

Requesting Organization :	Johanniter Unfallhilfe e.V.			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :	Integrated Emergency Nutrition Services for Malnourished Children under Five Years and pregnant and lactating women in Bagari and Besselia areas, Wau Western Bahr el Ghazal			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-18/HSS10/SA1/N/INGO/8074	
Cluster :		Project Budget in US\$:	200,000.18	
Planned project duration :	10 months	Priority:		
Planned Start Date :	20/03/2018	Planned End Date :	31/12/2018	
Actual Start Date:	20/03/2018	Actual End Date:	31/12/2018	
Project Summary :	<p>The goal of this intervention is to provide quality lifesaving CMAM interventions to children 6-59 months and Pregnant and Lactating Women in 14 Bomas of Bagari and Besselia areas. Through this project, Johanniter will screen over 90% of children under five years 8,028 (4,094 girls and boys 3,934) and also over 90% of pregnant and lactating women (1,606) for malnutrition in the 14 Bomas of Bagari and Besselia areas. Additionally a total of 3,392 women and 400 men will directly be reached through MIYCN messaging and counseling at community level. The project will reach at least 80% of SAM and MAM in girls and boys 6-59 months; 80% of PLW. The estimated number of SAM cases is 562, MAM in children under five years 1,846 and MAM in PLW 450. The project will be complemented by ongoing UNICEF and WFP projects in Wau, Jur River and Raga Counties during the proposed period. Indirect beneficiaries of this project will include 720 males who are caretakers of children under five, County health department staff, health workers and Community nutrition volunteers.</p> <p>To contribute to cluster Objective 1, this project will focus on increasing the coverage of existing Community-based management of Acute Malnutrition (CMAM) by strengthening the community mobilization component of CMAM, micronutrient and deworming, opening new OTP and TSFP sites, strengthening linkage and referral to the existing Stabilization Center in Wau run by Johanniter and Wau Teaching Hospital, collaboration with other nutrition actors and increasing the number of mobile sites in areas where structures have been destroyed by the fighting in all the 14 Bomas in the Bagari and Besselia areas. Additionally, the interventions will improve program quality through trainings for Nutrition assistants and community mobilizers, and routine joint support supervision. The commodities for management of MAM in this project will be provided for WFP and UNICEF through the current PCA and FLAs that will be amended. The proposed interventions will consolidate the gains already made through ongoing weekly responses to the different areas and also in the areas that have been receiving services from MEDAIR and ALIMA whose projects are ending in April 2018.</p> <p>To contribute to cluster Objective 2. The project will focus on MIYCN messaging at facility and community level, capacity building training to the MIYCN counselors and formation of mother to mother support groups who will be doing house to house visits and sensitizing the community on MIYCN approaches. To mainstream inclusivity among the mother to mother support groups, Johanniter will ensure that women living with HIV, women with disability and men are included. Mother to mother Support groups will be integrated with OTPs and TSFPs to support mothers of children 0-24 months with breastfeeding complications such as those with small babies, not enough milk, emotional problems among others to re-lactate and successfully breastfeed their infants. Johanniter will also carry out promotion of nutrition education through schools as a good media for raising awareness on a number of key nutrition messages on the importance for early detection, screening and treatment of acute malnutrition.</p> <p>To contribute to cluster objective 3, JOHANNITER will conduct regular need based assessments, submit monthly NIS reports and analysis, participate in weekly nutrition cluster coordination meetings, share with relevant partners monthly sitrep reports.</p> <p>To contribute to cluster objective 4, JOHANNITER will integrate health and WASH components into nutrition through provision of safe drinking water equipment like buckets and jerrycans, hand washing facility and soap for daily operation of OTP/TSFP and emphasis on awareness raising on hygiene and sanitation, EPI activities, malaria screening and treatment and HIV awareness campaigns.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total

400	4,998	3,934	4,094	13,426
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Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	3,934	4,094	8,028
Pregnant and Lactating Women	0	4,950	0	0	4,950
Trainers, Promoters, Caretakers, committee members, etc.	36	48	0	0	84
Other	364	0	0	0	364

Indirect Beneficiaries :

Indirect beneficiaries of this project will include County health department staff, health workers, 56 community nutrition volunteers and 28 IYCF facilitators.

Catchment Population:

Baggari and Besselia Payams are located south west of Wau County, mainly inhabited by Balanda, Bongo, Bai, Kresh and Zande tribes who are largely agriculturalists. Through presidential decree issued in January 2017, former Western Bahr el Ghazal State was further divided into two states (Lol and Wau). As a result, Wau State was further reduced to two counties of Jur River and Baggari respectively.

According to the population projection for South Sudan by Payam covering the period 2015 – 2020 released by the National Bureau of Statistics (NBS), Baggari and Besselia Payams have a total population of 40,141 (Baggari 28,768 and Besselia 11,373 respectively). Baggari has 8 Bomas while Besselia 6 all of which have PHCUs that were initially functional but currently only 4 actively functional.

Throughout 2015-2017 the Greater Bagari has been engulfed in a protracted cycle of conflict. In November and December 2015, fighting intensified in Bagari resulting in the displacement of some 100,000 people, destroying assets and livelihood and precipitating a major humanitarian emergency. In February 2016, an attack in Wau Town resulted in mass displacement of local populations originating from the south western parts of Wau Town into the center. This was later followed by another attack in July 2016 that further displaced the former IDPs from Baggari and their hosts into Wau PoC and collective sites.

Humanitarian agencies had been blocked from accessing Greater Baggari area since mid-2016. After numerous negotiations, access was granted in March 2017, but partners (WFP, UNICEF, IOM and UNOCHA) could access the area only by air.

In July 2017, RCC requested humanitarian organizations to assess greater Baggari areas following reported deaths related to hunger and preventable diseases. UNOCHA sought approval clearance from National Security Service and IOs to access the rebel controlled area. In August 2017 humanitarian organizations utilized this window of opportunity to carry out an assessment (IRNA) which revealed a desperate situation. The population were totally cut-off with no basic services, no functioning market and post nutritional screening evidenced malnutrition (approx. GAM & SAM) among the under 5 population was alarming high. Following the IRNA results, humanitarian organizations in Wau immediately organized a response in Mboro, Ngissa and Farajallah in late August 2017. 1,840 children from 6-59 months were screened of which 139 had SAM (10.3%) and 324 MAM (24.1%) with a GAM of 34.5%. Because not much of cultivation is taking place as a result of insecurity, the nutrition situation will likely remain critical.

Link with allocation strategy :

The proposed interventions will contribute to the cluster objectives of delivering quality, life-saving, management of acute malnutrition for at least 90% SAM and MAM cases in all children under 5 years, PLW and other vulnerable groups. This project will accelerate active case identification of severely and moderately malnourished children as well as children at risk and referring them for case management and also refer SAM cases with medical complications to the existing Stabilization Centers.

Johanniter will provide access to services leading to prevention of under nutrition for 8,028 children under 5 years (4,094 girls and boys 3,934) and also pregnant and lactating women (1,606). The project will promote maternal infant young child nutrition (MIYCN) to prevent acute malnutrition. Additionally, integration of vitamin A supplementation and deworming for the children under 5 years will be carried out. The proposed activities will address the life threatening nutrition needs in the proposed 14 Bomas of Bagari and Besselia area.

