OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	World Relief
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100

Project Title :	Emergency Nutrition Intervention in Unity and Jonglei States (Koch County, Bentiu PoC and Fangak County)
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/103605	**Fund Project Code :**	SSD-17/HSS10/SA1/N/INGO/5104
Cluster :	Nutrition	**Project Budget in US$:**	492,121.26
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/04/2017	**Planned End Date :**	30/09/2017
Actual Start Date:	01/04/2017	**Actual End Date:**	30/09/2017

Project Summary :

In Unity State, Koch, Mayendit, Bentiu and Leer Counties have been the flashpoints in the conflict which has continued to uproot and displace households, where over 50 percent of the population is already internally displaced; ongoing conflict has caused new displacements in Koch, Mayendit, Rubkona, and Leer and into neighboring Jonglei state in December 2016. The convergence of evidence shows that the long term effects of the conflict coupled with high food prices, economic crisis, low agricultural production and depleted livelihood options have resulted to poor access to food and inadequate market functionality. Food insecurity is particularly severe among IDPs, the majority of whom are displaced to nearby swamps and lack access to food aid or basic health services. Most are surviving on wild foods and fish, and some have recently moved to Panyijiar and Fangak.

The internal and external conflicts always result in displacement of people thus increasing tensions and raising the level of vulnerability among county residents in competition for scarce resources. Levels of acute malnutrition remain critical in Koch and Bentiu POC as well as Fangak which has continued to bear influx of IDPs fleeing violence in unity state. An IPC report December2016 shows Extreme levels of food insecurity are expected across South Sudan through at least the first half of 2017. Food availability is likely to be lower than normal due to below-average production and volatile trade. Very high prices will further limit food access. Emergency (IPC Phase 4) outcomes already exist in several areas, including in Koch County. In February 2017, Koch County was declared as "famine likely to happen." This situation could exhaust their capacity to cope and be in Catastrophe (IPC Phase 5). Continued humanitarian assistance, improved access is therefore needed to save lives.

This project will support the call for scale up of nutrition activities in Bentiu POC, Koch and respond to nutrition needs by targeting IDPs and host communities in Fangak County. The project is designed to provide both preventive and curative services. Treatment of severe acute malnutrition (SAM) is provided to prevent children under five from death. Treatment of moderate acute malnutrition (MAM) aims to improve the health of children under five and pregnant and lactating women (PLWs), thereby reducing the prevalence of severe acute malnutrition. Awareness campaigns on topics including IYCF and hygiene promotion will be provided to the community. World Relief works closely with the Koch County Health Department (KCHD) to ensure that the community of Koch receives the needed services. UNICEF and WFP will provide food rations for the treatment of SAM and MAM in children and PLW in Koch County of Unity State. Children under five, and PLWs, as well as other vulnerable groups, will be screened in the community. Those found to be malnourished will be referred to OTP/TSFP for nutritional and medical assessment. Beneficiaries enrolled in the OTP or TSFP programs will be given bracelets to keep regardless of whether they are transferred to different components of the nutrition intervention or not. These bracelets will support in easier tracking of beneficiaries and avoiding duplication at multiple centers. Once the patients are discharged, the bracelets will be recovered. The bracelets will be color coded for each nutrition site. This SSHF funding will complement funds and/or GIKs from other donors, namely Unicef, WFP and OFDA.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
5	2,275	6,945	6,601	15,826

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	2	0	0	0	2
Internally Displaced People	3	0	0	0	3
Children under 5	0	0	6,945	6,601	13,546
Pregnant and Lactating Women	0	2,275	0	0	2,275

Indirect Beneficiaries :

41,605 (members in the families of targeted children)

Catchment Population:

285,000 (population of the Target counties)

Link with allocation strategy :

The project will adopt an approach of mobile interventions as well as rapid response teams to support in cases where access becomes a challenge especially in Koch County. The project will be following the populations in their areas of displacement and ensure that lifesaving support continues to be offered without interruption as much as possible. Coverage will therefore be expanded. There will be collaboration with the SMOH, WFP and UNICEF to provide services that respond to the emergency levels of malnutrition and the growing number of IDPs in the project areas. These life-saving interventions will provide critically needed outpatient therapeutic care programming (OTP) and targeted supplementary feeding (TSF) programming to children under five, PLWs, older people and other special cases such as disabilities and cases with compounding medical conditions. (This will relate to cluster objective # 1 and 2). Nutrition objective #1 states: Deliver quality lifesaving management of acute malnutrition for at least 70% of SAM and 75% of MAM in girls and boys 6-59 months, PLW and the elderly. For the three target intervention areas Koch, Bentiu POC and Fangak, WR will target a total of 3578, boys and girls for SAM cases; 9973 boys and girls MAM cases; 2275 PLW and manage 80 cases will be targeted for inpatient care at the stabilization center, including elderly living in the malnutrition high burden states. Needs analysis and reporting will be carried out with nutrition partners and health actors for intervention and integration. This will include the community leaders and churches in the area. Continued awareness and counseling on IYCF will be provided to care takers admitted in nutrition centers and community at large. This will relate to Nutrition objective #2 which states: Increased access to integrated programs preventing under-nutrition through IYCF for at least 60% PLW, 90% Vit A coverage for Under five children, BSFP for 30% under-fives and 40% PLW. SMART survey and reporting will be conducted when situation allows in Koch county and if unfeasible mass screenings and other rapid assessments will continue to be carried out regularly and reports shared with partners. Weekly/monthly report will be collected from nutrition centers, the report will be shared with partners for nutrition monitoring and program performance, this relates to Nutrition objective # 3 which states: Ensure enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of response.

