrition interventions in line with the nutrition cluster 2017 strategy;

I. Needs; treatment of children aged 6-59 months (Boys & Girls) and pregnant and lactating women with acute malnutrition, In-Patient SAM cases with Medical Complication (SC), Outpatient therapeutic programs (OTP), and Targeted supplementary feeding programs (TSFP). The Management of SAM and MAM will be completed through an Integrated CMAM approach. Nutrition services will be provided in 10 nutrition sites, among the affected internally persons and the host communities. Mainly SC, OTP, TSFP and IYCF services.

II. Prevention of malnutrition will be prioritized, especially on strategies to implement Maternal Infant and Young Child, nutrition feeding programs (MIYCN) through are well-established mother support groups. Additionally, water, sanitation and hygiene practices will be emphasized as well. The prevention strategy will involve men, women and adolescents (female & male) and intervention strategies such as Micro-nutrient supplementation (including Vitamin A among children aged 6-59 months and iron-folate among pregnant women) and de-worming. Community and facility case findings will contribute to the early detection and referral of acutely malnourished children and pregnant and lactating women for timely treatment. The community nutrition and health promoters, plus community leaders will be involved in the mobilization for children aged 6-59 months and pregnant and lactating women for MUAC screening. Screening data, will be analyzed, that will inform the program on how best to improve coverage or services in an area.

III. Capacity building; International Medical Corps UK will train and equip the nutrition and the MoH staff, to better provide management and prevention of acute malnutrition, this will be done through formal and informal trainings on CMAM using the new South Sudan CMAM guideline.

IV. International Medical Corps UK surveillance team, through SSHF support will conduct a SMART survey in Akobo West- Post SMART survey that will inform the stakeholders on the nutrition prevalence of malnutrition. SSHF funds will support in the transportation of supplies through chartered flights due to poor roads and insecurity hindering road transportation, on the field level Boats will be used to transport supplies and staff to reach all outreach sites with nutrition services.

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
Golam Azam	Country Director	gazam@internationalmedicalcorps.org	0927000112
Mbuto Samuel	Nutrition Coordinator	smbuto@internationalmedicalcorps.org	0927000124
Muhammad Bakhtiar	Medical Director	mbakhtiar@InternationalMedicalCorps.org	0927000113

BACKGROUND**1. Humanitarian context analysis**

As a result of the persistent political instability and low socio-economic standards, the civilian population continues to experience increasing levels of violence nationwide. The needs of the vulnerable segment especially the IDPs continue to increase as a result of multiple and intertwining threats, including inter-communal violence, economic decline and epidemic potential diseases.

Akobo East County, continue to experience, influx of IDPs mainly from Yuai, Waat & Akobo West. According to REACH the population for IDPs are 9,671, The conflict, and associated displacement, has had a significant impact on food security, led to the disruption of health and nutrition care services consequentially, increasing the risk of an elevated prevalence of Acute malnutrition, this has been observed from March 2017 up to date. Last year the harvest was affected by poor rainfall, hence shortage of grains in the region, on addition to more pressure exerted by the IDP that are staying with the host communities. OXFAM with WFP support is providing General Food distribution, on a monthly basis, however BSFP is only provided to town dwellers, and other Payams, far from Akobo town have no BSFP services.

Humanitarian agencies are struggling to provide lifesaving services with health care being key priority among others. However, the security situation remains volatile and there are fears of revenge killings. The resumed conflict has also halted many activities outside of Akobo town. Akobo county has become hotspot of insecurity as tension continues between government and opposition forces. Early in March 2017, heavy clashes between armed groups in Jonglei's Uror and Nyirol counties forced thousands of civilians to flee to Akobo town. The rising cost of living and impact of the conflict have undermined people's ability to access adequate health care in many parts of the county.

2. Needs assessment

The nutrition situation in Akobo East County remains very critical based on the most recent SMART survey conducted in June, 2017 by International Medical Corps. Indicating, Global Acute Malnutrition prevalence of 18.0% (14.5↔22.3 95% CI) and SAM prevalence of 4.3 % (2.7↔ 6.7 95% CI) based on Weight-for-Height and the presence of bilateral Oedema. According to WHO classification the nutrition situation remain critical above 15%. Most of the outreach nutrition sites remain accessible, due to the fact that, most, settlements are alongside the river and reached through the year using river transport (Boat) and during dry season cars can access all areas. Food security; the County faces reduced food stock due to poor harvest last year, and influx if IDPs mainly from Akobo West County, has mounted high pressure on available food in the County.

IMC UK will work closely with FSL partners to integrate nutrition services with food security. Another SMART survey will be conducted in November-December, while on a monthly basis mass screening will take place, to continuously monitor nutrition situation.

