Requesting Organization :	Christian Mission Aid
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100

Project Title :	Sustaining and Expanding Lifesaving Emergency Nutrition Services Scaled up to Reach Under served Payams in Nyirol County South Sudan
Allocation Type Category :	Frontline services

OPS Details

Project Code :		**Fund Project Code :**	SSD-18/HSS10/SA1/N/INGO/8114
Cluster :		**Project Budget in US$:**	199,999.69
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	20/03/2018	**Planned End Date :**	19/09/2018
Actual Start Date:	20/03/2018	**Actual End Date:**	19/09/2018

Project Summary :

The emergency this project will address is life threatening acute malnutrition of children under 5. Children suffering from SAM are nine times more likely to die than their healthy peers. The project will be implemented in Nyirol County rated as IPC 4 Emergency for the February-May period of 2018, with some households likely to deteriorate to IPC 5 Catastrophic during this period (IPC SS Oct 2017, FEWS Net, pg 7). Estimates for Nyirol from October 2017 showed 49,335 IDPs (Populations in Need, Health Cluster Oct 2017). Recent conflict in Waat has added as many as 16,000 new IDPs.

Nutrition Cluster data shows the U5 GAM rate of 25.7% (3.2% SAM, 22.5% MAM). The county caseloads have been estimated as follows: SAM – 2,679, MAM – 18,839 (Nutrition Cluster HNO Case Load 2018, Oct 2017). CMA's experience from Nyirol during the final quarter of 2017 showed a proxy GAM rate of 24.2% (8.0% SAM, 16.2% MAM) during the post-harvest season (CMA Report to UNICEF and WFP-2017).

The critical humanitarian gap that needs to be filled is the lack of access to lifesaving nutrition services for the most vulnerable U5 children of unserved IDP populations. The overall objective of this project is to save lives of U5 children suffering SAM and MAM in payams not being served. The payams targeted are Chuil, Pultruk, the unserved population in Pagor of Thol payam and the newly displaced population in Keew near Waat. Areas targeted comprise an estimated 40% of the total population of Nyirol County, and about 56% of the IDP population.

Overall project objective is to deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk. This project will reach 846 U5 children with SAM and 3,820 U5 children with MAM interventions. Planned coverage of these life-saving nutrition interventions are 80% of caseloads for U5 SAM and 62% for U5 MAM in targeted areas.

CMA's PCA with UNICEF will complement SSHF funding to support project objectives 2, 3 and 4, specifically: (1) increasing access to MIYCN program preventing under-nutrition among the most vulnerable and at risk, reaching at least 60% of PLW in need in high burden areas; (2) enhancing nutrition situation monitoring, analysis and utilization of early warning information for timely coordinated response decision making; and (3) increasing access to integrated Nutrition and Health services, and access to WASH, FSL, Education and Protection activities in counties with critical levels of global acute malnutrition (GAM ≥22%) and/or in IPC 4.

To achieve these objectives, the project will provide human resources so that each boma has at least 2 community nutrition workers, in-service training for nutrition and health workers, and support to facilitate a robust nutrition outreach and mobile approaches to reach areas where large IDP populations have settled but who are without access to any nutrition services. The project will conduct screening (including screening of U5 children for malaria) and provide treatment services both from the static sites and through outreach services. To achieve gender equality in opportunity to access nutrition services, communities will be organized to protect vulnerable women and children so they can consistently access nutrition services. The nutrition services of this project will be fully integrated with CMA's health services in the same locations sharing human, facilities and transportation resources. The project will make use of combination of responses such as rapid responses and linking static with mobile services to serve inaccessible or hard-to-reach locations where IDPs are concentrated.

Presently, CMA has extended the PCA with UNICEF and FLA with WFP through December 2018. With support from SSHF, CMA will scale-up and expand the reach of current activities to reach unserved IDP populations in Keew, Yawkuach, Diini and Pagor that urgently need services

Direct beneficiaries :

Men	Women	Boys	Girls	Total
0	2,582	2,345	2,541	7,468

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,345	2,541	4,886
Pregnant and Lactating Women	0	2,582	0	0	2,582

Indirect Beneficiaries :

Men = 482
Women = 4334
Boys = 4270
Girls = 4626
Total =13712

Catchment Population:

Host Population = 35640
IDPs = 31250
Total = 66890

Link with allocation strategy :

With SSHF SA1 2018 funding, this project will provide vital resources at a time when the severity of acute malnutrition is rising sharply in Nyirol County now rated at IPC 4 Emergency (IPC SS Oct 2017, FEWS Net, pg. 7) and where GAM rates are at 25.7% for U5s (Nutrition Cluster HNO Caseload 2018). The SA1 strategy focuses on providing quality critical life-saving frontline nutrition services and scaling-up these services provides a critical contribution needed to stem and turn back the rising rates of SAM and MAM in Nyirol County. This project will direct at least 90% of budget and effort to delivery of SAM and MAM services.

Nyirol has continued to experience conflict during recent months forcing a large new displaced population to add to the previous IDPs now estimated to exceed 49,000 individuals. The Situation Overview Jonglei State published by REACH dated May 2017 (pg 2) indicates 73% of settlements now host IDPs in Nyirol County. The REACH publication also noted that food access assessment for Nyirol County has dropped from 80% of households reporting sufficient food access in January to 37% in May 2017 (pg 5). The same publication (pg 7) notes that SGBV is cited as the main protection issue for women. This project will target bomas where IDPs are concentrated and utilize mobile approaches and outreaches, and promote community-based protection approaches to ensure vulnerable populations can access nutrition services. Further, the project will focus on locations where humanitarian needs are most severe and covers those remote locations not reached by others and needs are greatest.

SSHF assistance will complement CMA's PCA with UNICEF, and FLA with WFP. With the PCA and FLA providing nutrition supplies for OTP and TSFP and support for prevention of malnutrition (vitamin supplementation, deworming, IYCF, nutrition education and promotion), SSHF funding will enable a scale-up and expansion of the critical SAM and MAM services, and support approaches so that unserved IDPs and host communities can be reached. The project will be delivered fully integrated with CMA's health services. To maximize funding leverage, the nutrition services will target same locations as health, use common facility, transportation and human resources. The project will promote WASH along with nutrition and health messages with schools and communities and support communities to implement protection activities to ensure children U5, adolescent girls and WCBA have unimpeded access to nutrition services. As a multi-sector and lead agent for RRHP in Nyirol, CMA participates in county coordination forums that provide links with the CHD, local authorities and leaders, and all South Sudanese and international humanitarian actors operating in the area. This will be sustained to maximize synergies.

Additionally, critical project qualities include:
1. providing life-saving services in accordance with the CERF life-saving criteria.
2. providing frontline services fully aligned with the cluster priorities, specifically with a priority focus on the most vulnerable to deliver programming for the management of SAM and MAM among U5 children.
3. capacity to respond to the rising severity of malnutrition and the likelihood of further populations movements, new IDPs and potential for service disruption due to insecurity.
4. providing services that are feasible, cost effective and impactful by mainstreaming gender, applying the do-no-harm approach in all activities and engaging community leaders in planning, implementing and monitoring to strengthen accountability to affected populations.

Presently, security has normalized but volatility could erupt and disruptions in services during the dry season. In respect of the needs and security context, CMA has designed project approaches and activities to ensure best outcome for the target populations.

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	232,962.00
WFP	59,997.00
	292,959.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

Conflict in Waat and Chuil in recent months has displaced a huge population and disrupted services. Conflict along trade routes, continues to disrupt the markets that have traditionally provided cereals in the lean season to Nyirol. The national economic crisis, constant insecurity and market disruptions are exacerbating the shocks of ongoing conflict. In UNOCHA's overview of needs, Nyirol is now rated at Severity of Need Level 5, with a nutrition severity of need rated at Level 4 (South Sudan HNO 2018, UNOCHA pg 10 and 23).

The effects of conflict and economic decline have continued to erode the coping capacity of people as they face constant threats of violence and rights violations, which is especially severe for IDPs, women and children. Hunger and malnutrition have escalated as food insecurity continued to increase for the fifth consecutive year (SS HNO 2018, UNOCH pg 2). Nutrition services have been delivered through health facilities. However, the facility infrastructure has eroded such that only a few locations can adequately deliver either nutrition or health services. The absence of stores for nutrition supplies is an ongoing constraint. In 2017 it was estimated that nationwide, "it is estimated that only 43 per cent of the country's health facilities remain operational" (SS HNO 2017, UNOCH, pg 22), and this situation has not improved in Nyirol County. Fuel shortages and administrative barriers along with economic decline have also severely impacted the provision of life-saving nutrition services.

Official records from 2017 show Nyirol is hosting an estimated 49,335 IDPs (Populations in Need, Health Cluster Oct 2017). As recent conflict has forced another wave of displacements, unofficial estimates from Nyirol local authorities and CMA's on-ground team show the figure could be more than 70,000. CMA assessment of the IDP population indicates 65%-75% of adults are women, subsisting on wild foods for long periods, and low access to nutrition facilities leaves a large IDP population without access to any services. This information demonstrates the heightened vulnerability and suffering experienced constantly by the IDP populations.

