

<b>Requesting Organization :</b>	Save the Children			
<b>Allocation Type :</b>	1st Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
NUTRITION		100.00		
		<b>100</b>		
<b>Project Title :</b>	Integrated lifesaving Nutrition response in Nyirol and Kapoeta east counties of the former Jongel and Eastern Equatorial State			
<b>Allocation Type Category :</b>	Frontline services			
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-18/HSS10/SA1/N/INGO/7978	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	400,000.02	
<b>Planned project duration :</b>	6 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	20/03/2018	<b>Planned End Date :</b>	20/09/2018	
<b>Actual Start Date:</b>	20/03/2018	<b>Actual End Date:</b>	20/09/2018	
<b>Project Summary :</b>	<p>This project appeal is intended to provide lifesaving nutrition service in two IPC 4 counties where the nutrition situation is critical now. The project will run for the next six months. The response will be implemented in Nyirol (former Jonglei State) and Kapoeta East (former EES). In response to first quartile allocation and considering phasing out of the current SSHF funding project which is ongoing in Nyirol and Kapoeta, SCI is proposing to continue the emergency response and scale up the nutrition service to address the underserved and affected people of the two counties through attaining the most vulnerable groups of the population (children under five, PLW and disabled people). Due to volatile security situation of the area, nutrition situation has deteriorated and some areas were remain unaccusable for humanitarian assistance, and as a result of security threats and following cattle graze people movement is common and scaling up of service to address and access the CMAMA service is demanding. . The proposed response will be implemented through strengthening the existing static nutrition sites, scale up outreach sites, deploying mobile team to scalp the nutrition response coverage through Rapid Response Mechanism. Rapid assessment and continues surveillance of the nutrition situation will be done to ensure the intended population have timely appropriate care and treatment and need base services.</p> <p>The overall Objectives of the project is to contributes to reduction of morbidity and mortality of Under five children and PLW due to acute malnutrition in Nyirol and Kapoeta east county through provision of timely and quality management of acute malnutrition, promotion of maternal, infant and young child nutrition (MIYCN) in emergency.</p> <p>This project will focuses and address the planned response through three main emergency nutrition program intervention strategies: 1. Increase accessibility and Provision of quality nutrition treatment services, 2.Capacity building of the response team including CHD nutrition service providers. 3. Promote Protect and support of safe and appropriate feeding for infants and young children affected by the crises or emergency. The emergency nutrition repose will be for six month from April 2018 to September 2018 . The project will reach a total of 77,778 direct beneficiaries (Under five children and PLW) through management of acute malnutrition and MIYCN interventions which includes hygiene and sanitation promotion .The response will be focusing to achieve the following three results R.1. Children and PLW scree end detected and referred to appropriate nutrition centers. This will be done through active case finding using CNV/HHP a total of 56,109 under five children and 19,817 PLW will be screened for malnutrition using MUAC. 34CNV/HHP will be trained on screening, detecting and referring of acute malnourished beneficiaries along with community mobilization strategies and approaches.R.2. SAM and MAM children and PLW receive adequate and timely nutritional treatment and care.</p> <p>SCI will provide this service through existing 17 static OTP/TSFP, 1 SC (Kapoeta East) 4 outreach and through scaling up of new 4 Outreach's sites as well as establishing of 2 new Mobile team. All 17 static OTP sites and 1 SC center in Kapoeta east are existing and currently all sites are operational so in this project only 4 new outreach sites will be established and two mobile/RRM team one for each state will be organized and deployed. To provide quality and effective nutrition service, a total of 36 OTP nurse and CNW of SCI and 10 health service providers of the CHD staffs will be trained on the management of acute malnutrition including the stabilization center staffs on management of SAM with medical complication .regular supportive supervision and on the job training will be provided to ensure the quality and effeteness of the response by the technical staffs of filed and national level. Prior communication an</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>

1,018	9,861	13,746	14,308	38,933
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**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	13,746	14,308	28,054
Pregnant and Lactating Women	0	9,826	0	0	9,826
People in Host Communities	983	0	0	0	983
Trainers, Promoters, Caretakers, committee members, etc.	35	35	0	0	70

**Indirect Beneficiaries :**

**Catchment Population:**

**Link with allocation strategy :**

According to the Current IPC Kapoeta east and Nyirol counties are classified as Emergency (Phase 4) situation and anticipated to be worsening in the coming months. Beside the IPC, the SMART survey results indicates that both counties has the highest GAM rate scoring 25.7 % and 24 % in Nyirol and Kapoeta east respectively. SCI is in line with the first round allocation 2018 strategy and nutrition cluster SSHF funding allocation gaps that focusses on the first HRP strategic Objective of saving lives by providing timely and integrated multisectoral assistance to : According to the Current IPC Kapoeta east and Nyirol counties are classified as Emergency (Phase 4) situation and anticipated to be worsening in the coming months. Beside the IPC, the SMART survey results indicates that both counties has the highest GAM rate scoring 25.7 % and 24 % in Nyirol and Kapoeta east respectively. SCI is in line with the first round allocation 2018 strategy and nutrition cluster SSHF funding allocation gaps that focusses on the first HRP strategic Objective of saving lives by providing timely and integrated multi-sectoral assistance to alleviate the burden of acute malnutrition among the most vulnerable group through safe access to services with dignity and ensuring communities are capable and prepared to cope with significant threats ,this proposed SCI project will continue to support existence of nutrition services in emergency affected areas through outreach mobile team ,RRM in Nyirol and Kapoeta east as well as scale up and strengthening of the existing sites focusing on under five children and PLWs.SCI has current PCA funded by UNICEF in both Nyirol and Kapoeta, InKapoeta OFDA is also funding the SC with is the only referral unit.