The project will address both the IDPs and host communities affected by the insecurity. Johanniter will address all the Nutrition Cluster objectives by ensuring that the following activities (Outputs) are implemented within the project life span:

- 1) Identification (active case findings) and treatment of acutely malnourished children under 5 years and PLWs
- 2) Integration of nutrition activities in all existing health facilities.
- 3) Support CHD/SMOH to conduct regular supportive supervision to nutrition sites
- 4) Integrated nutrition outreach activities and referrals.
- 4) Training for health workers and community nutrition volunteers and MIYCN counselors
- 5) Provision of Vitamin A supplementation and deworming to children under 5 years disaggregated by gender.
- 6) Active involvement in National Immunization Days (NIDS).
- 7) Promotion of MIYCN and mother to mother support groups
- 8) Participate and support National, State and County Nutrition Cluster forums
- 9) Monitor and analyze the nutrition situation on a quarterly basis
- 10) Monthly sharing of NIS and sitrep reports to the nutrition cluster
- 11) Integrate health and WASH in the nutrition activities provision of safe drinking water equipment like buckets and jerrycans, hand washing facility and soap for daily operation of OTP/TSFP and emphasis on awareness raising on hygiene and sanitation, EPI activities, malaria and HIV awareness campaigns.
- 12) Conduct promotion of nutrition education through schools

All these proposed activities will contribute to the SSHF and Nutrition Cluster strategic objectives and also link strongly with the prioritization of projects.

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
GIZ Nutrition Education Project	81,818.16
BMZ Federal Republic of Germany	51,492.63
	133,310.79

Organization focal point :

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BACKGROUND**1. Humanitarian context analysis**

Throughout 2015-2017 the Greater Bagari has been engulfed in a protracted cycle of conflict. In November and December 2015, fighting intensified in Bagari resulting in the displacement of some 100,000 people, destroying assets and livelihood and precipitating a major humanitarian emergency. From 17th-18th February 2016, an attack in Wau Town resulted in mass displacement of local populations originating from the south and western parts of Wau Town into the center. This was later followed by another attack in July 2016 that further displaced the former IDPs from Baggari and their hosts into Wau PoC and collective sites. The fighting also resulted in widespread looting of homes and harassment of civilians, including reported raping of women and girls. (https://reliefweb.int/sites/reliefweb.int/files/resources/SS_20171011_Humanitarian_Snapshot_September.pdf)

Humanitarian agencies had been blocked from accessing Greater Baggari area since mid-2016. After numerous negotiations, access was granted in March 2017, but partners (WFP, UNICEF, IOM and UNOCHA) could access the area only by air. In August 2017, humanitarian partners finally reached thousands of people in the Greater Baggari area with life-saving food, nutrition services, health care, household items, and hygiene and sanitation assistance after reports of people dying of hunger-related causes due to a food crisis driven by late rains, insecurity and poor harvests. The dry season has also worsened the situation causing most of the surface seasonal water resources to dry up, making it hard for the already vulnerable population to access clean and safe water. In September 2017, a joint rapid response mission consisting of WFP, REACH, UNICEF, FAO and UNICEF partners - Johanniter, AFOD conducted nutrition screening and distribution of food and non-food items in Mboro and Farajallah in the Baggari area. While on the ground, the team witnessed high rates of severe acute malnutrition and visible signs of body stress in adults as well as cases of oedema. (Interagency response mission to Baggari report, September 2017 by WFP)

The Integrated Food security Phase Classification (IPC) released on 6th November 2017, revealed that Greater Baggari, with an estimated population of 25,000, where 10% of the population is in Humanitarian Catastrophe (IPC Phase 5) have Extreme Critical levels of Acute Malnutrition (GAM >30%) in addition to Severe food insecurity, widespread insecurity, displacement, poor access to services, high morbidity, extremely poor diets and poor sanitation and hygiene.

The findings from the interagency assessments and joint response missions done in the period covering October to December 2017 in Greater Bagari area indicates that the most vulnerable groups amongst the population are women and children under 5 years old. Pregnant and lactating women are particularly affected as they are not able to access health and nutritional services due to insecurity and destruction of existing health facilities. Inadequacy of food, nutrition treatment and prevention services, lack of immunization and health services has led to high malnutrition burden especially to Women and children aged 6-59 months. This further affects breastfeeding activities, and overall health and nutrition care for children. Johanniter will mainstream Gender activities in all program work through including males and females among the staff and volunteers, receiving and providing feedback to different groups on the performance of the project and finding ways to improve it in a consultative manner.

With the relatively improved security situation and improved access to Bagari and Bessilia areas, a number of humanitarian agencies (IOM, Johanniter, ALIMA, MEDAIR, OXFAM, Islamic Relief) together with the state ministry of health have started implementing health, nutrition, WASH and FSL activities in a few areas using limited funding.

2. Needs assessment

Baggari and Besselia continue to face multiple humanitarian challenges: a possible influx of IDPs from Wau town (Protection of Civilian and collective sites) following the decongestion plans by the Government; continued insecurity and threats by warring parties; access constraints for both civilians and humanitarian actors (though there is a slight improvement on this concern), and need to pre-position supplies in advance of the rains starting in April. The food security situation has also remained fragile, with a hike in food and fuel prices as a result of hyperinflation and deteriorating economy, whilst the overall performance of the 2017 agricultural season has been somewhat affected by erratic rainfall and insecurity. In light of the factors mentioned above the nutrition situation is likely to deteriorate.

Findings from the various needs assessments conducted in Baggari and Besselia by MEDAIR, ALIMA, WFP, IOM and UNOCHA (Inter-agency assessment) evidently points to the fact that, the conflict has destroyed the existing structures and systems in addition to displacing thousands of civil population hence increasing their vulnerability to malnutrition. In August 2017 humanitarian organizations carried out an assessment (IRNA) which revealed a desperate situation. The population were totally cut-off with no basic services, no functioning market and post nutritional screening showed malnutrition (approx. GAM & SAM) among the under 5 population was alarming high. Following the IRNA results, humanitarian organizations in Wau immediately organized a response in Mboro, Ngissa and Farajallah in late August 2017. 1,840 children from 6-59 months were screened of which 139 had SAM (10.3%) and 324 MAM (24.1%) with a GAM of 34.5%. The Integrated Food security Phase Classification (IPC Phase 5) released on 6th November 2017, revealed that Greater Baggari have Extreme Critical levels of Acute Malnutrition (GAM >30%). The magnified burdens due to disruptions of livelihood are major contributing factors to the high malnutrition rates. All the joint assessments done so far indicate that both boys and girls are equally affected. The potential aggravating factors to malnutrition are sub-optimal MIYCN practices, poor hygiene and sanitation and limited access to health care. Besides, the deteriorating household food security as a consequence of displacement, as well as high food prices caused by hyper-inflation and depreciation of the local currency, are all further increasing the risk of acute malnutrition and associated mortality.