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	82,854.66
	82,854.66

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

Conflict continues to be a major driver of food insecurity through population displacements and looting and general destruction of property and sources of livelihoods. Communities in Koch County and in the POC not only were not able to plant crops for the last rain season, they also lost nearly 100% of their livestock. Livestock was a major source of livelihood for these communities; milk produced by the cows was a main source of nutritious food the children and the household at large. Livestock could also be sold to cover some hunger gap expenses. The loss of livestock by these communities has therefore come as a big shock which the community struggling to recover from. Last year harvest was poor especially in Fangak county mainly due to heavy flooding that destroyed most of the crops resulting to no harvest or below average in most areas. Recent nutrition results of surveys conducted between September and November 2016 show GAM prevalence at Crisis (IPC Phase 3) or Emergency (IPC Phase 4) thresholds in all regions. In Fangak county, a SMART survey conducted in August 2016 shows prevalence of malnutrition (GAM) to be 17.2 (15.4 -19.0 95% C.I) which is above the 15% WHO critical level for emergency. These results indicate a worsening nutrition situation. Report from IPC shows that an estimated 3.9 million people (3.1 million in Crisis and 800,000 in Emergency) 0r 34% of the population are classified as severely food and nutrition insecure and were unable to meet their food needs in September 2015, a time of year which is supposed to be much more food secure. This is an 80% increase compared to the same period last year. Of extreme concern are the estimated 30,000 people in Unity State who are experiencing Catastrophe and are likely to deteriorate into famine in the absence of urgent and immediate humanitarian access. The long-term effects of the conflict coupled with high food prices, erratic rainfall patterns, depleted livelihood options and limited humanitarian access continue to put pressure on households' food security.The food security situation of an estimated 30,000 people in Unity State (particularly Leer, Guit, Koch and Mayendit counties) is extremely concerning as there is likelihood of a famine occurring in the next few months if urgent humanitarian access is not provided. The IPC report 20th Feb 2017, as corroborated by anecdotal evidence and field monitoring shows that Koch is at elevated likelihood of sliding into famine if urgent action is not taken to avert this. It is projected that from February to July 2017, Koch County will be in famine status. Limited but reliable evidence from recent assessments shows displaced households facing huge consumption gaps, with some households facing catastrophic food security conditions reducing consumption to as little as one meal per day consisting of only fish and water lilies. As the dry season settles in and fish and water lilies start to disappear, the situation is projected to worsen.

Ongoing insecurity will also impede both trade activities and the delivery of humanitarian assistance in many areas. only minimal amounts of aid are being distributed in to conflict affected areas Guit, Koch, Leer, or Panyijiar, In these counties, it is unlikely most displaced households will be able to cultivate and, therefore, many will continue to rely primarily on fish and wild foods to survive. For those who cultivate, it is likely ongoing conflict will disrupt agricultural activities and access to farms. Food availability is expected to remain low and ongoing conflict is likely to continue restricting food access. According to FEWSNET report released February 2017, It is possible some households could face extreme food consumption gaps between February and May 2017 and be in Catastrophe (IPC Phase 5).

2. Needs assessment

A SMART survey conducted by ACF in Bentiu POC May 10th-15th, 2016 shows GAM of17.9% (15.3 – 10.9, 95% CI) and 4.5% (3.2 – 6.4, 95% CI). Indicating the situation in these counties of origin is likely to be worse. Similarly, the surrounding counties show above Emergency level malnutrition thresholds (GAM >15%). There is great need to prevent morbidity and mortality due to malnutrition through provision of supplementary feeding. IPC report 20th Feb 2017 shows that Koch is at elevated likelihood that Famine was happening and from February to July 2017, Koch is classified as Famine likely to happen. The latest Standardized Monitoring Assessment on Relief and Transition (SMART) survey was conducted in the County in March 2016. The survey revealed a critical state of malnutrition in the county according to WHO 2006 classification with a global acute malnutrition rate of 21.0% (18.2-24.1 95% CI) and severe acute malnutrition (SAM) prevalence (WHZ<-3 and/or oedema) 4.6% (3.3- 6.2 95% CI), including two (0.3%) oedema cases. High mortality rates (both CMR and U5MR) above the WHO's alert thresholds of 1/10,000/day and 2/10,000/day were reported. The crude mortality rate (CMR) was 4.11 (95% CI: 3.22 – 5.24) while under five mortality rate (U5MR) was 3.39 (95%CI; 2.19 – 5.23). The food security situation in Koch County was also a concern as more than half of the assessed households reported borderline (32.2%) or poor (39.7%) food consumption scores based on 7-day recall. A high prevalence of morbidity (55%) was also reported in the assessment.

The IPC report of December 2016 classifies Fangak as crisis status with possibility of deteriorating into emergency. WR had a food security and Nutrition intervention in Fangak for 2016. The food security situation in the county remains dire, but these interventions went a long way in ensuring that the food security and nutrition status in the county did not fall into emergency or catastrophic status UNOCHA's REACH project classified Fangak as one of the areas likely to be food insecure basing outcome on data estimates collected with the area of knowledge approach methodology. Access to agriculture inputs and access to agriculture land. WFP has intervened with food aid following the IDPs influx in December 2016. However with the poor harvest experienced du Following indicators were used:-Presence of food, presence of functioning markets, during the last season, most families have depleted stocks and have nothing left other than depending on wild fruits (lalop) and fishing which is not culturally a traditional practice of the Nuer community.

In August 2016 a SMART survey conducted in New Fangak county shows prevalence of malnutrition (GAM) to be 17.2 (15.4 -19.0 95% C.I) which is above the 15% WHO critical level for emergency. The prevalence of SAM was 3.4 % (2.6 - 4.6 95% C.I.) The Crude Mortality Rate was found to be 0.89 (0.54-1.47 95% CI)/10000/day (design effect 1.7) which is below the 1/10000/day threshold for alert level according to WHO standards. The under five death rate was 1.09 (0.43-2.74 95% CI)/10000/day (design effect 1.44) which is below the 4/10000/day threshold for alert level. The study also found high prevalence of morbidity at 39.6% and diarrhea at 36.6%. With regard to WASH, a massive proportion of the households surveyed (98.4%) did not have latrines and did not treat water (96.6%). Additionally, significant population (47.3%) did not wash hands after visiting the toilet and before eating.

3. Description Of Beneficiaries

Beneficiaries will be identified through screening of children under five (approximately 20,400 boys and 15,600 girls) and (approximately 6,000) PLW in targeted communities. Children under five with acute malnutrition who meet the OTP criteria of admission (Bilateral pitting oedema + and ++ or Muac <115mm or WFH<-3Z-score with appetite and clinically alert) will be admitted in OTP. Stabilization centers (SC) will target children under five with severe acute malnutrition with medical complications. The criteria for admission will include: Bilateral pitting oedema + or ++ or MUAC <115mm WFH<-3Z-score with a medical complication. TSFP will target boys and girls aged 0-59 months, pregnant and lactating women and other vulnerable groups. TSFP under-five criteria; MUAC >115mm<125mm or WFH>_-3Z-score and <-2 z-score and appetite/clinically well. PLW will be admitted with MUAC <23mm during third trimester and <23mm lactating women with infants < 6months. Beneficiaries will be inked to indicate their participation in the program and avoid duplication. The project will deworm children under five enrolled in the feeding program. The project is expected to provide counseling to about 800 men and 6,400 women on IYCF practices.