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

**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 and WFP	1,600,000.00
	<b>1,600,000.00</b>

**Organization focal point :**

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Bester Mulauzi	PDQ Director	Bester.Mulauzi@savethechildren.org	+211922412301
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**BACKGROUND**

**1. Humanitarian context analysis**

The burden of acute malnutrition has been increasing gradually and reaching higher levels since 2015. Nearly 1.1 million children under age 5, nearly 673,000 pregnant and lactating women (PLW) and 3,900 elderly people are estimated to be acutely malnourished and in need of life-saving nutrition services in 2018. SMART survey results continue to report a deteriorating nutrition situation, with 82 per cent SMART reporting shows critical levels of acute malnutrition prevalence (GAM  $\geq 15$  per cent) in 2017. According to Cluster (NIS) report, Admissions in selective feeding programmes increased by 23 per cent in 2017 compared to the same period in 2016, while children with moderate acute malnutrition (MAM) alone increased by 46 per cent during the same period. In addition, some 304,560 refugees will require nutrition assistance in 2018. Acute malnutrition has worsened compared to the same period last year. Populations in Renk, Upper Nile, Twic, Warrap State and the Greater Baggari area in Wau former counties have Extreme Critical levels of acute malnutrition, while 31 counties in former Lakes State, former Northern Bah el Ghazal State, former Unity state, parts of former Jonglei State, former Western Bahr el Ghazal State and former Eastern Equatoria State, show Critical levels of acute malnutrition. Increases in Acute malnutrition is attributed to severe food insecurity, widespread insecurity, displacement, poor access to services, high morbidity, extremely poor diets and poor sanitation and hygiene. Levels of acute malnutrition are expected to improve marginally in September-December 2017 due to seasonal availability of local production, increased availability of fish and milk at the household level, The situation in Nyirol and Kapoeta east according to the IPC projection December 2017- March 2018 classification is in phase 4. Nyirol GAM prevalence was 25.7% (22.4 $\leftrightarrow$ 29.3 95% CI) and SAM 3.2% (2.1 $\leftrightarrow$ 4.8 95% CI) based on Weight-for-Height which is extremely higher than emergency threshold level of  $>15$ . The poor access to health care services ,insecurity, with increased outbreaks of common health problems including Cholera and Measles, low vaccination and access to basic hygiene and sanitation situation will exacerbated the emergency nutrition situation which lead risk of morbidity and mortality among children , pregnant and lactating mothers and other high risk groups including elders . The malnutrition prevalence in Nyirol persisted over the last three years above the emergency threshold while the nutrition situation in Kapoeta east was relatively good but due to insecurity and other different factors the situation in KE also worsen to with high gam rate. SCI is striving to minimize and alleviate the suffering of under five children in the area through scaling up and strengthening the existing site which was supplemented by multiple outreach activities with the support of SSHF, UNICEF and WFP.

#### 4. Grant Request Justification

The SSHF allocation prioritizes counties with the most severe humanitarian needs, locations with GAM rates substantially exceeding the emergency threshold, and IPC phase 4. The nutrition cluster has identified and recommended about 8 hot spots priority locations for first allocation and immediate interventions, which include Nyirol and Kapoeta east County in the former Jonglei and EE State respectively. Thus, in line with the call of the nutrition cluster and first allocation humanitarian response review, SCI proposed continuation of the current SSHF funding project and scale up of life saving emergency nutrition response in Nyirol and Kapoeta east counties.

The proposed project will build on SCI's existing operational presence in these locations. Although SCI has been providing emergency nutrition services in six static sites (Thol, Waat, Pading, Rinag Pultruk, and Nyambor) of Nyirol county funded through UNICEF and WFP for prevention and treatment of acute malnutrition. Meanwhile potential aggravatin

## **2. Needs assessment**

The IPC September 2017 revealed that Post-harvest gains in October-December 2017 was expected to reduce the number of severely food insecure people to 4.8 million (45% of the total population), with 25,000 in Humanitarian Catastrophe. However, an anticipated earlier than normal start of the lean season will result in an estimated 5.1 million ( 48% of the total population) people being classified as severely food insecure between January-March 2018, with 20,000 in Humanitarian Catastrophe. The worsening situation is attributed mainly to the protracted conflict that affected farming activities and the ongoing economic crisis. Most of the SSHF 1A targeted counties namely ; -Leer; Mayendit, Ayod, Twich , Kanal Pigi, Uror, Nyirol, Kapoeta East, Wau. ) recorded GAM rates above 15% WHO emergency threshold according to recent SMART surveys .Specifically seven counties out of the nine prioritized counties had GAM rates ranging from least GAM rate of 13.1% in Wau to the highest GAM Rate of 35.9 % in Mayendit.. of the counties with high GAM arte Nyirol and KE are in the list. .The situation in Nyirol and Kapoeta east according to the IPC projection December 2017- March 2018 classification is in phase 4. Nyirol GAM prevalence was 25.7% (22.4 $\leftrightarrow$ 29.3 95% CI) and SAM 3.2% (2.1 $\leftrightarrow$ 4.8 95% CI) based on Weight-for-Height which is extremely higher than emergency threshold level of  $>15$  . The poor access to health care services ,insecurity, with increased outbreaks of common health problems including Cholera and Measles, low vaccination and access to basic hygiene and sanitation situation will exacerbated the emergency nutrition situation which lead risk of morbidity and mortality among children , pregnant and lactating mothers and other high risk groups including elders . The malnutrition prevalence in Nyirol persisted over the last three years above the emergency threshold while the nutrition situation in Kapoeta east was relatively good but due to insecurity and other different factors the situation in KE also worsen to with high gam rate.

## **3. Description Of Beneficiaries**

This project will focus on valuable group of the county's population especially to children under five and PLW. All children with MUAC  $< 11.5$  cm or WFH z-score  $< -3$  will be considered as SAM and those with no medical complication will be admitted to OPT and provided appropriate treatment and care according to the national CMAM guideline and protocol. Children under five e with SAM and have medical complication will be get referral service and will be treated at SC. Children with MUAC  $> 11.5$ cm or WFH-score  $> -3$   $< -2$  will be classified as MAM and get appropriate nutrition service at TSFP likewise, all PLW  $< 23$ cm also will be classified as having MAM and will be linked to TSFP and get necessary support and treatment. To enhance and promote the optimal practice of IYCF, all Pregnant and lactating women with child less than two years will be targeted and get appropriate IYCF key messages through MtMSG approaches, Health education, and one to one counseling. As participation and role of male partners in IYCF and prevention activates of malnutrition 10 % of the PLW targeted for Malnutrition screening has been considered to be reached in this project.

This allocation will address the highly vulnerable group of a community targeting to reach directly reach a total of 77,778 beneficiaries with 72% (56,109) boys and girls under five years of age, in both Counties. This is inclusive of children under 5 years of age, Host community beneficiaries through screening, treatment and promotion packages. the treatment includes 4836 SAM and 9043 MAM under five children. In addition, a total of 19,817 PLW will be reached through mass nutrition screening, acute malnutrition management and MIYCN messages along with 1982 male partners. As we seek to promote MIYCN practices, which eventually play a big role in reduction of malnutrition related morbidity and mortality rates, under five year boys and girls will be reached with SAM & MAM treatment. Active Screening will be done to be able to know the malnutrition categories and improve program coverage. Through the nutrition and surveillance team in the field and technical support from the Juba offices monitoring of the nutrition situation will be given emphasis. To improve the response quality a total of 34 CNV and 36 Nutrition staffs will be trained on CMAM protocols in this project.