3. Description Of Beneficiaries

Management of Acute Malnutrition; Beneficiaries that will benefit and participate in this program will be children aged 6-59 months (boys and girls) and pregnant and lactating women with acute malnutrition. Through community and facility based screening, identification of the acute malnutrition cases will be completed at the community level through the use of MUAC by the community health promoters. Refresher training and on the job training on taking proper MUAC measurements will be a priority to minimize incorrect referrals. In establishing the caseload for both SAM and MAM clusters, the nutrition cluster calculation sheet will be used, to ensure that implementation is realistic and in accordance with the cluster targets. Children (6-59 months) with bilateral pitting Oedema (grade +/++) or severe wasting W/H Z-score <-3 and/or MUAC < 115 mm, and appetite test passed, no medical complication, clinically well will be treated in Outpatient Therapeutic Program (OTP). Targeting for MAM is based on MUAC >115mm - <125mm, no Oedema and clinically well and with good appetite. Children completing treatment for SAM or if a child returns after defaulting within 1 month are included in TSFP. Malnourished PLW having MUAC below 230mm will be treated through Targeted Supplementary Feeding. Program (TSFP).

Prevention Strategy; Using the mother support group approach, mothers of reproductive age will be encouraged and mobilized to attend bi-weekly mother support groups to learn how to improve child care practices, with an emphasis on the first 1000 days. Mother support groups will be established, group members will be supported by the community nutrition and health promoters and the nutrition assistant and will receive guidance from the IYCF officer, on how to increase participation of MSGs, ensuring that MSGs sessions are productive. Mother support meetings will be conducted on a bi-weekly basis, at a minimum on a monthly basis; this is to ensure increase in adoption of MIYCN and hygiene practices among the mothers\caregivers. Although it is hard to involve men in discussing the importance of healthy family practices, such as child care and hygiene messages, through this funding, International Medical Corps UK will scale up the prevention strategy to bring men on board, especially meeting them during social hours and at food security programs, where men are mainly involved.

IMC UK will also strengthening nutrition surveillance; While conducting the SMART Survey mothers with children aged 6-59 months will be included as well the pregnant and lactating women MUAC assessment will be conducted.

4. Grant Request Justification

Akobo West County has high level of global acute malnutrition that is described as critical; The current SMART survey conducted in June, 2017 shows GAM rate of 18% (14.5↔22.3 95% CI) and SAM prevalence of 4.3 % (2.7↔ 6.7 95% CI). June, 2017, IPC report described, former Greater Jonglei State, that food security is rapidly deteriorating, predominantly in the counties of Ayod, Canal/Pigi, Duk, Nyirol and Uror, which are facing Emergency (IPC Phase 4) acute food insecurity, with Ayod having an estimated 20,000 people experiencing Humanitarian Catastrophe (IPC Phase 5) at least through July 2017. The conflict-related displacement of over 200,000 people from northern, central, and eastern former Jonglei has severely disrupted livelihoods and access to social services, thus severely undermining food security in the State. The situation has been further exacerbated by last year's poor harvests as well as the economic crisis that has eroded households' purchasing power.

International Medical Corps UK has already established nutrition program, however due to increased influx of IDPs there is need to increase response, in this location. Although the current program is supported by OFDA, it is facing, budgetary deficit to cover new caseload, that does not only require supplies, but increased human resource capacity, additional logistical support and improvement on the old nutrition facilities and construction of one additional (New) facility to cater for the increased needs in reaching all children aged 0-59 months, pregnant and Lactating women with Acute Malnutrition. International Medical Corps UK, already has FLA with WFP for TSFP supplies, while for UNICEF PCA, at the final stages to acquire signed PCA, however we are getting supplies through County Health department approvals, therefore no breakdown of supplies.

There is already an established field base in Akobo County, with two cars, and one Boat to facilitate transportation to the field sites. Communication Equipment's are in place as well. International Medical Corps UK, will hire more national staff to cater for increased caseload at the facility level, to improve quality service delivery. A dedicated logistic team based in Juba and in the field will support quick procurement of supplies and dispatch timely consignments, while the field will facilitate implementation

Nutrition services will be conducted in a manner that ensures safety, dignity and no harm to the beneficiaries, confidentiality will be maintained, delivery of services will be situated in areas that do not endanger beneficiaries security.

International Medical Corps UK through its implementation, considers gender mainstreaming as an important aspect, ensuring that there all gender related aspects are address during program implementation period.

5. Complementarity

SSHF funding is essential for continuation of the nutrition program in Akobo East County; this additional funds, will complement OFDA funding supporting nutrition program, due to existing funding deficit, to cater for new IDPs. If International Medical Corps UK will not secure SSHF funding there is high likelihood, that coverage will be reduced, as a result of reducing program staffs, three months before end of the program. The impact will affect the nutrition sites as well the stabilization care unit, therefore putting the most affected population at higher risk of suffering due to Acute Malnutrition.

LOGICAL FRAMEWORK

Overall project objective

Contribute to reduction of mortality, morbidity and impacts of poor growth development, due to malnutrition, through management of SAM and MAM & Provision of support to MIYCN in emergencies, Micronutrient supplementation, and nutrition surveillance