WR will provide Out-patient Therapeutic Care (OTP) to severely malnourished children without complications and Targeted Supplementary Feeding Program (TSFP) in all nutrition sites both PHCC/U and standalone sites in Koch and Fangak County. Where there is no facility, WR will use health mobile teams. The nutrition staff and volunteers will conduct the screening and monitoring activities with beneficiaries, and will distribute the RUTF and CSB++. If simple complications are diagnosed, the beneficiary will be referred to the nearest PHCC/SC. Beneficiaries already enrolled in the OTP/TSFP program will be screened for complications by nutrition staff and volunteers during each visit; if diagnosed with a complication, the beneficiary will be referred to the PHCC/SC for treatment. OTP/TSFP discharge criteria for this project will follow CMAM guidelines. Patients discharged “non-cured” will have been visited at their current place of residence to investigate compliance with the course of RUTF and other factors (hygiene practices, etc.). These patients will be referred to a health facility for evaluation. Upon discharge, patients will be referred to the supplementary feeding program. The project will track children transferred between program components (PHCC, OTP and SFP).

Admission criteria for children 6-50 months without complications (who are alert, clinically well, and have an appetite), is a MUAC of <115mm or bilateral pitting oedema (+ or ++). Children with complications beyond the level of care available at the OTP/TSFP would be referred to the nearest health facility. Follow up home visits by nutrition staff/volunteers to children enrolled in OTP/TSFP will occur according to the OTP/TSFP action protocol. All children discharged from the OTP will be referred to the TFSP, where they will be enrolled for a minimum of 2 months or longer if they do not attain the discharge criteria by then. CNVs will regularly visit the households of children discharged from the OTP to observe the child’s condition and provide continued training to the caretakers on issues such as breastfeeding, dehydration, weaning foods, and hygiene and sanitation practices, as well as protection, trauma, and SGBV. WR staff and volunteers will promote monthly screening events where caretakers can bring their children under age 5 to be checked for eligibility in the OTP/TSFP using MUAC. These screenings will occur in different areas of the project area, to keep the travel distance short for beneficiaries, in order to minimize the risks that they are exposed to. New cases will also be identified by health workers as they see sick children in clinics and evaluate them for admission to the nutrition

4. Grant Request Justification

World Relief is the primary contributor of humanitarian assistance in Koch County and now supporting other partners in Bentiu POC in the fight to reduce malnutrition among IDPs and host community. In Koch, WR is the only nutrition partner for both Unicef and WFP. With the recent concept of the Health Pooled Fund of one implementing partner per county World Relief is the implementing partner in Koch County. World Relief was supporting 10 nutrition sites in Koch County before the May 2015 conflict and plans to re-establish static presence in the county starting January 2016 and re-opening all accessible sites. In Bentiu POC, WR has 2 nutrition sites, one transit site in Sector 5 and a static site in sector 2. World Relief works in partnership with Koch County Health Department to provide primary health care services in 7 health facilities supported by the Health Pooled Fund. World Relief has developed strong working relationships with partners. Due to continued conflict in many parts of South Sudan, levels of acute malnutrition remain critical in Koch and Bentiu POC as well as many parts of Unity state. Data from Bentiu Protection of Civilian (PoC) camp shows Global Acute Malnutrition (GAM).

A SMART survey conducted by ACF in Bentiu POC May 10th-15th, 2016 shows GAM of17.9% (15.3 – 10.9, 95% CI) and 4.5% (3.2 – 6.4, 95% CI). Indicating the situation in these counties of origin is likely to be worse. Similarly, the surrounding counties show above Emergency level malnutrition thresholds (GAM >15%). There is great need to prevent morbidity and mortality due to malnutrition through provision of supplementary feeding. IPC report 20th Feb 2017 shows that Koch is at elevated likelihood that Famine was happening and from February to July 2017, Koch is classified as Famine likely to happen. The latest Standardized Monitoring Assessment on Relief and Transition (SMART) survey was conducted in the County in March 2016. The survey revealed a critical state of malnutrition in the county according to WHO 2006 classification with a global acute malnutrition rate of 21.0% (18.2-24.1 95% CI) and severe acute malnutrition (SAM) prevalence (WHZ<-3 and/or oedema) 4.6% (3.3- 6.2 95% CI), including two (0.3%) oedema cases. High mortality rates (both CMR and U5MR) above the WHO’s alert thresholds of 1/10,000/day and 2/10,000/day were reported. The crude mortality rate (CMR) was 4.11 (95% CI: 3.22 – 5.24) while under five mortality rate (U5MR) was 3.39 (95%CI; 2.19 – 5.23). The food security situation in Koch County was also a concern as more than half of the assessed households reported borderline (32.2%) or poor (39.7%) food consumption scores based on 7-day recall. A high prevalence of morbidity (55%) was also reported in the assessment. World Relief is hereby requesting for funding to save lives to minimize morbidity and mortality due malnutrition as a results of famine.

Bentiu PoC Site Profile | 16 - 31 October 2016 Movement Trend Tracking shows that out of 977 people who enter Bentiu POC 546 came from Koch county.. This shows that the humanitarian situation in Koch is deteriorating with most households’ immediate need being food. Majority of households having for the POC mainly due to luck of food; conflict and long standing tension over cattle raids between youths from other neighboring locations World Relief would wish to contribute to reduction of morbidity and mortality due to malnutrition among the community of Koch and IDPs in Bentiu POC through provision of nutrition services.

5. Complementarity

In order to prevent overlap and reduce gaps in the delivery of humanitarian assistance, WRSS is active in cluster coordination meetings at both the national and state level. World Relief is working together with other partners to avoid excess mortality and morbidity due to famine and related food insecurity. The engagement helps to achieve unified humanitarian response towards national development and humanitarian objectives and ensures that interventions address agreed priority needs. WRSS will continue to attend the coordination meetings that are held bi-weekly in the POC where the successes and challenges faced by implementing agencies are discussed. Further coordination is through one on one consultation with partners where specifics issues are discussed. WRSS participates in surveillance and rapid interagency assessments. Furthermore, WRSS participates in various technical working groups with the nutrition cluster. WRSS will report feeding center data and survey data to the Nutrition Cluster to ensure that data from the project area is included in broader trend analysis.

WRSS, in partnership with the CHDs, HPF, WFP, UNICEF, and CHF will provide nutrition services to respond to emergency levels of malnutrition and the growing number of IDPs in the project area by providing critically needed outpatient therapeutic care programming and targeted supplementary feeding. WRSS is currently working in both health and nutrition in Koch and Bentiu POC and food security and livelihood in Fangak. However, WRSS coordinates with stakeholders in the WASH Cluster (IRC, WVI and MoH) for effective information sharing and response to humanitarian needs. WRSS will work closely with Christian Mission Aid (CMA), the organization that is managing health clinics in Fangak in Jonglei state, to scale up integration of the CMAM approach into the CMA operated health facilities which have no nutrition component.