3. Description Of Beneficiaries

A total of 13,426 direct beneficiaries will be targeted through this project including 8,028 children under five years both girls and boys, 1606 PLW, 3,392 women for MIYCN counseling and 400 men. Targeted number of SAM cases is 562, MAM in children under five years 1,846 and MAM in PLW 450. Indirect beneficiaries will include over 84 health and nutrition workers including 56 community volunteers (32 females and 24 males) who will also benefit from the trainings on CMAM, MIYCN and hygiene promotion under this project. The community nutrition volunteers will be identified through proper consultation with community leaders and support from local authorities (such as the chiefs) on the ground. Special attention will be given persons with disabilities who will be included among the nutrition workers within the communities.

4. Grant Request Justification

The effect of the conflict that has destroyed structures and systems in Baggari and Besselia coupled with widespread internal displacement has increased vulnerability to malnutrition for all the conflict affected populations. The Integrated Food security Phase Classification (IPC) released on 6th November 2017, revealed that Greater Baggari, with an estimated population of 25,000, where 10% of the population is in Humanitarian Catastrophe (IPC Phase 5) have Extreme Critical levels of Acute Malnutrition (GAM >30%). The magnified burdens due to disruptions of livelihood are major contributing factors to the high malnutrition rates. All the joint assessments done so far indicate that both boys and girls are equally affected. The potential aggravating factors to malnutrition are sub-optimal MIYCN practices, poor hygiene and sanitation and limited access to health care. In addition, the deteriorating household food security as a consequence of displacement, as well as high food prices caused by hyper-inflation and depreciation of the local currency, are all further increasing the risk of acute malnutrition and associated mortality. The situation calls for immediate and continued nutrition interventions targeting the most vulnerable (children under five and PLW). The proposed areas (Baggari and Besselia) are part of Wau which has been identified and recommended by Nutrition Cluster as high Priority County for nutrition interventions in 2018.

In an effort to address the prevailing humanitarian situation in the Baggari and Besselia area, Johanniter is requesting SSHF funds to complement the on-going UNICEF and WFP projects to provide integrated nutrition services to the affected and vulnerable populations. At the moment, Johanniter is working on amending the PCA with UNICEF and FLA with WFP to cover the OTPs and TSFP activities in Baggari for the period of 2018. This amendment is to ensure that there are no gaps in services to the population since some of the partners like ALIMA and MEDAIR have their current emergency project interventions ending by April 2018 in the few areas that they are supporting. This proposed project will build on Johanniter's existing operational capacities and strong presence in Wau, Jur River and Raja Counties as well as existing projects and programs in nutrition, health and WASH.

The current funding status of Johanniter in Wau is about 13% for running nutrition projects between January and March 2018 with funding gaps of 232,990 USD for 2018. The SSHF funding will help Johanniter to scale-up and expand ongoing emergency nutrition interventions in Baggari and Besselia within Wau County in order to meet the increased nutrition needs of communities. The SSHF funding will help Johanniter to establish its presence in Baggari and Besselia through delivering both static and mobile nutrition interventions as opposed to the current approach of responding only through joint response missions that is not consistent and therefore inefficient.

5. Complementarity

The proposed emergency project will be complimentary to the UNICEF PCA as well as WFP FLA through which Johanniter obtains nutrition supplies for management of SAM and MAM respectively in Wau. The PCA and FLA also support with human resources costs, trainings and field activities costs. The SSHF will support both static and mobile nutrition interventions in Baggari and Besselia areas reaching over 80% of the SAM and MAM caseloads in 14 Bomas. The Stabilization Center that is being run by Johanniter in Wau from private funds will be the referral center for SAM cases with complications.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of this project is to reduce the prevalence and incidence of reported GAM rate of 30% to below 10% in Baggari and Besselia through an integrated approach that includes scaling up of CMAM, MIYCN, health and WASH interventions targeting children under five and PLW over 12 months period

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	65
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	20
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	10
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	5

Contribution to Cluster/Sector Objectives : This project will help to save lives of malnourished children under five and PLWs. Provision of integrated nutrition services with WASH and health components will enable malnourished children and PLW to access services within their communities which will help protect communities from the life threatening effects of malnutrition. CMAM, preventive services of MIYCN, and micronutrient supplementation will help control malnutrition in Baggari and Besselia.

To contribute to cluster Objective 1, this project will focus on increasing the coverage of existing Community-based management of Acute Malnutrition (CMAM) by strengthening the community mobilization component of CMAM, micronutrient and deworming, opening new OTP and TSFP sites, strengthening linkage and referral to the existing Stabilization Center in Wau run by Johanniter and Wau Teaching Hospital, collaboration with other nutrition actors and increasing the number of mobile sites in areas where structures have been destroyed by the fighting in all the 8 Bomas in the Bagari area and 6 in Besselia. Additionally, the interventions will improve program quality through trainings for Nutrition assistants and community mobilizers, and routine joint support supervision. The commodities for management of MAM in this project will be provided for WFP and UNICEF through the current PCA and FLAs that will be amended. The proposed interventions will consolidate the gains already made through ongoing weekly responses to the different areas and also in the areas that have been receiving services from MEDAIR and ALIMA whose projects are ending in April 2018.

To contribute to cluster Objective 2. The project will focus on MIYCF messaging at facility and community level, capacity building training to the MIYCF counselors and formation of mother to mother support groups who will be doing house to house visits and sensitizing the community on MIYCF approaches. To mainstream inclusivity among the mother to mother support groups, Johanniter will ensure that women living with HIV, women with disability and men are included. Mother to mother Support groups will be integrated with OTPs and TSFPs to support mothers of children 0-24 months with breastfeeding complications such as those with small babies, not enough milk, emotional problems among others to re-lactate and successfully breastfeed their infants. School being a good platform for raising awareness on key nutrition messages, Johanniter will carry out promotion of nutrition education through schools on prevention of malnutrition, early detection, screening and treatment of acute malnutrition, appropriate use of therapeutic foods provided to malnourished children.

To contribute to cluster objective 3, JOHANNITER will conduct regular need based assessments, submit monthly NIS reports and analysis, participate in weekly nutrition cluster coordination meetings, share with relevant partners monthly sitrep reports. If funding is availed from UNICEF, Johanniter also intends to carry out a SMART survey which has never been done in this area.

To contribute to cluster objective 4, JOHANNITER will integrate health and WASH components into nutrition through provision of safe drinking water equipment like buckets and jerrycans, hand washing facility and soap for daily operation of OTP/TSFP and emphasis on awareness raising on hygiene and sanitation, conduct malaria screening and treatment in management of SAM and awareness on HIV.