## **4. Grant Request Justification**

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The proposed project will build on SCI's existing operational presence in these locations. Although SCI has been providing emergency nutrition services in six static sites (Thol, Waat, Pading, Rinag Pultruk, and Nyambor) of Nyirol county funded through UNICEF and WFP for prevention and treatment of acute malnutrition. Meanwhile potential aggravating factors; including food insecurity, increasing insecurity increasing market prices, lean season, widely prevalent open defecation practices, and low health seeking behaviors, poor hygiene and sanitation and limited access to health services can position further high risk malnutrition. Likewise in KE, nine sites is currently operation through the support of UNICEF and two OTP and One SC supported by OFDA is currently functional. However due to High GAM rate, food insecurity and volatile security situation in the area aggravates this situation and as the lean season is coming the nutrition situation is expected to be worsen in KE, hence there is a need of scaling up of the nutrition response in both counties to minimize the morbidity and mortality associated with acute malnutrition.

The insufficient resources (compared with the need), insecurity and intermittent access are also limiting access to basic services in these two counties. Thus, SCI proposes to use SSHF funding to scale up and maximize access to life saving nutrition services over a period of six months. This SSHF funding will therefore serve as part of SCI's existing emergency response program enabling SCI to scale-up ongoing nutrition interventions in Nyirol and KE counties in order to meet the increased humanitarian needs. Cross cutting issues, like gender, HIV and environment are priority concerns during humanitarian responses, and SCI will mainstream them across its programs. SCI mainstreams gender activities in all its program work through inclusion male and female among staff and volunteers, getting and provision of feedback to different groups on the performance of the project and finding ways to improve it in a consultative manner. Save the Children also mainstreams HIV and environment through its program through ensuring risk of HIV infection is minimized among staff, advising them for post exposure prophylaxis, as well as availing key HIV prevention messages on HIV for staff and project beneficiaries. Through IFP save the children will provide foods for beneficiaries with chronic illness that includes HIV positive patents. Save the Children is accountable to the population affected and beneficiaries of the project through advising beneficiaries properly disposes empty boxes, tines and sachets of medications and nutrition commodities.

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

In summary, this project is designed to provide timely and quality lifesaving nutrition al

## **5. Complementarity**

SCI is in line with the first round allocation 2018 strategy and nutrition cluster SSHF funding allocation gaps that focusses on the first HRP strategic Objective of saving lives by providing timely and integrated multisectoral assistance to alleviate the burden of acute malnutrition among the most vulnerable group through safe access to services with dignity and ensuring communities are capable and prepared to cope with significant threats, this proposed SCI project will continue to support existence of nutrition services in emergency affected areas through outreach mobile team, RRM in Nyirol and Kapoeta east as well as scale up and strengthening of the existing sites focusing on under five children and PLWs. This allocation will support and complement the gap and in response of nutrition intervention ongoing at both counties with the support of UNICEF and WFP.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

The overall Objectives of the project is to contribute to reduction of morbidity and mortality of Under five children and PLW due to acute malnutrition in Nyirol and kapoeta east county through provision of timely and quality management of acute malnutrition, promotion of maternal, infant and young child nutrition (MIYCN) in emergency

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			70		
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		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><b>Contribution to Cluster/Sector Objectives :</b> SCI strives to build good partnership in respect of humanitarian partnership principles that includes transparency complementary and cooperation that lead in offering effective response of the affected people. SCI has minimum standard that ensure transparency, partnership and accountability to the affected population and support on informed decision of the cluster through, Mapping of target areas interims of ,Geographical spread of affected individuals, Capacity of existing health systems and structures ,activities of other agencies and health system and through ensuring no duplication . SCI is committed on Affected community and stakeholder engagement in the program starting from need assessment, planning, and implementation and M&amp;E. SCI is highly dedicated on accountability and protection of affected people, focusing the vulnerable group. Most importantly, SCI is committed in humanitarian principles and dedicated to serve the affected people through effective partnership. IN both former Jonglei and EE State, SCI plays a leading role in coordination activities on nutrition at county and state level supporting SMOH and CHDs as well other implementing partners, UNICEF and WFP. The strong presence in the area and acceptance of SCI at community, government and with local partners is strength of SCI and leverage for successful programming. To ensure that we deliver a complete CMAM program efforts are being made through WFP and UNCEF support. The project will follow the cluster coordination structures and improve any areas of gap identified if any. Moreover, the project will be linked to the existing development and emergency projects including ICCM which is being implemented by SCI.</p>							
<b>Outcome 1</b>							
Improved access and timely utilization of quality acute malnutrition treatment services, among children 0-59 months boys and girls, and PLW in Nyirol and Kapoeta east Counties							
<b>Output 1.1</b>							
<b>Description</b>							
Children 6-59 month of age and PLW are screened , detected and timely referred to appropriate program							
<b>Assumptions &amp; Risks</b>							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	(Frontline Services) Number of nutrition/healthcare workers trained on CMAM	17	17			34
<b>Means of Verification :</b>							
Indicator 1.1.2	NUTRITION	(Frontline Services) Number of children (6-59 months) screened and referred for malnutrition treatment in the Community			13,746	14,308	28,054
<b>Means of Verification :</b> Weekly and monthly report							
Indicator 1.1.3	NUTRITION	Number of PLW screened for acute malnutrition					9,826
<b>Means of Verification :</b>							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Provide refresher training for CNV/HHP on MUAC screening, referral and community mobilization							
<b>Activity 1.1.2</b>							
Conduct regular and monthly mass community screening campaign and site screening for early identify cases of acute malnutrition and provide referral service to the appropriate nutrition program							
<b>Activity 1.1.3</b>							
Provide and ensure MUAC tape, tally sheet and referral slips are available							
<b>Outcome 2</b>							
Improved nutrition status of children and pregnant and lactating women in Nyirol and Kapoeta East							
<b>Output 2.1</b>							
<b>Description</b>							
Children age 6-59 months with SAM receive adequate, quality and timely nutritional treatment and care							
<b>Assumptions &amp; Risks</b>							

Security of staff movement prevails.  
Willingness of local community to receive new nutrition services.  
Political stability

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	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			1,185	1,233	2,418

#### Means of Verification :

Indicator 2.1.2	NUTRITION	Number of Outreach sites and Mobile team deployed (4outreach and 2 Mobile/RRM/team)					6
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#### Means of Verification : progress report, 5W's report

Indicator 2.1.3	NUTRITION	(Frontline Services) Number of nutrition sites providing integrated OTP and TSFP services (continuum of Care)					17
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#### Means of Verification :

Indicator 2.1.4	NUTRITION	(Frontline Services) Number of nutrition facilities with functioning community complaints / feedback mechanism					17
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#### Means of Verification :

#### Activities

##### Activity 2.1.1

Provide refresher training on CMAM approaches focusing on SAM and MAM management for SCI and CHD staffs

##### Activity 2.1.2

Admitted and treat SAM children with appropriate admission criteria in reference with South Sudan CMAM guideline.