As part of World Relief's work in Agriculture and Food Security, WRSS will support households with malnourished children with seeds and tools for kitchen vegetable gardening. WRSS will coordinate activities closely with MoH, UNICEF and WFP for support with nutritional guidelines, training of staff and provision of gift-in-kind seeds and tools. In coordination with the Education WRSS provides emergency school feeding, life-skills messages and referrals and access to quality education for children, young people and adults affected by conflicts integrating health nutrition and education.

LOGICAL FRAMEWORK

Overall project objective

To reduce morbidity and mortality in the vulnerable targeted population by treating of SAM cases in girls and boys 6-59 months and MAM cases in girls and boys aged 6-59 months, pregnant and lactating, older people and other vulnerable groups.

NUTRITION		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Increase access to integrated programmes preventing under nutritionfor the most vulnerable and at risk.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	20
Ensure enhanced analysis of the nutrition situation and robust monitoring and coordination of emergency nutrition responses.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	15
Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	65

Contribution to Cluster/Sector Objectives : This project will be by admitting and treating severely and moderately malnourished children (boys and girls) under five and PLW to OTP/TSFP and SC. WR will collaborate closely with SMOH, WFP and UNICEF to provide services that respond to the emergency levels of malnutrition and the growing number of IDPs in the project areas by expanding nutrition activities in static sites and including mobile interventions in areas where there are no nutrition sites. Screening in the community for early detection of malnutrition will be carried out continuously. All services will be provided in line with the CMAM approved guidelines. This includes screening patients for malaria and integrating ICCM distributors into nutrition sites to treat children who test positively. An improved referral system will be introduced to enable maximum care of beneficiaries as long as is needed. . Facilitation of capacity development will be done to strengthen local staffs and stakeholders (nutrition volunteers/lead mothers) knowledge on management of malnutrition. Linkages with other sectors like health, WASH and FSL, where applicable, and outreach on key topics such as hygiene promotion, diarrhea and malaria reduction, and IYCF will be promoted to increase effectiveness and integration of the nutrition program. Weekly supervision and monitoring of the nutrition services will be enhanced with the objective of improving quality of service at each site.

Monitoring of the project will be carried throughout the project life using existing MoH systems. Weekly and monthly reporting will be part of the monitoring system. A Nutrition SMART survey will be conducted during pre and post-harvest to check the condition of the community and informed the program accordingly. Engagement and strengthening of Boma Health Committees and discussions with key community leaders will be undertaken for better management of the project. Project beneficiaries have opportunities to express feedback or greivances through the Boma Health Committees or through anonymous comments boxes housed at each facility.

Outcome 1

Increased access to Community Management of Acute Malnutrition (CMAM) services for children under five and pregnant and lactating women according to the SPHERE standards.

Output 1.1

Description

Admission of boys and girls aged 6-59 months with severe acute malnutrition for treatment to OTP nutrition centers

Assumptions & Risks

Security permits access; teams are able to reach remote areas not in the regular OTP locations.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			1,280	1,347	2,627
Means of Verification : Feeding center registers							
Indicator 1.1.2	NUTRITION	[Frontline] Number of nutrition sites providing integrated OTP and TSFP services in the same site					16
Means of Verification : Project reports, photographs							
Indicator 1.1.3	NUTRITION	[Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services					75
Means of Verification : Feeding center registers							
Indicator 1.1.4	NUTRITION	[Frontline] Percentage of SAM children defaulted (defaulter rate) out of the total discharged from TFP (OTP/SC					15
Means of Verification : Feeding center registers							
Indicator 1.1.5	NUTRITION	Percentage of SAM discharged death (death rate) out of the total discharged from OTP/SC services					3
Means of Verification : Feeding center registers							
Indicator 1.1.6	NUTRITION	Number of girls and boys (6-59 months) referred to Stabilization Center for SAM with medical complications					10
Means of Verification : Feeding center registers							
Indicator 1.1.7	NUTRITION	Number of healthcare workers trained on CMAM					40
Means of Verification : Training attendance records							

Activities

Activity 1.1.1

Conduct screening campaigns using MUAC and referral of SAM cases to nutrition center

Activity 1.1.2

Treatment of SAM cases

Activity 1.1.3

Mobilize CNVs to conduct defaulter and absentee tracing for SAM to reduce default rates

Activity 1.1.4

Make referrals to Stabilization Center for boys and girls with SAM with medical complications

Activity 1.1.5

Train healthcare workers on CMAM protocols

Activity 1.1.6

Conduct malaria testing and treatment for boys and girls admitted in OTP

Activity 1.1.7

Integrate an ICCM distributor to treat children with malaria in each Koch nutrition site

Output 1.2

Description

Admission of boys and girls aged 0-59 months with moderate acute malnutrition for treatment to TSFP nutrition centers

Assumptions & Risks

Security permits access; teams are able to reach remote areas not in the regular TFP locations.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			2,851	2,763	5,614
Means of Verification : Feeding center registers							
Indicator 1.2.2	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		2,661			2,661
Means of Verification : Feeding center registers							
Indicator 1.2.3	NUTRITION	[Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services					75
Means of Verification : Feeding center registers							
Indicator 1.2.4	NUTRITION	[Frontline] Percentage of MAM children died (death rate) out of the total discharged from TSFP					3
Means of Verification : Feeding center registers							
Indicator 1.2.5	NUTRITION	Percentage of MAM discharged defaulted (default rate) of the total discharged from TSFP services					15
Means of Verification : Feeding center registers							

Activities

Activity 1.2.1

Conduct screening campaigns using MUAC and referral of MAM cases to nutrition center

Activity 1.2.2

Treatment of MAM cases

Activity 1.2.3

Provide micronutrient supplementation and deworming to boys and girls aged 0 59 months admitted in MAM program