Hunger and malnutrition continue to escalate, and populations requiring immediate life-saving health and nutrition services also continue to escalate. The coping mechanisms of vulnerable households have been totally eroded and there is a heightened risk of severe malnutrition if the cereal deficit is not met particularly through the lean season of 2018. Post-harvest gains are expected to be short lived as food insecurity is predicted to rise sharply during the coming lean season especially in Jonglei, Eastern Equatoria and Western Bahr Ghazal with famine likely in multiple locations (SS HNO 2018, UNOCHA pg. 2).

While food insecurity is the main direct cause of the nutrition crisis, rising morbidity rates due to consumption of wild foods, limited access to safe water and sanitation and common diseases like malaria and diarrhea also contribute significantly to the rising rate of acute malnutrition particularly among children who are more vulnerable to the combination of malnutrition and common diseases. Undernourished children who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities (SS HNO 2018, UNOCH, pg. 23).

Conflict, insecurity and floods affect women, men, boys and girls differently. Men maintain mobility, but IDPs, children U5, and women have restricted movement. Acute malnutrition affects U5 children and PLW most, as well as the elderly and HIV/AIDS and TB patients (South Sudan HNO 2017 UNOCHA pg 23). With long distances to reach nutrition facilities, women and children face immediate risks of violence when attempting to access services. Men can protect themselves, but women and children need protection to access nutrition services.

2. Needs assessment

The emergency this project will address is the high rate of life threatening acute malnutrition. Children suffering from SAM are nine times more likely to die than their healthy peers. The project will reach those populations in greatest need from the compound effects of displacement, hunger and disease, and those facing greatest protection risks especially pockets of IDPs. To address these needs, nutrition services will focus on treatment of SAM and MAM for U5 children using the appropriate responses that include, static and mobile services and survival kits to reach unserved populations. With complementary funding from UNICEF and WFP, CMA will address the need for prevention of acute malnutrition by providing MIYFP, micronutrient supplementation, WASH messaging and continuous monitoring of the evolving nutrition situation.

Conflict in Waat and Chuil in recent months displaced at least 16,000 and disrupted services. Cereal production has been constrained by insecurity and lack of seeds (CMA Field Reports Oct 2017). As reported in the Food Security Outlook Update “it is now anticipated that the harvest will be depleted earlier than normal and food security will deteriorate in late 2017” as trade flows continue to cause very low market supplies (FEWS Net August 2017, pg 3). Presently, Nyirol is hosting 49,335 IDPs (Health Cluster PIN 24 Oct 17) not including the new IDPs noted above. The coping mechanisms of vulnerable households have been totally eroded (SS HNO 2018, UNOCHA pg. 2). Nyirol is rated as IPC 4 Emergency for February to May, but expected to deteriorate, and IPC Phase 5 Catastrophic remains likely where households did not harvest and insecurity limits access to assistance and movement towards natural food sources (FEWS Net January 2018).

The SMART survey in Nyirol showed U5 children with GAM rate of 25.7% and SAM rate of 3.2% (Nutrition Cluster HNO Case Load 2018, Oct 2017). In Pading, the ICRM of July 2017 showed GAM of children U5 at 37.3% and SAM at 4.6%. CMA’s data from Nyirol during the final quarter of 2017 showed a proxy GAM rate of 24.2% (8.0% SAM, 16.2% MAM) for children U5 (CMA Report to UNICEF and WFP). The worsening situation is causing a rise in the incidence of SAM with medical complications. Undernourished children who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities (SS HNO 2017, UNOCH, pg 23). For Nyirol, estimated U5 SAM caseload is 2,679 and U5 MAM caseload is 18,839 (Nutrition Cluster Case Load Projections 2018). The critical need of target populations is for treatment of SAM and MAM.

High GAM rates for children 6 – 23 months is made worse by worms, Vit A deficiency and diarrhea caused in-part by poor feeding and WASH practices. To address these needs, links with health, WASH and FSL responses are necessary. Further, to reach a large population of vulnerable children, education services need to be involved in delivering nutrition and WASH messages. To take advantage of cross-sector synergies, nutrition interventions need to be well integrated with health services and collaborate with FSL responses, WASH and protection messaging.

Conflict and insecurity causes severe restrictions to access nutrition services. Women, adolescent girls and children are most at risk. In Jonglei, outpatient consultations data showed that only 37% were female, indicating lower access of vulnerable women and girls to services (HRP MYR 2015 pg. 25). The increase in SGBV has heightened the need for comprehensive care for the victims of SGBV and community-based protection practices. Due to distance and insecurity, special case-finding outreaches and protection measures are needed to ensure care-givers and children have access to services. This approach will enable effective nutrition monitoring and ensure accountability to affected populations.

3. Description Of Beneficiaries

The population in Nyirol County is predominantly Nuer ethnicity, whose livelihoods are based on agro-pastoralism. The focus of this project will be on reaching locations where large IDP populations have settled and where nutrition services are not being provided by any other nutrition sector humanitarian actor. At the end of 2017, it was estimated that Nyirol was hosting 49,335 IDPs (Populations in Need, Health Cluster Oct 2017). Recent conflict in Waat and Chuil has caused massive displacements, with the actual number of new IDPs reported to exceed an additional 20,000 individuals (Reported by Local Authorities and CMA’s On-ground Team Jan 2018).

As lead agent for health services in Nyirol, and with assistance from WFP and UNICEF for nutrition programming, CMA has sustained its presence on-ground since the beginning of the current crisis. This has enabled effective collaboration with CHDs and other humanitarian actors operating in Nyirol and enabled CMA to identify the locations of beneficiaries most in need of this project’s assistance. In this project, CMA will reach all bomas of Chuil (including Yawkuach and Diini) and Pultruk payams, the unserved boma of Pagor in Thol payam, and be prepared for any new emergency of new IDPs in respect of the volatile context of the County. The combined populations of Chuil and Pultruk payams, and the boma of Pagor is 50,890 with at least 15,250 IDPs. Preparedness for a new emergency forcing an estimated additional 16,000 new IDP, brings the total population targeted in this project to 66,890 of which an estimated 31,250 will be IDPs - 47% of total beneficiaries.

The most vulnerable and at-risk populations within these target areas have been identified through CMA’s monitoring surveys. The primary target beneficiaries of the project will be the IDPs and those households that are hosting IDPs. The target beneficiaries within these households are the vulnerable U5 children. Even in non-crisis situations, this population has experienced poor nutrition, related to food insecurity and poor water and sanitation standards. IDP and IDP hosting households are seriously affected by malnutrition and crowded conditions which is causing general increase in morbidity. Men have joined the armed forces leaving women to maintain households. CMA’s personnel estimate that community-wide 50% of households are now women headed, and among IDP households 70% are women headed. The coping mechanisms of these vulnerable households have been totally eroded (SS HNO 2018, UNOCH pg 2). The target beneficiaries are now coping with IPC 4 Emergency (IPC SS Oct 2018, FEWS Net, pg 7). Nyirol has been placed in the group of counties rated as Severity of Need Level 5 (SS HNO 2018, UNOCHA pg 10).

The project will sustain static nutrition services at 2 centers at Chuil and Pultruk attached to PHCCs including one Stabilization center at Pultruk. The project will enable CMA to deploy teams of 2 CNWs and 1 MIYCN Counselor in each boma, and establish a mobile outreach unit to ensure populations can be reached with quality nutrition services, where nutrition services have not been provided and where there are concentrations of IDPs. Total population of U5 individual direct beneficiaries of SSHF support for SAM and MAM treatments will be 4,886 (female – 2,541 and male – 2,345) of which an estimated 2,296 (47%) will be IDPs. Additionally, with the UNICEF PCA support, the total beneficiary children U5 (screened for malnutrition, screened for malaria and receiving Vitamin A supplementation, deworming, MIYCN support) will be 6,279 (girls 3265 and boys 3014). The indirect beneficiaries will be U5 children screened, and the caretakers of U5 children receiving MIYCN, health, FSL, WASH and protection messages.

4. Grant Request Justification

The emergency and critical humanitarian gap this project will fill is the sharply rising caseload of SAM and MAM among U5 children, especially among IDPs. Nyirol County is rated IPC 4 Emergency for the February-May period of 2018, with some households likely to deteriorate to IPC 5 Catastrophic during this period (IPC SS Oct 2017, FEWS Net, pg 7). Nyirol is now rated at Severity of Need Level 5, with a nutrition severity of need rated at Level 4 (South Sudan HNO 2018, UNOCHA pg 10 and 23). Estimates show there are 49,335 IDPs in Nyirol (Populations in Need, Health Cluster Oct 2017). Recent conflict in Waat has added as many as 16,000 new IDPs.

The GAM rate is 25.7% for U5s (Nutrition Cluster HNO Caseload 2018). The final quarter of 2017 showed a proxy GAM rate of 24.2% (8.0% SAM, 16.2% MAM) during the post-harvest season (CMA Report to UNICEF and WFP). All predictions point to a rapidly deteriorating situation as the lean season approaches. Priority services needed are treatment for SAM and MAM of children U5. This project will focus on providing these frontline nutrition services and scaling-up to turn back the rising rates of SAM and MAM directing at least 90% of budget to delivery of SAM and MAM services targeting children U5.