##### Activity 2.1.3

Conduct monthly Out reach to ensure service accessibility and nutrition service provision and provide necessary treatment for identified SAM children

##### Activity 2.1.4

Deployed Mobile/RRM team to non accessible and to reach people moving from place to place ce area and provide comprehensive acute malnutrition services.

##### Activity 2.1.5

Asses and constrict gender disaggregated latrine at OTP

##### Activity 2.1.6

Ensure discharge criteria and maintain the sphere standard , Cure rate >75%, death rate <10%, defaulter rate <15%

##### Activity 2.1.7

Transfer and ensure all OTP cured discharged children are linked and enrolled to TSFP

##### Activity 2.1.8

Support Children (12-59 Months) get deworming during national immunization days and RRM/ICRM

##### Activity 2.1.9

Provide minor rehabilitation of OTP/TSFP sites, as well as strengthen one SC

#### Output 2.2

#### Description

Children age 6-59 months and PLW with MAM receive adequate, quality and timely nutritional treatment and care

#### Assumptions & Risks

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	Number of Functional TSFP sites					6

#### Means of Verification : progress report, 5W

Indicator 2.2.2	NUTRITION	(Frontline Services) Number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			2,215	2,306	4,521
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#### Means of Verification : Training report, Progress report

Indicator 2.2.3	NUTRITION	(Frontline Services) Number of PLWs with acute malnutrition newly admitted for treatment in TSFP			0	2,234	2,234
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#### Means of Verification :

<b>Activities</b>							
<b>Activity 2.2.1</b>							
Avail all TSFP materials , protocols, job aids and trained staffs							
<b>Activity 2.2.2</b>							
Asses and Rehabilitate TSFP sites							
<b>Activity 2.2.3</b>							
Conduct monthly RRM (participate in ICRM) in hard to reach areas of Akobo and Nyirol Counties							
<b>Activity 2.2.4</b>							
Rehabilitate WASH facilities at OTP/TSFP sites, as well as provide hygiene and sanitation items for OTP/TSFP sites							
<b>Activity 2.2.5</b>							
Ensure all the 17 nutrition services points have at least two CNWs (staff time budgeted and deployed							
<b>Activity 2.2.6</b>							
Admitted and treat MAM children and PLW with appropriate admission criteria in reference with South Sudan CMAM guideline.							
<b>Output 2.3</b>							
<b>Description</b>							
Children age 6-59 month with SAM and in OTP have tested for Malaria							
<b>Assumptions &amp; Risks</b>							
Shortage of RDT kit may be a challenge and unavailability of antimalarial drugs for those malaria positive beneficiaries.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.3.1	NUTRITION	(Frontline Services) Number of SAM children tested for Malaria and referred for treatment.			1,185	1,233	2,418
<b>Means of Verification</b> : Monthly report, progress report							
<b>Activities</b>							
<b>Activity 2.3.1</b>							
Provide RDT Kit							
<b>Activity 2.3.2</b>							
Train OTP nurses and CNW on Malaria Rapid test							
<b>Activity 2.3.3</b>							
Ensure all Malaria positive children are get appropriate treatment or referral service (if no drugs)							
<b>Outcome 3</b>							
Increased knowledge and practice on IYCF and care among caretakers of children less that two years							
<b>Output 3.1</b>							
<b>Description</b>							
Care givers including mother to mother support groups established and trained on MIYCN and , sanitation and hygiene promotion							
<b>Assumptions &amp; Risks</b>							
Mlale partners could be member of the MtMSG,							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	(Frontline Services) Number of PLWs trained on nutrition package (MIYCN, WASH, Health, Use of Nutrition supplies etc)	0	1,275	0	0	1,275
<b>Means of Verification</b> : Monthly report, progress report							
Indicator 3.1.2	NUTRITION	Number of MtMSG established. supported					85
<b>Means of Verification</b> : Progress report, Monthly report							
Indicator 3.1.3	NUTRITION	Number of MtMSG session held and number of people reached with key IYCF message, Hygiene and sanitation information's.					850
<b>Means of Verification</b> : progress report, monthly report,							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
Continue supporting existing MtMSGs and form additional groups in kapoita east and Nyirol counties to help and improve optimal MIYCN practices							

<b>Activity 3.1.2</b>
Conduct monthly community sensitization with key sanitation, hygiene, nutrition and MIYCN key messages
<b>Activity 3.1.3</b>
Provide non-monetary incentives (such as soaps and mosquitoes nets) for the MtMSGs
<b>Activity 3.1.4</b>
Conduct MIYCN-E training for a total of 36 Staff.
<b>Activity 3.1.5</b>
Distribute culturally sensitive IEC materials on MIYCN
<b>Activity 3.1.6</b>
Provide non-monetary incentives (such as soaps and mosquitoes nets) for the MtMSGs
<b>Activity 3.1.7</b>
Distribute culturally sensitive IEC materials on MIYCN
<b>Additional Targets :</b>

## M & R

### Monitoring & Reporting plan

Monitoring will be a core activity comprising of data collection, documenting and sharing lessons and best practices. The monitoring plan will emphasize participation of community members, using accessible (simplified) data collection tools. M&E actors and project staff will use standardised tools to collect and analyse data on the project indicators. Save the Children's internal tool for monitoring outputs (Output Tracker and Performance Indicator Tracking Templates) will be used to help track whether activities are on course and measure progress of achievements against the set targets. The output monitoring tools will collect gender disaggregated data/information which will be analysed and used during project implementation. Most of the interventions are directly benefiting and engaging women and children. Hence, women will be engaged and interviewed for quality of services they do receive at OTP sites and community level interventions and for any complaint and feedback process. Activity monitoring engage beneficiaries and for those intervention related to IYCF, OTP, TSFP and WASH activities do practically involve women and children during monitoring and evaluations. They are also respondents for the KAP and nutrition surveys and are participants of review meetings, which are means for capturing their views. Children's views are also collected through complaint and feedback processes (checklist) in their community or service centers. SCI has in place a strong monitoring, evaluation, accountability and learning framework which will be used to ensure that the project generates information for management decision for ongoing, corrective actions, accountability to the donor and beneficiaries and to generate program learning. The system will encompass regular monitoring, quality benchmark monitoring, accountability systems and systematic learning. Biweekly sit report will be sent to UNICEF sub office and monthly NIS, Stock out tracker and supply report will be send t UNICEF and cluster. Quarterly online GMS narrative and financial report will be submitted to SSHF timely.

### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide refresher training for CNV/HHP on MUAC screening, referral and community mobilization	2018				X	X							
Activity 1.1.2: Conduct regular and monthly mass community screening campaign and site screening for early identify cases of acute malnutrition and provide referral service to the appropriate nutrition program	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Provide and ensure MUAC tape, tally sheet and referral slips are available	2018			X	X	X	X	X	X	X			
Activity 2.1.1: Provide refresher training on CMAM approaches focusing on SAM and MAM management for SCI and CHD staffs	2018			X	X								
Activity 2.1.2: Admitted and treat SAM children with appropriate admission criteria in reference with South Sudan CMAM guideline.	2018			X	X	X	X	X	X	X			
Activity 2.1.3: Conduct monthly Out reach to ensure service accessibility and nutrition service provision and provide necessary treatment for identified SAM children	2018			X	X	X	X	X	X	X			
Activity 2.1.4: Deployed Mobile/RRM team to non accessible and to reach people moving from place to place ce area and provide comprehensive acute malnutrition services.	2018			X	X	X	X	X	X	X			
Activity 2.1.5: Asses and constrict gender disaggregated latrine at OTP	2018				X	X	X						
Activity 2.1.6: Ensure discharge criteria and maintain the sphere standard , Cure rate >75%, death rate <10%, defaulter rate <15%	2018			X	X	X	X	X	X	X			
Activity 2.1.7: Transfer and ensure all OTP cured discharged children are linked and enrolled to TSFP	2018			X	X	X	X	X	X	X			
Activity 2.1.8: Support Children (12-59 Months) get deworming during national immunization days and RRM/ICRM	2018					X				X			
Activity 2.1.9: Provide minor rehabilitation of OTP/TSFP sites, as well as strengthen one SC	2018				X	X	X						
Activity 2.2.1: Avail all TSFP materials , protocols, job aids and trained staffs	2018			X	X	X	X	X	X	X			
Activity 2.2.2: Asses and Rehabilitate TSFP sites	2018			X	X	X							



Activity 2.2.3: Conduct monthly RRM (participate in ICRM) in hard to reach areas of Akobo and Nyirol Counties	2018			X	X	X	X	X	X	X			
Activity 2.2.4: Rehabilitate WASH facilities at OTP/TSFP sites, as well as provide hygiene and sanitation items for OTP/TSFP sites	2018				X	X	X						
Activity 2.2.5: Ensure all the 17 nutrition services points have at least two CNWs (staff time budgeted and deployed)	2018			X	X	X	X	X	X	X			
Activity 2.2.6: Admitted and treat MAM children and PLW with appropriate admission criteria in reference with South Sudan CMAM guideline.	2018			X	X	X	X	X	X	X			
Activity 2.3.1: Provide RDT Kit	2018			X	X	X	X	X	X	X			
Activity 2.3.2: Train OTP nurses and CNW on Malaria Rapid test	2018				X	X							
Activity 2.3.3: Ensure all Malaria positive children are get appropriate treatment or referral service (if no drugs)	2018			X	X	X	X	X	X	X			
Activity 3.1.1: Continue supporting existing MtMSGs and form additional groups in kapoita east and Nyirol counties to help and improve optimal MIYCN practices	2018			X	X	X	X	X	X	X			
Activity 3.1.2: Conduct monthly community sensitization with key sanitation, hygiene, nutrition and MIYCN key messages	2018			X	X	X	X	X	X	X			
Activity 3.1.3: Provide non-monetary incentives (such as soaps and mosquitoes nets) for the MtMSGs	2018				X	X	X	X	X	X			
Activity 3.1.4: Conduct MIYCN-E training for a total of 36 Staff.	2018				X	X							
Activity 3.1.5: Distribute culturally sensitive IEC materials on MIYCN	2018				X	X	X						
Activity 3.1.6: Provide non-monetary incentives (such as soaps and mosquitoes nets) for the MtMSGs	2018				X	X	X						
Activity 3.1.7: Distribute culturally sensitive IEC materials on MIYCN	2018			X	X	X	X	X	X	X			

## OTHER INFO

### Accountability to Affected Populations

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

### Implementation Plan

This project is implemented through integration of existing program in the counties and as a completing of the ongoing nutrition program. At a national level, both operation and technical specialists will oversee the project in a coordinated way and provide the required level of technical backup to ensure quality and timely implementation of the project by organizing field visits and remote assistance where due necessary. At the field level sci will also coordinate with the state and county government of Jonglei and EES , as well as beneficiaries and support their lead during the implementation of program activities

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
AFSS	AFSS is implementing TSFP in kapoeta and SCI will collaborate and estabsh refral sytem to ensure all OTP discahrged children are enrolled to TSFP.

### Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

### Gender Marker Of The Project

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

### Justify Chosen Gender Marker Code

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

## Protection Mainstreaming

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

## Country Specific Information

### Safety and Security

SCI safety and security department always monitor, analyses the country security situation and updates its staffs promptly and timely. Staff security will be given priority. SCI will collaborate and stick with the, international security protocols to ensure all program and staffs are implemented well. SCI has security focal person at all field office who updates the country office on the security situation in field office and had established good coordination and collaboration with partners and stakeholders. SCI have good experience and acceptance by the community that ensure the security and wellbeing of field staffs.

### Access

Save the Children beside the existing static nutrition site will use the RRM team to reach hard to reach areas and provide essential nutrition services timely .in addition to increase service coverage and accessibility, SCI will establish 4 outreach team and deploy regularly to provide lifesaving nutrition services. Save the children through this proposed project will pay attention to vulnerable group of people who have difficulty in accessing services and most under served . SCI has access assurance to all its areas of operation without any restriction.

## BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Director of Programme Development and Quality	D	1	7,831.00	6	5.00	2,349.30
	<i>"5% Director of Program Development and Quality (Juba Based -International staff) salary, fringe and benefits will be charged at this project as direct program cost"</i> <i>"5% Director of Program Development and Quality (Juba Based -International staff) salary, fringe and benefits will be charged at this project as direct program cost"</i>						
1.2	Director of Programme Implementation	D	1	10,512.00	6	5.00	3,153.60
	<i>"5% Director of Program Implementation (Juba Based -International staff) salary, fringe and benefit costs will be charged at this project as direct program cost"</i>						
1.3	Programme Implementation Manager	D	1	7,453.00	6	5.00	2,235.90
	<i>"5% of Operations Managers (Juba Based) salary, fringe and benefits costs will be charged to this project as direct program cost. They will be responsible for overseeing the operation aspect (recruitment, procurement, implementation and reporting) of the project."</i>						
1.4	Health and Nutrition Technical Specialist	D	1	6,547.00	6	10.00	3,928.20
	<i>10% Health and Nutrition Technical Specialist (HNTS) (Juba Based -International staff) salary, fringe and benefit costs will be charged at this project. This person will be involved in technical lead/guidance of the project, representation of the project at cluster level, supporting in quarterly reporting, and supportive supervision at field level. The HNTS will spend 15% of his time supporting this project</i>						
1.5	Emergency Nutrition Technical Specialist	D	1	6,537.00	6	15.00	5,883.30
	<i>15% Health and Nutrition Technical Specialist (HNTS) (Juba Based -International staff) salary, fringe and benefit costs will be charged at this project. This person will be involved in technical lead/guidance of the project, representation of the project at cluster level, supporting in quarterly reporting, and supportive supervision at field level. The HNTS will spend 20% of his time supporting this project</i>						
1.6	Head of MEAL	D	1	7,326.00	6	5.00	2,197.80
	<i>5% of Head of MEAL (Juba Based -International staffs) salary, fringe and benefit costs will be charged at this project. He will spent 6% of his time in supporting this project start up, and documenting lessons.</i>						
1.7	Roving MEAL Manager	D	1	6,527.00	6	5.00	1,958.10

	<i>5% of Roving MEAL Manager(Juba Based -International staffs) salary, fringe and benefit costs will be charged at this project. He will spent 5% of his time in supporting this project start up, and documenting lessons.</i>						
1.8	Zonal Nutrition Program Manager (Roving Jonglei)	D	2	6,527.00	6	20.00	15,664.80
	<i>20% Zonal Nutrition Program Manager's (Field Based International staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. This person will oversee and coordinate the project implementation, and liaise with the SMOH in Jonglei</i>						
1.9	Field manager	D	1	6,500.00	6	15.00	5,850.00
	<i>"15% Feild Manager (Field Based -International staff) salary, fringe and benefit costs will be charged at this project. This person will be responsible for over field program implementation and cordination"</i>						
1.10	SCUK HQ Technical support (Nutrition)	D	1	560.00	6	100.00	3,360.00
	<i>100% SCUK HQ Technical support (Nutrition), responsible for thetechnical support and \$560 per day will be allocated and a total of 6 days support will be provided</i>						
1.11	Advocacy & Policy Director	D	1	6,073.00	6	3.00	1,093.14
	<i>3% Advocacy and Policy Director (Juba Based -National staffs) salary will be charged at this project.</i>						
1.12	Senior MIYCN Technical Coordinator	D	1	1,560.00	6	15.00	1,404.00
	<i>15% Senior MIYCN Technical Coordinator's (Juba Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. This person will be primarily responsible for the technical oversight of the MIYCN activities and integration into the CMAM program</i>						
1.13	Health and Nutrition Information Coordinator	D	1	1,560.00	6	15.00	1,404.00
	<i>15% Health and Nutrition Information Coordinator's (Juba Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. This person will be responsible for the receiving, compilation and reporting of nutrition information.</i>						
1.14	Survey Officers	D	2	1,418.00	6	20.00	3,403.20
	<i>20% two survey officers' (Roving, National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will support the planning, conduct and reporting of the two SMART surveys, and the nutrition surveillance activities.</i>						
1.15	Assistant Nutrition Manager	D	2	2,588.00	6	40.00	12,422.40
	<i>40% two Assistant Nutrition Managers' (field Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible for coordinating the emergency nutrition interventions in their respective counties</i>						
1.16	Nutrrio officer	D	2	891.76	6	40.00	4,280.45
	<i>40% two Nutrition Officers' (field Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible supervising OTP/TSFP sites, proving refresher training for CNWs, following and reporting services from the nutrition services points.</i>						
1.17	MIYCN Officers	D	2	891.76	6	40.00	4,280.45
	<i>40% two MIYCN Officers' (field Based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible selecting, and training MtMSG, promotion of MIYCN, and community sensitization, as well as integration of WASH into the nutrition services</i>						
1.18	OTP/TSFP Nusre	D	19	779.00	6	40.00	35,522.40
	<i>40% of 17 OTP/TSFP Nurse (site based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible for running OTP/TSFP sites</i>						
1.19	CNWs (Community Nutrition Workers)	D	25	552.00	6	40.00	33,120.00
	<i>40% of 25 CNW (site based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible for running OTP/TSFP sites</i>						
1.20	SC Nurses	D	2	552.00	6	40.00	2,649.60

	<i>40% of 2 SC nurses' (site based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. They will be responsible for running SC</i>						
1.21	Clinical Officer for the SC	D	1	891.76	6	40.00	2,140.22
	<i>40% of one clinical officer's (site based National staff) salary, benefits and fringes cost will be charged as direct program cost for 6 months. This person will be responsible for clinical oversight of the SC</i>						
1.22	Center Guards -OTP/TSFP	D	17	414.00	6	40.00	16,891.20
	<i>40% of 17 guards' (site based National staff) salary, benefits and fringes cost will be charged as direct program for 6 months.</i>						
1.23	Country Shared Costs - International salaries (Including Benefit) International Staffs(CD,DPD, Finance director, HR director,Security Director, Award director, Head of logistic,Area PM)	S	8	19,611.80	6	3.00	28,240.99
	<i>"8 International Staff ( Field and Juba based ) The cost is related to shared activities/tasks. This includes; Finance, Human resources, Logistics, Award Management, The activities/tasks of these functions will benefit the whole Country office portfolio and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The time spent by each support staff will be recorded (and documented) via the SCI Effort Reporting System (timesheet). It is budgeted at a total cost of \$28241 for 6 Months.</i>						
1.24	Country Shared Costs - National salaries (Including Benefit) National Support staff salaries ( Juba & Field based)(Feild PM 2, Logistic manger,Security officer 2,Finance officer, HR coordinator, )	S	15	8,826.00	6	5.00	39,717.00
	<i>15This is related to National staff in the country office and the field office in the 2 states. The cost is related to shared activities/tasks. This includes; Finance, Human resources, Logistics, Award Management, Field office Operations Management, The activities/tasks of these functions will benefit the whole Country office portfolio and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The time spent by each support staff will be recorded (and documented) via the SCI Effort Reporting System (timesheet). It is budgeted at a total cost of \$39717 for 6 Months.</i>						
	<b>Section Total</b>						<b>233,150.05</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Conduct mass community and site screening to early identify cases of acute malnutrition and admit them into the CMAM program	D	2	1,267.75	6	100.00	15,213.00
	<i>100% direct program cost for conducting nutrition screening cost will be charged under this project a rate of 1267.75per county per month for six months to cover costs of Incentives for CNV/HHP, purchase MtMSG materials; like mats, children playing materials, demonstration banners, meeting venue sitting materials, radio, and etc.</i>						
2.2	Admission and treatment of acute malnourished cases in OTPs, TSFP and SC/ITP provided appropriate treatment	D	2	333.33	6	100.00	3,999.96
	<i>100% direct program cost for admission and treatment of acute malnourished cases in OTPs, TSFP and SC/ITP will be charged under this project a rate of 333.33 per OTP/TSFP site per month for six months. The cost will cover to prcure basic OTP/TSFP equipment, medical equipemnt and furnitures as well as job aids</i>						
2.3	Distribution of registration books, tally sheets, reporting sheets, and anthropometric equipment to OTP/TSFP sites for proper implementation, monitoring and reporting of CMAM program (this will be need based and for the sites to be reactivated)	D	2	445.80	6	100.00	5,349.60
	<i>100% direct program cost for distribution of registration books, tally sheets, reporting sheets, and anthropometric equipment will be charged under this project a rate of 445.8 per county twice during the project period. The cost items under this activity include Transportation cost (chartered flight) (\$5000), and loading and unloading costs (\$ 350</i>						
2.4	Screening ,Testing and treating Girls and Boys ( 6-59 Months ) for Malaria	D	2	191.49	1	100.00	382.98
	<i>100% direct program cost for Screening ,Testing and treating Girls and Boys ( 6-59 Months ) for Malaria will be charged under this project a rate of 191.49 per county. The cost items under this activity only for training of CNW/Nusre on RDT</i>						
2.5	Support Children (12-59 Months) get deworming during national immunization days	D	2	1,125.00	1	100.00	2,250.00
	<i>100% direct program cost for supporting Children (12-59 Months) get deworming during national immunization days will be charged under this project a rate of 1125 per county. The cost items under this activity includes logistics and transportation support for up to 10 days</i>						
2.6	Conduct monthly RRM (participate in ICRM) in hard to reach areas of Nyirol and KE Counties	D	2	1,933.50	6	100.00	23,202.00