Activity 1.2.4

Ink beneficiaries for identification and to avoid duplication of treatment

Output 1.3

Description

Appropriate infant and young child feeding (IYCF) practices promoted

Assumptions & Risks

People are open to learning and changing behavior even in high stress situations

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	25	25			50
Means of Verification : Training attendance records							
Indicator 1.3.2	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		6,400			6,400
Means of Verification : Field reports, feeding center registers *800 men are also expected to be reached.							
Indicator 1.3.3	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					20
Means of Verification : Group lists, field reports							
Activities **Activity 1.3.1**							
Conduct education awareness on IYCF in the community to PLW and care takers of children 0-23 months							
Activity 1.3.2							
Organize Mother's groups and target them with IYCF behavioral change messages							
Activity 1.3.3							
Train healthcare workers on IYCF							
Activity 1.3.4							
Conduct quarterly focus group discussions in order to involve community members in program planning and to gather feedback on the program							
Activity 1.3.5							
Create awareness on GBV to pregnant and lactating women through mother to mother support group							
Activity 1.3.6							
Create awareness to the community on GBV during mass health education in the community							
Activity 1.3.7							
Refer victims of GBV to health facilities for treatment and counseling							
Outcome 2							
Comprehensive understanding of the scope of malnutrition in Koch County							
Output 2.1							
Description							
SMART survey conducted in Koch County							
Assumptions & Risks							
Security situation and authorities permit for SMART survey to be conducted in Koch County							
Indicators							

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of pre and post SMART surveys undertaken					1
Means of Verification : Survey report							
Activities **Activity 2.1.1**							
Design survey							
Activity 2.1.2							
Recruit and train survey enumerators							
Activity 2.1.3							
Gather, compile, analyze data, and use it to enhance decision making, planning and monitoring of nutrition projects in the county							
Additional Targets :							

M & R

Monitoring & Reporting plan

WRSS will use the raw data described above to monitor progress through monthly and quarterly project reports. Relevant information will be fed back into the Nutrition clusters to ensure that all relevant actors are updated on the food security status of the field locations. Systems for mobile communication via satellite phone and internet between implementation sites and WRSS Project Managers will be established from the onset. This will ensure that managers are able to communicate with implementing staff, up-to-date information is communicated to and from the field, and complaints and concerns can be raised. WRSS will also develop a feedback mechanism for beneficiaries. Comment boxes will be made available in all implementation sites to allow beneficiaries to provide feedback directly to WRSS. Additionally, CNVs will be able to receive feedback from participants during Home Visits in settings where participants feel comfortable sharing their comments.

In order to manage quality of the data in the reports, data will be collected from each feeding center site, and the synthesized monthly and quarterly reports will be sent to the Program Director and Country Director at the Juba Office and the Program Officer and Maternal and Child Health Specialist at the Home Office, in order to be entered into World Relief's impact measuring system. Throughout the duration of the program, the Nutrition Program manager will visit the Feeding Center sites to observe data collection methods and provide additional training and assistance where necessary. Additionally, one Home Office technical staff will make site visits to track project success, review data, and speak with the community and local officials. Findings of all reports, site visits, meetings, and feedback will be used to adjust program implementation to ensure that program results will be achieved.

In order to ensure that the needs of men and women are considered equally during the implementation of the project, WRSS will collect data that is disaggregated by age and gender. By doing so, WRSS will actively work towards reducing the marginalization of women in project delivery. When conducting monitoring visits, WRSS will ensure that both men and women are able to speak about the implementation of the project.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct screening campaigns using MUAC and referral of SAM cases to nutrition center	2017					X	X	X	X	X			
Activity 1.1.2: Treatment of SAM cases	2017					X	X	X	X	X			
Activity 1.1.3: Mobilize CNVs to conduct defaulter and absentee tracing for SAM to reduce default rates	2017					X	X	X	X	X			
Activity 1.1.4: Make referrals to Stabilization Center for boys and girls with SAM with medical complications	2017					X	X	X	X	X			
Activity 1.1.5: Train healthcare workers on CMAM protocols	2017					X	X						
Activity 1.1.6: Conduct malaria testing and treatment for boys and girls admitted in OTP	2017				X	X	X	X	X	X			
Activity 1.1.7: Integrate an ICCM distributor to treat children with malaria in each Koch nutrition site	2017					X	X	X	X	X			
Activity 1.2.1: Conduct screening campaigns using MUAC and referral of MAM cases to nutrition center	2017				X	X	X	X	X	X			
Activity 1.2.2: Treatment of MAM cases	2017					X	X	X	X	X			
Activity 1.2.3: Provide micronutrient supplementation and deworming to boys and girls aged 0 59 months admitted in MAM program	2017					X	X	X	X	X			
Activity 1.2.4: Ink beneficiaries for identification and to avoid duplication of treatment	2017				X	X	X						
Activity 1.3.1: Conduct education awareness on IYCF in the community to PLW and care takers of children 0-23 months	2017					X	X	X	X	X			
Activity 1.3.2: Organize Mother's groups and target them with IYCF behavioral change messages	2017					X	X						
Activity 1.3.3: Train healthcare workers on IYCF	2017					X	X						
Activity 1.3.4: Conduct quarterly focus group discussions in order to involve community members in program planning and to gather feedback on the program	2017						X			X			
Activity 2.1.1: Design survey	2017				X	X							
Activity 2.1.2: Recruit and train survey enumerators	2017				X								
Activity 2.1.3: Gather, compile, analyze data, and use it to enhance decision making, planning and monitoring of nutrition projects in the county	2017					X							

OTHER INFO

Accountability to Affected Populations

WRSS is strictly adhering to Humanitarian standards in involving the beneficiaries in all the process of the project life span. The beneficiaries fully involve in the problem identification, prioritization and selection of the sites. This involvement will also continue in the course of the implementation and Monitoring & Evaluation of the project. WRSS will also continuously collect the feedback from the beneficiaries and the health facilities provide timely updates and incorporate the feedback from the communities. The beneficiaries will specifically involve in the quality improvement of the services through the feedback mechanisms.

Implementation Plan

This project will be implemented for six months starting from April 1, 2017 through September 30, 2017. World Relief will work closely with the Ministry of Health and County Health Departments on all technical matters and procure all required project inputs and supplies with a set procurement and implementation schedule as set out in the work plan. The project staff further develop a detail action plan and detail trip plan for each month to enhance project activities implementation. The Nutrition sector will closely work with health facilities located in Koch and Mayom Counties, and the project staff will identify the necessary inputs and supplies in consultation with the health facilities in accordance with the plan and request for delivery of the required inputs and supplies. The requested supplies will be delivered to implementation sites within the required time frame by WFP and UNICEF. Capacity-building activities, especially for the Ministry of Health and County Health Departments are key to program implementation and long-term sustainability of project activities. WRSS reaches communities directly through needs assessments and surveys as well as through community meetings and feedback mechanisms at project sites. Community members continue to stress the need for assistance with a commitment to participate in project activities.

