

Requesting Organization :	Universal Intervention and Development Organization			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :	Scaling Up Integrated Nutrition in Emergency services to conflict, most affected and vulnerable populations with a keen focus on Children Under 5 years Boys and Girls (6-59 months) Pregnant & Lactating Women (PLW) in Leer town (Leer TPA) & Mayendit Counties in Unity state .			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/N/NGO/7926	
Cluster :		Project Budget in US\$:	400,000.00	
Planned project duration :	6 months	Priority:		
Planned Start Date :	20/03/2018	Planned End Date :	19/09/2018	
Actual Start Date:	20/03/2018	Actual End Date:	19/09/2018	
Project Summary :	<p>UNIDO operates 12 static OTP sites and 8 static TSFP covering all the 12 payams of Mayendit County and its presence felt since 2011 in Southern Unity. UNIDO is also running 1 OTP centre in Leer under EP/R HPF lot 2 which already ended in January 2018;UNIDO therefore is committed to continue offering nutrition services in Leer Town as we seek to ensure continuum of care for the already vulnerable populations seeking services in the TPA .</p> <p>Intermittent armed conflicts witnessed in November 2017 in Mayendit North and Leer town continued to exacerbate the nutritional status of the most vulnerable children under boys and girls and PLWs. UNIDO being the Health and Nutrition lead agency in Mayendit County Under HPF 2 together with other Humanitarian actors seek to ensure continued Nutrition support to the affected population factoring in promotion of equity in access and participation of Men, Women, Girls and Boys in needs assessments ,project design and in implementation of activities Under SSHF with a keen eye on DO NO HARM policy is accordance with the CERF guideline on protection mainstreaming .</p> <p>Effects of the declaration of localized famine in Leer and Mayendit on 20 February 2017, as well as the high risk of famine in Koch continues to be felt across unity state necessitating UNIDO to ensure continuum of care to beneficiaries who are now in competition for scarce resources . This is why UNIDO in this proposed 6 month project seeks to continue supporting beneficiaries in the greater Mayendit county and Leer town so they don't feel discriminated and marginalized at this time of need .This proposed 2018 SSHF SA1 grant will continue to address, respond and scale up nutrition needs in line with Nutrition Clusters 2018 strategy in priority locations by targeting Under 5 boys and Girls & PLWs both IDPs and host communities in Mayendit county and Leer Town. The project is designed to provide both preventive and curative services with inclusion of a SMART survey which will enable the cluster and other stakeholders to better decipher the nutrition situation and trends in Mayendit.</p> <p>Treatment of children under 5s for severe acute malnutrition (SAM)both boys and girls with and without complications , treatment of Moderate Acute Malnutrition (MAM) for children under 5 both Boys and Girls and PLWs will be provided by UNIDO in the already existing OTP/TSFP sites to prevent malnutrition related deaths and reduce the prevalence of malnutrition . Community mobilizations and sensitization campaigns on key nutrition practices and hygiene promotion will be provided to beneficiaries in Mayendit county/Leer town as well . UNIDO has presence in the above mention locations with UNICEF and WFP as the main donors providing pipeline supplies towards treatment of SAM and MAM in children Mayendit county/Town of Unity State. Children under 5 boys and Girls as well as other vulnerable groups (women), will be screened in the community and referred accordingly. In addition , we will run 2 stabilization centres in Mayendit county(1 in North 1 in South) with support from WHO , UNICEF and other independent donors .UNIDO will continue to use air transport as delivery mode to our project sites through the logistics cluster to mayendit and Leer town. UNIDO has linked our focus with the Nutrition clusters strategy to ensure synergy as demonstrated in the project sheet .</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
2,601	3,600	6,946	7,946	21,093

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	1,300	1,800	2,071	3,360	8,531
Internally Displaced People	1,301	1,800	2,146	1,639	6,886
Children under 5	0	0	2,729	2,947	5,676
Other	0	0	0	0	0

Indirect Beneficiaries :

During awareness sessions and House hold visits , 2200 PLWs, 500 Men and 1000 caregivers will indirectly benefit from this project through nutrition messages .

Catchment Population:

This project will ensure delivery of both preventive and curative community management of acute malnutrition services to the communities of Rupkuay, Dablual, Thaker, Jaguar, Tutnyang, Leah, Bhor, Malkuer, Pabuong and Madol payams in Mayendit county complimenting the running UNICEF and WFP funded activities. In addition beneficiaries from Leer Town nutrition site previously known as Leer TPA in Leer county will also receive services from UNIDO under this grant during the proposed period in line with SSHF prioritized locations and activities in 2018

Link with allocation strategy :

South Sudan has been continuously experiencing deteriorating nutrition situation in the last three years (2015-2017) that is projected to continue worsening in 2018 with alarming GAM rates attributed to armed conflicts. UNIDO's Proposed project is consistent with CERF life-saving criteria and is aligned with the cluster priority activities outlined in the HRP if 0-25% of HRP funding is received. Approaches to be used in this project period will ensure work-ability of implementation, taking into consideration any access constraints, insecurity or other bottlenecks as we have been in the locations for long and understand the context. Modalities of operation will be prioritized to enable rapid and adaptable responses to humanitarian needs affecting the beneficiaries in Mayendit County and Leer town.

UNIDO is in line with SA1 2018 strategy that focuses on working to save lives, reinforce protection and support coping capacities. Prioritizing robustly, negotiating access, upholding the centrality of protection, being accountable to affected people as members of the QAAP technical working Group aiming on strengthening the key strategic elements within the HRP. This allocation contributes to the three overarching outcomes and the cluster-specific objectives set out in the HRP and allocation strategy paper . Activities to be supported will be aligned with the top priorities as set out by the Nutrition Clusters strategic Objective of saving lives and and "DO NO HARM mantra" by alleviating human suffering through safe access to services with dignity and ensuring communities are capable and prepared to cope with significant threats. In addition the proposed UNIDO project will continue to support existence of nutrition services in emergency stricken areas in 12 static OTP & TSFP nutrition sites in Mayendit County and one OTP site in Leer Town as well as ensuring functionality of 2 SCs in Mayendit county for management of SAM with medical complications in stabilization centers and identifying existing gaps more particularly in Leer town and its outskirts. The proposed operational areas Mayendit County/Leer town are accessible at the moment making implementation feasible within stipulated timeframe . Generally this will help provide access to integrated programs preventing under nutrition by reaching at least 80% of SAM and 62% MAM girls and boys aged 0-59 months, 53% pregnant and lactating women, older people and other vulnerable groups. Needs analysis and reporting will be carried out in collaboration with the community leaders and churches in the area. UNIDO will collaboratively work with County health Directors, the local authorities and the church which will be the key stakes for information sharing and identification of community workers. This relates to Nutrition objective #4, which posits: increased access to integrated Nutrition ,health ,WASH and FSL activities in counties with critical levels of GAM ABOVE or equal to 22% or in IPC 4. The activities to be conducted will best demonstrate value for money throughout the implementation period and UNIDO having been present in Mayendit and Leer with other different sectors will incorporate Nutrition with the aim of multi-sector approaches towards breaking the nutrition cycles. Mainstreaming of gender and GBV , protection, AAP, and cultural/conflict sensitivity) to the extent feasible in the circumstances will also be taken into account to ensure UNIDO maximizes the resources available to reach and impact for the fund raised.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount
UNICEF + WFP	352,000.00
	352,000.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