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			80				
Increase access to integrated programmes preventing under nutrition for the most vulnerable and at risk.		SO2: Protect the rights and uphold the dignity of the most vulnerable			15				
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 : International Medical Corps UK through this project will contribute to the cluster objectives on the following ways;</p> <p>Provide Management for acute malnutrition cases.</p> <p>International Medical Corps UK will be able to continue providing treatment to children aged 6-59 months, pregnant and lactating women with Severe and Moderate Acute Malnutrition. Through the community nutrition and health promoters' network screening will be done on a monthly basis, and mass/mop-up screening on a quarterly basis. Nutrition treatment sites will generate and fill the follow up forms, which will be used by the CNHPs to follow up absent, defaulter and non-respondents cases at household level and ensure mothers/caregivers return back to the program and complete the treatment phase. Referral mechanisms will be strengthened from one nutrition site to another depending either on improvement or deterioration of children aged 6-59 months and pregnant and lactating women undergoing treatment. IMC UK will scale up the nutrition activities aimed at increasing the coverage for SAM and MAM cases, in terms of strengthening community outreach nutrition services, effective community mobilization using the Community health promoters and local leaders' platforms. At OTP level IMC UK will ensure that children get systematic treatment. Nutrition staff will be trained and be supervised to adhere to the new South Sudan CMAM guideline, further sharpening their skills and knowledge in the management of SAM out- patient) and MAM cases.</p> <p>Prevention for acute malnutrition</p> <p>115 Mother support groups will continue receiving support in Akobo .Through SSHF, International Medical Corps UK will strengthen the mother support group activities, MIYCN counseling cards and hygiene charts will be provided to each support group consisting of 15 mothers, as well as sitting mats, to create a conducive environment for sharing messages during MSGs sessions. MUAC Screening, on a monthly basis will be conducted, and during the National Immunization Days, International Medical Corps will participate fully in provision of Vitamin A and de-wormers to the target age group of children 6-59 months will accomplished.</p> <p>Support in enhancement of needs analysis of nutrition situation and robust monitoring and effective coordination of responses.</p> <p>International Medical Corps UK, has already a nutrition surveillance team that has been conducting SMART, SQUEAC, IYCF assessments in various location in the country in 2016, this team will conduct SMART survey in Akobo (Post-harvest) County. International Medical Corps UK is the co-lead for nutrition sub-cluster in Akobo, this role will continue, to strengthen coordination among the nutrition partners, ensure that gaps are addressed timely and respond to emerging needs.</p>									
Outcome 1									
Increased availability, access and utilization of quality acute malnutrition treatment services, among children 6-59 months, pregnant and lactating women.									
Output 1.1									
Description									
Akobo County 13,140 children aged 6-59 months (6439 boys & 6701 girls), 5,533 Pregnant lactating women will be screened using MUAC at community and facility level for acute malnutrition and referred to appropriate nutrition treatment sites.									
Assumptions & Risks									
Assumptions:									
Supplies are adequate and prepositioned timely International Medical Corps UK has access to the sites for activities to continue nutrition services implementation Security situation improves Funds are adequate to support the activities									
Risks Insecurity and limited access due to poor infrastructure and population movement increasing operational cost. Inadequate funding Looting and interruption of supplies delivery due to access and insecurity Political sensitivity around assessment, use and sharing of nutrition data and information Increased morbidity and disease outbreaks contributing to high malnutrition burden Economic crisis i.e. inflation									
Indicators									
					End cycle beneficiaries		End cycle		
Code	Cluster	Indicator			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline] Number of monthly average of children (6-59 months) screened in the community during the project period (should be reported once)					1,073	1,118	2,191
Means of Verification : NIS monthly report									

Indicator 1.1.2	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			6,439	6,701	13,140
Means of Verification : NIS monthly report							
Activities							
Activity 1.1.1							
Improved early identification (MUAC screening) and referrals of SAM and MAM cases among children 6-59 months, Pregnant and lactating women at the community and facility level.							
Output 1.2							
Description							
Strengthened and improved coverage of service delivery points for SAM and MAM management for children 6-59 months, pregnant and lactating women. Treat SAM cases children 6-59 months, 736 (375 girls & 361 boys) MAM cases children 6-59 months 1044 (532 girls & 512 boys) PLW 697, in Akobo East County.							
Assumptions & Risks							
Assumptions							
Supplies are adequate and prepositioned timely International Medical Corps UK has access to the sites for activities to continue nutrition services implementation Security situation improves Funds are adequate to support the activities							
Risks							
Insecurity and limited access due to poor infrastructure and population movements increasing operational cost. Inadequate funding Looting and interruption of supplies delivery due to access and insecurity Political sensitivity around assessment, use and sharing of nutrition data and information Increased morbidity and disease outbreaks contributing to high malnutrition burden Economic crisis i.e. inflation							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	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			361	375	736
Means of Verification : NIS monthly report							
Indicator 1.2.10	NUTRITION	[Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services					81
Means of Verification : NIS monthly report							
Indicator 1.2.2	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			512	532	1,044
Means of Verification : NIS monthly report							
Indicator 1.2.3	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		697			697
Means of Verification : NIS monthly report							
Indicator 1.2.4	NUTRITION	[Frontline] Number of girls and boys (6-59 months) with SAM screened for malaria and tested positive and treated			115	120	235
Means of Verification : Final report							
Indicator 1.2.5	NUTRITION	[Frontline] Number of nutrition sites providing integrated OTP and TSFP services in the same site					10
Means of Verification : NIS monthly report							
Indicator 1.2.6	NUTRITION	[Frontline] Number of nutrition sites having required number of OTP and TSFP staff					10
Means of Verification : NIS monthly report							
Indicator 1.2.7	NUTRITION	[Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services					80
Means of Verification : NIS monthly report							
Indicator 1.2.8	NUTRITION	[Frontline] Percentage of SAM discharged died (death rate) out of the total discharged from TFP (OTP/SC) services					7
Means of Verification : NIS monthly report							