Justification for this project is based the evidence that Nyirol County is among the worst experiencing the unrelenting course of escalating malnutrition of children U5 who are acutely malnourished and in need of lifesaving services (South Sudan HRP 2018, UNOCHA pg 5). Further, conflict continues to constrain movement of food along traditional market routes. Without greatly expanded support for nutrition programming, the lives of many vulnerable children will be lost. To address this risk, the project will sustain CMA's current presence in Chuil and Pultruk payams and reach all bomas of these payams, and add the unserved boma of Pagor in Thol payam, and be prepared for any new emergency and new IDPs. The two OTP units at Chuil and Pultruk, and the new SC at Pultruk will serve as bases to deliver the planned case-finding outreaches and mobile team. The SSHF SA1 assistance will provide salaries for facility-based and outreach nutrition teams, one mobile team, boma-based CNWs and MIYCN counsellors, supplies and materials to maintain the static services and supplies needed to provide robust incentives to facilitate implementation of the outreach and mobile team models. In this way the SSHF SA1 support will leverage the reach and complement the support from CMA's FLA and PCA. The outreach and mobile approaches will enable the project to adjust to new IDP movements and provide continuity in nutrition interventions.

CMA has worked in Nyirol since 1997 and has established capacity to sustain services in the current crisis. Building on past experience, CMA will deliver nutrition services in a gender sensitive approach that includes training for nutrition workers, mobilizing communities to address gender issues as related to food and nutrition, and awareness on need for protection to enable women, girls and boys to access nutrition services in the context of insecurity and conflict. Drawing on experience, CMA has a designated security focal point, evacuation plans and protocols and clear ground rules to ensure a "do-no-harm" approach. CMA is best placed to manage these security risks. CMA has been a competent nutrition service provider and known and trusted by community leaders, local authorities and the CHDs. With this experience, and to effectively utilize the training support provided by the Cluster, CMA will combine the resources of SSHF with WFP and UNICEF support to address the critical emergency in Nyirol County and meet the need for nutrition interventions for IDP and host populations. With relevant experience and the on-ground presence, CMA is best positioned to deliver the proposed project.

5. Complementarity

CMA has provided nutrition services in Nyirol County since November 2015 and health services since 1997. For this SSHF funded project, CMA will draw on the lessons learned from past programs to deliver effective services in the current crisis of conflict and economic hardship. Currently, CMA has committed assistance from the WFP FLA and PCAs with UNICEF for nutrition and health services. CMA is also the lead agent of RRHP II. These agreements form the funding foundation for a complementary approach in delivery of SSHF's nutrition sector assistance.

Complementarity in Populations Reached: Through health programming, CMA has access to all PHCUs at the boma level. Ongoing support from UNICEF and WFP will support static services delivered from two OTP units established at functional PHCCs at Pultruk and Chuil. The SSHF project will strengthen static services and enable a robust outreach approach ensuring all bomas of these payams are reached including the unserved bomas of Yawkuach and Diini in Chuil payam and Pagor in Thol payam, and in respect of the volatile context of the County, a mobile nutrition team will be able to reach any new IDPs in an emergency. Additionally, this mobile outreach team will conduct outreaches targeting locations where IDPs are concentrated and not reached by any nutrition service provider. Outreaches are planned at the rate of 1 per month from the PHCC/OTP nutrition facilities, with flexible capacity to increase this number should acute malnutrition become more severe. The SSHF project will enable delivery of lifesaving nutrition services to a much larger population of the most vulnerable IDP and host community populations within the targeted payams.

Complementarity within Nutrition Sector: Resources from UNICEF PCA provide support for OTP for U5 children from static units, MIYCN, Vitamin A supplementation and deworming, while the WFP FLA provides support for TSFP for U5 children and PLW, also from static units. The assistance from SSHF will enable the scale up of the most urgently needed OTP and TSFP services by adding human resource capacity to manage increased incidence of SAM and MAM and to cover all bomas by increasing case-finding outreaches, while the UNICEF PCA will continue providing the preventative MIYCN, Vitamin A supplementation and deworming support. The combination of increased human resource capacity, strong outreach approach and a mobile nutrition team will also enable strengthened monitoring of the nutrition situation especially in unreached locations.

Complementarity Across Sectors (Nutrition - Health – WASH – Protection - FSL): The SSHF funded nutrition services will be delivered fully integrated with health services at the level of static services and outreach services achieving efficiency and effectiveness of the integrated approach and related synergy and complementarity. In addition, from the static services, outreach services and mobile team services, WASH messages and protection awareness will be constantly delivered through community promotion, meetings with affected populations and IEC sessions. FSL fishing kits and seeds and tools kits can also be delivered when available. Further, CMA will engage with other humanitarian actors in Nyirol County and through these channels CMA will ensure effective and timely coordination with all humanitarian actors delivering programs in the targeted locations of this project. The functional PHCCs where nutrition OTP units are established all have effective working relationships with local authorities and community leaders. Chuil and Pultruk have well-maintained landing strips, while Pagor, Keew, Yawkuach and Diini will be reached by road. These attributes and assets will provide ideal bases for the delivery of WASH, FSL, BSFP and other emergency assistance whenever other humanitarian partners can avail their sectoral assistance to the areas covered through this project.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the project is to save lives of U5 children suffering SAM and MAM in payams not being adequately served in Nyirol County. The specific project objectives are to:
1. Deliver life-saving management of acute malnutrition for the most vulnerable and at risk U5 children.
2. Increase access to MIYCN programmes to prevent undernutrition among the most vulnerable and at risk, including U5 children and PLW in need.
3. Enhance nutrition situation monitoring, analysis and utilization of early warning information for timely, coordinated response and decision-making.
4. Increase access to integrated nutrition, health, WASH, and FSL activities in counties with critical levels of acute malnutrition.

The project will sustain CMA's current presence in Chuil and Pultruk payams and reach all bomas of these payams, and add the unserved boma of Pagor in Thol payam, and be prepared for any new emergency and new IDPs. The two OTP units at Chuil and Pultruk will serve as bases to deliver case-finding outreaches and support a mobile team. The SSHF SA1 assistance will support facility-based and outreach nutrition teams, one mobile team, boma-based CNWs and MIYCN counsellors, supplies and materials to maintain the static services and supplies needed to provide robust incentives to facilitate implementation of the outreach and mobile team models.

The dry season offers a time when mobile and outreach approaches can be delivered successfully. The project will utilize the period to deliver a robust outreach and mobile approach to implement integrated responses linking nutrition case-finding and health outreaches to unserved IDPs and deliver protection, WASH and FSL messages to schools and communities along with nutrition and health promotion messages. In the context of constant insecurity, through the outreaches to locations of new IDPs and vulnerable households, project personnel will actively seek the victims of SGBV, refer these vulnerable victims to health facilities for CMR and SGBV services and advocate among community leaders for community-based protection measures that will ensure IDPs, and children have unimpeded access to nutrition services. The project will support community awareness raising and advocacy to help communities reduce the risk of GBV. This approach will also enable effective nutrition monitoring and ensure accountability to affected populations. Where feasible CMA will collaborate with FSL programs for delivery of fishing kits, vegetable seeds and tools.

Important cross-cutting themes will be (1) mainstreaming gender equality; (2) AAP; and (3) protection of vulnerable populations. By engaging men and women leaders of host and IDP communities, the project will ensure that gender, accountability and protection are integrated into nutrition service delivery. Feedback from outreaches and regular meetings with host community and IDP leaders will be applied in ongoing programming. Guidelines from the Nutrition Cluster on gender mainstreaming and protection are important resources for training personnel and for designing nutrition interventions for gender and protection. Tools prepared by IASC to ensure accountability to affected populations will be critical references for CMA. In the context of constant insecurity, the economic crisis now forms an additional risk. To manage these risks, CMA will: (1) strive to maintain a one month stock of essential nutrition supplies; (2) maintain good relationships with local authorities and leaders as they are best placed to provide security of personnel and supplies in an emergency.

Complementarity will be achieved as the nutrition program will be fully integrated with CMA's health services and by coordinating and collaborating closely with other humanitarian actors delivering WASH, protection and FSL projects. CMA has ongoing PCA and FLA for 2018. Presently, conflict/insecurity is not impeding access to Nyirol.

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	90
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	4
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	2
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	4

Contribution to Cluster/Sector Objectives : The project will be implemented in Nyirol County rated as IPC 4 Emergency (IPC SS Oct 2017, FEWS Net, pg 7). The estimated total IDPs is 49,335 (Populations in Need, Health Cluster, Oct 2017) recent conflict in Waat has added a new wave of IDPs to the recorded 49,335. The project will cover Pultruk and Chuil payams with 2 OTP facilities and 1 SC. Pagor boma of Thol will be covered through outreach and mobile services. These payams comprise an estimated 40% of the total population of Nyirol County, and at about 56% of the IDP population. Annual caseload estimates for the county are as follows: U5 SAM 2,679 and U5 MAM 18,839 (2018 SAM and MAM Projection, Nutrition Cluster, Oct 2017).

Project objective 1 will deliver lifesaving management of acute malnutrition targeting the most vulnerable and at risk girls and boys 6-59 months. The following targets will be achieved: U5 SAM – 786, U5 MAM –4,100, a total of – 4,886 individuals. In the 6 month period of the project, planned coverage of these lifesaving nutrition interventions is 23% of Nyirol's total U5 SAM and U5 MAM caseloads. The total SA1 Cluster target beneficiaries for U5 SAM and MAM interventions is 13,446 this project will contribute at least 36% of the Cluster's target for Nyirol county.