South Sudan has been continuously experiencing deteriorating nutrition situation in the last three years (2015-2017) that is projected to continue worsening in 2018. The proportion of SMART surveys reporting emergency critical levels of Global Acute Malnutrition (GAM \geq 15%) increased from 77 to 70 percent out the 40 and 49 surveys conducted same period in 2016 and 2017 in that order with varying levels severity; partly due to considerable number of surveys conducted between October and December in 2017 than it was in 2016. During the critical nutrition situation in the country Feb-Sept 2017, two counties reported extreme critical (ie GAM \geq 30%) Mayendit inclusive due to the persistent security threat forcing populations to flee the area to the hideouts . In line with the nutrition cluster prioritized needs, UNIDO will remain in a forefront in ensuring the nutrition programming is effective in these areas of implementation to tackle the swelling needs of the beneficiaries cut-off from the nutrition services. The other indications of the deterioration and increase in caseloads is shown by our normal nutrition programming data attributed to food insecurity and changes in seasonality hampering food consumption at household level thus more cases of acute malnutrition admitted.

Due to high levels of acute of malnutrition along with food insecurity and mortality, famine was declared in Leer and Mayendit counties in Southern Unity state in between January and May in 2017. The December 2017 IPC projected(January-March 2018) continued worsening of food security situation the first quarter of 2018 with over 20 counties classified as IPC 4 some of them with population living at the verge of famine conditions (IPC5) if humanitarian aid will not be rendered. Leer and Mayendit counties current IPC projections January-March 2018 indicates > 15% GAM rates above the emergency threshold and at IPC 4. The February 2017 Nutrition SMART Survey by UNIDO showed critical malnutrition rates with a GAM rate of 27.4% (21.4-34.4 95% C.I.) and SAM rate of 5% (3.1-7.9 95% C.I.) & GAM for Leer as of ACF April 2017 SMART survey with the prevalence of malnutrition rates among children in Leer County is high estimated at 20.1% (15.6-25.5%) SAM of prevalence of 5.0%(3.2%-7.7% 95% CI) based on WFH z-score ;this is among the classified critical.; the crude mortality rate(CMR) and U5MR were found at 0.68%(0.34%-1.38% 95 % CI)

Apart from County level SMART surveys, State level Food security and Nutrition Monitoring Systems (FSNMS) SMART conducted in December 2017 also indicates deterioration of nutrition situation where, 8 out of the 9 states assessed reported GAM levels above the 15% emergency threshold compared to 7 out 10 in the same period in 2016. In the month of November 2017 ,UNIDO conducted SMART nutrition survey showing GAM rates standing at 27.4% The February 2017 SMART Survey by UNIDO showed critical malnutrition rates with a GAM rate of 27.4% (21.4-34.4 95% C.I.) and SAM rate of 5% (3.1-7.9 95% C.I.).

Additionally, country specific ,the combined number of SAM and MAM children boys and girls admitted in OTP and TSFP between January and December 2017 increased by 24 percent from 516,648 to 638,631 in 2016 and 2017 respectively. Children suffering from severe acute malnutrition are nine times more likely to die than their healthy counter-parts, while those with moderate acute malnutrition are three times more likely to die. Children suffering from prolonged under-nutrition who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities in the first 1000 days of their life. It is with this worrying trend and as we head into the lean season that UNIDO seeks to continue supporting the at risk populations in the area as mandated by our donors who have been supporting us through the years .

2. Needs assessment

UNIDO has capable technical staff employed and dedicated to ensure the needs of our target groups are met adequately and effectively guided by CERF's DO NO HARM principle in bridging the gaps (knowledge management , counselling of caregivers on importance of MIYCN practices , Screening and admission of Children Under 5s into respective programs , working with the national and Nutrition cluster focus in collecting Nutrition information to better guide responses across the country .In

Mayendit –The needs assessment was conducted through the SMART survey conducted by UNIDO in January 2017 which showed a critical Global Acute Malnutrition (GAM) of 27.4 % . (21.3 – 34.5 95% C.I) which is classified as above emergency level as per WHO standards. The prevalence of underweight 36.2 % (29.7 – 43.3 95% C.I.) was also classified as serious. In addition, the crude mortality rates found were classified as an emergency (out of control threshold) at 4.08 (3.12 – 5.33 95% C.I). Programmatic Data continues to show poor nutrition situation in Mayendit which is unavoidable with the interplay of recent insecurity, high prevalence of disease and food insecurity resulting In the morbidity of the children aged 6-59 months reported at 44.3% of the children being sick within the last 2 weeks of the survey .RRM conducted in Rubkuay in February showed Proxy GAM (4.7%) while the Proxy SAM(0.7%) .UNIDO has put a plan in place for speedy scale up of its services in the said location for optimal reach, pending a normalization in the security situation. FSNMS round 19 conducted in November /December 2016 depicts same level of gross need in Mayendit with MUAC Proxy SAM of 2.1 .UNIDO supports 12 OTP sites, and 8 TSFP /BSFP sites with possible scale up of 2 statics if funding is secured.

Leer – The just released IPC results in Feb 2018 , continues to show Leer and Mayendit counties at a projected IPC 3 & 4 consecutively . GAM for Leer as of ACF April 2017 SMART survey with the prevalence of malnutrition rates among children in Leer County is high estimated at 20.1% (15.6-25.5%) SAM of prevalence of 5.0%(3.2%-7.7% 95% CI) based on WFH z-score ;this is among the classified critical.; the crude mortality rate(CMR) and U5MR were found at 0.68%(0.34%-1.38% 95 % CI)

Apart from County level SMART surveys, State level Food security and Nutrition Monitoring Systems (FSNMS) SMART also indicates deterioration of nutrition situation where, 8 out of the 9 states assessed reported GAM levels above the 15% emergency threshold compared to 7 out 10 in the same period in 2016. Additionally, country specific ,the combined number of SAM and MAM children boys and girls admitted in OTP and TSFP between January and December 2017 increased by 24 percent from 516,648 to 638,631 in 2016 and 2017 respectively. Children suffering from severe acute malnutrition are nine times more likely to die than their healthy counter-parts, while those with moderate acute malnutrition are three times more likely to die. Children suffering from prolonged under-nutrition who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities in the first 1000 days of their life. It is with this worrying trend and as we head into the lean season that UNIDO seeks to continue supporting the at risk populations in the area as mandated by our donors who have been supporting us through the years .