Outcome 1

Enhanced provision of quality lifesaving CMAM interventions to children under 5 years and Pregnant and Lactating Women in Baggari and Besselia

Output 1.1

Description

13,426 beneficiaries reached through Nutrition screening, treatment, and MIYCN messaging

Assumptions & Risks

Risk: Accessibility challenges due to increased insecurity

Assumption: the security situation remains stable during the project period allowing smooth implementation of planned activities

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	(Frontline Services) Number of children (6-59 months) screened in a facility (health and nutrition sites)			3,934	4,094	8,028

Means of Verification : Under 5 screening reports Monthly Nutrition Information System (NIS) reports Monthly sitrep							
Indicator 1.1.2	NUTRITION	Number of PLW screened in a facility (health and nutrition sites)					4,998
Means of Verification : PLW screening reports Monthly sitrep							
Indicator 1.1.3	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			275	287	562
Means of Verification : NIS reports							
Indicator 1.1.4	NUTRITION	(Frontline Services) (%) of SAM discharged cured out of the total discharged from TFP (OTP/SC) services					75
Means of Verification : NIS reports							
Indicator 1.1.5	NUTRITION	(Frontline Services) (%) of SAM children defaulted out of the total discharged from TFP (OTP/SC)					15
Means of Verification : NIS							
Indicator 1.1.6	NUTRITION	(Frontline Services) (%) of SAM cases died out of the total from TFP (OTP/SC) services					10
Means of Verification : NIS							
Indicator 1.1.7	NUTRITION	(Frontline Services) Number of PLWs with acute malnutrition newly admitted for treatment in TSFP			0	450	450
Means of Verification : Monthly reports							
Indicator 1.1.8	NUTRITION	(Frontline Services) Number of nutrition sites providing integrated OTP and TSFP services (continuum of Care)					14
Means of Verification : Monthly reports NIS Monthly sitrep							
Activities							
Activity 1.1.1 Conduct Screening of children under 5 years and PLWs for SAM and MAM							
Activity 1.1.2 Conduct treatment of children under 5 and PLWs admitted in the program							
Activity 1.1.3 Procurement of OTP/TSFP materials (e.g. chairs, mats, water containers, T-shirts, posters and banners)							
Activity 1.1.4 Conduct weekly outreach and defaulter tracing							
Activity 1.1.5 Set up 14 OTP/TSFP sites with waiting shades							
Output 1.2							
Description Capacity of OTP/TSFP staff strengthened on CMAM protocol and MIYCN							
Assumptions & Risks Risk: Accessibility challenges due to increased insecurity Assumption: the security situation remains stable during the project period allowing smooth implementation of planned activities							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	(Frontline Services) Number of nutrition/healthcare workers trained on CMAM	36	48			84
Means of Verification : Training reports Attendance lists Monthly and quarterly reports Photographs/Pictures of participants in training							
Indicator 1.2.2	NUTRITION	(Frontline Services) Number of health workers trained in Infant and Young Child Feeding	0	28			28
Means of Verification : Monthly reports							
Activities							
Activity 1.2.1							

Training of Nutrition Staffs on CMAM protocol							
Activity 1.2.2							
Conduct training for MIYCN counselors on MIYCN policy							
Activity 1.2.3							
Printing of CMAM/MIYCN training manual and job aids as reference documents for staff							
Activity 1.2.4							
Conduct Joint supportive supervision and providing on-job support to the staffs							
Outcome 2							
Enhanced appropriate maternal nutrition practices (MIYCN) in emergency situations including Integrated Management of Acute Malnutrition (IMAM) support for pregnant and lactating mothers in Baggari and Besselia							
Output 2.1							
Description							
Recommended MIYCN best practices are promoted in the communities and schools							
Assumptions & Risks							
Risk: Accessibility challenges due to increased insecurity							
Assumption: the security situation remains stable during the project period allowing smooth implementation of planned activities. There is support from the SMOH and CHD							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	(Frontline Services) pregnant and mothers/caregivers of children 0-<23 months counselled on MIYCN (individual counselling)		3,392			3,392
Means of Verification : Attendance List for the training Monthly nutrition cluster reports Monthly sitrep Quarterly reports							
Indicator 2.1.2	NUTRITION	(Frontline Services) (%) of pregnant and mothers/caregivers of children 0-23 months attending mother support groups (or group counselling)		90			90
Means of Verification :							
Activities							
Activity 2.1.1							
Formation and training of mother to mother support groups							
Activity 2.1.2							
Conduct nutrition education sessions in OTP/TSFP as well as at household level							
Activity 2.1.3							
Conduct experience sharing among Mother to Mother support groups							
Activity 2.1.4							
Conduct awareness campaigns in schools on the importance for early detection, screening and treatment of acute malnutrition							
Activity 2.1.5							
Support schools in forming nutrition clubs							
Activity 2.1.6							
Conduct nutrition screening and messaging using school governing bodies (PTAs/SMCs)							
Activity 2.1.7							
Raise awareness among school children and teachers on targeted beneficiaries and use of therapeutic/supplementary food issued-that is like medicine and intended to severe and moderately malnourished children (OTP and TSFP) and not for sharing with other family members							
Outcome 3							
Enhanced nutrition situation monitoring, analysis and utilization of early warning information for timely, coordinated response and decision making							
Output 3.1							
Description							
Systems and capacity strengthened to effectively scale up equitable evidence based nutrition interventions and provide robust data							
Assumptions & Risks							
Security remains stable and SMART survey consultant approved by Nutrition cluster							

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	(Frontline Services) Number of nutrition facilities with functioning community complaints / feedback mechanism					14
<p>Means of Verification : Monthly NIS and sitrep reports Complaint and Feedback database/monthly report complaints/feedback from Boma health committees</p>							
Activities							
Activity 3.1.1							
Conduct training for CHD and HF staffs on M&E							
Activity 3.1.2							
Carry out routine needs based nutrition assessments and joint response							
Activity 3.1.3							
Conduct joint monitoring visits with relevant stakeholders							
Activity 3.1.4							
Setting up complaints and feedback mechanism							
Activity 3.1.5							
Conduct refresher training of M&E officers on NIS and ENA Software							
Activity 3.1.6							
Participate in the monthly Nutrition Cluster meeting							
Activity 3.1.7							
Submit monthly NIS reports							
Outcome 4							
Improved Integration of health, protection and WASH components into nutrition intervention in Baggari and Besselia							
Output 4.1							
Description							
WASH, Health and Protection components are integrated into nutrition through provision of safe drinking water equipment like buckets, jerrycans, hand washing facility and soap for daily operation of OTP/TSFP; Awareness raising on hygiene and sanitation; malaria/HIV awareness and counseling; mainstreaming child protection and GVB cognizance							
Assumptions & Risks							
Security stable and current prices of commodities remain stable							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 4.1.1	NUTRITION	(Frontline Services) Number of nutrition sites with safe Water access (washing hand facilities, latrine potable water for appetite test)					14
<p>Means of Verification : - Registers in the OTP/TSFP sites - Monthly and quarterly reports - Monthly stock tracking reports - Distribution reports and beneficiary lists</p>							
Activities							
Activity 4.1.1							
Procurement and distribution of safe drinking water equipment like buckets and jerrycans, hand washing facility and soap for daily operation of OTP/TSFP							
Activity 4.1.2							
Conduct awareness raising on hygiene and sanitation							
Activity 4.1.3							
Conduct malaria screening and treatment							
Activity 4.1.4							
Support Nutrition messaging through FM radio stations on MIYCN, hygiene and sanitation, prevention of malaria, HIV and malnutrition							
Activity 4.1.5							
Conduct counseling sessions and psycho-social and trauma healing support or refer to partners handling psychosocial services							
Activity 4.1.6							

Create awareness on child protection and dangers of GBV including referral of cases for early response

Additional Targets :

M & R

Monitoring & Reporting plan

The M&E activities for this project will be under direct supervision of the Project Coordinator and M&E Officers who will pay regular field visits to the project locations to ensure that the project is implemented in accordance with the proposed objectives, outputs and activities stated in the logical framework.