To achieve this objective, the project will provide human resources, in-service training for these workers and health workers, and support to facilitate a robust nutrition outreach and mobile approach to areas where large IDP populations have settled but not being served by any nutrition partner. The project will conduct screening (including screening of U5 children for malaria) and treatment services both from the static sites and through outreaches. To achieve gender equality in opportunity to access nutrition services, communities will be organized to protect vulnerable women and children so they can consistently access nutrition services. The nutrition services of this project will be fully integrated with CMA's health services in the same locations sharing human, facilities and transportation resources. Demonstrating the high priority of this objective, at least 90% of activity and budget are allocated to its implementation. These interventions will deliver on SA1 CO1 and contribute significantly to the cluster's beneficiary targets.

Project objective 2 will be supported through CMA's PCA with UNICEF to increase access to integrated programs preventing under nutrition. Project objective 3 will focus on enhancing needs analysis of nutrition situation, monitoring and coordination of emergency nutrition response. And project objective 4 will Increase access to safe and integrated nutrition, FSL, health and WASH responses in payams with critical levels of acute malnutrition. CMA's PCA will include increasing coverage of Vitamin A supplementation and deworming children and delivery of MIYCN-E interventions. CMA will pool assistance of SSHF, the PCA and FLA to share NIS reports with collaborating humanitarian actors, and increasing coordination/integration with health, FSL and WASH programming. These activities will deliver on the cluster's strategy of enhancing complementarity and coordination and cross-sector integration.

CMA's PCA with UNICEF and FLA with WFP will continue providing supplies and other support for effective and expanded delivery of SAM and MAM services, including the prevention of malnutrition, Vitamin A supplementation, deworming, and promotion of WASH messages. The funding support from SSHF SA1 will complement UNICEF and WFP resources to enable the scale-up of U5 SAM and MAM services and complete the implementation of this project and deliver on the clusters strategy of leveraging funding resources.

Outcome 1

Expected project outcome is the lives of U5 children suffering SAM and MAM and PLWS suffering from MAM will be saved in payams not being adequately served in Nyirol County

Output 1.1

Description

Quality lifesaving management of acute malnutrition delivered for the most vulnerable and at risk.

Assumptions & Risks

Assumptions: that CMA can sustain functional nutrition facilities and deliver nutrition services integrated with health services from static facilities and to use static facilities as bases for mobilizing nutrition outreaches and mobile teams to access areas and IDP populations where nutrition services are most needed; and that CMA can recruit and sustain personnel for delivery of nutrition services in the context of insecurity and the economic crisis; and that target populations especially PLW and U5 children can be protected and freely access services; and that CMA can access sufficient of nutrition supplies to meet the needs of SAM and MAM patients.

Risks: Political unrest/conflict and the economic crisis will disrupt delivery of project materials and inputs, and deployment of personnel in unserved areas; localized insecurity could disrupt project delivery of outreach services; and prevent populations from accessing services especially in IDP and woman headed household circumstances.

To mitigate this risk, CMA will procure materials and inputs in advance of utilization, and CMA will engage leaders of affected populations and host communities in community-based assessments for delivery of static nutrition and outreaches services, and apply the “do-no-harm” approach to reduce the potential for conflict. CMA will mobilize community-based protection committees to ensure vulnerable persons especially PLW and U5 children have access to needed services. Further, CMA will focus recruitment and training on skilled South Sudanese personnel and sensitize personnel to the stress and trauma experienced by target populations.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	NUTRITION	(Frontline Services) Number of nutrition sites providing integrated OTP and TSFP services (continuum of Care)					2
Means of Verification : CMA quarterly project reports							
Indicator 1.1.10	NUTRITION	(Frontline Services) Number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			1,968	2,132	4,100
Means of Verification : CMA monthly NIS project reports							
Indicator 1.1.11	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			377	409	786
Means of Verification : CMA monthly NIS project reports							
Indicator 1.1.12	NUTRITION	Number of PLWs screened for malnutrition at the TSFP					2,582
Means of Verification : CMA Monthly NIS reports							
Indicator 1.1.13	NUTRITION	Number of PLWs treated for MAM at the TSFP					308
Means of Verification : CMA Monthly NIS reports							
Indicator 1.1.2	NUTRITION	Number of community-based nutrition workers positioned to deliver OTP and TSFP services from static sites, for outreaches and for a mobile unit nutrition sites					49
Means of Verification : CMA monthly project reports							
Indicator 1.1.3	NUTRITION	(Frontline Services) Number of nutrition/healthcare workers trained on CMAM	34	15			49
Means of Verification : CMA monthly NIS project reports							
Indicator 1.1.4	NUTRITION	Number of mobile outreaches completed to locations of IDPs without adequate SAM and MAM services					6
Means of Verification : CMA quarterly project reports							
Indicator 1.1.5	NUTRITION	Number of beneficiaries sensitized on their rights and entitlement in the nutrition sites in targeted locations.					3,224
Means of Verification : CMA quarterly project reports							
Indicator 1.1.6	NUTRITION	(Frontline Services) Number of SAM children tested for Malaria and referred for treatment.			377	409	786
Means of Verification : CMA monthly NIS project reports							
Indicator 1.1.7	NUTRITION	(Frontline Services) (%) of SAM discharged cured out of the total discharged from TFP (OTP/SC) services			283	307	590
Means of Verification : CMA monthly NIS project reports							
Indicator 1.1.8	NUTRITION	(Frontline Services) (%) of SAM children defaulted out of the total discharged from TFP (OTP/SC			57	61	118
Means of Verification : CMA monthly NIS project reports							
Indicator 1.1.9	NUTRITION	(Frontline Services) (%) of SAM cases died out of the total from TFP (OTP/SC) services			11	13	24
Means of Verification : CMA quarterly project reports							

Activities

Activity 1.1.1

maintain outpatient units and supply stores for OTP and TSFP nutrition services

Activity 1.1.2

deliver mobile outreach nutrition services to unserved locations including Yawkuach and Diini, Chuil payam and Pagor in Thol Payam

Activity 1.1.3

provide community-based nutrition workers to deliver OTP and TSFP services from static sites, for outreaches and for a mobile unit.

Activity 1.1.4

provide in-service training for nutrition personnel on the vulnerability of affected populations and on gender, trauma, GBV sensitivity, the protection risk of patients in the IDP context and the referral pathway for GBV survivors.

Activity 1.1.5

involve communities in design, implementation, monitoring and evaluation of nutrition project interventions in targeted sites

Activity 1.1.6

involve affected populations in design, implementation, monitoring and evaluation of nutrition project interventions

Activity 1.1.7

screen malnourished U5 girls / boys ensuring IDP, women headed households are reached and admit children into OTP for SAM and malaria treatment.

Activity 1.1.8

screen malnourished U5 girls / boys and enroll children into TSFP for MAM treatment.

Activity 1.1.9

Screen and treat PLWs accompanying their children for treatment at the TSFP

Output 1.2

Description

Increased access to MIYCN programmes to prevent undernutrition among the most vulnerable and at risk, including U5 children in need.

Assumptions & Risks

Assumptions: that localized insecurity will not prevent community outreach approach to deliver screening activities, Vitamin A and de-worming services, MIYCN, nutrition and WASH messages.

Risks: Localized conflict could prevent implementation of outreaches intended to deliver screening activities and prevent the project from delivering other lifesaving services.

To mitigate these risks, CMA will recruit and train local nutrition workers and engage local leaders and mother-to-mother support groups to assist in screening activities.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Number of nutrition and health workers trained on the delivery of protection, health, nutrition and WASH messages					49
Means of Verification : CMA quarterly project reports							
Indicator 1.2.2	NUTRITION	Number of sessions held to deliver protection, health, nutrition and WASH messages through outreaches and routinely at OTP and TSFP centers					12
Means of Verification : CMA quarterly project reports							
Indicator 1.2.3	NUTRITION	Number of mother to mother support groups mobilized and trained on protection, health, nutrition and WASH messages, and integrate men in awareness raising					4
Means of Verification : CMA quarterly project reports							
Indicator 1.2.4	NUTRITION	(Frontline Services) pregnant and mothers/caregivers of children 0-<23 months counselled on MIYCN (individual counselling)		4,300			4,300
Means of Verification : Number of pregnant and lactating women and caretakers of children 0-23 months reached with MIYCN-E interventions							
Indicator 1.2.5	NUTRITION	(Frontline Services) # of pregnant and mothers/caregivers of children 0-23 months attending mother support groups (or group counselling)		4,300			4,300
Means of Verification : CMA quarterly project reports							

Activities

Activity 1.2.1

provide in-service training of nutrition and health workers on delivery of protection, health, nutrition and WASH messages

Activity 1.2.2

deliver protection, health, nutrition and WASH messages through outreaches routinely at OTP and TSFP centers

Activity 1.2.3

mobilize and train mother to mother support groups and PLW on protection, health, nutrition and WASH messages, and integrate men in awareness raising

Activity 1.2.4

provide MIYCN key messaging and counselling to PLW and care-givers of malnourished children 0-23 months

Activity 1.2.5

provide in-service training for nutrition personnel on the vulnerability of targeted affected populations and on gender, trauma, GBV sensitivity, the risk of patients in the IDP context and the referral pathway for GBV survivors.