Indicator 1.2.9	NUTRITION	[Frontline] Percentage of SAM children defaulted (defaulter rate) out of the total discharged from TFP (OTP/SC)						13
Means of Verification : NIS monthly report								
Activities								
Activity 1.2.1								
Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.								
Activity 1.2.2								
Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition								
Activity 1.2.3								
Screen all children identified with acute Malnutrition for Malaria and treat those found with malaria								
Activity 1.2.4								
Support timely prepositioning of nutrition supplies to project sites								
Activity 1.2.5								
Improve case tracing for the defaulter cases at household level, by the community health/nutrition promoters								
Activity 1.2.6								
Provide support supervision to the nutrition sites on a monthly basis								
Activity 1.2.7								
on quarterly monitor the nutrition program, using Quality, Accountability of Affected People nutrition cluster set indicators								
Activity 1.2.8								
Coordinate with WASH, FSL and Health partners in ensuring that beneficiaries receive integrated services								
Output 1.3								
Description								
15 IMC staff and MoH staff capacity strengthened on management of acute malnutrition using new CMAM South Sudan protocol								
Assumptions & Risks								
staff willingness to be trained funds available for training Risk No funds No support from local authorities to provide capacity building Insecurity								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.3.1	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	10	5			15	
Means of Verification : Training reports								
Indicator 1.3.2	NUTRITION	Number of Staff trained on CMAM protocols					20	
Means of Verification :								
Activities								
Activity 1.3.1								
Training nutrition staff on management of acute malnutrition using the new CMAM guideline								
Activity 1.3.2								
Training nutrition staff on MIYCN								
Outcome 2								
Strengthen and support prevention of undernutrition among boys and girls aged 6-59 months, pregnant and lactating women								
Output 2.1								
Description								
115 Mother support groups, supported to participate in Maternal Infant and Young Child Nutrition feeding and hygiene practices, sessions.								
Assumptions & Risks								

Assumptions

Access and security enable delivery of the service
 Community Mobilization done
 Funds are adequate to support the activities

Risks

Lack of mothers\caregivers participation
 Lack of funds to support mother support groups
 Insecurity

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					115
Means of Verification : NIS monthly report							
Indicator 2.1.2	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		2,766			2,766
Means of Verification :							
Indicator 2.1.3	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					12

Means of Verification : NIS monthly report

Activities

Activity 2.1.1

Continue providing MIYCN messages in nutrition centers and health delivery clinics, targeting women of reproductive age, pregnant and lactating women and men

Activity 2.1.2

Provide support and supervision to mother support groups, to enable them effectively organize and participate during mother support group sessions and encourage them to adopt MIYCN and hygiene practices.

Output 2.2

Description

1500 children aged 12-59 months (765 girls & 735 boys) dewormed, in routine nutrition program.

Assumptions & Risks

Assumptions

Access and security enable delivery of the service
 Community Mobilization is completed
 Funds are adequate to support the activities

Risks

Lack of mothers/caregivers participation in and deworming exercise.
 Insecurity and lack of access to reach the communities

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	[Frontline] Number of children (12 -59 months) dewormed in non NID areas			735	765	1,500

Means of Verification : NIS monthly report

Activities

Activity 2.2.1

Deworm children 12-59 months in the nutrition program that were missed during the routine National Immunization Days (NIDs)

Outcome 3

Enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of response

Output 3.1

Description

Quality and Accountability for the Affected Population mechanism functional

Assumptions & Risks

Assumptions

International Medical Corps UK has access to the sites for activities
Security situation improves
Funds are adequate to support the activities

Risks

Insecurity and limited access due to poor infrastructure and population movements increasing operational cost.
Inadequate funding
Political sensitivity around the assessments, use and sharing of nutrition data and information

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs					80

Means of Verification : QAAP assessment report

Indicator 3.1.2	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.					80
-----------------	-----------	---	--	--	--	--	----

Means of Verification : QAAP assessment report

Activities

Activity 3.1.1

Train the program staff, on importance and how to improve and monitor quality, accountability to the Affected population

Activity 3.1.2

Monitor the progress made by the nutrition team in ensuring QAAP, and involvement of the community in QAAP

Activity 3.1.3

Train 15 nutrition staff on GBV on identification and referral of GBV cases at nutrition sites

Activity 3.1.4

Establish compliant and feedback mechanism in the nutrition sites (OTP/TSFP sites and Stabilization care unit)

Activity 3.1.5

Raise awareness and provide information to beneficiaries regarding their rights and entitlement in the nutrition sites in Akobo.

Activity 3.1.6

Involve community leaders during project implementation, monitoring and evaluation process on a quarterly basis.

Additional Targets :

M & R

Monitoring & Reporting plan

International Medical Corps UK implements project monitoring at three levels: 1) objectives monitoring to assess whether objectives and strategies developed are relevant to the changing situation on the ground; 2) context monitoring to track changes in critical assumptions and/or risks, or other areas that may affect the capacity of the program to respond; and 3) institutional monitoring to assess physical implementation of the program. IMC UK will utilize a range of monitoring tools including Performance Monitoring Tool (PMT) to ensure that project activities are implemented as per the plan and resources are utilized efficiently. With the technical support and guidance from the Nutrition coordinator and Monitoring and Evaluation coordinator field managers guided by detailed implementation plan will ensure timely execution of program activities and review.