3. Description Of Beneficiaries

This allocation seeks to directly reach out to 21,093 beneficiaries .Out of this 6946 Boys & 7946 Girls U5s , in Mayendit County and Leer Town cummlative . This is inclusive of Children Under 5s , IDPs and Host community beneficiaries . We will also target 2601 Men & 3600 Women in Health Education sessions as well as MAM treatment as we seek to promote MIYCN practices which eventually plays a big role in reduction of malnutrition related morbidity and mortality rates as one of the components of CMAM .Under 5 Boys and Girls will be reached with SAM & MAM treatment, screening will be done as well to be able to know the malnutrition categories amongst other activities as is in the log frame .

4. Grant Request Justification

UNIDO funded by the UNICEF and WFP has so far secured 352,000 usd for running both SAM & MAM projects in mayendit , Leer and Panyijr counties and since Panyijar was not a priority location for SSHF SA 1 funding , we have a gap amounting to 713,245 usd that we need to enable us continue delivering services to the most affected population of Leer, Mayendit and Panyijar counties .The Intermittent armed conflicts and cattle raiding in southern Unity with the recent one in November, 2017 in Mayendit and Leer counties has exacerbated a humanitarian situation in southern Unity, as the general populace live in fear due to the growing tensions in the area .Utilizing qualitative livelihood change data for the area and the dis-aggregation of acute malnutrition and mortality data gathered by a recent SMART survey, Mayendit showed localized pockets of humanitarian need . The SMART survey conducted by UNIDO in February, 2017 showed a prevalence of Global Acute Malnutrition (GAM) in Mayendit County based on weight for height z scores as 27.4%(21.4-34.4 95% C.I.) and SAM rate of 5% (3.1-7.9 95% C.I.). The poor nutrition situation was majorly attributed to recent insecurity and fighting since November 2017, as evidenced by the crude mortality rates (CMR) results 2.26 [1.65 – 6.07, 95% CI]) Leer as of ACF April 2017 SMART survey with the prevalence of malnutrition rates among children in Leer County is high estimated at 20.1% (15.6-25.5%) SAM of prevalence of 5.0%(3.2%-7.7% 95% CI) based on WFH z-score ;this is among the classified critical.; the crude mortality rate(CMR) . Nutrition Programming information continues to show poor nutrition situation in Mayendit and Leer Town which is inevitable with the recent conflict between armed groups in November 2017 playing a critical role resulting to displacement , food insecurity situation compounding, resulting in the morbidity of the children aged (6-59) months reported at 44.3% of the children being sick within the last 2 weeks of the survey.UNIDO has existing PCA with UNICEF for SAM management and has an FLA with WFP for MAM management and supports 12 OTP sites,&8 TSFP /BSFP sites with and establishment of 2 SC for management of children with medical complications in Mayendit County. Nutrition services are synergized with Health , Protection ,FSL and WASH projects with the same magnitude of need in conflict affected locations and we are confident given the same we will deliver maximum services to the vulnerable populations of Mayendit County,and Leer Town needing our support .The pertinence of this is to be in line with the national strategic plan 2030 working towards alleviating human suffering in South Sudan through Inter-cluster collaboration with the same goals and mandates. UNIDO will continue providing treatment support to SAM children without medical complications in the already existing (12 OTP sites Mayendit) and 1 OTP site in Leer Town to prevent children under 5 from malnutrition related mortality besides will offer Stabilization centre services for SAM children identified with medical complications in the 2 SCs (1 in Mayendit North; 1 in Mayendit South) which has been a huge gap in the past 3 years .UNIDO will exert more efforts and cooperation with other IPs collaboratively with the same mandate of providing services to the most needy populations and developing good links with local leadership in ensuring being accountable for the the services delivered .UNIDO will uphold the SSHF mandate which will look at providing resources in support of most critical lifesaving elements of humanitarian operation in Southern Unity focusing mainly on HRP objectives of saving lives and alleviating human suffering through multi-sector approaches.

5. Complementarity

UNIDO, through this grant will complement existing nutrition activities in Mayendit and Leer counties funded by UNICEF, WVSS, WFP & HPF 2 and being implemented by well-trained re locatable and local staff with vast expertise and experience in the current context . This project is a continuation of UNIDOs ongoing nutrition program serving both host community & IDPs in Mayendit & Leer Counties and will help UNIDO continue responding to nutrition in emergency needs throughout the year 2018 as the projection continues to show need for humanitarian assistance . Given the close link between malnutrition and other illnesses and infections, UNIDO will continue to integrate nutrition programming with Health by participating in NIDs, FSL(Through Kitchen gardens formation),Education (Creating awareness in Temporary Learning Spaces) and WASH(sanitation and hygiene awareness/ advocacy through the community) activities to strengthen the response. Access to basic services for women of reproductive age/ Pregnant and Lactating and Women (PLWs) , Men , Children Under 5 years Boys and Girls remain inadequate, therefore UNIDOs nutrition department will continue with the close multi sectoral link as mentioned above to address these challenges . In Mayendit , we will continue to work hand in hand with the existing IPs to avoid duplication of activities and adhere to National Nutrition Cluster guidelines to achieve maximum outcomes at the end of the project period .UNIDO being HPF 2 lead partners for lot 15 in Mayendit and Leer will ensure we complement the Objectives set forth by HPF as well.

LOGICAL FRAMEWORK

Overall project objective

In line with 2018 nutrition cluster objectives UNIDO through this allocation seeks to ensure continued provision of services to the most vulnerable at risk population in Mayendit and Leer town in already static 12 OTP ;8 TSFP sites and 1 OTP in Leer town with 2 SCs in Mayendit county. The above continued mentioned services include: SAM management without complication ;SAM management with complications , MAM management for under 5s boys and Girls and situational analysis through SMART survey in mayendit .

