OCHA
Coordination Saves Lives

Project Proposal

Requesting Organization :	ACF - USA		
Allocation Type :	1st Round Standard Allocation		

Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100

Project Title :	Treatment and prevention of acute malnutrition and emergency rapid nutrition response for children under 5 and pregnant and lactating women in South Sudan
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-16/H/89622	**Fund Project Code :**	SSD-16/HSS10/SA1/N/INGO/847
Cluster :	Nutrition	**Project Budget in US$:**	460,982.04
Planned project duration :	9 months	**Priority:**	2
Planned Start Date :	01/04/2016	**Planned End Date :**	31/12/2016
Actual Start Date:	01/04/2016	**Actual End Date:**	31/12/2016

Project Summary :

ACF is proposing 9 months CHF funding from April to December 2016 and shall not further apply for 2016 second round standard allocation. Proposed project is the continuation of CHF 2015 first and second round allocation for the high burden as well as conflict affected states. The overall objective of this project is to provide quality integrated CMAM services and strengthen existing nutrition capacity building, surveillance system and rapid nutrition emergency response for the vulnerable population. There are three main components of this project:

1. Children under 5 (boys and girls) with severe and moderate acute malnutrition and malnourished PLW from both host and IDP/returnees' communities in the catchment areas are admitted and treated in the program. This includes nutrition services at 21 points of delivery in Aweil East, Gogrial West and emergency locations of Jonglei state comprising of 21 OTPs, 3 stabilization centers (SC) and 21 TSFPs, where the sites will be integrated to the existing health system. U5 children, boys and girls with SAM or MAM from both host and IDP/returnees' communities located in the program catchment area in NBeG, Warrap, Jonglei state Counties will be admitted and treated. Project interventions directly target children under 5 years without discrimination between boys and girls. Variations of numbers between the two sex groups will be monitored to ensure immediate actions are taken when large gaps are noticed.

2. Prevention of malnutrition in children under 5 and Pregnant and lactating mothers through BSFP, micro-nutrient supplementation, promotion of IYCF, health, WASH and child care practices and community sensitization and mobilization through Mother to Mother Support Group (MtMSG) or peer group counseling approaches. Prevention activities will take into account the different needs for women, men, boys and girls from the initial stage of the needs assessment design, considering gender balance in the assessment interview and ensuring that questions are tailored according to the group. The project design involves/considers representation of both men and women from the community and community leaders. ACF will also link it's nutrition specific activities with ongoing nutrition sensitive (i.e. WASH, FSL) activities in Warrap and NBeG to maximize the impact. WASH and FSL activities prioritize and purposively target nutrition beneficiaries to bring greater synergy and cohesion to sustainably tackle the underlying causes of malnutrition.

3. Strengthening Nutrition capacity building, Nutrition information and assessments and emergency rapid nutrition response:
ACF will continue to build the nutrition capacity on CMAM, IYCF, SAM management for MoH and other partners at national, state and county level. ACF will conduct screening in the nutrition centres as well as conduct active case finding in the OTP/TSFP catchment area (10 km radius) in collaboration with community nutrition volunteers (CNV). With Multi-sectoral Emergency Team (MET), ACF will continue to respond to emergency needs of affected populations in the conflict affected states of Jonglei, Upper Nile and Unity through RRMs and/or IRNA in collaboration with other humanitarian actors. The nutrition component in MET has been designed to address acute malnutrition (SAM and MAM) and promote and protect IYCF practices in emergency. ACF in consultation with Nutrition Cluster and OWG members will target priority locations for Initial Rapid Assessments followed by RRM deployments when needed. The interventions will target populations and/or areas with overall high acute malnutrition rates (above 15% GAM, 3% SAM) with aggravating factors including high mortality rates, heightened food insecurity and epidemics associated with under-nutrition.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
5,244	28,218	30,948	33,527	97,937

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	30,948	33,527	64,475
Internally Displaced People	367	1,975	2,166	2,347	6,855
People in Host Communities	4,877	26,243	28,782	31,180	91,082
Pregnant and Lactating Women	0	18,000	0	0	18,000

Indirect Beneficiaries :

N/A

Catchment Population:

N/A

Link with allocation strategy :

To support the nutrition cluster agreed priorities and objectives, all ACF project approaches and activities are mostly focused towards lives saving which is designed in line with the revised national nutrition cluster strategy and humanitarian response plan with the following approaches: 1) Management of SAM and MAM through Integrated CMAM approaches: Provision of nutrition services at 21 points of delivery in Aweil East, Gogrial West and other emergency locations of Jonglei, comprising of 21 Out-patient Therapeutic Program (OTP), 3 stabilization centers (SC) and 21 Targeted Supplementary Feeding Program (TSFP) as well as Blanket Supplementary Feeding Program (BSFP). The Program will use IM-SAM guidelines of South Sudan and SPHERE standards for its programming and in measuring its performance. Children admitted in the SCs will receive specific nutritional and medical treatment for complications as well as systematic treatment, medical follow up, health and nutrition education. Once the child's medical complications are treated and appetite restored, the child will be transferred and continue treatment in the OTPs. Children admitted in the OTPs will receive weekly RUTF rations, nutritional follow up, nutrition and health promotion for caregivers as well as systematic treatment. TSFP will provide treatment for children who are moderately malnourished (MAM). The TSFP provides bi-weekly rations (RUSF/ CSB+) to the beneficiaries as well as nutritional follow up and systematic treatment. 2) Provision of Nutrition Prevention: The number of beneficiaries to be targeted for prevention of malnutrition through i) micro-nutrient supplementation (including Vitamin A among children and iron-folate among pregnant women) and de-worming; ii) knowledge and awareness raising via education sessions on health, IYCF, nutrition, hygiene and child care practices; iii) community sensitization and mobilization activities done through the Mother to Mother Support Groups (MtMSG) or peer-group counseling approach at nutrition sites and will be encouraged to take place also at community level and will involve/engage various community stakeholders (TBA, traditional healers, religious leaders, etc.). 3) To strengthen Nutrition information and assessments, ACF will conduct screening in the nutrition centres as well as conduct active case finding in the OTP/TSFP catchment area (10 km radius) in collaboration with community nutrition volunteers (CNV). Screening and active case finding contributes to the early detection and referral of acutely malnourished children and contribute to better treatment outcomes. The community will be mobilized to detect and refer malnourished children to the nutrition centres. ACF will as much as possible increase the engagement of CNVs, involve community leaders, traditional healers and secondary school children at community level to strengthen screening and overall community mobilization activities. If need is justified through screening and mobilization, additional mobile or static OTPs will be initiated in areas with high levels of acute malnutrition. Nutrition surveys and nutrition-related assessments will continue to play an important role in monitoring the nutrition situation as well as monitoring the effect of the program in operation areas. 4) The Capacity Building of MoH, CHD and nutrition implementing partners will be enhanced and coverage expanded through formal trainings after conducting training need assessment (TNA) as well as on-the-job coaching and joint supervision. ACF will build on the gains it had in the past year and ensure that capacity building does not end on training but will continue through on the job training and mentoring/coaching. This will also include advocacy for Health System Strengthening. Under this grant, ACF intends to continue capacity building of CHD and MoH team on CMAM and IYCF guidelines. ACF will conduct regular joint supportive supervisions with and on job support of CHD/MoH partners.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Lionel LAFONT	Country Director	cd.ssd@acf-international.org	+211911072918
Rebeckah Piotrowski	Head of Program	rpiotrowski@actionagainsthunger.org	+1-815-355-5447