The following tools and techniques will be used for monitoring and evaluation of this project:

- Monthly field monitoring visits to OTP/TSFP sites using health facility checklist to ensure the essential equipment and supplies are in place.
- Observations of case managements to assess the practical skills of the service providers.
- Regular review meetings monthly (at health facility level) and quarterly (at project level) with staff and partners to review the implementation progress against the set targets as well as discuss the challenges and remedial solutions.
- Financial monitoring i.e. monthly examination of the project activities against approved budget and the actual expenditures.
- Regular field visits including spot checks, focus group discussions and key informant interviews on project progress and challenges. The monitoring and evaluation officer will conduct scheduled visits to all centers. Project staff will collect activities data from the PHCC/Us on regular basis (weekly, monthly and quarterly). The information collected will be analyzed and shared with the relevant partners. The results will be used to improve project implementation and inform decision-making.
- Conduct user (beneficiary) exit interview to solicit feedback and complaints from the beneficiaries which will be documented in the database to be reviewed on monthly basis

To ensure timely and quality reporting, Johanniter will play an active role in the Nutrition Cluster coordination meetings at national, state and county levels, sharing reports on the progress of the project with the partners. Additionally, Monthly Nutrition Information System (NIS), Nutrition monthly stock and stock-out tracking reports will also be submitted to the Nutrition Cluster as part of routine monitoring and reporting. As per Johanniter's internal reporting practice, monthly progress report will be produced, filed and if required will be shared with the donor. Quarterly reports will be prepared at the end of every quarter using the donor's reporting format and together with the financial report will be submitted to the donor. Based on the need and in consultation with the cluster, an assessment can be organized to other areas within Bagari and Besselia areas to screen the under 5 children and PLWs and the reports of such assessments will be shared with relevant partners in order to enable them make an informed decision.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.2.1: Training of Nutrition Staffs on CMAM protocol	2018				X		X			X			
	2019												
Activity 2.1.1: Formation and training of mother to mother support groups	2018			X	X	X	X	X	X	X	X	X	X
	2019												
Activity 3.1.1: Conduct training for CHD and HF staffs on M&E	2018			X	X	X	X	X	X	X	X	X	X
	2019												
Activity 4.1.1: Procurement and distribution of safe drinking water equipment like buckets and jerrycans, hand washing facility and soap for daily operation of OTP/TSFP	2018			X	X	X	X	X	X	X	X	X	X
	2019												

OTHER INFO

Accountability to Affected Populations

As part of accountability, Johanniter will hold itself accountable to the beneficiary communities (that their needs for assistance and protection are met, with dignity) and the donor (SSHF) by ensuring that assistance is provided for the proposed purpose. Johanniter will ensure that the community will be involved from the onset of the project through their local leaders. The CHD and RRC who have been involved in the assessment processes will also be actively involved in the selection of community nutrition volunteers (CNVs) and MIYCN counselors. The communities will be updated on the progress of the project and on which days they will access services.

Johanniter will set up a feedback mechanism in all the operation sites (static and mobile) as it has done in other project locations. The beneficiaries will be made aware of the reporting channels at each of the operation sites. Any complaint raised by the beneficiaries will be discussed at community level, at field office level or at Juba level and solutions provided. In order for our beneficiaries/clients to receive the quality care that they deserve, any form of harassment or abuse or negligence by our staff reported will be investigated and once confirmed will face necessary actions taken by Johanniter/CHD and RRC.

As part of the "do no harm" policy, Johanniter will ensure security of its staff (CNVs, MIYCN counselors and project staff) and also the beneficiaries with emphasis on women who are prone to being abducted and raped by adhering to strict security policies/guidelines and getting regular updates from UNOCHA/UNFPA/UNHCR so that the staff and beneficiaries have safe access to services. Johanniter will also coordinate with other humanitarian actors and National/local authorities operating in the locality.

Implementation Plan

At the onset of the project, Johanniter will involve the County Health Department (CHD) and any other stakeholders to share with them our implementation and financial management plans. CHD will be involved in implementation of the project since our nutrition services are integrated within health facilities managed by CHD. Johanniter recruited staff will be responsible for the implementation of the activities at the OTP/TSFP sites and outreach. Together with the CHD, Johanniter staff will be responsible for collecting, summarizing and reporting activities at the mobile and static OTP/TSFP sites on a weekly basis.

Johanniter will use community based monitoring and evaluation approaches to ensure that the target communities are part of the learning processes and that institutions within the community are able to keep and pass on the knowledge. The community leaders will be involved in mobilizations. Hard copies of weekly performances and monthly reports will be shared with CHD to track performance records and control the stock and the same information shared with the state nutrition cluster and State Ministry of Health (SMOH) nutrition focal person. Johanniter will provide onsite/on job support and training for the recruited staff together with CHD on data collection and quality to ensure accuracy of reports. This project will be implemented as support to the ongoing projects in Wau managed by Johanniter including the Stabilization Center. Johanniter is an active cluster member and will ensure the activities are implemented in coordinated manner seeking advice from Nutrition partners and stakeholders appropriately.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF,WFP,ALIMA,MEDAIR	Johanniter has a PCA with UNICEF and receives supplies for management of SAM at OTP (Wau, Jur River and Raga) and SAM with complications at Wau POC Stabilization Center. Johanniter will seek to amend the PCA to expand UNICEF support to Baggari and Besselia.,Johanniter has FLA with WFP for Jur River and Wau (POC) and receives supplies for management of MAM cases in children under 5 and PLW. Johanniter will seek to amend the FLA to expand WFP support to Baggari and Besselia,ALIMA supporting 2 mobile OTP sites in Baggari till the end of April 2018. During this one month period we shall coordinate to ensure no duplication of services and also ensure smooth handover of activities from ALIMA.,MEDAIR through the Rapid Response Fund (RRF) is supporting nutrition activities in 4 OTP sites in Baggari till the end of April 2018. During this one month period we shall coordinate to ensure no duplication of services and also ensure smooth handover of activities from MEDAIR.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

- Both girls and boys 6 – 59 months will be beneficiaries of this project and equally be supported through screening, treatment and referral to ensure optimum treatment outcome.
- Pregnant and lactating women who are considered one of the most vulnerable in society will be targeted for management of acute malnutrition. where over 80% will be targeted in this project for maternal infant and young child nutrition (MIYCN)
- Other groups like people living with disabilities, households headed by women, women groups like mother to mother groups will also be targeted for the nutrition, WASH and health responses.
- Over 57% of the CNVs and MIYCN counselors that we shall recruit will be women.
- Since most of the county/Payam/Boma leadership roles are by men, we shall also engage them at all levels of the project implementation. And for those that qualify, they shall be recruited in the different roles in the program

Protection Mainstreaming

Johanniter understands that the proposed project will be implemented in an emergency context and will therefore mainstream protection principles into project activities. The Do-no-Harm principle will be maintained to ensure that project activities do not expose communities to further harm. Rather than have caregivers walk long distances and expose themselves to possible violence including rape for women, Johanniter will use the mobile outreaches to deliver healthcare to hard -to-reach locations. In locations where security is a major concern, Johanniter will work with UN to deliver emergency nutrition interventions

In line with a Do-No-Harm and conflict sensitive approach, Johanniter, CHD and the target beneficiaries will carefully engage all relevant community leaders and any other stakeholders. Community input will guide us in identifying locations for outreaches and also distribution days and time. Safe access to the outreach sites will be assessed to take in consideration all potential risk to beneficiaries as well as implementing mitigating measures. Johanniter will ensure that it's' program staff are well inducted/trained on the job, in order for them to roll out this 'do harm approach' to the other volunteers in the field. The outreach sites and distribution days/time will also be informed by safety considerations for women (including lactating and pregnant mothers), boys, girls and special categories e.g. persons with disabilities to ensure that distributions are inclusive and have no biases. Safe programming will also include accountability through complaint feedback mechanisms. All project activities will be carried out impartially in the target areas where Johanniter will implement this project; and also regardless of whether the selected beneficiary are IDPs or host community. This will mitigate the potential for conflict over access to emergency assistance meant for the vulnerable groups.