Output 1.3

Description

Access to integrated nutrition, health, WASH, and FSL activities increased in counties with critical levels of acute malnutrition, and enhanced nutrition situation monitoring, analysis and utilization of early warning information for timely, coordinated response

Assumptions & Risks

Assumptions: that ongoing conflict, insecurity and economic crisis will not prevent humanitarian partners from delivering their programs, coordinated response in emergency and coordinating activities with one another, and that CMA can access areas and IDP populations where nutrition services are most needed; and that populations especially PLW, U5 children and elderly can access services; and that CMA can access sufficient inputs and supplies to deliver the integrated program.

Risks: localized insecurity could disrupt delivery of health and nutrition services and the economic and political crisis could break the supply chain and disrupt the standard liaison and consultation forums among humanitarian actors necessary for successful implementation of the integrated program.

To mitigate this risk, CMA will engage leaders of affected populations and host communities in community-based assessments for delivery of nutrition and health services, and apply the “do-no-harm” approach to reduce the potential for conflict. CMA will procure materials and inputs in advance of utilization, and engage with coordination forums/meetings at the county and federal levels to ensure requisite coordination can be implemented.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	Number of sectors namely health, WASH, FSL successfully integrated with nutrition services					3
Means of Verification : CMA quarterly project reports							
Indicator 1.3.2	NUTRITION	Number of community outreaches held by community nutrition workers to deliver protection, health, WASH and nutrition education messages					6
Means of Verification : CMA quarterly project reports							
Indicator 1.3.3	NUTRITION	Number of quarterly reports aggregated from monthly NIS data and submitted on time					2
Means of Verification : CMA quarterly project reports							
Indicator 1.3.4	NUTRITION	(Frontline Services) Number of nutrition facilities with functioning community complaints / feedback mechanism					2
Means of Verification : CMA quarterly project reports							
Indicator 1.3.5	NUTRITION	(Frontline Services) Number of PLWs trained on nutrition package (MIYCN, WASH, Health, Use of Nutrition supplies etc)	0	3,224	0	0	3,224
Means of Verification : CMA quarterly project reports							

Activities

Activity 1.3.1

deliver nutrition services integrated with health services, from shared facilities, and utilizing common transport and equipment and deliver health, WASH and nutrition education through community outreaches and from static nutrition sites

Activity 1.3.2

community nutrition workers deliver protection, health, WASH and nutrition education through community outreaches and train PLWs on the packages

Activity 1.3.3

conduct monitoring and prepare regular monthly and quarterly reports that analyze and report results of SAM and MAM program data on a monthly basis to nutrition cluster partners and humanitarian actors, including analysis of impacts on affected populations

Activity 1.3.4

establish and maintain complaint and feedback mechanisms at all OTP sites.

Additional Targets :

M & R

Monitoring & Reporting plan

In monitoring and reporting for this project, CMA will adhere to the cluster's prescriptions in terms of the outcomes, outputs and activities. Similarly, the indicators will be analyzed closely to ensure that performance is analyzed and contextualized. The baseline for this project has been derived from Nutrition Cluster estimates for populations and SAM and MAM caseloads within the targeted catchment areas of Nyirol County. CMA will use the following tools to monitor project activities: (1) Focused community surveys to monitor protection, impacts of awareness outreaches and IDP access to nutrition facilities; (2) Community nutrition screening to monitor rates of SAM and MAM, including SAM with medical complications; (3) Reports on regular consultations with affected populations (host community, IDP, vulnerable women, girls and boys) to ensure participation in planning and monitoring the program, access to services, implementation of a complaints mechanism and awareness on complaints process, and ensure a system of representation of affected populations is in place; (4) Monthly nutrition reports from each nutrition site and screening and case-finding outreaches to locations of vulnerable populations; (5) Monthly activity reports from nutrition units providing data not included in the monthly nutrition reports; (6) Quarterly project reports to donors; (7) Quarterly field monitoring and evaluation reports.

Project reports will provide assessment of planned versus actual output results using the indicators identified in the logical framework, and data disaggregated on the basis of gender and age. To monitor output achievement, the County Nutritionist will ensure each nutrition site will collect data on SAM and MAM treatments of U5 children, number of referrals of SAM with medical complications, data from screening U5 children using the MUAC technique, participants in nutrition promotion, FSL, WASH, health and protection message sessions, and mortality data from treatment services. This data will be analyzed at the PHCC/OTP level, and worsening trends in malnutrition will be investigated, and crisis and catastrophic situations will be responded to rapidly.

The CMA Nutrition Coordinator and County Nutritionist will conduct the monitoring visits to the sites delivering CMAM services at least once per quarter, and more frequently if required. These personnel will work together to complete the monthly reports and the compilation of this data into the quarter and final reports. When results are unsatisfactory, CMA's Medical Program Manager with the Nutrition Coordinator will ensure that measures are taken to improve performance. In relation to outcome monitoring, the M and E Specialist/Data Analyst will lead the analysis of information gathered through the community surveys and meetings and consultations with affected populations, communities and local authorities, etc. Results of this analysis will be used by CMA for review of strategies and approaches to delivery of nutrition services in the current crisis, and for future planning and application at the county level. CMA will share reports and compare nutrition data with other partners.

In order to plan appropriate and timely responses to any worsening nutrition emergencies, CMA will constantly monitor changes in local conditions that may affect the implementation of nutrition services (movement of IDPs, conflict and displacement due to hunger, etc.). If an unusual trend or crisis is detected, CMA is well placed to inform the Nutrition Cluster, UNICEF, WFP and other agencies, so that complementary, consistent and coordinated responses can be carried out.

Participatory monitoring will be adopted to bring on board the beneficiaries, local authorities, the CHD and all the other stakeholders at the county level. This would facilitate shared decision making based on the challenges experienced, success stories and lessons learnt.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: maintain outpatient units and supply stores for OTP and TSFP nutrition services	2018			X	X	X							
Activity 1.1.2: deliver mobile outreach nutrition services to unserved locations including Yawkuach and Diini, Chuil payam and Pagor in Thol Payam	2018			X	X	X	X	X	X	X			
Activity 1.1.3: provide community-based nutrition workers to deliver OTP and TSFP services from static sites, for outreaches and for a mobile unit.	2018			X	X	X	X	X	X	X			
Activity 1.1.4: provide in-service training for nutrition personnel on the vulnerability of affected populations and on gender, trauma, GBV sensitivity, the protection risk of patients in the IDP context and the referral pathway for GBV survivors.	2018			X	X	X	X			X			
Activity 1.1.5: involve communities in design, implementation, monitoring and evaluation of nutrition project interventions in targeted sites	2018			X	X	X	X	X	X	X			
Activity 1.1.6: involve affected populations in design, implementation, monitoring and evaluation of nutrition project interventions	2018			X	X	X	X	X	X	X			
Activity 1.1.7: screen malnourished U5 girls / boys ensuring IDP, women headed households are reached and admit children into OTP for SAM and malaria treatment.	2018			X	X	X	X	X	X	X			
Activity 1.1.8: screen malnourished U5 girls / boys and enroll children into TSFP for MAM treatment.	2018			X	X	X	X	X	X	X			
Activity 1.1.9: Screen and treat PLWs accompanying their children for treatment at the TSFP	2018			X	X	X	X	X	X	X			
Activity 1.2.1: provide in-service training of nutrition and health workers on delivery of protection, health, nutrition and WASH messages	2018			X	X	X	X						
Activity 1.2.2: deliver protection, health, nutrition and WASH messages through outreaches routinely at OTP and TSFP centers	2018			X	X	X	X	X	X	X			

Activity 1.2.3: mobilize and train mother to mother support groups and PLW on protection, health, nutrition and WASH messages, and integrate men in awareness raising	2018			X	X	X	X	X	X	X			
Activity 1.2.4: provide MIYCN key messaging and counselling to PLW and care-givers of malnourished children 0-23 months	2018			X	X	X	X	X	X	X			
Activity 1.2.5: provide in-service training for nutrition personnel on the vulnerability of targeted affected populations and on gender, trauma, GBV sensitivity, the risk of patients in the IDP context and the referral pathway for GBV survivors.	2018			X	X	X	X	X	X	X			
Activity 1.3.1: deliver nutrition services integrated with health services, from shared facilities, and utilizing common transport and equipment and deliver health, WASH and nutrition education through community outreaches and from static nutrition sites	2018			X	X	X	X	X	X				
Activity 1.3.2: community nutrition workers deliver protection, health, WASH and nutrition education through community outreaches and train PLWs on the packages	2018			X	X	X	X	X	X	X			
Activity 1.3.3: conduct monitoring and prepare regular monthly and quarterly reports that analyze and report results of SAM and MAM program data on a monthly basis to nutrition cluster partners and humanitarian actors, including analysis of impacts on affected populations	2018			X	X	X	X	X	X	X			
Activity 1.3.4: establish and maintain complaint and feedback mechanisms at all OTP sites.	2018			X	X	X							

OTHER INFO

Accountability to Affected Populations

This is a strategy which provides mechanisms, through which affected populations can receive the information they need to make informed decisions, provide feedback on the humanitarian interventions, share concerns and submit complaints. In order to address the above, this project will be implemented in collaboration with local authorities, host and IDP community leaders to ensure their inclusion in program decision-making. These structures will enable affected populations to participate in planning, implementing and monitoring the delivery of all nutrition services. CMA's on-ground teams will work actively to engage the local leaders, to mobilize communities to receive nutrition services and engage groups of IDPs by conducting monthly meetings to report on nutrition programming and to obtain feedback from local populations.