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Deliver timely, life-saving management of acute malnutrition for the most vulnerable and at risk, including U5 children, PLW and older people in PoC sites		SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	40				
Increase access to maternal, infant and young child nutrition programmes to prevent under-nutrition among the most vulnerable and at risk, including U5 children and PLW in need in conflict and high-burden states		SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	30				
Enhance nutrition situation monitoring, analysis and utilization of early warning information for timely, coordinated response and decision-making		SO3: Support at-risk communities to sustain their capacity to cope with significant threats	20				
Increase access to integrated nutrition, health, WASH, and food security and livelihoods activities in counties with critical levels of acute malnutrition		SO2: Reinforce protection and promote access to basic services for the most vulnerable people	10				
<p>Contribution to Cluster/Sector Objectives : This project will contribute to the overall CERF & SSHF SA1 2018 objective as i the allocation strategy to address life threatening needs due to severe acute malnutrition in areas where the level of need is serious or critical (IPC Phase 5 ,4 ,3) .Cluster objectives 1 . UNIDO will implement comprehensive nutrition programmes through OTP and IYCF service provision including active case finding and defaulter tracing . We will provide services in mayendit and Leer town which harbors the TPA where a multisectoral project is already in place . Cluster Objective 2 UNIDO will increase access to maternal infant and young child nutrition programs preventing under nutrition for the most vulnerable and at risk , reaching at least 60 % of PLW in need in conflict and high burden states in which mayendit and leer fall .Behavior change communication activities addressing IYCF -E messaging including early exclusive breastfeeding will also be conducted /implemented in all supported facilities but also within MTMSGs at the community level . Cluster Objective 3 . UNIDO will ensure enhanced nutrition situation monitoring using UNIDOs M& E checklist , analysis and utilization of early warning systems . Cluster Objective 4 . UNIDO will also increase access to integrated nutrition ,health, WASH and FSL activities in our areas of operation .</p>							
Outcome 1							
Increase the programme coverage and quality of CMAM services among children 6-59 months and pregnant and lactating women in Mayendit and Leer county							
Output 1.1							
Description							
13 health facilities are implementing CMAM (treatment of SAM/MAM) in Mayendit and Leer Counties .							
Assumptions & Risks							
security holds in Mayendit and Leer town during the implementation period Willingness of local community to continue receiving nutrition services . political stability .							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	(Frontline Services) Number of SAM children tested for Malaria and referred for treatment.			2,570	2,940	5,510
Means of Verification : weekly , Monthly and quarterly tally sheets							
Indicator 1.1.10	NUTRITION	(Frontline Services) (%) of MAM children defaulted out of the total discharged from TSFP					10
Means of Verification : facility reports							
Indicator 1.1.2	NUTRITION	(Frontline Services) Number of PLWs with acute malnutrition newly admitted for treatment in TSFP			0	3,600	3,600
Means of Verification : weekly , monthly and quarterly reports							
Indicator 1.1.3	NUTRITION	(Frontline Services) Number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			4,376	5,006	9,382
Means of Verification : weekly ,monthly and quarterly reports							
Indicator 1.1.4	NUTRITION	(Frontline Services) Number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			2,570	2,940	5,510
Means of Verification : weekly , monthly and quarterly reports							
Indicator 1.1.5	NUTRITION	(Frontline Services) Number of girls and boys (6-59 months) referred to Stabilization Center for SAM with medical complications			30	40	70
Means of Verification : weekly , monthly and quarterly reports							
Indicator 1.1.6	NUTRITION	(Frontline Services) (%) of SAM discharged cured out of the total discharged from TFP (OTP/SC) services					80

Means of Verification : Facility reports							
Indicator 1.1.7	NUTRITION	(Frontline Services) (%) of SAM children defaulted out of the total discharged from TFP (OTP/SC					10
Means of Verification : facility reports							
Indicator 1.1.8	NUTRITION	(Frontline Services) (%) of SAM cases died out of the total from TFP (OTP/SC) services					7
Means of Verification : facility reports							
Indicator 1.1.9	NUTRITION	(Frontline Services) (%) of MAM discharged cured out of the total discharged from TSFP services					80
Means of Verification : facility reports							
Activities							
Activity 1.1.1							
Training of Stabilization centre staff(2 clinical officers,2 nurses 2 nutrition officers , feeding assistants and 12 community health workers) on management of SAM with medical complications							
Activity 1.1.2							
site Screening,testing and referral of SAM , boys and girls (6-59 months) to OPD for malaria treatment							
Activity 1.1.3							
printing of 10,000 OTP , TSFP , Referral , treatment and Ration cards for 13 sites							
Activity 1.1.4							
Refresher training on CMAM programmes for 85 staff and Train Community Nutrition Volunteers(CNVs) or Home Health Promoters(HHPs) on techniques of screening, defaulter tracking and home visits							
Activity 1.1.5							
Purchase of 4 breast model and mannequin for NGT insertion at the SC sites .							
Activity 1.1.6							
Talking wall artwork for the 2 SCs (baby friendly talking walls /pictures) inline with the SC management guideline .							
Activity 1.1.7							
Conduct continuous screening of children 0-59 months and PLW in the community and health facilities							
Activity 1.1.8							
Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC							
Activity 1.1.9							
Continuous follow up of defaulter cases and home visits for non-respondent cases.							
Activity 1.1.10							
Treat children with SAM with medical complications in two Stabilization centers							
Output 1.2							
Description							
Improve the nutritional status of children under 5 and PLW at the community and health facility level and prevent deterioration, especially among vulnerable populations							
Assumptions & Risks							
Supplies are adequate and propositioned timely Security situation improved Funds are adequate to support the activities Risks Heightened insecurity, no access Supplies looted, or no access to preposition Funds delay/Project approval delay							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	(Frontline Services) Number of children (6-59 months) screened and referred for malnutrition treatment in the Community			6,946	7,946	14,892
Means of Verification : weekly , monthly and quarterly facility reports							
Indicator 1.2.2	NUTRITION	(Frontline Services) Number of nutrition/healthcare workers trained on CMAM	25	60			85
Means of Verification : training reports							

Indicator 1.2.3	NUTRITION	(Frontline Services) pregnant and mothers/caregivers of children 0-<23 months counselled on MIYCN (individual counselling)		3,600				3,600
Means of Verification : reports								
Indicator 1.2.4	NUTRITION	Number of population sensitized on MIYCN (men & women)						6,201
Means of Verification : reports								
Indicator 1.2.5	NUTRITION	Number of health workers trained in Maternal, Infant and Young Child Nutrition (men & women)						42
Means of Verification : training reports								
Activities								
Activity 1.2.1								
Train CHD and UNIDO staff on CMAM as per the new SS MoH CMAM guideline								
Activity 1.2.2								
Conduct bi-weekly community nutrition outreaches where nutrition messages will be integrated with health and WASH promotions messages								
Outcome 2								
Strengthen and support prevention of malnutrition among boys and girls aged 0-59 months, pregnant and lactating women.								
Output 2.1								
Description								
Increased access to activities preventing under- nutrition for the most vulnerable and at risk, including through MIYCN for PLW,								
Assumptions & Risks								
Existing MTMSG members continue to participate in MIYCN messaging activities with security remaining favorable to allow effective outreaches								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 2.1.1	NUTRITION	(Frontline Services) # of pregnant and mothers/caregivers of children 0-23 months attending mother support groups (or group counselling)		3,600			3,600	
Means of Verification : Facility reports								
Indicator 2.1.2	NUTRITION	(Frontline Services) Number of nutrition sites providing integrated OTP and TSFP services (continuum of Care)					13	
Means of Verification : facility reports								
Indicator 2.1.3	NUTRITION	(Frontline Services) Number of nutrition sites with safe Water access (washing hand facilities, latrine potable water for appetite test)					13	
Means of Verification : facility reports								
Indicator 2.1.4	NUTRITION	(Frontline Services) (%) of pregnant and mothers/caregivers of children 0-23 months attending mother support groups (or group counselling)		70			70	
Means of Verification : Facility reports								
Activities								
Activity 2.1.1								
Incentives(300 boxes of Soaps,300 lesos and 300 mosquito nets) to Mothers during MTMSG additional formation in Mayendit and Leer Town considering the conflict makes living and working conditions harsh on them as motivation .								
Activity 2.1.2								
Conduct MIYCN training to nutrition workers in all project sites								
Activity 2.1.3								
Formation , training and functionality of 8 more MTMGs in Mayendit county and leer town counties								
Activity 2.1.4								
Purchasing of mats that will be used during MTMGs counseling sessions at health facility								
Activity 2.1.5								
Purchase of additional 7 Hand washing stations for sites that were looted to promote sanitation and hygiene in the sites .								
Activity 2.1.6								
Conduct mass MUAC screenings in mayendit county to ensure the community can identify cases and access services appropriately								
Activity 2.1.7								

Celebrate World Breast feeding week in Mayendit and Leer .