Nutrition program data will be captured routinely. International Medical Corps UK has a well-established monitoring and evaluation system; at the field level nutrition managers use the developed work plan that will guide implementation of the program. The monitoring visits will be conducted, by Nutrition manager and the field level, Nutrition coordinator from Juba, Monitoring and Evaluation coordinator from Juba, as well SSHF, UNICEF and WFP team will be on regular basis be conducting monitoring of the program in Akobo. At Juba level, the Nutrition coordinator, working closely with the M & E coordinator will provide technical support to the field teams in regard to data collections, reporting and analysis pointing areas that need extra efforts to improve quality of services. Using the existing reporting tools (check list, daily, weekly, monthly NIS reporting form and CMAM database), Program training reports and supplies consumption reports will be shared internally and externally with the MoH, donor and other stakeholders. The nutrition staff will be able to capture information and report appropriately. In addition to the formal reporting system, field program office will conduct quarterly review meetings with key actors, county health team, community representatives to address implementation problems in a timely manner as well as share best practices and experiences. Joint supportive supervision will be conducted during program implementation. Program staff will continue to receive on the job training on collection of quality data quality data and how to analyze and use the information to cause a positive desired change during implementation period.

Data collected will be disaggregated as per the gender (male, female, girls, boys) analysis will look at how different genders are affected, involvement/participation in the program.

The program is already using NIS, cluster reporting forms, and internally CMAM reporting database has been established, field nutrition teams are getting trainings on data entry, quality will be checked by data managers at Juba level before it is shared with relevant stakeholders.

County Health department will receive report updates on a monthly basis during monthly meetings; this will ensure that they are involved in decision making and understand factors affecting/contributing to the program data/results. CHD team members on a quarterly basis will participate in program field visit and provide feedback to the nutrition team in areas that needs improvement.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Improved early identification (MUAC screening) and referrals of SAM and MAM cases among children 6-59 months, Pregnant and lactating women at the community and facility level.	2017									X	X	X	X
	2018	X	X										
Activity 1.2.1: Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.	2017									X	X	X	X
	2018	X	X										
Activity 1.2.2: Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition	2017									X	X	X	X
	2018	X	X										
Activity 1.2.3: Screen all children identified with acute Malnutrition for Malaria and treat those found with malaria	2017									X	X	X	X
	2018	X	X										
Activity 1.2.4: Support timely prepositioning of nutrition supplies to project sites	2017									X	X	X	X
	2018												
Activity 1.2.5: Improve case tracing for the defaulter cases at household level, by the community health/nutrition promoters	2017									X	X	X	X
	2018	X	X										
Activity 1.2.6: Provide support supervision to the nutrition sites on a monthly basis	2017									X	X	X	X
	2018	X	X										
Activity 1.2.7: on quarterly monitor the nutrition program, using Quality, Accountability of Affected People nutrition cluster set indicators	2017											X	
	2018		X										
Activity 1.2.8: Coordinate with WASH, FSL and Health partners in ensuring that beneficiaries receive integrated services	2017									X	X	X	X
	2018	X	X										
Activity 1.3.1: Training nutrition staff on management of acute malnutrition using the new CMAM guideline	2017									X		X	
	2018	X											
Activity 1.3.2: Training nutrition staff on MIYCN	2017										X	X	
	2018												
Activity 2.1.1: Continue providing MIYCN messages in nutrition centers and health delivery clinics, targeting women of reproductive age, pregnant and lactating women and men	2017									X	X	X	X
	2018	X	X										

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
ACTED	Food security and livelihood
OXFAM	Implementing; Food security and livelihood, general food distribution, & Peace building
SAVE THE CHILDREN INTERNATIONAL	Implementing; Food security and livelihood, protection, education, Nutrition, ICCM & Protection- family reunification
NILE HOPE	Implementing; Health, food security, WASH, Education, & Nutrition.
NRC	Implementing Education
ICRC	protection, family reunification, armed conflict monitoring
INTERSOS	Protection & GBV.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

1) The project will cover all gender; Children boys and girls, women and men without discrimination.
 2) Staff will be trained on GBV on identification of the GBV cases and appropriately refer them maintaining high standards of confidentiality
 3) The nutrition information; nutrition assessment, reports, data will be disaggregated as per gender (boys, girls, men, women) defining the most affected group. Coordination among other sectors (GBV, Education, Health, & FSL) will be put in place. The project will not discriminate against any gender, race, and tribe or based on religious background during implementation, International Medical Corps UK nutrition team will receive training on gender based violence, especially on referral pathways for mothers with related issues on GBV

Protection Mainstreaming

The affected population in the proposed location has faced suffering and indignity due to the prolonged conflict since, December 2013. Therefore International Medical Corps program, will ensure that affected population are protected, especially on providing treatment to those affected with acute malnutrition, that even during service delivery, the services will be provided in manner that do not put the affected population any further risk. The project staff will prevent and minimize any negative effects that might increase vulnerability of the beneficiaries, through application of following;

Do no harm; the treatment rations (RUTF, RUSF, CSB++) provided to the beneficiaries will be on a weekly basis to reduce chances of sharing, selling or been stolen from the caregivers in case the large quantities provided. Also the treatment will start in the morning hours and close before dark to allow mothers reach home safely, if allocation has many beneficiaries then they will be more days will be allocated to serve each section or block to allow enough time to reach and leave the site.