World Relief's operation in South Sudan is directed by a Country Director. The Program Director along with the Senior Health and Nutrition Program Manager and other Nutrition Program Managers and staff are responsible for overall management of this project and are supported by a Finance Manager, M&E Coordinator and logistics and administration staff. The Senior Health and Nutrition Program Manager, assisted by the Clinical Health and Nutrition Technical Advisor from World Relief's Home Office will ensure proper planning, implementation, and M&E of the project activities. This will be mainly done in conjunction with field Area Coordinators, Nutrition/OTP Nurses and Medical Assistants based at the health facilities and Community Nutrition Volunteers based at respective operational villages. A Program Officer, also based at the Home Office in Baltimore, will also support the project, particularly with reporting and monitoring, the project activities are mainly implemented through the health facilities managed by World Relief in the specified counties.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

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

The project is designed to contribute significantly to gender equality. Boys and girls will be admitted into the program, Men and women will be trained as community volunteers without prejudice. The village health committee will be formed and will include men and women representatives. Mothers' groups will be formed which will include men and women. The Mothers' Groups are used as an avenue for providing education on Infant and Young Child Feeding practices and serve as a gateway for mothers to access OTP or TSF for their children in need or treatment. During mass campaign awareness, both men and women will attend the campaign. All activities will include men and women thus significantly contributing to gender equality.

Protection Mainstreaming

Protection will be mainstreamed across this project to mitigate any risk, harm, abuse and exploitation faced by the target population. Consultation with the CHD and other stakeholders will determine the locations of service implementation, taking into consideration safe spaces that are accessible to the largest number of beneficiaries. Minimizing the distances that people have to travel to receive services minimizes the risk of beneficiaries being targeted by armed groups on the way to and from accessing services. Girls and women are often raped while they travel long distances to fetch water in most cases crossing forest and bush areas. The project will minimize the chance of this threat to girls and women by improving sanitation access through latrine promotion and de-stigmatization of using latrines by women and girls.

Gender-based violence has unfortunately been increasing in South Sudan, having been sanctioned by certain armed groups as a tactic of war. WRSS is serious about the prevention of sexual exploitation and abuse (PSEA), including the demands for sex in exchange for goods or services. All staff are trained on PSEA and must sign on to the organization's established policies and code of conduct. WRSS will also build the capacity of the health facilities to treat women and girls who are survivors of rape and other incidents of sexual or gender-based violence. CHD staff at selected facilities will undergo refresher training for the clinical management of rape and psychological first aid so they are able to provide services to survivors.

Additionally, WRSS is an active Child Protection member in Bentiu PoC and with the experiences in education intervention in Koch County, World Relief intends to provide child protection services through analysis of barriers to accessing services. WRSS will use the lessons learned from Bentiu PoC (Protection of Civilian) & Koch County through community-based protection mechanisms in order to use pilot and tools and training modules adapted to South Sudan to establish, strengthen and support child protection mechanisms and families to better protect their children through identification of the most vulnerable children and through psychosocial support activities. Having an integrated protection issues into teacher training, PTA and management training in the past years, WR will based upon field-tested methodology of training, action-planning and mentoring with the aim of promising practices. Based on the promising practices, WRSS will produce various tools for concrete actions to promote the respect of protection principles into specific sectors or situations including emergencies that will be disseminated to WRSS and other partners working in emergency response.

Country Specific Information

Safety and Security

The security situations in the proposed operating areas, especially in Koch County, remain tense and unpredictable. WRSS understands the challenges of conflict and access in the proposed operating areas and maintains security focal points at the local operating level as well a security expert at the Home Office level. WRSS also works with the United Nations' Department of Safety and Security (UNDSS) in Juba. Security plans are maintained for each operational area. Please refer to the attached Site Security Plans for South Sudan overall as well as for Koch and Fangak. Organizations operating in the Bentiu PoC fall under the UNDSS and the United Nations Mission in South Sudan (UNMISS) security plans, and therefore, agencies do not maintain their own individual plans for Bentiu. In past experience, when WRSS international or relocatable national staff have had to be temporarily relocated due to security concerns, local national staff, CHD and MoH staff, and community volunteers have proven able to continue serving beneficiaries until service levels can be fully restored. Also, working through these groups ensures that knowledge and structures are in place within communities when WRSS's interventions end. After May 2015 and September 2016, rapid response missions were carried out in Koch County, targeting beneficiaries who remained within the County, many fleeing into the bush. WRSS, with the support of key UN partners (UNICEF and WFP), was the only organization that continued to serve the Koch population during these times. WRSS is prepared to transition to this type of intervention again if security deteriorates. All options will be discussed and decisions made with the donors involved in these situations.

Access

World Relief has been active in the Greater Upper Nile region for over 13 years and has been the only NGO to maintain an ongoing presence in Koch County since mid-2015 when fighting forced all NGOs to relocate. As an organization World Relief has worked hard to build resiliency and ensure that staff remain safe while continuing to operate in what has been a conflict prone area of South Sudan. At times when international and relocatable staff had to be removed from project areas, World Relief has succeeded in maintaining minimum services using local staff and working through local government departments. World Relief has also been able to access the counties with rapid response missions to deliver critical nutrition and health supplies and conduct rapid assessments. Staff have worked tirelessly (especially in areas where territory changes hands frequently) to build and maintain solid relationships with local authorities on both sides of the conflict (both government SPLA and SPLA-in Opposition). The trust and relationships which exist has allowed World Relief ongoing access to the project areas. WRSS accesses the project sites from Juba by airplanes and helicopters. Roads are badly affected and not maintained for years. Within the project locations, staffs can use vehicles and motor bikes to access the beneficiaries and the health facilities.