Activity 2.1.8

Counseling of PLWs on MIYCN key messages, health and hygiene promotion

Activity 2.1.9

Support 1 NIDs in Mayendit and Leer Counties as part of Health and nutrition integration strategy

Activity 2.1.10

Provide Vitamin A supplements for National Immunization Days (NID) as part of health and nutrition integration

Outcome 3

Ensure enhanced Needs analysis of nutrition situation and monitoring of effective programming .

Output 3.1

Description

Participate in SMART surveys and ensure Continuous and timely coordination among nutrition actors both at the state and the national level .

Assumptions & Risks

Security does not deteriorate

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	(Frontline Services) Number of pre and post SMART surveys undertaken					1

Means of Verification :

Activities

Activity 3.1.1

Quarterly technical and monitoring support visits by Juba based Nutrition team and the CHD.

Activity 3.1.2

Monthly reports compiled and shared with donors, including nutrition cluster coordinators, for nutrition situation monitoring and program performance.

Activity 3.1.3

Conduct Monthly supportive supervision to 2 SCs, 13 OTPs and 8 TSFP sites

Output 3.2

Description

Ensure Quality and Accountability to Affected Population Mechanisms are functional inline with Nutrition Clusters mandate .

Assumptions & Risks

UNIDO has access to the sites for QAAP feedback.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.2.1	NUTRITION	(Frontline Services) Number of nutrition facilities with functioning community complaints / feedback mechanism					13

Means of Verification : Site reports

Activities

Activity 3.2.1

Conduct monthly meetings with the beneficiaries and staff collecting their views on how the project is being implemented as well as give them a platform to air their complains if any through the existing complaint mechanism in place .

Activity 3.2.2

link up with schools to provide nutrition messaging as School is a good platform for raising awareness on key nutrition messages that can be passed on to the community members; such as prevention of malnutrition, early detection, screening and treatment of acute malnutrition, appropriate use of therapeutic foods provided to malnourished children

Additional Targets :

M & R

Monitoring & Reporting plan

UNIDO commits to monitor the project supervised by the Roving Nutrition officer, Nutrition officers & Nutrition Assistants on ground and the Nutrition Manager based in Juba. This will be technically supported by the Programme Monitoring & Evaluation Manager who will support field teams to establish a detailed monitoring plan which will be used to guide teams in collecting appropriate and timely data. Monitoring tools (indicator tracking template) will include the Departmental Questionnaires, online CHF reporting tool, nutrition cluster NIS tool, Programme Tally sheets, and Pictorial evidence especially during HF visits and trainings, we will also use FGDs with the Health Workers and the local Authority to collect views on how the project is impacting on their lives. The above mentioned tools will be used during the implementation cycle which will be part of the monitoring components throughout the life cycle of the program. The tools will allow routine nutrition monitoring data to be collected and analyzed in one place and allow for easy disaggregation across time and geographic location. There will also be monthly joint supervisory visits together with the CHD using the QSC tool in order to see the HFs compliance as per the HSS pillars. The databases and additional monitoring tools such as supervisory checklists, staff appraisals, training reports and post-distribution monitoring reports will feed into an Indicator Performance Tracking Table (IPTT). The IPTT will allow the program to track progress towards results and indicators on a monthly basis throughout the project period. Internal monthly reports will provide information to management on the progress of activities and the impact they are having on the communities. Donor reports will also be submitted as per the time line. Activities will be continuously monitored by the project team and will be formally monitored on a routine basis by the Health and Nutrition Project Manager supported by the Monitoring and Evaluation Officer. UNIDO and its stakeholders and actors will entirely take up the role and responsibilities for collecting, recording, reporting, and using information as M&E is a collective duty. The local authorities in Monitoring and Evaluation is a participatory activity by both UNIDO, the CHD staff and the SSRA. Security is given by the SSRA especially when doing HH visits. The reports are always shared with the CHD for ownership of the project. UNIDO will ensure in line with SSHF and Nutrition Cluster donor requirements, we submit both our progress and final programmatic and financial reports online within the stipulated period as will be evidenced in the contractual documents as has been norm.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Training of Stabilization centre staff(2 clinical officers,2 nurses 2 nutrition officers , feeding assistants and 12 community health workers) on management of SAM with medical complications	2018			X			X						
Activity 1.1.2: site Screening,testing and referral of SAM , boys and girls (6-59 months) to OPD for malaria treatment	2018			X	X	X	X	X	X	X			
Activity 1.1.3: printing of 10,000 OTP , TSFP , Referral , treatment and Ration cards for 13 sites	2018			X	X								
Activity 1.1.4: Refresher training on CMAM programmes for 85 staff and Train Community Nutrition Volunteers(CNVs) or Home Health Promoters(HHPs) on techniques of screening, defaulter tracking and home visits	2018					X		X					
Activity 1.1.5: Purchase of 4 breast model and mannequin for NGT insertion at the SC sites .	2018			X									
Activity 1.1.6: Talking wall artwork for the 2 SCs (baby friendly talking walls /pictures) inline with the SC management guideline .	2018			X									
Activity 2.1.1: Incentives(300 boxes of Soaps,300 lesos and 300 mosquito nets) to Mothers during MTMSG additional formation in Mayendit and Leer Town considering the conflict makes living and working conditions harsh on them as motivation .	2018			X	X								
Activity 2.1.2: Conduct MIYCN training to nutrition workers in all project sites	2018			X			X						
Activity 2.1.3: Formation , training and functionality of 8 more MTMGs in Mayendit county and leer town counties	2018			X		X		X					
Activity 2.1.4: Purchasing of mats that will be used during MTMGS counseling sessions at health facility	2018			X	X								
Activity 2.1.5: Purchase of additional 7 Hand washing stations for sites that were looted to promote sanitation and hygiene in the sites .	2018			X	X								
Activity 2.1.6: Conduct mass MUAC screenings in mayendit county to ensure the community can identify cases and access services appropriately	2018				X		X		X				
Activity 2.1.7: Celebrate World Breast feeding week in Mayendit and Leer .	2018								X				
Activity 3.2.1: Conduct monthly meetings with the beneficiaries and staff collecting their views on how the project is being implemented as well as give them a platform to air their complains if any through the existing complaint mechanism in place .	2018			X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

UNIDO will be accountable to the women, men, boys and girls whose lives it aims to improve, and places this responsibility at the core of its humanitarian policy. As a matter of human rights and meaningful programming, UNIDO defines Accountability to Affected Populations (AAP) as “an active commitment by the organization to use power responsibly by taking account of, giving account to and being held to account by the people it seeks to assist”.