BACKGROUND

1. Humanitarian context analysis

According to Integrated Food Security Phase Classification (IPC) 2015 report, an estimated 3.9 million people were classified as severely food and nutrition insecure in September (3,065,000 population in Crisis, 830,000 in Emergency and 30,000 in Famine phases) and need urgent humanitarian assistance. This is an 80% increase compare to the same period last year despite the fact that August-September period is marked as the start of “green harvest” in South Sudan.
The overall nutrition situation remains "Critical" with GAM rate above the emergency threshold of 15% not only in the conflict affected states of Jonglei, Upper Nile, Unity but also chronically high burden states NBeG and Warrap. Projections for the period Jan – March 2016 (lean season) indicate 2.6 m people (2,170,000 in Crisis and 440,000 in Emergency) will be severely food and nutrition insecure. Disaggregated by state in Warrap and NBeG 885,000 and 940,000 population in Stressed and Crisis phases (category 2 & 3 respectively); in Jonglei a staggering 385,000 and 125,000 population in Crisis and Emergency phases (category 3 & 4 respectively). In Unity 30,000 population who are experiencing Catastrophe in August-September 2015 period and are likely to deteriorate into famine in the absence of urgent and immediate humanitarian access. According to recent Food Security and Nutrition Monitoring Report (FSNMS) of Sep 2015, NBeG and Warrap have the highest level of undernutrition (GAM-24.2%, SAM-5.0% and GAM 17.6%, SAM-4.2% respectively) in the country. Additionally these two states also registered very high level of child morbidity and wasting among women (NBeG-39.9% and Warrap-37.7%). In November 2015, ACF conducted a post-harvest SMART nutrition survey in Aweil East county of NBeG state and found 25.6% GAM and 7.2% SAM prevalence in the county. More specifically, in Gogrial West County, according to the pre-harvest Nutrition SMART survey carried jointly by ACF and WVI in May 2015 showed a GAM rate of 29.1% and SAM rate of 4.0%. This is the highest GAM rate observed in this county since ACF monitor trends of malnutrition in this area. From these past nutrition surveys done in Gogrial West as well as in Aweil East where a Nutrition Causal Analysis was performed in 2011, there are clear indications that poor child care practices, inadequate hygiene practices, lack of sanitation, and limited access to food and basic primary healthcare services are the main drivers of undernutrition. Among additional factors contributing to this critical nutrition situation: seasonal changes in food security, flash floods, violence and disease burden. The highest prevalence of malnutrition is currently experienced as the lean period combines with peak of malaria cases as well. Recurring violence causing displacement and destroying livelihoods, preventing the populations from planting at the right time led to inadequate food intake that directly affected further the nutrition situation in the past months. ACF is currently implementing nutrition interventions in Aweil Center (Aweil town), Aweil East, Gogrial West and Fangak Counties of NBeG, Warrap and Jonglei states and will continue to build on gains and lessons learned to further enhance quality services and expand the coverage of the CMAM, IYCF interventions, capacity building, nutrition surveillance, cluster coordination support and emergency nutrition response. ACF will continue with its projects and will endeavor to work in a coordinated manner with MoH partners, INGO and Local NGOs. This project will also strengthen state coordination for capacity building and effective nutrition surveillance. Integration with other sectors within ACF and the other clusters will be strengthened to ensure holistic nutrition response. In addition ACF will contribute to IRNA and RRMs in conflict affected States under this grant.

2. Needs assessment

The project places major emphasis on addressing the prevention and treatment needs of malnourished children, given the current scale of the problem, which has been exacerbated as the humanitarian situation in South Sudan has deteriorated sharply since 15 Dec. 2013, causing large-scale displacements. Children are more vulnerable to the effect of food shocks and emergency situations; women are affected as they take the heavy workload to meet the needs of the households and limited access to basic services. Various forms of under nutrition have been prevalent among vulnerable groups in South Sudan for many years including young children, pregnant and lactating mothers in general. Among factors contributing to this situation: seasonal changes in food security, flash floods, violence and disease burden. The highest prevalence of malnutrition is usually experienced during lean period. Recurring violence causing displacement and destroying livelihoods, preventing the populations from planting at the right time therefore leads to inadequate food intake that directly affects the nutrition status of the affected population. Since 1st half of 2015 there has been renewed fighting in the conflict states of Jonglei, Unity and Upper Nile, which even in more peaceful times suffered from significant seasonal displacements due to flooding, and inter-ethnic clashes. Increasing inter-ethnic fighting was also experienced in Warrap and NBeG that resulted to temporary suspension of activities in some sites. In addition, malnutrition rates in the non-conflict states are taking on the characteristics of a chronic emergency, with lean season global acute malnutrition (GAM) rates regularly exceeding 20%, with populations with extremely limited access to water, sanitation and hygiene (WASH) services and chronic food insecurity. According to the recent integrated food security phase classification (IPC) assessment report September 2015 in South Sudan the nutrition conditions continue to remain worrisome across the Country even during the post-harvest period coupled with the escalating conflicts, population displacement, constraint health services and some cultural eating practices. As such, the current nutrition situation expected to remains above the emergency threshold (GAM >15%), with about 80% of counties in the conflict affected and high burden states classified at Critical levels. This was occasioned by feeding system, food handling and cooking practice, constraint humanitarian access to intervene in nutrition sector to curb the rising malnutrition among the under-five.
In addition, admissions rates in ACF CMAM programs in Aweil East and Gogrial West showed a staggering 50% increase in November 2015 compared to November 2014 and are on an increasing trend since the beginning of the year. Also in NBeG and Warrap, from Jan through November 2015 ACF admitted close to 25,000 malnourished cases (SAM & MAM Children under 5) while ACF admitted 22,000 cases for the whole of 2014 in this area. This clearly indicates the dire need for continued lifesaving interventions in the proposed locations.

3. Description Of Beneficiaries

Children (6-59 months) with bilateral pitting Oedema (grade +/++) or severe wasting W/H Z-score <-3 and/or MUAC < 115 mm, and appetite test passed, no medical complication, clinically well will be treated in Outpatient Therapeutic Program (OTP). For SC, children with bilateral pitting Oedema +++ or any grade with severe wasting, or SAM with medical complications will be targeted including infants under 6 months with bilateral pitting Oedema or visible wasting. Targeting for MAM is based on MUAC >115mm - <125mm, no Oedema and clinically well and with good appetite. Children completing treatment for SAM or if a child returns after defaulting within 1 month are included in TSFP. Malnourished PLW having MUAC below 210mm will be treated through Targeted Supplementary Feeding Program (TSFP). They will be discharged after children reach 6 months or MUAC equal or above 210mm. All the well-nourished children 6-23 months and PLWs will be enrolled in Blanket Supplementary Feeding Program (BSFP) until the child become two years of age. During community mobilization activities all malnourished children and vulnerable households will be identified using the participation of key community figures. Beneficiaries of knowledge and awareness promotion activities will be identified through nutrition centres, community public education and promotion sessions, assessments and discussions. Parents will be the main targets of the program but adolescents will also benefit especially female adolescents for early sensitization and dissemination of key messages around the 1,000 day window of opportunity. During nutrition surveillance activities, all children who will be found malnourished or sick will be referred to the appropriate health centres. Children under 5 and pregnant women in areas with high acute malnutrition will be targeted for micro-nutrient supplementation. Whenever possible the vaccination campaign of the SMOH and the supplementation programme will be linked. Training needs assessment will be conducted with participation of MoH and partners. The county-level / State level MoH and partners offices will be contacted to select their staff for trainings on CMAM and IYCF guidelines.