Country Specific Information

Safety and Security

The security environment in Besselia and Baggari area is mostly calm however humanitarian movement from Wau town still has to be coordinated through UNOCHA and RRC/security agencies. There have been a few reports of humanitarian actors being stopped or denied access particularly if prior notification of the security agencies or poor identification was not done. Following the presidential decree for free access by humanitarian actors to those in need, more movement is now taking place from Wau.

Therefore Johanniter will ensure that all staff moving to the field have proper updated identification, are taking all the precautionary measures and are cautious and vigilant. Proper communication will also be maintained with the staff based at the field locations. If there will be any security concerns on the road, Johanniter will coordinate with UN and other INGOs in Wau to arrange for convoy movement as has been regularly done in the past few months. Johanniter staff will also be advised to seek permission before taking photographs to avoid any confrontation. For the areas considered to be under opposition control, Johanniter will obtain security clearance before traveling to the proposed project locations.

Johanniter maintains Security focal persons at country office in Juba and Wau field office whose responsibilities are to share any security updates with the team in the field during implementation. This project will be implemented in collaboration with SMOH, CHD and RRC which will help ensure coordination and support with regards to security and smooth implementation of the project. In case of any impending insecurity we shall keep our beneficiaries informed about any programming changes.

Access

Most of the locations in Bagari and Besselia are accessible by road throughout the year. However, the road condition is more favorable during the dry session. During the joint assessments and response, Johanniter was able to access most of the areas where we intend to implement activities. There is no airstrip in Baggari and Besselia area. Johanniter has a strong working relationship with the Local leaders and RRC who can advise on security matters and accessibility and will be consulted on all movement within or outside of Bagari and Besselia prior to departure. Maintaining a good relationship with local government administrators and community leadership enhances Johanniter's acceptance in the area.

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	Head Of Program	S	1	5,711.50	10	10.00	5,711.50
	<i>Head of Program will be based in Juba and shall be responsible for Overall management of the country program in terms of planning, program execution, monitoring and evaluations and also shall be responsible for review and submission of progress reports and final reports . The salary is composed of Basic Salary of 4296 USD, R&R Allowance of 211.67 USD Per diem of 811.7 USD and and 191.68 USD Medical Insurance of 191.66 and 3th Month Salary of 323 USD per month He will spend 5% of his time on this project</i>						
1.2	Finance Coordinator	S	1	5,286.64	10	5.00	2,643.32
	<i>Finance Coordinator will be based in Juba and shall be responsible for Budget monitoring, Cash flow management, Financial reporting and Donor Compliance issues during the project implementation. The salary is composed of Basic Salary of 4067.3 USD, 211.67 USD R&R Allowance,688. USD Per diem and 191.68 USD Medical Insurance 3th Month Salary of 224 USD. He will spend 5% of his time on this project</i>						
1.3	Operations Support Coordinator	D	1	5,286.64	10	10.00	5,286.64
	<i>Operation Support Coordinator will be based in Wau and shall be responsible for Logistics and Procurement management including movement of the staff to the project implementation sites. He has the overall responsibility of ensuring security of the staff and assets during the project implementation He shall also be responsible for Donor Compliance issues during the project implementation. The salary is composed of Basic Salary of 4067.30 USD, 211.67 USD R&R Allowance,688. USD Per diem and 191.68 USD Medical Insurance 3th Month Salary of 224 USD. He will spend 10% of his time on this project</i>						
1.4	Team Leader-Wau	D	1	2,238.15	10	25.00	5,595.38
	<i>The Team Leader will be based in Wau. He will be the focal point person responsible for planning and execution of project activities and the overall supervisor of the implementing staff. He will be responsible for writing progress report on the implementation and ensuring that the recommendations by the M&E Team are acted on accordingly. His Salary Basic Salary of 1720 USD and additional 75 USD Medical Allowance, 50 USD Transport Allowance, 292 NSIF Statutory allowance, and 72 USD 13th Month Salary. He will spend 20% of his time on this project</i>						
1.5	M&E Officer Wau	D	1	1,658.00	10	15.00	2,487.00
	<i>M&E Officer will be based in Wau. He is responsible for monitoring the implementation of activities, carrying out M&E Function and giving feedback to the implementing team and giving recommendation on lessons learnt. His Salary is composed of Basic Salary of 1265 USD, Medical Allowance of 75 USD, Transport allowance of 50 USD NSIF Statutory Allowance of 215 and 13th Month Salary of 53USD. He will spend 10% of his time on this project</i>						
1.6	Nutrition Officer	D	1	1,632.00	10	100.00	16,320.00
	<i>The Nutrition Officer shall be based in Wau and will be responsible for the implementation of the project at the 14 OTP/TSFP Centres. She will Spent 100% of her time in coordinating Static and mobile activities . Her salary shall be composed of Basic Salary of 1244 USD, Medical allowance of 75 USD, Transport allowance of 50 USD, NSIF Statutory Allowance of 211 USD and 13th Month Salary of 52 USD Per month.</i>						
1.7	Nutrition Assistant	D	1	815.65	10	100.00	8,156.50