By being more accountable to affected populations Men ,Women ,Boys and Girls UNIDO will do this by increasing Communities participation and feedback channel in programme identification, design, delivery and lesson learning . UNIDO seeks to achieve programmes of higher quality, with greater and more sustainable impact. The project will increase the opportunity for Mayendit and Leer community to shape their own recovery especially after the recent invasion by government forces and for UNIDO to better deliver against its commitments to stakeholders, including the people UNIDO assists and the resource partners who make assistance possible UNIDO will ensure effective information sharing and communication channels by sharing information about UNIDO programmes in a timely, accessible and inclusive way .This will put Mayendit and Leer community in a position to understand and shape decisions that impact their lives. UNIDO is committed to ensure that people receiving support participate in and influence all steps of the programme cycle, including initial assessment, project design, beneficiary selection, implementation, monitoring and evaluations. Systems of community representation must be fair and representative, enabling the most marginalized, vulnerable and affected to have a voice. UNIDO will use FGDs using focus groups as a method of participation gives a voice to those in the community who are unable to speak up in a larger meeting or setting. Mayendit and Leer community members will use this format on a recurring basis to gain community input. With attention to their composition, such groups can counter unrepresentative power structures, gender imbalances, and fear of losing assistance when issuing a complaint or other factors that may inhibit free and open speech. Being members of the QAAP TWG we will ensure we monitor and take into account Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs.

Implementation Plan

With a keen eye on implementing the integrated Community management of Acute malnutrition in Leer and Mayendit counties , SAM cases identification will be carried out at both community level (HH) and facility level by our trained CHWs and CNWs with technical support by Nutrition officers in respective locations . UNIDO has been trained and has expertise ready to roll out the new MIYCN guideline in our respective locations which will be more participatory at community level implemented by IYCF counsellors spearheaded by the trained Nutrition Officers. This nutrition project will be directly implemented by UNIDO personnel in close collaboration with the local authority, other IPs and stakeholders in our areas of operation. Clear definition of management responsibilities, clear arrangements for coordination of implementation across different stakeholders and IPs, financial management and sustainability structures are already in place to ensure successful implementation of the project deliverables. Monthly reports in line with project targets, the state of financial resources, and summary of expenditures, shall be compiled as required of UNIDO by CHF . These will result to quarterly programmatic and financial reports detailing progress made in accordance with the project activity implementation requirements. UNIDO nutrition manager and finance manager will ensure that all necessary financial and programmatic reports are compiled and submitted at the end of each quarter timely. Various tools e.g. observation, review of documentation, key informants interviews will be used to capture and document the project performance. Beneficiaries in the project i.e stakeholders and community will make use of the feedback mechanism already in place which will play a vital role in assessing the extent of project success as part of our internal Monitoring and evaluation . This will help UNIDO in restructuring the project implementation course (if needful) in order to maximally deliver the project objectives .Above all UNIDO nutrition department will coordinate with its FSL,WASH,HEALTH ,EDUCATION and PROTECTION departments to ensure multi sectoral approach to humanitarian Aid Leer and mayendit .

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Gender dimensions are considered in the entire project from needs assessment, project implementation activities and project outcomes. Its evident gender dimensions is integrated in all parts of the project further justifying the gender marker code .proposed activities promote community systems and structures that ensure the participation of women and men, boys and girls ensuring everyone has the opportunity to participate in all activities .To ensure the chosen gender marker is upheld, UNIDO will ensure coordination and facilitation of excluded / disadvantaged groups in order for them to be able to access the services provided through liaising with the authorities and other IPs on ground and negotiate for access to services by all. Our Proposed Nutrition activities are in line with UNIDOs Protection sector activities which support mechanisms for the systematic identification and reporting of cases of sexual and gender based violence; provision of support to GBV survivors; and ensuring linkages with the protection cluster/GBV sub-cluster. Also our activities and indicators are disaggregated by sex and age not forgetting the beneficiary description by age and sex. UNIDOs gender dimensions are considered in the entire project from needs assessment, project implementation activities and project outcomes. Gender dimensions have been integrated in all parts of the project including in needs assessment, project implementation activities and project outcome

Protection Mainstreaming

Man made (War) and natural (Floods) emergencies in South Sudan affect girls, boys, women and men differently; each is susceptible to different risks and each is victimized in different ways. UNIDO has given priority to the safety and dignity of beneficiaries and considered the principles of Do No Harm in the proposed project. Nutrition department will work closely with the Child protection department as we seek to understand these differences and ensure that the project assists the most vulnerable in Mayendit and Leer counties without putting anyone at increased risk. Building a protective environment for Boys, Girls, Men and Women involves understanding the distinct nature and the extent of violence, exploitation and abuse that girls, boys, Men and Women experience. It also involves ensuring that all response activities take into account the different needs, concerns and capacities of girls and boys. UNIDO will in Collaboration with its other departments promote activities that gear towards protection mainstreaming which include and not limited to ;Addressing harmful attitudes, customs and practices ,Encouraging open discussion on child protection issues in the community and broader society, Develop children's life skills, knowledge and participation; Implementing ongoing and effective monitoring, reporting and oversight among others .Children in emergencies may be at particular risk of violence, exploitation and abuse given their level of dependence, their limited ability to protect themselves and their limited and relative power and participation in decision-making processes. Because they have had relatively little experience of life, children are more easily exploited, tricked or coerced than adults. UNIDO through this project will analyse and take into consideration the needs, priorities and capacities of both the female and male population which are far more likely to improve the lives and dignity of those affected by conflict or disaster. The above will support the development of self-protection capacities and assist affected population's to claim their rights

Country Specific Information

Safety and Security

UNITY state is one of the 3 conflict affected states in South Sudan with sporadic attacks and fighting. The beneficiaries here in have continued to experience dire humanitarian need for assistance since 2013. UNIDO having been operational in Mayendit and Leer for the longest time now understands and is well conversant with the community's needs and measures to take to ensure the safety of the beneficiaries and UNIDO staff as well throughout the project implementation period. Though not easy working in volatile areas, UNIDO relocatable and local staff are dedicated to serve the community and as we speak, the grass root staff i.e The nutrition Assistants, CNW and CHWs are on ground serving the community together with relocatable staff. UNIDO has a policy that ensures Staff security is prioritized at any given time. Evacuations (especially for international staff) are planned on need basis by UNIDO through the logistics department in coordination with other IPs in the Area of Operation and the Logs Cluster. Both Mayendit and Leer are secure for implementation as of now.