4. Grant Request Justification

ACF has been operational in Warrap and NBeG States since 2005 and in Jonglei since April 2015. ACF responds to both chronic and acute needs through an integrated strategy, where nutrition, food security, and water and sanitation activities are reinforced to have a meaningful impact on the communities' resilience. ACF has well established bases in Alek (Gogrial West County) and Malualkon (Aweil East County).). In 2014, ACF admitted a total of 10,057children in TFP (763 in SC; 9,294 in OTP) and 12,368 in TSFP. 2014 overall performance indicators for the TFP were: cured rate of 86.8%, mortality rate of 0.2%, defaulter rate 5.5 % and non-responder rate of 7.5%. In 2015, as of end of November, ACF country wide had admitted a total of 29,005 malnourished cases, 10,946 in SC/OTPs and 18,059 in TSFPs, and had more than 10,000 cases in treatment during the month of December. This caseload and the critical outlook and projection of further deterioration as the population progress towards the lean season justify a continued and strengthened CMAM/IYCF program hence the present grant request .It is worth noting that this grant would allow ACF maintain lifesaving nutrition services while strengthening its prevention programs through; IYCF protection and promotion, Mother to Mother Support Groups, de-worming and micro nutrient supplementation. ACF has already proposed part of the funds from ECHO and is also negotiating with UNICEF, while it receives in kind and cash support from WFP. A significant amount of fund is requested to meet the cost of running the program at scale toward reaching the estimated target number of vulnerable population in our areas of operation. In addition, ACF intends to increase its life saving activities in counties that have been identified as hotspots/priority locations by nutrition cluster/OWG through RRMs and is already operating with its mobile emergency team (establishing CMAM and IYCF programs) in Jonglei State with support from OFDA.

5. Complementarity

This proposed action is a continuity of the previous cycle of CHF grant and complements in NBeG, Warrap and Jonglei States nutrition interventions. Important to note that with the dried funding situation for Warrap and NBeG, the support from CHF is key in maintaining ACF lifesaving nutrition programs in the high burden states in 2016. ACF ongoing WASH and FSL program will contribute to improve nutrition situation through WASH related morbidity and improve household food security. The project will also complement ACF Emergency MET team in the Jonglei and other priority locations through IRNA and RRM.

LOGICAL FRAMEWORK

Overall project objective

Provide quality integrated management of acute malnutrition services and strengthen existing nutrition capacity building, surveillance system and rapid nutrition emergency response for the vulnerable population in conflict affected and high burden states in Jonglei (Fangak, Duk Counties through RRM/T), NBeG (Aweil East County), Warrap State (Gogrial West County) and other cluster priority areas.

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	50
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	30
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	20

Contribution to Cluster/Sector Objectives : To support the nutrition cluster on agreed priorities and objectives, all ACF project approaches and activities focus towards lives saving designed in line with the revised national nutrition cluster strategy and humanitarian response plan with the following approaches: 1.Management of SAM and MAM through Integrated CMAM approaches Treatment: Provision of nutrition services at 24 points of delivery in Warrap, NBeG and Jonglei, comprising of 21 Out-patient Therapeutic Programme (OTP), 3 stabilization centers (SC) and 21 Targeted Supplementary Feeding Programme (TSFP), 21 Blanket Supplementary Feeding Program (BSFP) where the sites will be integrated to the existing health system. The Programme will use IM-SAM guidelines and SPHERE standards for its programming and in measuring its performance. Children admitted in the SC will receive specific nutritional and medical treatment for complications as well as systematic treatment, medical follow up, health and nutrition education. Once the beneficiary's medical complications are treated and appetite has returned the beneficiary will continue treatment in the OTP. Beneficiaries admitted in the OTP will receive weekly RUTF rations, nutritional follow up, nutrition and health promotion as well as systematic treatment. TSFP will provide treatment for children who are moderately malnourished. The TSFP provides bi-weekly rations (RUSF/ CSB) to the beneficiaries as well as nutritional follow up and systematic treatment. 2. Provision of Nutrition Prevention: The number of beneficiaries to be targeted for prevention of malnutrition through i) micro-nutrient supplementation (including Vitamin A among children and iron-folate among pregnant women) and de-worming; ii) knowledge and awareness raising via education sessions on health, IYCF, nutrition, hygiene and child care practices; iii) community sensitization and mobilization activities done through the Mother to Mother Support Groups (MtMSG) or peer-group counseling approach at nutrition sites and will be encouraged to take place also at community level and will involve/engage various community stakeholders (TBA, traditional healers, religious leaders, etc.). 3. Strengthening Nutrition information and assessments: ACF will conduct screening in the nutrition centres as well as conduct active case finding in the OTP/TSFP catchment area (10 km radius) in collaboration with community nutrition volunteers (CNV). Screening and active case finding contributes to the early detection and referral of acutely malnourished children and contribute to better treatment outcomes. The community will be mobilized to detect and refer malnourished children to the nutrition centres. ACF will as much as possible increase the number of CNVs, involve community leaders, traditional healers and secondary school children at community level to strengthen screening and overall community mobilization activities. If need is justified through screening and mobilization, additional mobile or static OTPs will be initiated in areas with high levels of acute malnutrition. Nutrition surveys and nutrition-related assessments will continue to play an important role in monitoring the nutrition situation as well as monitoring the effect of the program in operation areas. The Capacity Building of MoH, CHD and nutrition implementing partners will be enhanced and coverage expanded where training needs are identified and done through theoretical training as well as on-the-job coaching and joint supervision. ACF will build on the gains it had in the past year and ensure that capacity building does not end on training but will continue through on the job training and mentoring/coaching. This will also include advocacy for Health System Strengthening. Under this grant, ACF intends to train CHD and MoH team on CMAM and IYCF guidelines. To enhance sustainability of skills passed on to CHD/MoH partners, ACF will conduct regular joint supervisions with and on job support of CHD/MoH partner

Outcome 1

Children under 5, boys and girls with severe and moderate acute malnutrition from both host and IDP/returnees' communities in the catchment area are admitted and treated in the program

Output 1.1

Description

Children under 5 suffering from severe acute malnutrition are admitted and treated in TFP

Assumptions & Risks

-No major disease outbreaks occur
-Security remains stable enough to allow for access
-Beneficiaries and communities collaborate actively and are motivated
-Road and air transport means remain functional
-No breakdown in supply pipe-line from the UN agencies
-Collaboration with Ministry of Health, is possible and effective
-Collaboration with UN Agencies involved (i.e. UNICEF, WFP, FAO) is effective and in-kind input for these agencies are received in a timely manner
-Skilled personnel/HR is available and consistent
-Good working relations with the Local authorities and RRC officials
-Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed.

Activities

Activity 1.1.1

Provide therapeutic treatment for children (0-59 months) with SAM in both high burden and emergency states (21 OTP & 3 SC)

Activity 1.1.2

Conduct home visits to SAM children absent in the program for 2 consecutive weeks (defaulter tracing)

Activity 1.1.3

Organize regular community-based MUAC screening, case identification and referrals of children under 5 years

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			3,793	4,108	7,901
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 1.1.2	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					20
Means of Verification : Monthly Qualitative and Quantitative report, APR, 5W Matrix							
Indicator 1.1.3	NUTRITION	Frontline services # of nutrition sites - No of stabilisation centres supported (new and existing)					2
Means of Verification : Monthly Qualitative and Quantitative report, APR, 5W Matrix							
Indicator 1.1.4	NUTRITION	Quality of SAM program - Overall SAM program cure rate (SPHERE standards)					75
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 1.1.5	NUTRITION	Quality of SAM program - Overall SAM program death rate (SPHERE standards)					10
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 1.1.6	NUTRITION	Quality of SAM program - Overall SAM program default rate (SPHERE standards)					15
Means of Verification : Monthly Qualitative and Quantitative report, APR							

Output 1.2

Description

Children under 5 suffering from moderate acute malnutrition and malnourished PLW are admitted and treated in TSFP.

Assumptions & Risks

-No major disease outbreaks occur
-Security remains stable enough to allow for access
-Beneficiaries and communities collaborate actively and are motivated
-Road and air transport means remain functional
-No breakdown in supply pipe-line from the UN agencies
-Collaboration with Ministry of Health, is possible and effective
-Collaboration with UN Agencies involved (i.e. UNICEF, WFP, FAO) is effective and in-kind input for these agencies are received in a timely manner
-Skilled personnel/HR is available and consistent
-Good working relations with the Local authorities and RRC officials
-Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed.