When mapping out specific villages and areas for intervention inside Koch County, which is currently divided between SPLA and SPLA-iO control, WRSS takes care to choose relatively equal numbers of sites in both SPLA and SPLA-iO held territories, thus ensuring that all have access to services regardless of their affiliation or on which side of the front lines they currently reside. Mobile services will be conducted, reaching out to populations on both sides of the conflict who are unable to access the static facilities, thus ensuring that individuals afraid or unable to move to the static facilities are not denied assistance or services. This is particularly important for elderly and disabled beneficiaries who are unable to walk the required distances to project sites.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Country Director	S	1	7,250.00	6	10.00	4,350.00
	County Director oversees WR country operations in South Sudan, 10% salary is charged under SSHF						
1.2	Program Director	S	1	5,875.00	6	10.00	3,525.00
	Oversees all programmatic aspects. 10% salary charged to SSHF						
1.3	Senior Health and Nutrition Manager	D	1	5,625.00	6	10.00	3,375.00
	Oversees implementation of all health and nutrition programming; 10% salary charged to SSHF						
1.4	Finance and Grants Manager	S	1	6,500.00	6	10.00	3,900.00
	Responsible for countrywide financial management. 10% salary charged to SSHF						
1.5	Nutrition Program Managers	D	2	5,250.00	6	10.00	6,300.00
	Responsible for appropriate implementation of all nutrition programing (TSF, OTP and SC). One for Koch and one for Rubkona. 50% salary charged to SSHF						
1.6	Operations Director	S	1	6,125.00	6	10.00	3,675.00
	Responsible for coordination of support functions including logistics and human resources. 10% salary charged to SSHF						
1.7	Security Manager	S	1	5,625.00	6	10.00	3,375.00
	Supports with security, health and safety for teams. Ensures it's safe enough for teams to deploy and that adequate measures are taken for team's well-being. 10% salary charged to SSHF						
1.8	Grants, Monitoring and Evaluation Manager	D	1	6,125.00	6	10.00	3,675.00
	Supports with grant management as well as M&E activities, ensuring quality programming. 10% salary charged to SSHF						
1.9	Nutrition Program Coordinators	D	3	2,112.00	6	10.00	3,801.60
	Responsible for coordination of nutrition activities at field level and supports in training of local staff and volunteers. One for each project site. 50% salary charged to SSHF						

1.10	Nutrition Officers	D	3	1,716.00	6	10.00	3,088.80
	Support nutrition coordinators in day to day running of nutrition activities and data management. 50% charged to SSHF						
1.11	Medical Nutrition Officers	D	2	1,980.00	6	20.00	4,752.00
	Supervises and manages OTP /SC children with medical conditions. 50% charged to SSHF						
1.12	Nutrition CMAM Coordinators/Nurses	D	80	672.00	6	20.00	64,512.00
	Run the day to day activities in OTP centers and supervise CNVs. Charged at 50% to SSHF						
1.13	Nutrition Volunteers	D	50	100.00	6	50.00	15,000.00
	Support CMAM coordinators/nutrition officers in daily activities in nutrition centers such as tracing, screening and follow up of beneficiaries; Charged at 50% to SSHF; these are incentives and not eligible for national staff benefits						
1.14	Cleaners/Water Carriers	D	16	132.00	6	10.00	1,267.20
	Collect water for beneficiaries at the centers and maintain cleanliness of the center; one per site; 50% charged to SSHF						
1.15	SFC Guards	D	32	158.40	6	30.00	9,123.84
	Maintain safe and secure environment for staff and beneficiaries and secure assets; two per site; 50% charged to SSHF						
1.16	Finance Assistant	S	1	765.60	6	10.00	459.36
	Day to day management of petty cash at field level. 30% charged to SSHF						
1.17	Finance and Human Resources Coordinator	S	1	1,848.00	6	10.00	1,108.80
	Management of HR and finance in filed will be carried out by Finance and HR. 30% charged to SSHF						
1.18	Human Resources Manager	S	1	2,508.00	6	10.00	1,504.80
	Responsible for Human Resource Management and processes for WRSS country wide. 10% charged to SSHF						
1.19	Logistics/Procurement Officers	S	3	1,584.00	6	10.00	2,851.20
	Responsible for logistics function at field level. 10% charged to SSHF						
1.20	Country Accountant	S	1	1,518.00	6	10.00	910.80
	Supports with financial data entry and book keeping country wide. 10% charged to SSHF						
1.21	Administrative Assistant	S	1	792.00	6	10.00	475.20
	Administrative support functions at country level. 10% charged to SSHF						
1.22	Field Mechanic/Driver	D	2	369.60	6	10.00	443.52
	Responsible for driving and minor repairs and servicing of vehicles at field level. 50% charged to SSHF						
1.23	Driver	S	1	480.48	6	10.00	288.29
	Responsible for driving and minor repairs and servicing of vehicles at Juba level. 10% charged to SSHF						
	Section Total						**141,762.41**
Supplies, Commodities, Materials							
2.1	Nutrition mini sacks	D	0	3.50	1	50.00	0.00
	Mini reusable sacks with visibility for caretakers to use for transporting nutrition supplies (plumpy nut. plumpy sup, etc) after distribution at the center. 50% charged to SSHF						
2.2	Loading and offloading of supplies/transport of supplies from main store to the center	D	1	15,000.00	6	50.00	45,000.00
	loading, offloading and distribution of supplies and commodities. 50% allocated to SSHF						
2.3	Nutrition center supplies	D	16	8,000.00	1	50.00	64,000.00
	Tables, chairs, stationery, stock cards, sitting mats, etc for 16nutrition centers. 50% charged to SSHF						

2.4	RDT kits for malaria screening	D	16	60.00	1	100.00	960.00
	Per new guidelines, children should be tested for malaria at nutrition sites; 100% charged to SSHF						
2.5	Nutrition center reestablishment and rehabilitation	D	10	20,000.00	1	40.00	80,000.00
	Rehab and re-establishment of destroyed/seriously damaged nutrition centers in Field. 10 centers needing serious rehab, 30% charged to SSHF						
2.6	Training on IYCF at nutrition centers	D	16	4,000.00	1	50.00	32,000.00
	Each center is expected to conduct counseling and form mothers groups. 50% of the activities are allocated to SSHF.						
	Section Total						**221,960.00**
Equipment							
3.1	Computer	D	1	800.00	1	100.00	800.00
	Replacement for one depreciated computer for direct project staff						
3.2	VHF Radios	D	2	950.00	1	100.00	1,900.00
	Radios for communication in field as part of security plan. 2 radios charged 100% to SSHF						
	Section Total						**2,700.00**
Travel							
5.1	Local air travel	D	4	550.00	6	50.00	6,600.00
	Travel to field and back to Juba for program staff including program director and M&E's field monitoring trips. charged 50% to SSHF						
5.2	Local air transport of supplies	D	4	4,500.00	1	50.00	9,000.00
	One charter flight bi-monthly for transportation of nutrition supplies to the field. Charged 50% to SSHF						
5.3	Local road transport	D	10	550.00	1	50.00	2,750.00
	Local distribution of nutrition supplies to remote locations including porters where vehicles can't reach and during peak of wet season. 50% charged to SSHF						
	Section Total						**18,350.00**
Transfers and Grants to Counterparts							
6.1	N/A		0	0.00	0	0.00	0.00
	Section Total						**0.00**
General Operating and Other Direct Costs							
7.1	Vehicle maintenance and depreciation	D	1	1,600.00	6	30.00	2,880.00
	Vehicle use for transportation of supplies from main store to nutrition sites and supervisory trips. 30% charged to SSHF						
7.2	Fuel and oil consumption	D	2	625.00	6	30.00	2,250.00
	Fuel and oil for vehicles and generator. 30% charged to SSHF						
7.3	Communications: Thuraya credit	D	1	500.00	6	30.00	900.00
	Thuraya communications with field where no mobile service exists. 30% charged to SSHF						
7.4	Running costs for field offices	D	3	0.00	6	20.00	0.00
	Cost of running the offices in the field 20% is allocated to SSHF						
7.5	Training of CMAM Coordinators and health facility staff	D	4	650.00	2	50.00	2,600.00
	Training will be provided to health care workers on CMAM protocol and MIYCN new guideline; the cost include training allowance, stationary, etc. and is charged at 50% to SSHF						
7.6	Community mobilization and sensitization	D	6	170.00	6	50.00	3,060.00