Through these regular consultations, the host community, IDP, vulnerable women, girls and boys will have the opportunity to effectively participate in planning and monitoring the program, access to services, raise awareness on their entitlements for access to nutrition services, the complaints process and complete the full implementation of the complaints mechanism. CMA's on-ground teams will ensure that affected populations are aware and able to utilize the complaints mechanism by putting into practice the minimum principles of transparency, communication and provision of information linked to the complaints mechanism, and conducting meetings with target populations to obtain their feedback. These measures will ensure an effective system of representation of affected populations is in place.

Nutrition case-finding outreaches and MUAC screening that reach the beneficiaries will be conducted throughout the duration of the project to ensure that these populations are included in planning nutrition services and are able to access the facilities delivering nutrition services. Additional promotion and awareness on MIYCN and WASH messages will be carried out to ensure care-takers of children U5 can access these services. The structures noted above will be engaged for the purpose of ensuring accountability for project delivery and improving nutrition outcomes.

Further, the project will promote community-based strategies and practices among affected populations to provide protection for the most vulnerable community members (children and PLW, especially IDPs). The project will engage men and women leaders of affected populations to take responsibility for the maintenance and protection of nutrition stores and facilities, and for mobilizing protection for disadvantaged and vulnerable populations, so that they have unimpeded access to nutrition services.

The CMAM Field Supervisors as leader of the facility based nutrition program will be responsible for organizing and coordinating the engagement of the targeted communities. This person will report to CMA's County Nutritionist and Nutrition Coordinator on each monthly meeting or more frequently if required so that community feedback is available for management decision making. Further, the Nutrition Coordinator will regularly (at least once per quarter) visit and supervise the nutrition program, and during these supervisory visits, the Nutrition Coordinator will conduct meetings with local leaders of host and IDP communities, and local authorities to ensure robust monitoring, and effective implementation of the complaints mechanism so as to achieve effective accountability to the populations being served.

To adhere to the principles of "Do-No-Harm", the project will strive to deliver services in a balanced manner so that IDP and host community populations and all persons regardless of ethnicity will have equal access to nutrition services. To achieve this balance, CMA will implement a strong program of awareness promotion so that as far as feasible all who need nutrition services will have access to them.

Implementation Plan

This project seeks to address the emergency which is evident from the description provided by the vital statistics such as GAM rate for under 5s which is estimated at 25.7% (SAM 3.2%; MAM 22.5%). It will thus be implemented in full integration with health services. It will be headed by the Country Director and Medical Program Manager. Being experienced in delivering nutrition services in the context of conflict in South Sudan, the two will oversight the project by making critical decisions needed to facilitate effective and efficient delivery at both static facilities and the mobile outreaches. Through delegated authority, Nutrition Coordinator shall oversee field activities including placement of personnel and ensuring sufficient gender balance in areas where most needed and ensure that nutrition facilities are provided with the requisite OTP, TSFP inputs and other supplies and equipment etc.

CMA will ensure that each site has the requisite number and caliber of personnel which will be filled by South Sudanese nationals. At the community level, skilled women nationals shall be considered in order to achieve gender balance. CMA will ensure the nutrition mobile team is equipped so they have capacity to reach IDPs in unreached areas. In order to reach all the beneficiaries, the project will establish 2 CNWs and 1 MIYCN Counsellor in each boma supervised and supported by 1 CMAM supervisor and 1 Nutrition Assistant per OTP site. In order to adequately address emergencies, the project will establish and equip a 5 person mobile unit (1 CMAM Supervisor, 1 Nutrition Assistant, 2 CNWs, 1 MIYCN Counselor) + the County Nutritionist for Nyirol (as lead officer) and mobilize this unit with ground/boat and air transport. CMA will seek to reach as widely as possible and ensure most vulnerable and remote populations are served, engage and work with CHDs, local authorities/leaders, viable/cooperative SSNGOs on-ground, Mother-to-Mother support groups and BHI committees.

A Senior Logistician will be responsible for procuring and delivering all supplies necessary to maintain the program and ensure that required materials and supplies are procured and delivered to the sites where required in order to complete the renovation and maintenance of nutrition facilities, and to mobilize the outreach teams.

CMA has gained experience working in the nutrition sector in collaboration with other INGOs (e.g. MEDAIR & ACF), through the UNICEF PCA assistance and participation in the Nutrition Cluster, thus it able to apply the protocols, policies, strategies and practices directed by government in the nutrition sector. In a collaborative endeavor, CMA will continue with case-finding outreaches, screening surveys, and nutrition outreaches aimed at reaching the most vulnerable in the current emergency as well as special at-risk populations without access to nutrition services. Similarly, CMA will continue participating actively in county-based forums to ensure this project is delivering services that complement other county and state level humanitarian services providers, and to make focused effort to reach populations not otherwise served, and also ensure that the nutrition inputs are pre-positioned and available throughout the emergency.

At the national level, CMA will coordinate with other nutrition service stakeholders ensuring an adequate exchange of knowledge and information on present and emerging nutrition crisis with peer organizations and networking bodies specifically, the Nutrition Cluster, UN agencies (UNICEF, WFP, UNOCHA, UNDP) and donor agencies (SSHF, RRF, IMA World Health) through meetings, participating in committees and sharing of annual reports and lessons learned. Similarly, the project will endeavor to link the described nutrition services with emergency preparedness and response through effective utilization of EWARN.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
County Health Department,County Health and Nutrition Forum,UNICEF,WFP	Overall guidance on the delivery of health and nutrition services. Linking agencies delivering nutrition services in Nyirol County and coordinating distribution of nutrition coverage, surveillance, planning, and distribution of nutrition supplies,Planning and reporting response to health and nutrition crisis, determining and filling gaps, especially monitoring SAM, detecting and filling gaps in coverage of nutrition services,Funding partner for OTP supplies, and for the delivery of MIYCN, Vitamin A and deworming,Funding partner for TSFP supplies and implementation

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

CMA's experience in Nyirol County dates back to 1997 implementing health, nutrition, food security and livelihoods assistance for the blind and reproductive health programming. CMA's experience shows that the drivers of the current nutrition crisis are economic decline, conflict and insecurity. These crisis drivers affect women and men, and boys and girls differently. Risks are higher for IDPs in the context of constant population movements. The Situation Overview Jonglei State published by REACH dated May 2017 (pg 2) indicates that 73% of settlements now host IDPs in Nyirol County. The same publication (pg 7) notes that SGBV is cited as the main protection issue for women. Comparing GAM rates of IDP and host community, MEDAIR's data (2015) from Chuil and Pultruk for U5 children showed a rate of 16.2% for IDPs, and 7.3% for host community. For PLW of IDP households, the GAM rate was 38.7% compared with 16.6% for host population. The need to reach households hosting IDPs is clear.

In consultation with IDP and host community leaders, CMA has gained an understanding of the differential needs of women, men and children in the IDP and host populations contexts. Men have remained mobile, and able to access nutrition services. Most women, girls and boys access nutrition services at considerable risk and often need protection. Women headed households, both IDP and host community, are particularly vulnerable. CMA has designed nutrition program delivery strategies that include case-finding outreach activities to ensure equality of opportunity to access nutrition services. CMA has also ensured that project personnel are sensitized to gender issues and skilled to apply gender equity principles in their approach to nutrition service delivery. CMA has conducted needs analysis with the participation of men and women of IDP and host communities. This has enabled gender to be mainstreamed into the planning of project objectives, outcomes, outputs and activities.

Specific measures to identify different needs of men, women, boys and girls and integrate gender into ongoing planning, implementation and monitoring of nutrition service delivery include: (1) training of gender balanced teams of nutrition workers to deliver services with gender sensitivity and always with dignity toward patients; (2) collecting data always disaggregated on the basis of gender; (3) engaging men and women leaders to take responsibility for mobilizing vulnerable populations (IDPs, children, adolescent girls, women) to seek services, and to protect these populations so they have equal opportunity to access facility-based nutrition services; (4) providing nutrition services to men, women, girls and boys without gender bias and conduct outreach to IDP and women headed households to ensure the most vulnerable men, women, boys and girls receive available services; (5) providing gender training and awareness along with nutrition education, FSL and WASH messages to men and women of IDP and host communities to raise awareness on the vulnerability of children, girls and women; (6) and engage men and women leaders of host communities and IDPs in planning interventions, monitoring impacts and revising service delivery as required.

Through these measures, CMA will make significant contributions toward gender equality in the delivery of this project.

Protection Mainstreaming

In this project, protection mainstreaming is an essential process of incorporating protection principles and promoting meaningful access, safety, and dignity in delivery of humanitarian aid. It prioritizes safety and dignity, equity and unimpeded access to services, accountability to affected populations as well as participation and empowerment, and always guided by the "do no harm" approach. In the project area, the current threats to personal safety are the conflict between the armed forces of the government and opposition, conflict between host community members and IDPs, and sexual and gender based violence targeting women and adolescent girls. The Situation Overview Jonglei State published by REACH dated November 2017 (pg 2) indicates that the primary reported reason newly arrived IDPs came to their current location in Jonglei was because of security 56%, access to health services 22% and access to food 7%.