Impartial Assistance; The program will provide special treatment to children, boys and girls, women, men with disabilities, old caregivers men and women to be given priority in service provision to reduce further suffering, as well in case they have other complications that need specialized care, appropriate referral will be done.

Violence prevention; Treatment will be conducted in health and nutrition facilities, free from military or armed personnel, away from military bases. Order will be maintained during the treatment days, and services will be provided timely, avoiding overcrowding at the nutrition site, by allocating different days from beneficiaries from different sector or village. In case of eruption of fighting outside the nutrition site, mothers, caregivers, men and women will be guided on measures to ensure they are protected, as well relevant authorities will be informed timely to restore order and peace.

This project will prioritize safety and dignity of beneficiaries mainly women and girls through linking them to the provision of psych-social and case management services, group psycho-social activities at the women centers management and support by International Medical Corps GBV team. In addition this project will provide access to assistance and services without discrimination of sex or age and also ensuring that most vulnerable groups and groups with special needs are reached and assisted with appropriate confidentiality. This project through advocacy, empowerment of targeted groups as well as use of community based committees to enhance population's ability to reclaim their rights. Increased awareness on consequences of acute malnutrition, importance of early case detection, referral and treatment will enhance utilization of available services for women, girls and boys affected by conflict. The community nutrition volunteers will conduct MUAC screening, refer and provide nutrition information at community level. To build resilience in communities by enhancing the capacity of service providers to support women, men, girls and boys affected by conflict

Country Specific Information**Safety and Security**

Security situation in Akobo East County, remain relatively calm, however there are reports of clan revenge killings, within the County. Neighboring County continue having conflict and thus forcing many people to flee their areas and seek for safety in Akobo East. Mainly from Waat, Walgak and Akobo West. The security situation in Akobo can be very volatile. To mitigate this, IMC will keep in close coordination with other humanitarian actors and local authorities to ensure safety of deployed staff. All staff deployed to the site will receive a security briefing and will be monitored by the IMC Security Manager based in Juba, who will keep regular communication with Security Focal Point. Likewise, standard operating procedures (SOPs) including risk analyses and contingency plans are in place for Akobo. Security measures are in place to ensure safety of the beneficiaries and that of staff. International Medical Corps UK will work closely with local authorities, UNOSS get security information regarding safety and access to the outreach nutrition sites. Nutrition team will reach the nutrition sites early, provide services to ensure mothers are able to travel back home early enough. In case of insecurity, leading to suspension of the activities beneficiaries will be informed through their community leaders, the same will be done on return of services. At Field level site managers are the security focal persons, and at national level the field are supported by security manager, based in Juba.

Access

All the project sites are accessible at the moment, some sites are reached with canoes. It is expected that during the rainy season, movement to some sites will be hard due to muddy roads, but river transport will be the only option to reach affected populations in Akobo East. Nutrition supplies will be prepositioned during the dry season, to ensure continuity of the program during rainy. In case of insecurity and no access to some areas, International Medical Corps UK has put in place, measures to ensure minimal continuation of services, even if relocatable staff are evacuated, by recruiting local staff as nutrition promoters that can continue providing nutrition services with remote support. WFP and UNICEF will deliver supplies in Akobo East County, but however in case this is not visible International Medical Corps UK will hire charter to deliver supplies in the field site timely to avoid disruption of the service.

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	Nutrition coordinator-Juba	D	1	11,584.76	6	20.00	13,901.71
	<i>Coordinates all nutrition interventions in country. 1 person, total cost includes salary and fringe.</i>						
1.2	Site Manager (Akobo)	D	1	8,417.68	6	25.00	12,626.52
	<i>"S/he will coordinate operational activities of SSHF funded programs in Akobo, and directly manage field staff and logistic support. This person also is responsible ensuring timely program delivery.</i> "						
1.3	Nutritionist (Akobo)	D	1	9,336.74	6	34.00	19,046.95
	<i>"Implements all nutrition interventions in Akobo. 1 person, total cost includes salary and fringe. "</i>						
1.4	Country Director	S	1	21,489.97	6	4.00	5,157.59
	<i>"Manages all IMC South Sudan Operations. 1 person, total cost includes salary and fringe</i> "						
1.5	Medical Director	S	1	11,634.39	6	4.00	2,792.25
	<i>"Supervises technical health and Nutrition program implementation. Based in Juba. 1 person, total cost includes salary and fringe</i> "						
1.6	Program Coordinator	S	1	12,834.39	6	4.00	3,080.25
	<i>"Oversees the program implementation, Based in Juba. 1 person, total cost include salary and fringe benefit</i> "						
1.7	Program Officer	S	1	12,274.02	6	4.00	2,945.76
	<i>S/he will support the Program Coordinator and Medical Director in the collection of data, provide program development support, edit and compile reports</i>						
1.8	Finance Director	S	1	16,733.33	6	4.00	4,016.00
	<i>"Manages all IMC South Sudan finance services. Based in Juba. 1 person, total cost includes salary and fringe.</i> "						
1.9	Finance Manager	S	1	11,332.94	6	4.00	2,719.91
	<i>S/he will be primarily responsible for the accounting and reports and HQ financial and administrative reporting. Support finance field officers IMC operating projects. S/he will partially work under this project.</i>						
1.10	Logistics Coordinator	S	1	13,093.92	6	4.00	3,142.54