Access

Mayendit and Leer are both accessible by air .The southern Mayendit area gets cut off during the rainy season and as a result UNIDO has in the past used canoes and Boats to transport supplies to the South since the Logs cluster had not Green lighted the Airstrip in Mayendit Headquarter for landing .We plan to make use of charters to ferry in kind supplies directly to the Areas of operation from Juba like we have always done

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 Manager	D	1	5,500.00	6	50.00	16,500.00
	<i>Nutrition Manager in charge of project delivering outputs spending 50% LOE</i>						
1.2	Nutrition Project Officers	D	6	2,600.00	6	60.00	56,160.00
	<i>Staff working directly at field locations @ 60% LOE</i>						
1.3	Nutrition Project Assistant	D	3	1,600.00	6	60.00	17,280.00
	<i>Staff working directly at field locations @ 60% LOE</i>						
1.4	Clinical Officer	D	2	2,135.00	6	100.00	25,620.00
	<i>SC Staff working @ 100 % LOE at the two SC in Mayendit County</i>						
1.5	Registered Nurse	D	2	1,500.00	6	100.00	18,000.00
	<i>SC Staff working @ 100 % LOE at the two SC in Mayendit County</i>						
1.6	Feeding Assistant	D	4	140.00	6	100.00	3,360.00
	<i>SC Staff working @ 100 % LOE at the two SC in Mayendit County</i>						
1.7	Community Nutrition Workers	D	20	240.00	6	60.00	17,280.00
	<i>Staff working at both at the Health facility and within the community paid monthly incentives of 240 usd per pax LoE 50%</i>						
1.8	IYCF Counsellors	D	29	180.00	6	60.00	18,792.00
	<i>Staff working at both at the Health facility and within the community paid monthly incentives of 180 usd per pax LoE 60%</i>						
1.9	Community Nutrition Volunteers	D	24	36.00	6	60.00	3,110.40
	<i>Staff working in TFSP sites paid 36usd per Month LoE 60%</i>						

1.10	Executive Director	S	1	8,900.00	6	20.00	10,680.00
	<i>Staff in charge of overall project accountability working 20% LOE</i>						
1.11	Programs Coordinator	S	1	7,500.00	6	20.00	9,000.00
	<i>Staff in Charge of project staff supervision working 10 % LOE</i>						
1.12	Operations Manager	S	1	6,000.00	6	10.00	3,600.00
	<i>Staff in charge of State Level and County coordination with partners and Cluster working 10 % LOE</i>						
1.13	Finance Manager	S	1	4,500.00	6	20.00	5,400.00
	<i>Staff in Charge of project Financial reporting and Budgetary monitoring working 20 % LOE</i>						
1.14	Finance Officer	S	1	2,000.00	6	20.00	2,400.00
	<i>Staff in Charge of Field Finance reports working 20 % LOE</i>						
1.15	Logistics & Procurement Manager	S	1	4,000.00	6	20.00	4,800.00
	<i>Staff in Charge of project Procurement and staff and materials logistics @ 10 % LOE</i>						
1.16	Logistics & Procurement Officer	S	1	2,000.00	6	20.00	2,400.00
	<i>Staff in charge of field procurements and logistics working @ 10 % LOE</i>						
1.17	M & E Manager	S	1	3,500.00	6	20.00	4,200.00
	<i>Staff in charge of project activity monitoring and reporting, mid term & end of project evaluation working @ 20 % LOE</i>						
1.18	Employer NSI contribution	S	1	8,939.00	6	20.00	10,726.80
	<i>Employer NSI contribution @ 17 % of Gross Pay</i>						
1.19	Staff Medical Insurance	S	1	5,258.00	6	20.00	6,309.60
	<i>Employer Medical contribution @ 20 % of Gross Pay</i>						
	Section Total						235,618.80
2. Supplies, Commodities, Materials							
2.1	Essential materials and hygiene supplies for OTP/TSFP / 2SC sites	D	1	3,600.00	1	100.00	3,600.00
	<i>The costs will be for detergents for cleaning, and hygiene supplies e.g soaps for the OTP/ TSFP/2 SCs sites.</i>						
2.2	Active Case finding and defaulter tracing and referral of identified cases in the community by CNVs twice a week in each location	D	1	192.00	6	100.00	1,152.00
	<i>facilitation cost for CNV at 2 usd per week for 24 CNVs 192 usd per month</i>						
2.3	training on CMAM programs using the new guideline for 85 staff.	D	3	8,050.00	1	100.00	24,150.00
	<i>3 training's planned 2 in the first quarter one in the last quarter Each training costs food and drinks per pax @ 30 usd per day for three days and workshop materials @ 400 usd (85 pax x 30 = 2550 for three days the cost will be 7650</i>						
2.4	Purchase of 4 breast model and mannequin for NGT insertion at the SC sites	D	4	260.00	1	100.00	1,040.00
	<i>Each Mannequin costs 260usd</i>						
2.5	Talking wall art work for the 2 SCs	D	2	1,000.00	1	100.00	2,000.00
	<i>Artwork cost per SC @ 1000 usd</i>						
2.6	Incentives (300 boxes of soaps , 300lessos and 300 mosquito nets to Mothers during MTMSG	D	1	10,550.38	1	100.00	10,550.38
	<i>Soap costs 25 usd per box Lessos costs 5 usd per pc mosquito nets 7 usd per pc (300x 25 = 7500) + (300x 5 = 1500) + (300x 7 = 2100)</i>						
2.7	MIYCN training to nutrition workers (42)	D	1	4,080.00	1	100.00	4,080.00
	<i>Training Costs per pax 30 usd for food and drinks 300 usd for workshop materials training covers 3 days (42x 30 = 1260 x 3 = 3780)</i>						

2.8	Formation and training of 8 more MTMGs in Mayendit and Leer Town	D	1	11,100.00	1	100.00	11,100.00
	<i>Each MTMG has 15 pax = 120 pax each using 30 usd per day for 3 days during the training costing 10800 and 300 usd for workshop costs</i>						
2.9	Purchasing of mats that will be used during MTMG sessions at Health facility	D	39	21.00	1	100.00	819.00
	<i>39 pcs of mats procured @ 21 usd each</i>						
2.10	Procuring of 7 Handwashing stations	D	7	200.00	1	100.00	1,400.00
	<i>Each Station costs 200usd</i>						
2.11	M & E field visits	D	1	3,000.00	2	100.00	6,000.00
	<i>per diem for 3 pax from Juba and 3 Local authority officials i.e. CHD M& E and Nutrition officer at the county undertaking field visits @ 100usd per pax for 5 days (100*6*5) = 3000 usd</i>						
2.12	Mass MUAC community Screening campaign	D	1	3,560.00	2	100.00	7,120.00
	<i>3560usd per quarter the cost is to cater for Truck hire, public address system, enumerators payment and communication</i>						
2.13	Support NIDs (2 day training for HHPs and Monitoring) in Mayendit and Leer	D	1	3,000.00	1	100.00	3,000.00
	<i>2000usd for Mayendit and 1000usd for Leer</i>						
2.14	Project visibility (200 T-shirt and banners for world breast feeding week)	D	1	4,650.00	1	100.00	4,650.00
	<i>20usd per T - shirt and 30usd per banner(8banners*81+20*200)</i>						
	Section Total						80,661.38
3. Equipment							
3.1	Computer laptop for the SC Clinical Officer	D	1	1,300.00	1	100.00	1,300.00
	<i>1 laptop at 1300usd</i>						
	Section Total						1,300.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
5. Travel							
5.1	Flights Costs - Juba to Field Locations	D	24	550.00	1	100.00	13,200.00
	<i>Flight on UNHAS for the project manager, Project coordinator, M & E finance Officer and field staff coming to Juba for R & R (16 rotations for field staff) + (8 rotations for the Juba Managers)</i>						
5.2	Visas and Work permits	D	1	3,300.00	1	100.00	3,300.00
	<i>Work permits for 3000 usd and visas 300 usd for visas</i>						
5.3	Air Charter	D	1	6,700.00	1	100.00	6,700.00
	<i>Charter to deliver Hand washing facilities and SC breast model and mannequin for NGT instructions</i>						
	Section Total						23,200.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Stationeries & Printing	S	1	938.00	6	20.00	1,125.60