Activities

Activity 1.2.1

Provide treatment for children (6-59 months) with MAM in both high burden and emergency states (21 TSFP)

Activity 1.2.2

Provide treatment for acutely malnourished PLW through 21 TSFP

Activity 1.2.3

Organize regular community-based MUAC screening, case identification and referrals of children under 5 years

Activity 1.2.4

Conduct home visits to MAM children absent in the Program for 2 consecutive weeks (defaulter tracing)

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			5,732	6,210	11,942
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 1.2.2	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)					19
Means of Verification : Monthly Qualitative and Quantitative report, APR, 5W Matrix							
Indicator 1.2.3	NUTRITION	# of malnourished pregnant and Lactating Women (PLWs) admitted and treated in TSFP					5,130
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 1.2.4	NUTRITION	Quality of MAM program - Overall MAM program cure rate (SPHERE standards)					75
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 1.2.5	NUTRITION	Quality of MAM program - Overall MAM program death rate (SPHERE standards)					3
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 1.2.6	NUTRITION	Quality of MAM program - Overall MAM program default rate (SPHERE standards)					15
Means of Verification : Monthly Qualitative and Quantitative report, APR							

Outcome 2

Prevention of malnutrition among children under 5 and Pregnant and lactating mothers

Output 2.1

Description

Blanket Supplementary Feeding (BSFP) and Micronutrient supplementation for Children under 5 & PLW

Assumptions & Risks

-No major disease outbreaks occur
-Security remains stable enough to allow for access
-Beneficiaries and communities collaborate actively and are motivated
-Road and air transport means remain functional
-No breakdown in supply pipe-line from the UN agencies
-Collaboration with Ministry of Health, is possible and effective
-Collaboration with UN Agencies involved (i.e. UNICEF, WFP, FAO) is effective and in-kind input for these agencies are received in a timely manner
-Skilled personnel/HR is available and consistent
-Good working relations with the Local authorities and RRC officials
-Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed.

Activities

Activity 2.1.1

Provide Blanket Supplementary Feeding (BSFP) for Children under 2 during hunger period

Activity 2.1.2

Provide Blanket Supplementary Feeding (BSFP) for Pregnant and lactating women (PLWs) during hunger period

Activity 2.1.3

Provide Vitamin A supplementation to children under 5 that are not in the nutrition program (i.e. TFP, TSFP) through routine and during National Immunization Days (NID) in collaboration with MoH.

Activity 2.1.4

Provide De-worming to children under 5 that are not in the nutrition program.

Activity 2.1.5

Provide Iron Folic Acid (IFA) Supplementation to Pregnant women.

Activity 2.1.6

Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, WASH and child care practices) at all nutrition sites for mothers and caregivers during each visit and at community level (Community leaders, prominent people, women and children) with awareness raising and education sessions conducted before MUAC screening exercises.

Activity 2.1.7

Identify and train Community Volunteers to conduct session on health/nutrition/HIV-AIDS/WASH and child care practices, as well as conduct regular nutrition screening and referral of children under 5 (boys and girls).

Activity 2.1.8

Organize Mother-to-Mother support groups at nutrition sites to facilitate open discussions and demonstrations, and utilize these peer group as a channel to further promote and protect adequate IYCF practices.

Activity 2.1.9

Monitor nutrition situation and malnutrition trends through surveys and assessments in Warrap, NBeG and in conflict affected areas

Activity 2.1.10

Monitor participation/engagement of the affected community and other stakeholders through feedback and follow-up mechanism

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Frontline services # of children (6-35 months) receiving supplementary foods through Blanket Supplementary Feeding Programmes (BSFP)			7,576	8,206	15,782
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 2.1.10	NUTRITION	Frontline services # of SMART surveys undertaken - Pre-harvest					2
Means of Verification : Survey/Assessment report							
Indicator 2.1.2	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			4,644	5,031	9,675
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 2.1.3	NUTRITION	Frontline services # of children (12 -59 months) dewormed			5,617	6,084	11,701
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 2.1.4	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	5,244	28,218			33,462
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 2.1.5	NUTRITION	Frontline services # of functional mother-to-mother support groups					40
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 2.1.6	NUTRITION	Frontline services # of children screened in the community			30,948	33,527	64,475
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 2.1.7	NUTRITION	# of PLWs receiving supplementary foods through Blanket Supplementary Feeding Program (BSFP)					18,000
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 2.1.8	NUTRITION	Number of Pregnant women receiving Micro-nutrient tablets/Iron-Folic supplementation					1,355
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Indicator 2.1.9	NUTRITION	Number of Community Nutrition Volunteers trained on IYCF and prevention, identification and referral of acute malnutrition					200
Means of Verification : Monthly Qualitative and Quantitative report, APR							
Additional Targets :							

M & R

Monitoring & Reporting plan

Monitoring of project activities will be done at weekly basis by field staff under the guidance and supervision of the Program Manager and Roving Nutrition Specialist and through periodic visits from the Country Technical Coordinators. Qualitative and quantitative tools will be used to capture record and analyze the data collected in monthly basis. For that, an Activity Progress Report (APR) will be prepared and used, including the original work plan, real advances in activity implementation, constraints, indicators, sources of information and staff responsibilities. For quality assurance purposes, technical support on specific program activities will be provided by sector Technical Advisors from HQs. Tailor made forms will be used by the Field Data Analyst to collect relevant statistical data to feed into ACF database. Qualitative data, human stories, lessons leant and best practices will be documented by the teams and feed into the Project Management Cycle to refine and further contextualize project activities. ACF will put in place a simple community feedback mechanism to secure application of good management practices. In order to ensure accountability, the target beneficiaries will be involved at all stages of the project cycle and ACF also in the process if recruiting M&E/Accountability officer for Warrap and NBeG program bases. Community management committees, comprised of representatives from the target communities/villages, will be formed to facilitate BNFs selection, distributions and implementation of project activities in a transparent manner. Local hearing committees will also be responsible for receiving complaints and addressing them or passing them on to ACF where and when these cannot be resolved at the village/community level. ACF field staff will always be available to address complaints on the spot. ACF will submit monthly reports to the cluster and CHD timely. Reports will also be shared with State level coordination forum on regular basis. Joint monitoring visits with CHD will be conducted monthly and or bi-monthly as need arises.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide therapeutic treatment for children (0-59 months) with SAM in both high burden and emergency states (21 OTP & 3 SC)	2016				X	X	X	X	X	X	X	X	X
Activity 1.1.2: Conduct home visits to SAM children absent in the program for 2 consecutive weeks (defaulter tracing)	2016				X	X	X	X	X	X	X	X	X
Activity 1.1.3: Organize regular community-based MUAC screening, case identification and referrals of children under 5 years	2016				X	X	X	X	X	X	X	X	X
Activity 1.2.1: Provide treatment for children (6-59 months) with MAM in both high burden and emergency states (21 TSFP)	2016				X	X	X	X	X	X	X	X	X
Activity 1.2.2: Provide treatment for acutely malnourished PLW through 21 TSFP	2016				X	X	X	X	X	X	X	X	X
Activity 1.2.3: Organize regular community-based MUAC screening, case identification and referrals of children under 5 years	2016				X	X	X	X	X	X	X	X	X
Activity 1.2.4: Conduct home visits to MAM children absent in the Program for 2 consecutive weeks (defaulter tracing)	2016				X	X	X	X	X	X	X	X	X
Activity 2.1.1: Provide Blanket Supplementary Feeding (BSFP) for Children under 2 during hunger period	2016				X	X	X	X	X				
Activity 2.1.10: Monitor participation/engagement of the affected community and other stakeholders through feedback and follow-up mechanism	2016				X				X				X
Activity 2.1.2: Provide Blanket Supplementary Feeding (BSFP) for Pregnant and lactating women (PLWs) during hunger period	2016				X	X	X	X	X				
Activity 2.1.3: Provide Vitamin A supplementation to children under 5 that are not in the nutrition program (i.e. TFP, TSFP) through routine and during National Immunization Days (NID) in collaboration with MoH.	2016				X	X	X	X	X	X	X	X	X
Activity 2.1.4: Provide De-worming to children under 5 that are not in the nutrition program.	2016				X	X	X	X	X	X	X	X	X
Activity 2.1.5: Provide Iron Folic Acid (IFA) Supplementation to Pregnant women.	2016				X	X	X	X	X	X	X	X	X
Activity 2.1.6: Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, WASH and child care practices) at all nutrition sites for mothers and caregivers during each visit and at community level (Community leaders, prominent people, women and children) with awareness raising and education sessions conducted before MUAC screening exercises.	2016				X	X	X	X	X	X	X	X	X
Activity 2.1.7: Identify and train Community Volunteers to conduct session on health/nutrition/HIV-AIDS/WASH and child care practices, as well as conduct regular nutrition screening and referral of children under 5 (boys and girls).	2016				X			X			X		
Activity 2.1.8: Organize Mother-to-Mother support groups at nutrition sites to facilitate open discussions and demonstrations, and utilize these peer group as a channel to further promote and protect adequate IYCF practices.	2016				X	X	X	X	X	X	X	X	X
Activity 2.1.9: Monitor nutrition situation and malnutrition trends through surveys and assessments in Warrap, NBeG and in conflict affected areas	2016				X	X	X	X	X	X	X	X	X