	<i>Nutrition Assistants (Field based National Staff) salary will be charged to the Project as Direct cost and will be composed of Basic Salary 570 USD, Medical Allowance 75 USD, Transport Allowance 50 USD, NSIF Statutory Allowance of 97 USD and 13th Month Salary of 24 USD per month. This will be in Charge of Two OTP/TSFP in Wau and will spent 100% of her time in this Project</i>						
1.8	Nutrition Assistant	D	1	815.65	10	100.00	8,156.50
	<i>Nutrition Assistants (Field based National Staff) salary will be charged to the Project as Direct cost and will be composed of Basic Salary 570 USD, Medical Allowance 75 USD, Transport Allowance 50 USD, NSIF Statutory Allowance of 97 USD and 13th Month Salary of 24 USD per month. This will be in Charge of Two OTP/TSFP in Baggari, and will Spend 100% of her time in this Project</i>						
1.9	Finance Manager - Juba	S	1	2,288.15	10	15.00	3,432.23
	<i>Finance Manager in Juba (National Staff) will be in charge or Data entry to the Sun System of ACcounting and production of financial reports. He shall be responsible for ensuring proper and correct budget allocation for various projects and ensuring correct cost centres are charged. He shall also be responsible for Bank and cash management at the Country Office Level. His salary is composed of Basic Salary 1744 USD, Medical Allowance of 75 USD, Transport Allowance of 100 USD, NSIF Statutory Allowance of 296 USD and 13th Month Salary of 73 USD per Month. He shall spend 10% of his time on this project</i>						
1.10	Fin Admin Manager -Wau	D	1	2,056.40	10	25.00	5,141.00
	<i>Finance Manager in Wau(National Staff) will be in charge or Excel Data management, Cash flow Projections at the Field Office Level, analysis and interpretation of the BVAs to project staff. He shall be responsible for ensuring proper and correct budget allocation for various projects and ensuring correct cost centres are charged at the field Office level. He shall also be responsible for Bank and cash management at the Field Office Level. His salary is composed of Basic Salary 1594USD, Medical Allowance of 75 USD, Transport Allowance of 50 USD, NSIF Statutory Allowance of 271 USD and 13th Month Salary of 66 USD per Month. He shall spend 20% of his time on this project</i>						
1.11	HR Officer Juba -	S	1	1,545.40	10	15.00	2,318.10
	<i>HR Officer (National Staff) at Juba Level shall be responsible for the management of the HR Function which includes recruitments of project staff, management of Annual leave, Payroll and all administrative issues of filling and record keeping at the Country Office Level, Her salary shall compose of Basic Salary of 1131 USD, Medical Allowance of 75 USD, Transport Allowance of 100 USD, NSIF Statutory Allowance of 192 USD and 13th Month Salary of 47 USD per month. She will spent 10% of her time on this Project.</i>						
1.12	Log Manager _Wau	D	1	2,222.00	10	15.00	3,333.00
	<i>Log Manager (National Staff) based in Wau will be responsible for management of Procurement of goods an services at the Field Office Level. He shall be responsible for planning of field vehicle movements to various implementation sites/Stations/Locations in collaboration with the Team Leader, and Operations Support Coordinator. He shall spend 15% of his time on this project and His is composed of Basic Salary of 1731 USD, Medical Allowance of 75USD, Transport Allowance of 50 USD, NSIF Statutory allowance of 294 USD and 13th Month Salary of 72 USD per month.</i>						
1.13	Log Officer- Juba	S	1	1,545.40	10	10.00	1,545.40
	<i>Logistics Office (National Staff) based in Juba is responsible for the Logistics functions at the Country Office Level. She is responsible for flight bookings for all staff movement to and from the field locations and for international travels. She is also responsible for procurement of goods and services at the country Office level to support the Field Offices. She is also responsible for reviewing of all RFP and PA before submitting to Finance Office for Payment. Her salary is composed of Basic Salary of 1131 USD, Medical Allowance of 75 USD, Transport Allowance of 100 USD, NSIF Statutory Allowance of 192 USD and 13th Month Salary of 47 USD per Month. She will spend 10% of her time on this project</i>						
1.14	Driver -Wau	S	1	832.92	10	25.00	2,082.30
	<i>Driver (National Staff) will dedicate his 20% Time to this project. This is a support function to the implementation of the project activities in terms of movement to and from the Implementation sites. He will be the one responsible for driving staff to field Locations. His salary is composed of Basic Salary of 584.25 USD, Medical Allowance of 75 USD, Transport Allowance of 50 USD, NSIF Statutory Allowance of 99 USD and 13th Month Salary of 24 USD per month.</i>						
1.15	Domestic staff Cleaner : Wau Office	S	1	512.73	10	30.00	1,538.19
	<i>Responsible for maintenance of cleanliness in the Field Office and Guest house. She will spend 30% of her time in Activities related to this project. Her salary is composed of Basic Salary of 320 USD, Medical Allowance of 75 USD, Transport Allowance of 50 USD, NSIF Statutory Allowance of 54 USD and 13th Month Salary of 13 USD per Month.</i>						
1.16	Senior Security Guards	S	5	500.00	10	15.00	3,750.00
	<i>Five Security Guards for Wau Office. These are key to smooth operation of the Office base where activities are implemented. The salary of each Guard is composed of Basic Salary of 309.55 USD, Medical Cover of 75 USD, Transport Allowance of 50 USD, NSIF Statutory Allowance of 53 USD and 13th Month Salary of 13 USD per Guard Per Month. It is estimated that their support function to the project will be 10 % of the overall time of service to the Office.</i>						
	Section Total						77,497.06
2. Supplies, Commodities, Materials							
2.1	Incentives to MIYCN Coubncelors and CNVs	D	84	30.00	10	100.00	25,200.00
	<i>Incentives for CNVs who manage SAM and MAM and MIYCN Councillors who support the mother to mother groups- 36 USD per month per person. The 84 will include 56 CNVs who will be 4 per facility (2 OTP and 2 TSFP) and 28 MIYCN counselors (2 per facility). They will work in the 14 facilities and also actively participate in outreach activities in their Boma communities.</i>						