	<i>S/he will be responsible for providing direction to the logistic team in accordance with project objectives and the proposal. S/he will provide support for project procurement, asset/inventory and report writing and liaising with the site manager to ensure lead time between purchasing and delivery of supplies and other is kept minimal and determined beforehand. S/he will partially work under this project.</i>						
1.11	Logistics Manager	S	1	10,43 4.42	6	4.00	2,504.26
	<i>The Senior logistics manager will be directly reporting to the Logistics Coordinator and will assist in the overall management and coordination of the logistics department and supportive systems. S/he will partially work under this project.</i>						
1.12	Security Manager	S	1	15,23 9.29	6	4.00	3,657.43
	<i>Manages all IMC South Sudan security services and staff safety. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.13	Compliance Manager	S	1	11,65 8.81	6	4.00	2,798.11
	<i>Ensuring compliance with International Medical Corps rules and Regulations, donor rules and regulations and government legislation</i>						
1.14	Nutrition Officer (Akobo)	D	2	1,176 .91	6	50.00	7,061.46
	<i>"Nutrition program implementation. 2 person Akobo, total cost includes salary and fringe."</i>						
1.15	Nutrition Supervisor (Akobo)	D	1	958.8 5	6	50.00	2,876.55
	<i>"Nutrition program implementation. 1 person Akobo, total cost includes salary and fringe."</i>						
1.16	Nutrition/ Health promoters (Akobo)	D	10	375.8 3	6	50.00	11,274.90
	<i>Nutrition program implementation. 10 persons in Akobo, total cost includes salary and fringe.</i>						
1.17	IYCF Officer (Akobo)	D	1	967.5 9	6	50.00	2,902.77
	<i>Implement IYCF activities. 1 person, total cost includes salary and fringe</i>						
1.18	Nutrition Nurse-Akobo	D	2	1,432 .00	6	100.00	17,184.00
	<i>Implements nutrition program 2 persons in Akobo total cost includes salary and fridge</i>						
1.19	National Finance / Administrative Officer (Akobo)	D	1	1,477 .78	6	50.00	4,433.34
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.20	Cleaners & Guards	D	6	316.7 4	6	50.00	5,701.32
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.21	Juba Support Staff	S	1	53,04 3.87	6	4.00	12,730.53
	<i>National finance, HR and logistics staff providing support from IMC Juba main office for program implementation. Total cost includes salary and fringe</i>						
	Section Total						142,554.15
2. Supplies, Commodities, Materials							
2.1	Nutrition Sites supplies (Equipments, furnitures, ration cards)	D	1	4,218 .97	1	100.00	4,218.97
	<i>"OTP/SC/TSFP equipment/furniture and materials for Akobo. Lump sum figure based on supply and equipment needs."</i>						
2.2	Transportation of the supplies & staff to the field (Hiring charters, trucks, Boats)	D	1	4,500 .00	1	100.00	4,500.00
	<i>Transport supplies to field sites for delivery</i>						
2.3	Training MoH, IMC staff on IYCF	D	2	500.0 0	1	100.00	1,000.00

	<i>"CMAM, IYCF training.</i> <i>"</i>						
2.4	Mother support groups support, incentives	D	1	5,000.00	1	100.00	5,000.00
	<i>Mother support groups support, incentives</i>						
2.5	Support community mobilization, MUAC screening and micro nutrient & deworming provision	D	1	500.00	2	100.00	1,000.00
	<i>"To support mobilization, screening conducted by CNVs and CHD staff support</i> <i>"</i>						
2.6	Support joint program supervision CHD, community leaders meetings (Quality Accountability team)	D	1	300.00	2	100.00	600.00
	<i>"To Support the CHD, community leaders during supervision and meetings</i> <i>"</i>						
2.7	Visibility (T shirts, banners and Boards)	D	1	1,000.00	1	100.00	1,000.00
	<i>"Program and donor visibility materials.</i> <i>"</i>						
2.8	UNICEF Supplies (RUTF, Amoxicilin, F-100, F-75, Resmol, weighing scales, MUAC tapes, Albendazole)		0	0.00	0	0.00	0.00
	<i>UNICEF supplies to enable treatment of SAM cases</i>						
2.9	WFP supplies (RUSF & CSB++)		0	0.00	0	0.00	0.00
	<i>WFP supplies will enable treatment of MAM cases and prevention of SAM cases.</i>						
	Section Total						17,318.97
3. Equipment							
3.1	Laptop for the nutrition staff in Akobo	D	1	1,500.00	1	100.00	1,500.00
	<i>Office equipment as laptops are needed to administratively support the project: write reports, enter and analyze data, and also communicate with HQ. One of the laptops will be for the nutrition manager while the other one will be shared by the other nutrition staff (nutrition supervisor and nutrition officer) Cost is budgeted as per the costs on the local market.</i>						
	Section Total						1,500.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
5. Travel							
5.1	National Staff Travel per diem	D	6	250.00	1	100.00	1,500.00
	<i>This covers the cost of staff per diem during training and other times of assignment outside of their duty station.</i>						
5.2	National & International Staff Travel accommodation	D	5	200.00	1	100.00	1,000.00
	<i>This covers the cost of staff accommodation during training and other times of assignment outside of their duty station,</i>						
5.3	In country travel - airfare	D	4	550.00	1	100.00	2,200.00
	<i>"1 round trip per month at 550 USD based on current UNHAS travel cost.</i> <i>"</i>						
	Section Total						4,700.00
6. Transfers and Grants to Counterparts							
6.1	G1: Guest House/Office/warehouse Rental & Maintenance (site and Juba)	S	1	40,000.00	6	4.00	9,600.00
	<i>"Costs related to guest house/office/warehouse rental and maintenance in Juba. cost budgeted on historical cost"</i>						