	<i>100% direct program cost to conduct RRM (participate in ICRM) cost will be charged under this project a rate of 5384 per mission The cost items under this activity includes salary of nutrition Nurses (CNW) (\$10704), casuals (\$450), and transportation cost (\$20,400)</i>						
2.7	Refresher training for CNWs and SCI staff on CMAM and MIYCN protocols	D	30	40.50	1	100.00	1,215.00
	<i>100% direct program cost to conduct Refresher training for 30 CNWs and SCI staff on CMAM and MIYCN protocols will be charged under this project a rate of \$40.5 per trainee. The cost items under this activity includes stationary, accommodation, refreshment and hall rent, the cost includes 8 facilitator cost as well</i>						
	<i>program cost to conduct Refresher training for 30 CNWs and SCI staff on CMAM and MIYCN protocols will be charged under this project a rate of \$65 per trainee. The cost items under this activity includes stationary, accommodation, refreshment and hall rent</i>						
2.8	Rehabilitate and establish OTP/SC/TSFP Sites	D	1	6,000.00	1	100.00	6,000.00
	<i>100% direct program cost to conduct minor rehabilitation of existing OTP/TSFP sites will be charged under this project a rate of \$6000 for Nyirol and for KE county. The cost items include labour costs, purchase of local materials and local transportation</i>						
2.9	Rehabilitate WASH facilities at OTP/TSFP sites	D	1	3,506.00	1	100.00	3,506.00
	<i>100% direct program cost to Rehabilitate WASH facilities at OTP/TSFP sites will be charged under this project a rate of 1775 for Nyirol and fro KE county. The cost items include labour costs, purchase of local materials and local transportation</i>						
2.10	Continue supporting existing MtMSGs and form additional groups in Akobo and Nyirol counties to help and improve optimal MIYCN practices in Akobo and Nyirol.	D	2	875.00	6	100.00	10,500.00
	<i>100% direct program cost to support Continue supporting existing MtMSGs and form additional groups in Kapoeta eastand Nyirol counties to help and improve optimal MIYCN practices inKE and Nyirol will be charged under this project a rate of 875 per county per month. The cost items under this activity includes purchase of MtMSG material (\$3000), non-monetary incentives for MtMSG (7500)</i>						
2.11	Conduct community sensitization every two months with key sanitation, hygiene, nutrition and MIYCN key messages	D	2	510.00	6	100.00	6,120.00
	<i>100% direct program cost to conduct community sensitization every two months with key sanitation, hygiene, nutrition and MIYCN key messages a rate of 510 per county per month. The cost items under this activity includes monetary (\$2550) and non-monetary incentives (\$6120) for HHPs, CHD staff and other community volunteers</i>						
2.12	Provide non-monetary incentives (such as soaps and mosquitoes nets) for the MtMSGs	D	2	960.00	6	100.00	11,520.00
	<i>100% direct program cost to provide non-monetary incentives for MTMSG members a rate of 15 per volunteer per month. The cost items under this activity includes purchase and distribution of items like soap, sugar etc.the cost also include refreshment cost of 960 per county</i>						
2.13	Conduct MIYCN-E training for a total of 30 Staff.	D	30	33.00	1	100.00	990.00
	<i>100% direct program cost to conduct an MIYCN training at a rate of \$33per trainee .The cost items under this activity includes stationary, refreshment, accommodation and hall rents</i>						
2.14	Continue conducting Nutrition Surveillance across the nutrition services points (project area) including NIS	D	20	32.50	1	100.00	650.00
	<i>100% direct program cost to conduct revised NIS training at a rate of \$32.5 per trainee .The cost items under this activity includes stationary, refreshment, accommodation and hall rents</i>						
2.15	Provide quarterly supportive supervision and monitoring visits to OTP/TSFP sites to improve the functionality and the quality of the services delivered in the sites	D	6	463.00	2	100.00	5,556.00
	<i>100% direct program cost to conduct joint supportive supervision and accountability a rate of \$463 per visit.the cost includes visibility cost</i>						
	<b>Section Total</b>						<b>96,454.54</b>
<b>3. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>4. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00