OTHER INFO

Accountability to Affected Populations

At the initial stages of project design(April), ACF will conduct consultation through FGD with community leaders, MoH, RRC with women representatives and youths. Male caregivers will be prioritized in health education session in the facilities while in the community sessions they will be combined. Accountability mechanisms geared to manage complaints and Feedback mechanism have been designed and put in place in all bases. ACF will reinforce and strengthen this mechanism in the next project cycle. ACF will contribute to the nutrition cluster objective through the CMAM intervention package. Prevention components that will contribute to ensuring that malnutrition incidence are reduced and relapse cases are minimized. The Capacity Building component will contribute to sound technical skills that will enable high standard quality services, and lastly nutrition assessments will guide decision maker to take formative action based on the reliable data.

Implementation Plan

ACF will align with Humanitarian Response Plan (HRP) 2016 through both nutrition specific and sensitive interventions in areas identified with the highest rates of undernutrition and vulnerable populations. Direct response for acute malnutrition cases through nutrition programming and scale up of integrated interventions in chronic high burden locations to treat and prevent malnutrition in vulnerable communities. ACF recognizes and responds to emergency needs in conflict affected areas through Multi-sectoral Emergency Team (MET) deployments; yet also strive to maintain programming in the current operation areas, given the chronic high malnutrition and high potential for deterioration if interventions are withdrawn at this crucial stage in high-burden areas. ACF will continue strengthening national/state coordination for capacity building and effective nutrition surveillance, integration with other sectors within ACF and the other clusters to ensure holistic nutrition response.
In Warrap and NBeG ACF proposes to extend the ongoing nutrition program to continue lifesaving CMAM actions in the communities throughout 2016 with support from Common Humanitarian Funds, ECHO, Unicef and other potential donors until December 2016. Our strategy is to translate findings from the Nutrition Causal Analysis conducted in 2011 in NBeG into integration of WASH and FSL activities over a project period of 9 months in order to maximize the impact of the nutrition interventions. In addition, ACF will throughout the course of this project cycle define a transition strategy toward institutionalization of the treatment of SAM with the health system to align with the Health Pool Fund program approach. During this transition strategy definition, partners (SMoH, CHD, local NGOs) that can be supported technically in the implementation of the nutrition services (indirect implementation) will be identified. ACF's national capacity building program (CMAM/IYCF) will possibly evolve toward a health system strengthening (HSS) approach in the future. Again, as part of its capacity building program, ACF will continue to train MoH and partners (at national, state and county levels) to boost knowledge and capacities on CMAM and IYCF. ACF will in the future pilot the feasibility of integrating SAM treatment in few PHCC/PHCU in order to ensure progressive institutionalization of SAM management in the health system in the coming years.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MSF-Belgium	Gogrial West– ACF operates OTP and TSFP centers where MSF-B provides health services and ACF caters for SAM and MAM treatment with health education component. All Malnutrition cases that MSF-H screened are referred to ACF while ACF refer all medical complication cases to MSF-B. MSF-B will withdraw from Gogrial town in 2016, when some services will be transferred to Kwajok Hospital and Gogrial will be run as PHCC by MoH. There is also possibility of another INGO health actor take over the Gogrial hospital and in that case ACF will continue the current collaboration.
World Vision in Kwajok and CCM in Turalei	Following the withdrawal of MSF-B from Gogrial, ACF aims at referring the most complicated medical cases to either WV supported hospital in Kwajok or CCM supported hospital in Turalei
MSF-France	Aweil Centre - ACF operates in the same hospital where MSF-F provides health services and ACF caters for Stabilization Centre with health education component. All Malnutrition cases that MSF-F screened are referred to ACF while ACF refer all medical cases to MSF-F
IRC	Aweil East – most of the ACF Nutrition sites and IRC Health Centres are located in the same locations where cross referral is currently done. IRC also has 12 OTP sites but they don't have TSFP program and therefore all the MAM children identified by IRC are referred to ACF TSFP centers in Aweil East.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Project taking into account the different needs for women, men, boys and girls from the initial stage of the needs assessment design, considering gender balance in the assessment interview and ensuring that questions are tailored according to the group. The project design involves representation of men and women from the community. Through the initial community awareness sessions, ACF will encourage both men and women to attend and further explain the importance of having both genders involved. To encourage male caregivers to attend, ACF will provide separate, tailored health/nutrition education to each group. Nutrition treatment targets directly children under 5 without discrimination between boys and girls. Variations of numbers between the 2 groups will be monitored to ensure immediate action is taken. ACF will arrange separate education sessions targeting men on exclusive breastfeeding & complementary feeding, to reduce taboos that discourages mothers not to feed their children.

Protection Mainstreaming

On protection: The ACF Child Protection Policy forms the basis of the organization's working practices in relation to the issue of child protection. These represent the core values and principles of our work with children, where their welfare is fundamental to our work;
Strive to understand and respect children within the local context in which they live.
All types of child abuse or exploitation are unacceptable.
All children regardless of gender, disability, ethnicity, social background, religious belief, or political view are equal.
All of ACF Representatives will endorse an environment of respect and trust with children recognizing them as individuals in their own right.
All concerns and allegations of child abuse will be taken seriously by all ACF representatives and responded to appropriately.
All relevant concerns expressed by children will be taken seriously by ACF representatives.
ACFIN will work in partnership with parents / caregivers, other organizations and professionals to ensure the safety of children.
All ACF offices will adhere to this policy, ensuring that it is translated into the local language in the country of operation. ACF will ensure safeguarding children through Recruitment and Selection activities, Code of Conduct, Training, Storage of images and information pertaining to children, Raising Awareness of child protection to ACF Representatives and through the implementation of the procedures laid out in this policy throughout the network of missions and Headquarters. It is the responsibility of all Country Directors within ACF to ensure that the policy is applied to the operations for which they are responsible and to ensure all ACF Representatives under their supervision understand the policy and are aware of their responsibilities within it. ACF beneficiaries, including children, will be made aware of this policy and their right to be protected from abuse. All ACF employees and volunteers will receive training in child protection and awareness at a level appropriate to their responsibilities. All work settings in ACF should take all steps necessary to promote safe environments for children. Representatives must feel able to raise concerns with their managers and Human Resources Director of the Managing Headquarters without fear of adverse consequence.
ACF should encourage an atmosphere in which children feel safe to share their fears and problems with ACF representatives.