2.2	Transportation of Nutrition Materials to OTP/TSFP	D	16	180.00	1	100.00	2,880.00
	<i>Vehicle rentals for delivery of Supplies, Joint Assessment and response and also for referrals. It is estimated that there will be a total of 4 days of vehicle hire per Quarter, at a cost of 180 USD per day which includes the Cost of the driver, fuel and hire.</i>						
2.3	Visibility (posters/signposts/T-shirts)	D	1	2,000.00	1	100.00	2,000.00
	<i>Visibility materials (posters, banners, signposts and T-shirts) containing donor/SMOH/Johanniter logos and health messages will be prepared and stationed at the project sites.</i>						
2.4	Training of health workers and CNVs on CMAM	D	1	4,267.00	1	100.00	4,267.00
	<i>One training, 5 days, 84 participants. The cost include 45 USD/day for the Trainer/facilitator, 2 USD for Training Materials per participant, and 9 USD for refreshments and meals per day per participant. Together with SMOH and CHD, Johanniter will conduct the proposed training as per the schedule.</i>						
2.5	Community mobilization, nutrition education and Screening by CNVs	D	56	9.00	10	100.00	5,040.00
	<i>4 outreaches times per month for 12 months for 56 CNVs</i>						
2.6	Joint supportive supervision	D	4	500.00	1	100.00	2,000.00
	<i>refreshments, lunch, communication. 4 in the year. The joint supportive supervision will involve SMOH/CHD and SSHF team occasionally if present and WFP/UNICEF. This exercise will provide on-job support to nutrition staff in addition to strengthening the feedback mechanism.</i>						
2.7	M&E training for CHD and Health Facility staff (20 people)	D	1	2,250.00	1	100.00	2,250.00
	<i>As part of improving the quality of data from the field, Johanniter intends to build the capacity of the CHD who are our implementing partners and the health workers by training on data collection and reporting so as to improve on the quality of nutrition data that will help in decision making both at County and State level and also on nutrition responses. This training is also part of ensuring sustainability since those trained will continue to work and deliver quality data even after the project has ended. This training will provide basic concepts and practical approaches, tools and techniques for performance monitoring and evaluation of health and nutrition activities. It will also enable health staff acquired skills on proper document, record keeping, reporting, NIS, simple data analysis etc. This training will provide basic concepts and practical approaches, tools and techniques for performance monitoring and evaluation of health and nutrition activities. It will also enable health staff acquired skills on proper document, record keeping, reporting, NIS, simple data analysis etc</i>						
2.8	Training of MIYCN counselors	D	1	2,762.00	1	100.00	2,762.00
	<i>A 5 days training on MIYCN targeting 28 participants from all the 14 facilities that are intended to be opened.</i>						
2.9	Printing of nutrition job/visual aides	D	1	2,000.00	1	100.00	2,000.00
	<i>The nutrition job aid, developed for Nutrition volunteers and MIYCN Counsellors, includes information on a variety of nutrition practices for mothers and young children. It provides messaging about the importance of antenatal care, proper nutrition during pregnancy and while breastfeeding, post-partum care and new-borns contact, and young child health and nutrition. The job aid includes a number of useful visual aids to inform mothers and children. In UNICEF grant we have some little budget for this activity which is meant mainly for Jur River, Raja and POCAA in Wau. So given the importance of this activity, we need it to be included as well for the Greater Baggari sites.</i>						
2.10	Hygiene Promotion & Nutrition campaigns in schools and communities	D	4	1,250.00	1	100.00	5,000.00
	<i>Various activities including drama will be staged to create awareness about hygiene. This will be carried out in Schools and within the community and will include demonstrations on washing hands after visiting latrines. The cost include incentives to those participating in the drama, transportation from one location to the other and cost of materials/supplies to be use for demonstrations.</i>						
2.11	Setting up/Construction of OTP/TSFP Sites	D	4	2,500.00	1	100.00	10,000.00
	<i>To accommodate the expected big number of beneficiaries coming to the facilities to access services, 4 OTP/TSFP shades will be constructed in identified centers with limited shades for waiting by the beneficiaries. The cost include 2000 USD for Materials (Timber, and Iron sheets band Nails and 500 USD for Labour per site/Location.</i>						
2.12	Tents, gumboots, torches for the 86 (CNVs and MIYCN counselors and 2 nutrition assistants)	D	40	86.00	1	100.00	3,440.00
	<i>These are Incentives to CNVs, MIYCN Councillors and 2 nutrition assistants. A total of 86 will receive Gum boots, Torches and Umbrellas. Estimated cost per set for each person is 40 USD per set and shall be given only once in the course of the project implementation period</i>						
2.13	Procurement of Non-Food Items (NFIs)/Sanitation equipment- Buckets, Jerricans, Hand washing facilities and Soap for OTP/TSFP	D	14	300.00	1	100.00	4,200.00
	<i>These are NFIs (Jerrycans, buckets and soap) will be distributed in 14 Centres for infection prevention, safe water for appetite testing and Hand washing. Each set of a bucket, Jerrycan and Hand washing facility is estimated to cost 300 USD for each of the 14 Centers</i>						

2.14	Mats, chairs, tables, padlocks for facility for the 14 OTP/TSFP centers	D	14	355.00	1	100.00	4,970.00
	<i>355 USD worth of Material (Chairs and Tabled per center. Also includes replacing broken ones. These are meant for the beneficiaries and staff for sitting during MIYCN sessions and other nutrition related activities</i>						
	Section Total						76,009.00
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
4.1	Routine needs based nutrition assessment and joint response	D	3	1,500.00	1	100.00	4,500.00
	<i>Greater Baggari is still an emergency context given that the area is under control of the IOs, to access the area you need clearance from both IOs and the Government security organs and the fact that some areas in both Baggari and Besselia are still in access by humanitarian partners even after being granted the clearance letters. Due to the above mentioned reasons, we think it is critical to budget for our participation in nutrition assessments and joint responses that will be organized under the auspice of UNOCHA, SMOH, and CHD etc. In our current PCA with UNICEF which ends by May 2018 (cost extension proposal from June - Dec 2018 have been submitted to UNICEF and we are waiting for the approval) there is budget allocated for Nutrition Assessment and Joint response although we have been supporting this activities from M&E related line. So this activity is crucial. The cost will include per diems, and transport and incentives to the staff and payment to data collectors</i>						
	Section Total						4,500.00
5. Travel							
5.1	UNHAS flight cost (for National Staff -6 Flights)	D	10	550.00	1	100.00	5,500.00
	<i>This will cover the Cost of Direct program staff going to the field from Juba and Back. It will also cover for flight for expatriate staff from Wau travelling to Juba for R&R (Local cost only. It is estimated that there will be a total of 10 round trips at a cost of 550 USD per round trip. All travel cost will be charged 100% on this budget</i>						
5.2	Perdiem for staff -Field Visits and Juba	D	15	14.00	4	100.00	840.00
	<i>Field staff visiting Juba for meetings, trainings and Juba based staff visiting the Field locations for support supervisions. Per Diem for Staff visiting any of the locations will be paid from this budget. It is estimated that there shall be a total of 15 Visits of 4 days each at 10 USD per day.</i>						
	Section Total						6,340.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Rent-Wau Office and Maintenance-10%	S	1	3,200.00	10	10.00	3,200.00
	<i>This Budget will cater for 10% of rent, and Maintenance of Wau Office.</i>						
7.2	Office utilities 10%	S	500	2.00	10	10.00	1,000.00
	<i>This shall cover 10% of Office utilities which will include costs for water, and Guest House consumables, team house consumables and Gas</i>						
7.3	Fuel for Office Generator @2.5 Euros/Litre 10%	S	500	1.85	10	10.00	925.00
	<i>This shall cover 10% of Office Generator Fuel and water for external use</i>						
7.4	Fuel cost for vehicle and motorcycles @2.5 USD/Litre 30%	D	1500	1.85	10	30.00	8,325.00
	<i>Fuel will be used for transportation of various staff to different field Locations. This project shall be charged 30% of the fuel procured during the implementation period.</i>						
7.5	Maintenance of vehicle and motorcycles 30%	D	1	2,500.00	8	30.00	6,000.00
	<i>Vehicle maintenance is essential for smooth running and implementation of project activities. The project shall be charged 30% of the cost of vehicle maintenance during the implementation period</i>						
7.6	Internet subscription and Phone Coomunicationy 10%	S	1	1,020.00	10	10.00	1,020.00
	<i>This shall cover 10% of the Internet costs, cell phone air time for staff during the Implementation period</i>						

7.7	Stationery 10%	S	1	1,000.00	10	10.00	1,000.00
<i>This shall cover 10% of the Office stationaries, (pens, photocopying papers, and all stationaries)</i>							
7.8	Bank charge 10%	S	1	1,100.00	10	10.00	1,100.00
<i>This shall cover 10% of Bank charges for transfer of funds to the field location for program operations. It shall also include costs for check books and all bank charges during the implementation period</i>							
Section Total							22,570.00
SubTotal			2,794.00				186,916.06
Direct							155,650.02
Support							31,266.04
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							13,084.12
Total Cost							200,000.18

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Western Bahr el Ghazal -> Wau	100	400	4,998	3,934	4,094	13,426	Activity 1.2.1: Training of Nutrition Staffs on CMAM protocol Activity 2.1.1: Formation and training of mother to mother support groups Activity 3.1.1: Conduct training for CHD and HF staffs on M&E Activity 4.1.1: Procurement and distribution of safe drinking water equipment like buckets and jerrycans, hand washing facility and soap for daily operation of OTP/T...

Documents

Category Name	Document Description