	CNVs and officers sent out to deep field locations for sensitization, mobilization and awareness rising of community. 50% charged to SSHF						
7.7	Focus group discussions with community members	D	3	250.00	1	100.00	750.00
	Focus group discussions are for the purpose of gathering feedback from beneficiaries in the community and identifying gaps in programming; charged at 100% to SSHF						
7.8	Staff accomodation and feeding at Bentiu PoC	D	5	5,200.00	6	30.00	46,800.00
	Accommodation and food costs for 5 staff for 6 months in humanitarian hub. 30% charged to SSHF						
7.9	IEC materials and visibility	D	1	6,500.00	1	100.00	6,500.00
	Education materials on IYCF and banners will be produced including T-shirts and caps with visibility. 100% of the cost is allocated to SSHF						
7.10	Juba Office rent and utilities	S	1	6,300.00	6	10.00	3,780.00
	Rent, water, stationery, minor repairs, etc. for Country office. 10% charged to SSHF						
7.11	Juba accomodation for program staff	S	4	1,000.00	6	10.00	2,400.00
	Accommodation for 4 program staff in Juba. Rent recovery percentage and/or hotel charges. 10% charged to SSHF						
7.12	Bank Charges	D	1	539.00	6	100.00	3,234.00
	Cost of Transfering funds from Juba office to field sites and monthly bank charges levied by Citibank						
	Section Total						**75,154.00**
SubTotal			318.00				**459,926.41**
Direct							427,322.96
Support							32,603.45
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							32,194.85
Total Cost							**492,121.26**

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 -> Fangak	25	1	735	2,215	2,216	5,167	Activity 1.1.1 : Conduct screening campaigns using MUAC and referral of SAM cases to nutrition center Activity 1.1.2 : Treatment of SAM cases Activity 1.1.3 : Mobilize CNVs to conduct defaulter and absentee tracing for SAM to reduce default rates Activity 1.1.4 : Make referrals to Stabilization Center for boys and girls with SAM with medical complications Activity 1.1.5 : Train healthcare workers on CMAM protocols Activity 1.1.6 : Conduct malaria testing and treatment for boys and girls admitted in OTP Activity 1.2.1 : Conduct screening campaigns using MUAC and referral of MAM cases to nutrition center Activity 1.2.2 : Treatment of MAM cases Activity 1.2.3 : Provide micronutrient supplementation and deworming to boys and girls aged 0 59 months admitted in MAM program Activity 1.2.4 : Ink beneficiaries for identification and to avoid duplication of treatment Activity 1.3.1 : Conduct education awareness on IYCF in the community to PLW and care takers of children 0-23 months Activity 1.3.2 : Organize Mother's groups and target them with IYCF behavioral change messages Activity 1.3.3 : Train healthcare workers on IYCF Activity 1.3.4 : Conduct quarterly focus group discussions in order to involve community members in program planning and to gather feedback on the program

Unity -> Koch	60	3	875	2,601	2,369	5,848	Activity 1.1.1 : Conduct screening campaigns using MUAC and referral of SAM cases to nutrition center Activity 1.1.2 : Treatment of SAM cases Activity 1.1.3 : Mobilize CNVs to conduct defaulter and absentee tracing for SAM to reduce default rates Activity 1.1.4 : Make referrals to Stabilization Center for boys and girls with SAM with medical complications Activity 1.1.5 : Train healthcare workers on CMAM protocols Activity 1.1.6 : Conduct malaria testing and treatment for boys and girls admitted in OTP Activity 1.1.7 : Integrate an ICCM distributor to treat children with malaria in each Koch nutrition site Activity 1.2.1 : Conduct screening campaigns using MUAC and referral of MAM cases to nutrition center Activity 1.2.2 : Treatment of MAM cases Activity 1.2.3 : Provide micronutrient supplementation and deworming to boys and girls aged 0 59 months admitted in MAM program Activity 1.2.4 : Ink beneficiaries for identification and to avoid duplication of treatment Activity 1.3.1 : Conduct education awareness on IYCF in the community to PLW and care takers of children 0-23 months Activity 1.3.2 : Organize Mother's groups and target them with IYCF behavioral change messages Activity 1.3.3 : Train healthcare workers on IYCF Activity 1.3.4 : Conduct quarterly focus group discussions in order to involve community members in program planning and to gather feedback on the program
Unity -> Rubkona	15	1	668	2,129	2,013	4,811	Activity 1.1.1 : Conduct screening campaigns using MUAC and referral of SAM cases to nutrition center Activity 1.1.2 : Treatment of SAM cases Activity 1.1.3 : Mobilize CNVs to conduct defaulter and absentee tracing for SAM to reduce default rates Activity 1.1.4 : Make referrals to Stabilization Center for boys and girls with SAM with medical complications Activity 1.1.5 : Train healthcare workers on CMAM protocols Activity 1.1.6 : Conduct malaria testing and treatment for boys and girls admitted in OTP Activity 1.1.7 : Integrate an ICCM distributor to treat children with malaria in each Koch nutrition site Activity 1.2.1 : Conduct screening campaigns using MUAC and referral of MAM cases to nutrition center Activity 1.2.2 : Treatment of MAM cases Activity 1.2.3 : Provide micronutrient supplementation and deworming to boys and girls aged 0 59 months admitted in MAM program Activity 1.2.4 : Ink beneficiaries for identification and to avoid duplication of treatment Activity 1.3.1 : Conduct education awareness on IYCF in the community to PLW and care takers of children 0-23 months Activity 1.3.2 : Organize Mother's groups and target them with IYCF behavioral change messages Activity 1.3.3 : Train healthcare workers on IYCF Activity 1.3.4 : Conduct quarterly focus group discussions in order to involve community members in program planning and to gather feedback on the program

Documents

Category Name	Document Description