Country Specific Information

Safety and Security

Security situation remains unstable despite the Peace Agreement signed in August 2015. Fighting's are ongoing in Unity, Upper Nile and Western Equatoria States with dramatic increase of criminality in Jonglei, Eastern Equatoria, Western Bahr El Ghazal and Central Equatoria. High tensions are reported for Northern Bahr El Ghazal and Warrap States. These events are limiting access to the most affected areas to humanitarian agencies and also pose a significant threat to the personal safety and security of humanitarian staff.
Implementation of Peace Agreement is low, despite local sources reporting the government and SPLM-IO have agreed a detailed plan for the JMEC, and a political roadmap that will result in the formation of a government of national unity in January 2016. Protracted disputes over the size of the SPLM/A-IO delegation have resulted in its arrival being repeatedly delayed. Clashes between government troops and the SPLM/A-IO continued despise the Peace Agreement signed. Fighting between SPLM-IO and government forces has increased in scale, frequency, and severity since September. The peace deal appears to have only temporarily slowed violence in the two-year civil war, which was already an inevitable consequence of annual rains that prevented large-scale operations during the summer. Efforts by the President to alter the political structure of South Sudan have also undermined the likelihood that the accord will be implemented.
The tension in the country is not solely a consequence of the political discussions currently taking place. Economically, the country continues to lurch in the wrong direction. The economic consequences of the decision by the Government to float the currency last week are unclear. While, it is likely that the flotation was a long overdue and necessary step, the potential consequences of the correction needed to adjust to the change have, at least in the short term, made life more difficult for ordinary people.
Specifically, the inflation of basic foodstuffs and fuel is likely to be severe. A Government auction of foreign currency to commercial banks earlier in the week appears to have had some impact on exchange rates however; it seems unlikely to have been sufficient to stabilize the situation in the longer term. The Government has promised salary increases, fuel subsidies and an adjustment of import/export duties but without a significant fresh injection of money it is difficult to see how they can fulfill these promises. A political settlement continues to remain the key to reversing the economic fortunes of the country.
Failure to deliver it in a timely fashion will further damage in the economy which will in turn affect social cohesion which will in turn make political accommodation more difficult.

Access

There is a high risk of escalation of the conflict preventing humanitarian access and large scale population movements resulting either from conflict or natural disasters like droughts and flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed. ACF security and logistic personnel will coordinate closely with logistic cluster to ensure that up to date information are gathered in a regular bases to come into an informed decision when deploying the team to conflict affected areas. ACF will also gather other information from different organizations present or had been in the location where ACF plans to respond. National and Local authorities will be contacted to explain ACF's objectives and activities and to solicit their support to gain access.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Nutrition Coordinator	D	1	7,333.00	9	8%	5,279.76
	This position will be based in Juba and will oversee quality in technical implementation of the project. The cost will cover salary and living benefits within the country.						
1.2	Nutrition Cluster Co-Lead	D	1	7,875.00	9	8%	5,670.00
	This position will be based in Juba and will support the Nutrition Cluster and MOH. The cost will cover salary and living benefits within the country.						
1.3	Deputy Nutrition Coordinator	D	1	7,821.00	9	8%	5,631.12
	This position will be based in Juba and will support the Nutrition Coordinator to oversee quality in technical implementation of the project. The cost will cover salary and living benefits within the country.						
1.4	Roving Nutrition Programme Manager	D	1	5,899.00	3	8%	1,415.76
	This staff will cover the project locations covered by this grant. S/he will provide technical support to the field teams. The cost will cover salary and living benefits within the country.						

1.5	Nutrition Program Manager	D	2	5,900.00	6	10%	7,080.00
	This position will be responsible for direct implementation of routine nutrition activities for the 9 months period.						
1.6	PQA Coordinator	D	1	7,500.00	6	8%	3,600.00
	This position will be based in Juba and will be responsible for the M& E activities and ensuring program quality.The cost will cover salary, social benefits and transport within the country.						
1.7	Advocacy Expert	D	0	0.00	0	100%	0.00
	This position will be based in Juba, covering all Program related advocacy activities with Government and NGOs. The cost will cover salary and living benefits within the country.						
1.8	Country Director	D	1	10,474.00	9	5%	4,713.30
	This position will provide the administrative and representational role needed for the project implementation						
1.9	Deputy Country Director	D	1	8,958.00	9	5%	4,031.10
	This position will provide the programmatic supervision for the implementation for the project implementation.						
1.10	Finance Coordinator	D	1	7,994.00	9	5%	3,597.30
	This is an essential support position necessary for the project implementation.						
1.11	Human Resource Coordinator	D	1	7,333.00	9	5%	3,299.85
	This is an essential support position necessary for the project implementation.						
1.12	Logistics Coordinator	D	1	8,097.00	9	5%	3,643.65
	This is an essential operational support position necessary for the project implementation.						
1.13	Supply Chain Manager	D	1	6,640.00	9	5%	2,988.00
	This is an essential operational support position necessary for the project implementation.						
1.14	Deputy Finance Coordinator	D	1	7,658.00	9	5%	3,446.10
	This is an essential support position necessary for the project implementation.						
1.15	Security Manager	D	1	7,875.00	9	5%	3,543.75
	This is an essential operational support position necessary for the project implementation.						
1.16	Expert Support (Log, Finance , HR)	D	1	0.00	0	100%	0.00
	This is an essential support position necessary for the project implementation.						
1.17	Field Coordinator Warrap	D	1	6,549.00	9	15%	8,841.15
	This is an essential support position necessary for the project implementation.						
1.18	Head of Base Warrap	D	1	6,061.00	6	5%	1,818.30
	This is an essential support position necessary for the project implementation.						
1.19	Field Coordinator NBEG	D	1	6,061.00	9	10%	5,454.90
	This is an essential support position necessary for the project implementation.						
1.20	Head of Base NBEG	D	1	5,795.00	9	5%	2,607.75
	This is an essential support position necessary for the project implementation.						
1.21	Nutrition National staffs Warrap	D	1	49,993.00	1	100%	49,993.00
	Medical Officer, Nurses, Nurse Aides, Nutrition supervisors, IYCF Animators, Community Nutrition Workers, data clerk, SC admin staff, M&E Officer						
1.22	Nutrition National staffs NBEG	D	1	68,535.00	1	100%	68,535.00