	NA							
	<b>Section Total</b>							<b>0.00</b>
<b>5. Travel</b>								
5.1	Field direct Program support cost-vehicle & transport cost	D	2	977.06	6	100.00	11,724.72	
	<i>"100% local transportation cost for RRM/ICRM and program implementation is budgeted as support cost at a rate of \$977.06 per county per month, the cost include the flight cost for SCUHQ technical advisor travel"</i>							
5.2	Country Shared Costs - Travel & Lodging	S	1	554.80	6	100.00	3,328.80	
	<i>"This cost will cover the monitoring visits of support function staff (HR, Award, Logistic, Finance, Admin. Etc.) aim to guarantee that policies and procedure are in place and constantly adopted. It is budgeted at a total cost of \$3328.8 for 6 months"</i>							
5.3	Country Shared Costs – Vehicle & transport costs	S	1	368.84	6	100.00	2,213.04	
	<i>"The shared vehicle and transport cost will support the country office This is cost associated with vehicle usage for general tasks/activities that benefit the entire country office portfolio and for which the Country Office could not operate effectively without. This will include fuel, maintenance, registration and insurance costs that benefit the whole country office portfolio. It is budgeted at \$368.84per month for 6 months"</i>							
5.4	Country Shared Costs - Other (Office supplies (Juba ) )	S	1	368.84	6	100.00	2,213.04	
	<i>"The cost will take care of the country office running cost, administration material, other consumables . It is budgeted at \$5755 for 6 months"</i>							
	<b>Section Total</b>							<b>19,479.60</b>
<b>6. Transfers and Grants to Counterparts</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>								
7.1	Country Shared Costs - Premise costs	S	1	1,390.00	6	100.00	8,340.00	
	<i>"The cost will cover the country office premise cost to support the program, the program will therefore be required to contribute towards the rental costs, the Electricity and water, the security costs and Internet cost of Central Office costs, It is budgeted at \$8340 for 6 months"</i>							
7.2	Field direct Program support cost-Premises cost	S	2	749.00	6	100.00	8,988.00	
	<i>"The cost cover care of 2 field office premise cost including rental costs, Electricity, Water, Security and Internet cost of the field office. It is budgeted at \$8988 for 6 months."</i>							
7.3	Warehousing cost	S	2	315.00	6	100.00	3,780.00	
	<i>"100% warehousing cost at a monthly rate of 315 per month for tow filed officeis budgeted for six months"</i>							
7.4	Country Shared Costs - Other (Office supplies (Juba ) )	S	1	606.60	6	100.00	3,639.60	

<p>""The cost cover care of 2 field office premise cost including rental costs, Electricity, Water, Security and Internet cost of the field office. It is budgeted at \$606.6 for 6 months.</p> <p>""</p> <p>""</p>							
<b>Section Total</b>							<b>24,747.60</b>
<b>SubTotal</b>					226.00	<b>373,831.79</b>	
Direct							273,371.32
Support							100,460.47
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							26,168.23
<b>Total Cost</b>							<b>400,000.02</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria -> Kapoeta East	40	407	3,944	5,498	5,723	15,572	<p>Activity 1.1.2: Conduct regular and monthly mass community screening campaign and site screening for early identify cases of acute malnutrition and provide refe...</p> <p>Activity 1.1.3: Provide and ensure MUAC tape, tally sheet and referral slips are available</p> <p>Activity 2.1.1: Provide refresher training on CMAM approaches focusing on SAM and MAM management for SCI and CHD staffs</p> <p>Activity 2.1.2: Admitted and treat SAM children with appropriate admission criteria in reference with South Sudan CMAM guideline.</p> <p>Activity 2.1.3: Conduct monthly Out reach to ensure service accessibility and nutrition service provision and provide necessary treatment for identified SAM chil...</p> <p>Activity 2.1.5: Asses and constrict gender disaggregated latrine at OTP</p> <p>Activity 2.1.6: Ensure discharge criteria and maintain the sphere standard , Cure rate &gt;75%, death rate &lt;10%, defaulter rate &lt;15%</p> <p>Activity 2.1.7: Transfer and ensure all OTP cured discharged children are linked and enrolled to TSFP</p> <p>Activity 2.1.8: Support Children (12-59 Months) get deworming during national immunization days and RRM/ICRM</p> <p>Activity 2.1.9: Provide minor rehabilitation of OTP/TSFP sites, as well as strengthen one SC</p> <p>Activity 2.2.4: Rehabilitate WASH facilities at OTP/TSFP sites, as well as provide hygiene and sanitation items for OTP/TSFP sites</p> <p>Activity 2.3.1: Provide RDT KIt</p> <p>Activity 2.3.2: Train OTP nurses and CNW on Malaria Rapid test</p> <p>Activity 2.3.3: Ensure all Malaria positive children are get appropriate treatment or referral service (if no drugs)</p> <p>Activity 3.1.1: Continue supporting existing MtMSGs and form additional groups in kapoita east and Nyirol counties to help and improve optimal MIYCN practices</p> <p>Activity 3.1.2: Conduct monthly community sensitization with key sanitation, hygiene, nutrition and MIYCN key messages</p>

Jonglei -> Nyirol	60	611	5,917	8,248	8,585	23,361	<p>Activity 1.1.1: Provide refresher training for CNV/HHP on MUAC screening, referral and community mobilization</p> <p>Activity 1.1.2: Conduct regular and monthly mass community screening campaign and site screening for early identify cases of acute malnutrition and provide refe...</p> <p>Activity 1.1.3: Provide and ensure MUAC tape, tally sheet and referral slips are available</p> <p>Activity 2.1.1: Provide refresher training on CMAM approaches focusing on SAM and MAM management for SCI and CHD staffs</p> <p>Activity 2.1.2: Admitted and treat SAM children with appropriate admission criteria in reference with South Sudan CMAM guideline.</p> <p>Activity 2.1.3: Conduct monthly Out reach to ensure service accessibility and nutrition service provision and provide necessary treatment for identified SAM chil...</p> <p>Activity 2.1.4: Deployed Mobile/RRM team to non accessible and to reach people moving from place to place ce area and provide comprehensive acute malnutrition serv...</p> <p>Activity 2.1.5: Asses and constrict gender disaggregated latrine at OTP</p> <p>Activity 2.1.6: Ensure discharge criteria and maintain the sphere standard , Cure rate &gt;75%, death rate &lt;10%, defaulter rate &lt;15%</p> <p>Activity 2.1.7: Transfer and ensure all OTP cured discharged children are linked and enrolled to TSFP</p> <p>Activity 2.1.8: Support Children (12-59 Months) get deworming during national immunization days and RRM/ICRM</p> <p>Activity 2.1.9: Provide minor rehabilitation of OTP/TSFP sites, as well as strengthen one SC</p> <p>Activity 2.2.1: Avail all TSFP materials , protocols, job aids and trained staffs</p> <p>Activity 2.2.2: Asses and Rehabilitate TSFP sites</p> <p>Activity 2.2.3: Conduct monthly RRM (participate in ICRM) in hard to reach areas of Akobo and Nyirol Counties</p> <p>Activity 2.2.4: Rehabilitate WASH facilities at OTP/TSFP sites, as well as provide hygiene and sanitation items for OTP/TSFP sites</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	Nyirol KAP & SMART survey Final Report.pdf