The REACH report showed the primary protection concerns for women included killing/injury by other community 49%, domestic violence 17%, sexual violence 14%, abduction 2%. For girls the concerns included; abduction 38%, early marriage 15%, killing/injury by other community 13%, domestic violence 8%, sexual violence 4%. For boys the concerns included; abduction 42%, killing/injury by other community 17%, domestic violence 6%, forced recruitment 3%, and family separation 3%.

From this data, it is evident that killing by other community members affects all the genders and age groups. Similarly, SGBV is cited as a major protection issue for women. Households headed by women, especially IDP households headed by women are particularly vulnerable to SGBV. These threats to personal safety are a direct restriction on their access to nutrition services.

The specific measures planned in this project to mainstream protection are:
1) development and rollout of an information campaign focused on the protection mainstreaming;
2) training of the nutrition project teams that will include tailored trainings based on needs such as preliminary information sessions for senior members of the implementation team on the scope of protection mainstreaming issues and its integration into project implementation guidelines and policies;
3) raising awareness among men, women, boys and girls on the prevalence of SGBV and ensuring all nutrition personnel know the treatment referral pathway for victims of SCBV and the location of health facilities that provide MISP and MHPSS for victims of SGBV and MHPSS for all those affected by conflict and displacement trauma;
4) raising awareness among men and women leaders of host and IDP communities on the vulnerability of boys targeted for conscription into armed forces;
5) promoting community-based approaches and practices encouraging communities to organize committees empowered to protect and assist vulnerable persons to access nutrition facilities whenever needed;
6) delivering a balanced approach to static nutrition services and outreach nutrition services so that host communities and IDPs have equal access to the benefits of nutrition services as a measures to reduce/eliminate conflict between IDPs and host communities;
7) engaging community leaders, IDP leaders and local authorities to organize themselves to protect community assets like nutrition stores and facilities from destruction or looting by armed forces, and to advocate for peace between the armed forces and the community.

As part of the integration of nutrition services with health services, CMA will provide the basic package of services for the management and dignified treatment of sexual assault and violence that will include the CMR, counseling and MHPSS as measures to support victims of SGBV and also to encourage abused women and girls to report exploitation, abuse and SGBV as the first necessary step to stemming SGBV.

Country Specific Information

Safety and Security

CMA has established safety and security plans for each site where re-locatable personnel are assigned including personnel who work in, or transit through Juba. These plans are based on UNDSS recommendations as well as InterAction's Minimum Operating Security Standards.

The purpose of CMA's safety and security plans are to:

(1) Guide the activities and behavior of employees working in project areas and as far as possible help them avoid security risks and prevent them from inadvertently putting themselves at risk of violence, robbery and conflict;
(2) Protect employees in the event of conflict, and as far as possible, define the conditions, responsibilities and operating procedures for safety while working in project areas and when required, to safely evacuate from locations in conflict.

CMA has a security focal point officer located in Juba linked with security focal points in the field. The Juba-based focal point officer holds primary responsibility for the development and update of security and evacuation plans for each site and for office personnel in Juba. This officer works under the supervision of CMA's South Sudan management team (Country Director and Medical Program Manager) to set overall guidelines and operating procedures for the safety and security of employees and authorized visitors. The CMA focal point officer constantly monitors the security context to ensure full awareness of any potential for conflict fare-up. In addition, CMA's focal point officer constantly monitors UNMISS advisory statements on security levels in Juba and field operating locations, and ensures all personnel act in accordance with UNMISS security protocols.

All sites including the Juba office site have a common security handbook to guide employees on personal safety, and which provides standard operating procedures for employees and the officers responsible for implementing security practices and executing evacuations in accordance with UNMISS security guidance. CMA has established county and site specific security and evacuation plans which give details on specific procedures and required practice, and priority secure destinations for the protection and safe evacuation of personnel. These plans are designed to take into account the seasonal changes in plausible escape routes, and site specific variables that impose upon evacuation plans. These plans are reviewed and updated annually or more frequently if factors change substantially. The designated officer is also responsible for verifying that all personnel are trained and prepared for both personal safety and security while working in the field and for evacuation in the case of insecurity and conflict.

Access

The only safe means of accessing Nyirol County is by air services. Currently, there are no access restrictions on the targeted project locations in Nyirol County. Although there are sporadic conflicts in Nyirol targeting the government and opposition such as the recent one in Waat which displaced the people, recent reports indicate security has normalized in this location. During the month of February 2018, CMA managed to fly into Nyirol for the delivery of supplies and staffs and this was after successful clearance through the JVVM. CMA has delivered humanitarian programming in Nyirol County since 1997, and is experienced in delivering nutrition services from the logistical base-station of Juba. CMA is well known in the community, and by the local authorities. When security challenges do arise, local authorities have been able to intervene so that CMA could continue service delivery. CMA intends to sustain these good relationships recognizing that these relationships are critical to enabling continued operation in Nyirol County and in the specific locations targeted. Access to all parts of the project target area is by charter air carriers or UNHAS only. CMA has longstanding good partnerships with critical air service providers, specifically AIM Air, MAF and Samaritan's Purse, as well as UNHAS. Delivering this project requires that CMA sustains good operating relationships with these air service providers.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Medical Program Manager	S	1	4,070.00	6	10.00	2,442.00
	Medical Program Manager, South Sudan [Supervise field planning and implementation, supervise field personnel performance, monitor budget utilization, output achievements and compile reports] [fte 10% is based on proportion of this project budget of the total estimated country program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.2	Nutrition Coordinator, South Sudan	S	1	3,090.00	6	25.00	4,635.00
	Lead emergency nutrition program planning and implementation, supervise field personnel performance, monitor budget utilization, output achievements and compile reports] [25% fte on the project] [cost based on monthly salary and benefits (social security, medical insurance cover) and prorated in proportion to this project budget to total nutrition program budget						
1.3	Nutrition Coordinator Assistant, South Sudan	S	1	2,250.00	6	25.00	3,375.00
	Support Nutrition Coordinator to deliver emergency nutrition program planning and implementation, supervise field personnel performance, monitor budget utilization, output achievements and compile reports] [25% fte on the project] [cost based on monthly salary and benefits (social security, medical insurance cover)						
1.4	Program M & E Specialist/Data Analyst	S	1	3,260.00	6	20.00	3,912.00
	Support Nutrition Program Coordinator in data collection from field sites, compilation and analysis for reporting on output results achieved at program level] [fte 20% on nutrition programs [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.5	Nutritionist Project Officer Nyirol	D	1	1,750.00	6	25.00	2,625.00
	Lead in delivering county-based emergency nutrition services for treatment for SAM and MAM, integrating nutrition into health services, (cost based on 25% fte for the project inclusive of monthly salary and benefits (social security, medical insurance) and prorated in proportion to this project budget to total nutrition program budget						
1.6	Nutrition Nurses	D	1	1,780.00	6	25.00	2,670.00

	Lead in providing nutrition services at Stabilization Centre caring for severely malnourished on inpatient basis (1 Nutrition Nurse / SC) (cost based on 25% fte for the project inclusive of monthly salary and benefits (social security, medical insurance) and prorated in proportion to this project budget to total nutrition program budget						
1.7	CMAM Field Supervisors	D	3	1,150.00	6	75.00	15,525.00
	Lead teams in delivering community-based emergency nutrition services and mobile service where IDPs are concentrated supervising Nutrition Assistants including case finding outreaches to IDP populations and PHCUs, follow-up on cases, MIYCN promotion, micronutrient distribution and WASH messages (cost based on monthly salary inclusive of social security benefits 1 CMAM Supervisor per OTP team and 1 for mobile unit at 75% fte)						
1.8	Nutrition Assistants	D	9	400.00	6	35.00	7,560.00
	Deliver community-based emergency nutrition services on OTP and outreach teams including case finding outreaches to IDP populations and PHCUs, follow-up on cases, MIYCN promotion, micronutrient distribution and WASH messages where IDPs are concentrated (cost based on monthly salary inclusive of social security benefits for 2 nutrition assistant / OTP team and 1 for mobile unit at 35% fte						
1.9	Community Nutrition Workers	D	28	335.00	6	75.00	42,210.00
	Deliver community-based (boma level) emergency nutrition services where IDPs are concentrated including case finding outreaches, follow-up on cases, support nutrition surveys and monitoring (cost based on salary inclusive of social security) 2 CNWs / boma and 2 CNWs for mobile unit at 75% fte)						
1.10	Community MIYCN Counsellors	D	12	335.00	6	80.00	19,296.00
	Deliver community-based MIYCN promotion and WASH messages in the emergency context where IDPs are concentrated and refer SAM and MAM cases for treatment (cost based on salary inclusive of social security) 1 MIYCN counsellor / boma and 1 for mobile unit at 80% fte)						
1.11	Logistics Assistants	D	2	310.00	6	50.00	1,860.00
	Logistics Assistants support delivery of emergency nutrition services and secure nutrition supplies (cost based on salary inclusive of social security benefits) 1 persons / OTP centers where IDPs are concentrated at 50% fte)						
1.12	Facility-based Support Personnel (Casuals, SC Cooks and Guards)	D	6	220.00	6	25.00	1,980.00
	Support delivery of nutrition services and secure nutrition supplies (cost based on salary inclusive of social security benefits) 3 persons / OTP centers where IDPs are concentrated and 1 person for mobile unit at 25% fte)						
1.13	Country Director, South Sudan	S	1	4,720.00	6	10.00	2,832.00
	Provide overall direction in planning and delivery of the project and supervision of performance in budget utilization and output achievements] [fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.14	Administrator	S	1	1,800.00	6	10.00	1,080.00
	Support planning project budgets and preparation of financial reports, monitor and control budget utilization, ensure cash-flow meets the needs of project field activities (fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.15	Senior Logistician	S	1	2,300.00	6	20.00	2,760.00
	Deliver supplies to the field sites, monitor shipments and verify application of supplies, coordinate the transportation of personnel and delivery of supplies to HF, maintain financial records of procurement and transport of supplies] [fte 20% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.16	Project Accountant	S	1	2,300.00	6	10.00	1,380.00
	Support Administrator to maintain financial records on the project, conduct field missions to monitor and reports on field expenses for review and approval of Administrator and Country Director] [fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)]						
1.17	Office Support Personnel and Drivers (2)	S	4	600.00	6	10.00	1,440.00
	Receptionist, Cleaner, Drivers (2) support senior personnel complete project management and administrative duties, protect and maintain office equipment and supplies, support delivery of field programs] [fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical insurance cover)						
1.18	Incentives for Community-Based Nutrition Workers	D	33	100.00	1	100.00	3,300.00
	Incentives for community-based workers CMAM Supervisors, Nutrition Assistants, CNWs, MIYCN Counsellors) to incentivize delivery of emergency mobile and outreach services to PHCUs and locations where IDPs are concentrated (kits of t-shirts, boots and gear for caring water etc. @ $100 per worker)						
	Section Total						**120,882.00**