	Medical Officer, Nurses, Nurse Aides, Nutrition supervisors, IYCF Animators, Community Nutrition Workers, data clerk, SC admin staff, M&E Officer						
1.23	National support staff coordination office	D	1	16,476.00	9	5%	7,414.20
	Logistics managers, logistics officers, storekeeper, finance manager, finance assistant, HR officer, HR assistant, Office cleaner						
1.24	National support staff Warrap	D	1	12,695.00	9	15%	17,138.25
	Logistics managers, logistics officers, storekeeper, finance manager, finance assistant, HR officer, HR assistant, Office cleaner						
1.25	National support staff NBEG	D	1	14,299.00	9	10%	12,869.10
	Logistics managers, logistics officers, storekeeper, finance manager, finance assistant, HR officer, HR assistant, Office cleaner						
	Section Total						**232,611.34**
Supplies, Commodities, Materials							
2.1	OTP/SFP running costs & SC running costs Warrap	D	1	1,144.00	5	75%	4,290.00
	This is an essential project Costs necessary for the project implementation.						
2.2	Medical supplies and consumables (Q2) Warrap	D	1	10,000.00	1	50%	5,000.00
	This is an essential project Costs necessary for the project implementation.						
2.3	Community screening, IYCF promotion and mobilization warrap	D	8	100.00	5	75%	3,000.00
	This is an essential project Costs necessary for the project implementation.						
2.4	Nutrition program stationaries warrap	D	1	2,500.00	1	100%	2,500.00
	This is an essential project Costs necessary for the project implementation.						
2.5	Mother to mother training warrap	D	1	41.00	5	100%	205.00
	This is an essential project Costs necessary for the project implementation.						
2.6	Nutrition Staff/volunteer training and capacity building (Q3 & Q4) warrap	D	1	3,000.00	1	75%	2,250.00
	This is an essential project Costs necessary for the project implementation.						
2.7	National campaign (i.e. NID, SUN etc.) and FSNMS (Q3 & Q4) warrap	D	1	2,500.00	1	100%	2,500.00
	This is an essential project Costs necessary for the project implementation.						
2.8	Government staff transport and incentives (Q3 & Q4) warrap	D	10	10.00	5	100%	500.00
	This is an essential project Costs necessary for the project implementation.						
2.9	Smart Survey & Visibilty Warrap	D	1	11,050.00	1	100%	11,050.00
	This is an essential project Costs necessary for the project implementation.						
2.10	OTP/SFP running costs & SC running costs NBEG	D	1	1,207.00	5	100%	6,035.00
	This is an essential project Costs necessary for the project implementation.						
2.11	Medical supplies and consumables (Q2) NBEG	D	1	15,000.00	1	50%	7,500.00
	This is an essential programme Costs necessary for the project implementation.						
2.12	Community screening, IYCF promotion and mobilization NBEG	D	13	100.00	5	75%	4,875.00
	This is an essential project Costs necessary for the project implementation.						
2.13	Nutrition program stationaries NBEG	D	1	3,000.00	1	100%	3,000.00
	This is an essential prject Costs necessary for the project implementation.						
2.14	Mother to mother training NBEG	D	1	67.00	5	100%	335.00
	This is an essential project Costs necessary for the project implementation.						

2.15	National campaign (i.e. NID, SUN etc.) and FSNMS (Q3 & Q4) NBEG	D	1	2,500.00	1	100%	2,500.00
	This is an essential project Costs necessary for the project implementation.						
2.16	Government staff transport and incentives (Q3 & Q4) NBEG	D	10	10.00	5	100%	500.00
	This is an essential programme Costs necessary for the project implementation.						
2.17	Smart survey NBEG	D	1	20,000.00	1	50%	10,000.00
	This is an essential project Costs necessary for the project implementation.						
2.18	Visibility (Q2) NBEG	D	1	1,500.00	1	70%	1,050.00
	This is an essential project Costs necessary for the project implementation.						
2.19	Pharmaceuticals & Medical Supplies	D	1	40,000.00	1	20%	8,000.00
	This is an essential project Costs necessary for the project implementation.						
2.20	In-country freight	D	1	15,000.00	1	50%	7,500.00
	This is Travel costs needed for Project Implementation						
2.21	International freight	D	1	3,346.00	1	100%	3,346.00
	This is Travel costs needed for Project Implementation						
2.22	Customs & other import costs	D	1	1,000.00	1	100%	1,000.00
	This is an essential project Costs necessary for the project implementation.						
2.23	Loading/Unloading	D	1	2,000.00	1	100%	2,000.00
	This is an essential project Costs necessary for the project implementation.						
2.24	Visibility (Q2)	D	1	1,000.00	1	100%	1,000.00
	This is an essential project Costs necessary for the project implementation.						
2.25	Nutrition Staff/volunteer training and capacity building NBEG	D	1	4,000.00	1	75%	3,000.00
	This is an essential project Costs necessary for the project implementation.						
	Section Total						**92,936.00**
Equipment							
3.1	Laptop	D	1	1,300.00	1	100%	1,300.00
	This is an essential support costs necessary for the project implementation.						
3.2	VHF Radios	D	1	900.00	1	100%	900.00
	This is an essential support costs necessary for the project implementation.						
3.3	GPS Unit	D	1	450.00	1	100%	450.00
	This is an essential support costs necessary for the project implementation.						
3.4	NAS	D	1	1,800.00	1	100%	1,800.00
	This is an essential support costs necessary for the project implementation.						
3.5	UPS	D	1	500.00	1	100%	500.00
	This is an essential support costs necessary for the project implementation.						
3.6	Office furniture	D	1	15,000.00	1	10%	1,500.00
	This is an essential support costs necessary for the project implementation.						
	Section Total						**6,450.00**

Contractual Services							
4.1	Compound Security contract - coordination office	D	1	5,125.00	9	10%	4,612.50
	This is an essential support Costs necessary for the project implementation.						
4.2	Compound Security contract - Alek base	D	1	2,085.00	9	10%	1,876.50
	This is an essential support Costs necessary for the project implementation.						
4.3	Compound Security contract - Malualkon base	D	1	2,500.00	9	10%	2,250.00
	This is an essential support costs necessary for the project implementation.						
	Section Total						**8,739.00**
Travel							
5.1	Program staff national air travel	D	1	400.00	9	25%	900.00
	This is an essential support costs necessary for the project implementation.						
5.2	Support staff national air travel	D	1	400.00	9	25%	900.00
	This is an essential support costs necessary for the project implementation.						
	Section Total						**1,800.00**
General Operating and Other Direct Costs							
7.1	Office Stationery Coordination office	D	1	1,800.00	9	5%	810.00
	This is an essential support costs necessary for the project implementation.						
7.2	Office Supplies/Consumables Coordination office	D	1	1,200.00	9	5%	540.00
	This is an essential support costs necessary for the project implementation.						
7.3	Office Maintenance & Repair Coordination office	D	1	5,000.00	1	5%	250.00
	This is an essential support costs necessary for the project implementation.						
7.4	Office rent Coordination office	D	1	20,000.00	9	5%	9,000.00
	This is an essential support costs necessary for the project implementation.						
7.5	Communication costs (phone, satellite, internet) Coordination office	D	1	5,000.00	9	5%	2,250.00
	This is an essential support costs necessary for the project implementation.						
7.6	Generator fuel and maintenance Coordination office	D	1	3,000.00	9	5%	1,350.00
	This is an essential support costs necessary for the project implementation.						
7.7	Guest House Furniture and Supplies Coordination office	D	1	20,000.00	1	5%	1,000.00
	This is an essential support costs necessary for the project implementation.						
7.8	Rental Vehicle Coordination office	D	3	3,000.00	9	5%	4,050.00
	This is an essential support costs necessary for the project implementation.						
7.9	Security upgrades and equipment Coordination office	D	1	20,000.00	1	5%	1,000.00
	This is an essential support costs necessary for the project implementation.						
7.10	Staff Wellness & Development Cooridnation office	D	1	10,000.00	1	5%	500.00
	This is an essential support costs necessary for the project implementation.						
7.11	Legal and Banking Fees Coordination office	D	1	1,305.00	1	100%	1,305.00
	This is an essential support costs necessary for the project implementation.						