6.2	Office utilities and Supplies - Akobo	D	1	500.00	6	100.00	3,000.00
	<i>"This line is requested to cover for various office supplies, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost "" "" ""</i>						
6.3	Office utilities and Supplies - Juba	S	1	12,000.00	6	4.00	2,880.00
	<i>"This line is requested to cover for various office supplies, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost. This line is requested to cover for various office supplies, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost "</i>						
6.4	Postage/Courier	S	1	165.00	6	4.00	39.60
	<i>"Costs related postage of documents charge</i>						
6.5	Fuel and Maintenance of Generators -Akobo	D	1	250.00	6	100.00	1,500.00
	<i>"Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power. Cost is budgeted as per the historical cost.</i>						
6.6	Fuel and Maintenance of Generators - Juba	S	1	6,000.00	6	4.00	1,440.00
	<i>"Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power. Cost is budgeted as per the historical cost.</i>						
6.7	Legal Fees (including NGO forum registration fee)	S	1	2,870.00	6	4.00	688.80
	<i>"costs including the registration fee for NGO forum</i>						
6.8	Software licences	S	1	1,102.80	6	100.00	6,616.80
	<i>"Costs related with software Licenses including windows software , payroll software and accounting software</i>						
6.9	Bank Charges and Cash Facilitator Fees	S	1	7,000.00	6	4.00	1,680.00
	<i>"Costs related bank fee and fee for cash facilitators to the areas where they are no banking system ""</i>						
6.10	General insurance	S	1	2,000.00	6	4.00	480.00
	<i>"Includes costs for repair and maintenance, as well as costs for insurance/registration fees, since due to very poor to non-existing road conditions, regular maintenance is a necessity for normal functioning of the vehicles.</i>						
6.11	Security company services	S	1	4,000.00	6	4.00	960.00
	<i>"Costs related to Security company to guarding the guest house and office</i>						
6.12	Physical and Operational Security Upgrades	D	1	8,823.06	1	100.00	8,823.06

	<p>"Due to harsh security situation in Southern Sudan, International Medical Corps requires these funds to upgrade existing and implement additional layers of physical security infrastructure at its offices, clinics and other field sites as well as revise operational security protocols to enhance staff security, asset protection and crisis management systems. Due to the current risk, more frequent security assessments are occurring in our operational areas, which range from weekly to daily. It is critical that funding be applied to our proven safety and security systems to increase our ability to remain and continue our work in these high threat areas. The budgeted amount includes cost of accommodations, local transport, support supplies and other related costs associated with the security activities, in county or for HQ support when needed"</p>						
6.13	Monitoring and Evaluation	D	1	9,066.41	1	100.00	9,066.41
	<p>"M&E represents estimated cost of program evaluation to be completed by senior expatriate expert for quality assurance purposes, as well as headquarter staff coming for monitoring visits. It is International Medical Corps' global policy to provide continuing monitoring and evaluation of programs for quality assurance purposes. Budgeted amount includes cost of accommodation, local transport, air ticket and support supplies and other related costs associated with the evaluation activities for staff in South Sudan and possible visit from HQ. Cost is budgeted as per the historical cost."</p>						
6.14	Communication -Akobo	S	1	850.00	6	25.00	1,275.00
	<p>"Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost."</p>						
6.15	Communication - Juba	S	1	5,775.00	6	4.00	1,386.00
	<p>"Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost."</p>						
6.16	Vehicle/Motorbikes Registration/Insurance/Maintenance - Juba	S	1	3,500.00	6	4.00	840.00
	<p>"Costs related to Vehicle/Motorbikes Registration/Insurance/Maintenance"</p>						
6.17	Vehicle/Boat/Motorbike Fuel - Akobo	D	1	250.00	6	100.00	1,500.00
	<p>"The budget will cover the fuel for vehicle/motorbike/boat in Akobo"</p>						
6.18	Vehicle Fuel/rent - Juba	S	1	11,300.00	6	4.00	2,712.00
	<p>"The budget will cover the fuel for vehicle in Juba"</p>						
	Section Total						54,487.67
7. General Operating and Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
SubTotal				79.00			220,560.79
Direct							144,417.96
Support							76,142.83
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							15,439.26
Total Cost							236,000.05

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Akobo	100	400	5,533	6,439	6,701	19,073	

Documents	
Category Name	Document Description