2. Supplies, Commodities, Materials							
2.1	Maintenance of OTP/SC Facilities and Input Stores	D	2	2,000.00	1	100.00	4,000.00
	Facility for receiving and treating nutrition patients on outpatient basis and for storing nutrition products cost based on maintenance of existing structures inclusive of air charter and ground transport for materials, 2 sites identified - Pultruk and Chuil						
2.2	Materials & Supplies Essential for Nutrition Program Implementation	D	1	6,192.00	2	100.00	12,384.00
	Essential supplies and materials 1 kit / per qtr- Each kit [Resomal – 2 car @ $26, F75 Therapeutic diet – 2 car @ $58, F100 Therapeutic diet – 2 car @ $58, Therapeutic diet – 735 car @ $5, Retimol 100,000 IU – 7 pac @ $7, Retimol 200,000 IU - 8 pac @ $28, Mebendazole 500mg – 50 pac @ $3, Amoxicillin Suspension – 1,250 bot @ $.50, OTP Registers – 2 reg @ $30, Soap Bars – 1,125 bars @ $1						
2.3	Materials and Supplies for Training Nutrition Personnel	D	54	50.00	1	100.00	2,700.00
	Training materials, guides and visual aids etc. for on-the-job training of Nutrition Assistants, CNWs and MIYCN workers @ $50 per trainee						
2.4	Community Mobilizing meetings/workshops	D	7	100.00	2	100.00	1,400.00
	Community (Boma) mobilizing meetings/workshops 7 sites, 1 workshop per quarter per site, refreshments and incentives $100 / workshop						
2.5	Emergency Transport of Nutrition Supplies Juba to the Field Sites	D	2	4,500.00	2	50.00	9,000.00
	Transportation of OTP supplies from Juba base to the sites in the field (1 caravan flight / qtr shared costs between 2 sites @ $4,500/flight rtrip)						
	Section Total						**29,484.00**
3. Equipment							
3.1	Equipment - scales, height boards, MUAC tapes for Mobile Teams	D	1	475.00	1	100.00	475.00
	Equipment - scales, height boards, MUAC tapes two kits for mobile and outreach teams (each kit comprises of 2 scales @ $80 / scale, 2 height boards @ $80 / board, 20 MUAC tapes @ $5 / tape, other items $55						
	Section Total						**475.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
5.1	Ground Transport for Emergency Outreach & Mobile Teams	D	1	4,560.00	2	100.00	9,120.00
	Ground transport of supplies for delivery of distant/extended nutrition outreaches (1 mobile outreaches/qtr) @ $760/day and 6 days service per outreach = $4560/outreach @ 100%)						
5.2	Charter Travel (Juba-HF) for Emergency Nutrition Personnel	D	3	550.00	2	100.00	3,300.00
	UNHAS Fare (Juba-OTP center) for eligible relocatable Nutrition personnel delivering emergency outreach and mobile services and ground transport (Nutrition Program Officers 1 CMAM Field Supervisors 2) (per person cost per rtrip, 1 round trip/person/quarter at 100%)						
5.3	Charter Travel (Juba-HF) for Technical Support Personnel	D	3	550.00	1	25.00	412.50
	UNHAS Fare (Juba-HF) and ground transport for Nutrition Coordinator for project monitoring, M and E Specialist/Data Analyst and Nutrition Coordinator for nutrition input storage and security monitoring (per person cost per rtrip, 1 round trip/person at 25%)						
	Section Total						**12,832.50**
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	Communications Juba Office	S	1	400.00	6	5.00	120.00
	monthly cost prorated @ 5% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						

7.2	Communications County Offices and project field sites monthly cost	D	1	1,740.00	6	25.00	2,610.00
	monthly cost prorated @ 25% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.3	Supplies, Stationery and Equipment Replacement: County offices and project sites	D	1	2,320.00	6	25.00	3,480.00
	monthly cost prorated @ 25% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.4	Office Rent: Juba Offices monthly cost	S	1	2,800.00	6	5.00	840.00
	monthly cost prorated @ 5% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.5	Stores Rents, Security Juba-base and Counties	D	1	1,300.00	6	25.00	1,950.00
	monthly cost for rents, security and maintenance prorated of stores Juba-base and counties @ 25% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.6	Vehicle Running Costs: Juba office monthly cost	S	1	500.00	6	5.00	150.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.7	Vehicle Running Costs: Counties monthly cost	D	1	1,768.00	6	25.00	2,652.00
	monthly cost prorated @ 25% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.8	License/insurances - vehicles, radios, Counties and project field sites monthly cost	D	1	493.40	6	25.00	740.10
	monthly cost prorated @ 25% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.9	Equipment maintenance for emergency and security communication	D	2	1,325.00	1	100.00	2,650.00
	Equipment and equipment maintenance for emergency and security communication for two mobile teams (1 Chuil and 1 for mobile unit) (Thruway, Began, Quack) 1 set/site)						
7.10	Accommodation and Equipment for Emergency Mobile Unit	D	1	8,050.00	1	100.00	8,050.00
	Accommodation and equipment support for mobile unit delivering emergency services in remote locations (5 person team - 1 CMAM Supervisor, 1 Nutrition Assistant 2 CNWs, 1 MIYCN Counsellor): Tents 5 @ $1,000 each, 5 beds with mattresses, sheets, pillows etc. @ $400 each, 5 solar lighting installed @ $150 each, 1 kit kitchen and water purification gear @ $400 per team, other items $200 per kit						
	Section Total						**23,242.10**
SubTotal			192.00				**186,915.60**
Direct							161,949.60
Support							24,966.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							13,084.09
Total Cost							**199,999.69**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Nyirol	100		2,582	2,345	2,541	7,468	Activity 1.1.1: maintain outpatient units and supply stores for OTP and TSFP nutrition services Activity 1.1.2: deliver mobile outreach nutrition services to unserved locations including Yawkuach and Diini, Chuil payam and Pagor in Thol Payam Activity 1.1.3: provide community-based nutrition workers to deliver OTP and TSFP services from static sites, for outreaches and for a mobile unit. Activity 1.1.4: provide in-service training for nutrition personnel on the vulnerability of affected populations and on gender, trauma, GBV sensitivity, the protecti... Activity 1.1.5: involve communities in design, implementation, monitoring and evaluation of nutrition project interventions in targeted sites Activity 1.1.6: involve affected populations in design, implementation, monitoring and evaluation of nutrition project interventions Activity 1.1.7: screen malnourished U5 girls / boys ensuring IDP, women headed households are reached and admit children into OTP for SAM and malaria treatment. Activity 1.1.8: screen malnourished U5 girls / boys and enroll children into TSFP for MAM treatment. Activity 1.1.9: Screen and treat PLWs accompanying their children for treatment at the TSFP Activity 1.2.1: provide in-service training of nutrition and health workers on delivery of protection, health, nutrition and WASH messages Activity 1.2.2: deliver protection, health, nutrition and WASH messages through outreaches routinely at OTP and TSFP centers Activity 1.2.3: mobilize and train mother to mother support groups and PLW on protection, health, nutrition and WASH messages, and integrate men in awareness raising Activity 1.2.4: provide MIYCN key messaging and counselling to PLW and care-givers of malnourished children 0-23 months Activity 1.2.5: provide in-service training for nutrition personnel on the vulnerability of targeted affected populations and on gender, trauma, GBV sensitivity, the... Activity 1.3.1: deliver nutrition services integrated with health services, from shared facilities, and utilizing common transport and equipment and deliver health, ... Activity 1.3.2: community nutrition workers deliver protection, health, WASH and nutrition education through community outreaches and train PLWs on the packages

Documents

Category Name	Document Description
Project Supporting Documents	CMA resonses to Nutrition Proposal - Feedback from TR.pdf