7.12	Office Stationery & Supplies Warrap office	D	1	1,050.00	9	10%	945.00
	This is an essential support costs necessary for the project implementation.						
7.13	Office Maintenance & Repair Warrap office	D	1	250.00	9	10%	225.00
	This is an essential support costs necessary for the project implementation.						
7.14	Communication costs (phone, satellite, internet) Warrap office	D	1	1,890.00	9	10%	1,701.00
	This is an essential support costs necessary for the project implementation.						
7.15	Generator fuel and maintenance Warrap office	D	1	2,860.00	9	10%	2,574.00
	This is an essential support costs necessary for the project implementation.						
7.16	Rental Vehicle Warrap office	D	1	3,000.00	6	10%	1,800.00
	This is an essential support costs necessary for the project implementation.						
7.17	Vehicle Operations Warrap office	D	3	6,000.00	9	10%	16,200.00
	This is an essential support costs necessary for the project implementation.						
7.18	Staff Wellness & Development Warrap office	D	1	10,000.00	1	10%	1,000.00
	This is an essential support costs necessary for the project implementation.						
7.19	Office Stationery & Consumables NBEG office	D	1	2,800.00	9	10%	2,520.00
	This is an essential support costs necessary for the project implementation.						
7.20	Office Maintenance & Repair NBEG office	D	1	500.00	9	10%	450.00
	This is an essential support costs necessary for the project implementation.						
7.21	Communication costs (phone, satellite, internet) NBEG office	D	1	2,300.00	9	10%	2,070.00
	This is an essential support costs necessary for the project implementation.						
7.22	Generator fuel and maintenance NBEG office	D	1	3,720.00	9	10%	3,348.00
	This is an essential support costs necessary for the project implementation.						
7.23	Rental Vehicle NBEG office	D	2	3,000.00	9	10%	5,400.00
	This is an essential support costs necessary for the project implementation.						
7.24	Vehicle Operations NBEG office	D	5	6,000.00	9	10%	27,000.00
	This is an essential support costs necessary for the project implementation.						
7.25	Staff Wellness & Development NBEG office	D	1	10,000.00	1	10%	1,000.00
	This is an essential support costs necessary for the project implementation.						
	Section Total						**88,288.00**
SubTotal			132.00				**430,824.34**
Direct							430,824.34
Support							
PSC Cost							
PSC Cost Percent							7%
PSC Amount							30,157.70
Total Cost							**460,982.04**
Total Audit Cost							**4,609.82**
Grand Total CHF Cost							**465,591.86**

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 -> Duk	2	500	4,500	2,808	3,042	10,850	Activity 1.1.1 : Provide therapeutic treatment for children (0-59 months) with SAM in both high burden and emergency states (21 OTP & 3 SC) Activity 1.1.2 : Conduct home visits to SAM children absent in the program for 2 consecutive weeks (defaulter tracing) Activity 1.1.3 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 1.2.1 : Provide treatment for children (6-59 months) with MAM in both high burden and emergency states (21 TSFP) Activity 1.2.3 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 1.2.4 : Conduct home visits to MAM children absent in the Program for 2 consecutive weeks (defaulter tracing) Activity 2.1.10 : Monitor participation/engagement of the affected community and other stakeholders through feedback and follow-up mechanism Activity 2.1.3 : Provide Vitamin A supplementation to children under 5 that are not in the nutrition program (i.e. TFP, TSFP) through routine and during National Immunization Days (NID) in collaboration with MoH. Activity 2.1.4 : Provide De-worming to children under 5 that are not in the nutrition program. Activity 2.1.5 : Provide Iron Folic Acid (IFA) Supplementation to Pregnant women. Activity 2.1.6 : Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, WASH and child care practices) at all nutrition sites for mothers and caregivers during each visit and at community level (Community leaders, prominent people, women and children) with awareness raising and education sessions conducted before MUAC screening exercises. Activity 2.1.7 : Identify and train Community Volunteers to conduct session on health/nutrition/HIV-AIDS/WASH and child care practices, as well as conduct regular nutrition screening and referral of children under 5 (boys and girls). Activity 2.1.8 : Organize Mother-to-Mother support groups at nutrition sites to facilitate open discussions and demonstrations, and utilize these peer group as a channel to further promote and protect adequate IYCF practices. Activity 2.1.9 : Monitor nutrition situation and malnutrition trends through surveys and assessments in Warrap, NBeG and in conflict affected areas

Northern Bahr el Ghazal -> Aweil East	50	2,802	13,787	16,269	17,625	50,483	Activity 1.1.1 : Provide therapeutic treatment for children (0-59 months) with SAM in both high burden and emergency states (21 OTP & 3 SC) Activity 1.1.2 : Conduct home visits to SAM children absent in the program for 2 consecutive weeks (defaulter tracing) Activity 1.1.3 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 1.2.1 : Provide treatment for children (6-59 months) with MAM in both high burden and emergency states (21 TSFP) Activity 1.2.2 : Provide treatment for acutely malnourished PLW through 21 TSFP Activity 1.2.3 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 1.2.4 : Conduct home visits to MAM children absent in the Program for 2 consecutive weeks (defaulter tracing) Activity 2.1.1 : Provide Blanket Supplementary Feeding (BSFP) for Children under 2 during hunger period Activity 2.1.10 : Monitor participation/engagement of the affected community and other stakeholders through feedback and follow-up mechanism Activity 2.1.2 : Provide Blanket Supplementary Feeding (BSFP) for Pregnant and lactating women (PLWs) during hunger period Activity 2.1.3 : Provide Vitamin A supplementation to children under 5 that are not in the nutrition program (i.e. TFP, TSFP) through routine and during National Immunization Days (NID) in collaboration with MoH. Activity 2.1.4 : Provide De-worming to children under 5 that are not in the nutrition program. Activity 2.1.5 : Provide Iron Folic Acid (IFA) Supplementation to Pregnant women. Activity 2.1.6 : Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, WASH and child care practices) at all nutrition sites for mothers and caregivers during each visit and at community level (Community leaders, prominent people, women and children) with awareness raising and education sessions conducted before MUAC screening exercises. Activity 2.1.7 : Identify and train Community Volunteers to conduct session on health/nutrition/HIV-AIDS/WASH and child care practices, as well as conduct regular nutrition screening and referral of children under 5 (boys and girls). Activity 2.1.8 : Organize Mother-to-Mother support groups at nutrition sites to facilitate open discussions and demonstrations, and utilize these peer group as a channel to further promote and protect adequate IYCF practices. Activity 2.1.9 : Monitor nutrition situation and malnutrition trends through surveys and assessments in Warrap, NBeG and in conflict affected areas

Warrap -> Gogrial West	48	2,192	11,181	13,311	14,420	41,104	Activity 1.1.1 : Provide therapeutic treatment for children (0-59 months) with SAM in both high burden and emergency states (21 OTP & 3 SC) Activity 1.1.2 : Conduct home visits to SAM children absent in the program for 2 consecutive weeks (defaulter tracing) Activity 1.1.3 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 1.2.1 : Provide treatment for children (6-59 months) with MAM in both high burden and emergency states (21 TSFP) Activity 1.2.2 : Provide treatment for acutely malnourished PLW through 21 TSFP Activity 1.2.3 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 1.2.4 : Conduct home visits to MAM children absent in the Program for 2 consecutive weeks (defaulter tracing) Activity 2.1.1 : Provide Blanket Supplementary Feeding (BSFP) for Children under 2 during hunger period Activity 2.1.10 : Monitor participation/engagement of the affected community and other stakeholders through feedback and follow-up mechanism Activity 2.1.2 : Provide Blanket Supplementary Feeding (BSFP) for Pregnant and lactating women (PLWs) during hunger period Activity 2.1.3 : Provide Vitamin A supplementation to children under 5 that are not in the nutrition program (i.e. TFP, TSFP) through routine and during National Immunization Days (NID) in collaboration with MoH. Activity 2.1.4 : Provide De-worming to children under 5 that are not in the nutrition program. Activity 2.1.5 : Provide Iron Folic Acid (IFA) Supplementation to Pregnant women. Activity 2.1.6 : Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, WASH and child care practices) at all nutrition sites for mothers and caregivers during each visit and at community level (Community leaders, prominent people, women and children) with awareness raising and education sessions conducted before MUAC screening exercises. Activity 2.1.7 : Identify and train Community Volunteers to conduct session on health/nutrition/HIV-AIDS/WASH and child care practices, as well as conduct regular nutrition screening and referral of children under 5 (boys and girls). Activity 2.1.8 : Organize Mother-to-Mother support groups at nutrition sites to facilitate open discussions and demonstrations, and utilize these peer group as a channel to further promote and protect adequate IYCF practices. Activity 2.1.9 : Monitor nutrition situation and malnutrition trends through surveys and assessments in Warrap, NBeG and in conflict affected areas

Documents

Category Name	Document Description