	<i>Assorted stationeries and printing for both Juba and field location @ 938 usd per month</i>						
7.2	Thuraya Airtime	D	3	100.00	6	50.00	900.00
	<i>3 thuraya phones in the filed location and one in Juba each 100 usd worth airtime per month</i>						
7.3	Office Internet subscription	S	2	1,100.00	6	20.00	2,640.00
	<i>Office Internet subscription for two sites each @ 1100 usd per month</i>						
7.4	Mobile Airtime	S	6	20.00	6	20.00	144.00
	<i>Airtime for Juba program staff @ 20 usd per staff per month for 6 staff working on the project</i>						
7.5	Motor vehicle repair and Maintenance	S	1	18,000.00	3	20.00	10,800.00
	<i>Repair costs for 4 vehicles 3 in the field activity one in Bentiu for coordination and 1 in Juba</i>						
7.6	Office Rent	S	1	7,000.00	6	20.00	8,400.00
	<i>Office Rent for Juba Office</i>						
7.7	Generator Fuel & Oils	S	2	500.00	6	20.00	1,200.00
	<i>Fuel Cost for Electricity in Both Field and Juba offices shared cost</i>						
7.8	Office Supplies	S	4	400.00	6	20.00	1,920.00
	<i>Assorted office supplies items shared costs</i>						
7.9	Motor vehicle fuel	S	1	1,600.00	6	20.00	1,920.00
	<i>Fuel for Motor vehicles @ 1 usd per liter usage 400 liters per car monthly 1600 liters</i>						
7.10	Bank Charges	D	1	1,334.00	6	50.00	4,002.00
	<i>Bank Charges for the withdrwal @ .002 per withdrawal estimated costs 400000 x .002 = 8000</i>						
	Section Total						33,051.60
SubTotal			214.00				373,831.78
Direct							286,165.78
Support							87,666.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							26,168.22
Total Cost							400,000.00

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Leer	20	521	720	1,390	1,590	4,221	<p>Activity 1.1.1: Training of Stabilization centre staff (2 clinical officers,2 nurses 2 nutrition officers , feeding assistants and 12 community health workers) on...</p> <p>Activity 1.1.2: site Screening,testing and referral of SAM , boys and girls (6-59 months) to OPD for malaria treatment</p> <p>Activity 1.1.3: printing of 10,000 OTP , TSFP , Referral , treatment and Ration cards for 13 sites</p> <p>Activity 1.1.4: Refresher training on CMAM programmes for 85 staff and Train Community Nutrition Volunteers(CNVs) or Home Health Promoters(HHPs) on techniques of sc...</p> <p>Activity 1.1.5: Purchase of 4 breast model and mannequin for NGT insertion at the SC sites .</p> <p>Activity 1.1.6: Talking wall artwork for the 2 SCs (baby friendly talking walls /pictures) inline with the SC management guideline .</p> <p>Activity 2.1.1: Incentives(300 boxes of Soaps,300 lesos and 300 mosquito nets) to Mothers during MTMSG additional formation in Mayendit and Leer Town considering the...</p> <p>Activity 2.1.2: Conduct MIYCN training to nutrition workers in all project sites</p> <p>Activity 2.1.3: Formation , training and functionality of 8 more MTMGs in Mayendit county and leer town counties</p> <p>Activity 2.1.4: Purchasing of mats that will be used during MTMGS counseling sessions at health facility</p> <p>Activity 2.1.5: Purchase of additional 7 Hand washing stations for sites that were looted to promote sanitation and hygiene in the sites .</p> <p>Activity 2.1.6: Conduct mass MUAC screenings in mayendit county to ensure the community can identify cases and access services appropriately</p> <p>Activity 2.1.7: Celebrate World Breast feeding week in Mayendit and Leer .</p>

Unity -> Mayendit	80	2,080	2,880	5,556	6,356	16,872	<p>Activity 1.1.1: Training of Stabilization centre staff (2 clinical officers,2 nurses 2 nutrition officers , feeding assistants and 12 community health workers) on...</p> <p>Activity 1.1.2: site Screening,testing and referral of SAM , boys and girls (6-59 months) to OPD for malaria treatment</p> <p>Activity 1.1.3: printing of 10,000 OTP , TSFP , Referral , treatment and Ration cards for 13 sites</p> <p>Activity 1.1.4: Refresher training on CMAM programmes for 85 staff and Train Community Nutrition Volunteers(CNVs) or Home Health Promoters(HHPs) on techniques of sc...</p> <p>Activity 1.1.5: Purchase of 4 breast model and mannequin for NGT insertion at the SC sites .</p> <p>Activity 1.1.6: Talking wall artwork for the 2 SCs (baby friendly talking walls /pictures) inline with the SC management guideline .</p> <p>Activity 2.1.1: Incentives(300 boxes of Soaps,300 lesos and 300 mosquito nets) to Mothers during MTMSG additional formation in Mayendit and Leer Town considering the...</p> <p>Activity 2.1.2: Conduct MIYCN training to nutrition workers in all project sites</p> <p>Activity 2.1.3: Formation , training and functionality of 8 more MTMGs in Mayendit county and leer town counties</p> <p>Activity 2.1.4: Purchasing of mats that will be used during MTMGs counseling sessions at health facility</p> <p>Activity 2.1.5: Purchase of additional 7 Hand washing stations for sites that were looted to promote sanitation and hygiene in the sites .</p> <p>Activity 2.1.6: Conduct mass MUAC screenings in mayendit county to ensure the community can identify cases and access services appropriately</p> <p>Activity 2.1.7: Celebrate World Breast feeding week in Mayendit and Leer .</p>
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Documents

Category Name	Document Description
Project Supporting Documents	Leer Rapid SMART Survey FINAL Report (ACF).doc