

# Project Proposal

Organization	ACF - USA (ACF - USA)																																													
Project Title	Provide quality integrated management of acute malnutrition services and strengthen existing capacity building, surveillance system and rapid nutrition emergency response for children under 5 in conflict and no- conflict affected populations in Jonglei (Panyagar County), NBeG (Aweil East County), Warrap State (Gogrial West County) and other cluster priority areas.																																													
Fund Code	SSD-15/HSS10/SA2/N/INGO/583																																													
Cluster	<table border="1"> <tr> <td><b>Primary cluster</b></td> <td><b>Sub cluster</b></td> </tr> <tr> <td>NUTRITION</td> <td>None</td> </tr> </table>		<b>Primary cluster</b>	<b>Sub cluster</b>	NUTRITION	None																																								
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Project Allocation	2nd Round Standard Allocation	Allocation Category Type																																												
Project budget in US\$	420,013.19	Planned project duration	6 months																																											
Planned Start Date	01/08/2015	Planned End Date	31/01/2016																																											
OPS Details	OPS Code	SSD-15/H/73041/R	OPS Budget																																											
	OPS Project Ranking		OPS Gender Marker																																											
Project Summary	<p>There are two main components of this proposed project: 1) Treatment of children suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM); and 2) Prevention of malnutrition through health and nutrition education, promotion and protection of adequate Infant and Young Child Feeding (IYCF) practices, micronutrient supplementation for children and pregnant women, de-worming and community mobilization. As much as possible the community based approach will be used to organize regular MUAC screening, for timely case identification and referrals of malnourished boys and girls under 5 years, while also providing regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, Hygiene and child care practices) at all nutrition sites for mothers and caregivers during each visit.</p> <p>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 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.</p> <p>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.</p> <p>Through the initial community awareness sessions, ACF will encourage both men and women to attend and further explain the importance of equal participation of both. Health education sessions that are carried out on scheduled days at all ACF sites, usually men are the minority. To encourage male caregivers to attend, ACF will provide separate, tailored health/nutrition education to each group.</p> <p>With Multi-sectoral Emergency Team (MET), ACF will continue to respond to emergency needs of affected populations in the 3 conflict affected states of Jonglei, Upper Nile and Unity through RRM 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, 2% SAM) with aggravating factors including high mortality rates, heightened food insecurity and epidemics associated with under-nutrition.</p>																																													
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>5280</td> <td>21220</td> <td>24507</td> <td>22353</td> <td>73,360</td> </tr> <tr> <td colspan="6"><b>Total beneficiaries include the following:</b></td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>24507</td> <td>22353</td> <td>46860</td> </tr> <tr> <td>Internally Displaced People</td> <td>634</td> <td>2546</td> <td>1715</td> <td>1565</td> <td>6460</td> </tr> <tr> <td>People in Host Communities</td> <td>4646</td> <td>18674</td> <td>22792</td> <td>20788</td> <td>66900</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>420</td> <td>0</td> <td>0</td> <td>420</td> </tr> </tbody> </table>					Men	Women	Boys	Girls	Total	Beneficiary Summary	5280	21220	24507	22353	73,360	<b>Total beneficiaries include the following:</b>						Children under 5	0	0	24507	22353	46860	Internally Displaced People	634	2546	1715	1565	6460	People in Host Communities	4646	18674	22792	20788	66900	Pregnant and Lactating Women	0	420	0	0	420
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Indirect Beneficiaries	Catchment Population																																													
Link with the Allocation Strategy	<p>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 15 points of delivery in Aweil East and Gogrial West, comprising of 15 Out-patient Therapeutic Programme (OTP), 3 stabilization centers (SC) and 14 Targeted Supplementary Feeding Programme (TSFP). The Programme 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 (MMSG) 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 strength 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. 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 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 supportive supervisions with and on job support of CHD/MoH partners.</p>																																													
Sub-Grants to Implementing Partners				Other funding Secured For the Same Project (to date)																																										
Organization focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Aleksandra Todorovic</td> <td>Country Director</td> <td>+211911072918</td> <td>cd.ssd@acf-international.org</td> </tr> <tr> <td>Rebeckah Piotrowski</td> <td>Head of Programs</td> <td>+1-815-355-5447</td> <td>rpiotrowski@actionagainsthunger.org</td> </tr> </tbody> </table>				Name	Title	Phone	Email	Aleksandra Todorovic	Country Director	+211911072918	cd.ssd@acf-international.org	Rebeckah Piotrowski	Head of Programs	+1-815-355-5447	rpiotrowski@actionagainsthunger.org																														
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## BACKGROUND INFORMATION

<p><b>1. Humanitarian context analysis.</b> Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>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 15th December 2013, causing large-scale displacements. According to IPC May 2015 analysis, an estimated 3.8 million people were classified as severely food insecure in April (3 million in Crisis and 800,000 in Emergency phase) and were unable to meet their food needs and were in need of urgent humanitarian assistance. As the lean season progresses, in May to July 2015, the situation is anticipated to deteriorate further to an estimated 4.6 million people classified severely food insecure (3.6 million in Crisis and 1 million in Emergency). According to these projections, through end of July 2015, in both Warrap and NBeG, 48.5% and 59% of the total population respectively will fall into the Crisis and Emergency phases. More specifically, in Gogrial West County, according to the pre-harvest Nutrition SMART survey carried jointly by ACF and World Vision in May 2015 showed a GAM rate at 29.1% and a SAM rate 4.0%. This is the highest GAM rate observed in this county since ACF monitor trends of malnutrition (since 2008) 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 to under nutrition in these areas. 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 for instance. 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, and Gogrial West Counties and will continue to build on gains and lessons learned to further enhance quality services and expand the coverage of the CMAM&amp;YCF 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 NGO. 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 RRM in conflict affected States under this grant.</p>								
<p><b>2. Needs assessment.</b> Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)</p>	<p>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. On top of the existing vulnerabilities, as of 2 Oct.2014 an estimated 1.4 million people have been displaced within South Sudan with another 460,800 people fleeing into neighboring countries. 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.</p> <p>During the 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 May 2015 in South Sudan the nutrition conditions continue to remain worrisome across the Country coupled with the escalating conflicts, population displacement, constraint health services and some cultural eating practices. As such, the current nutrition situation expected to remain above the emergency threshold (GAM &gt;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. However, in Lakes, WBEG, and EES States, the nutritional situation are classified as serious levels while WES and CES states are classified as Acceptable and Alert respectively. According to Nutrition Technical Working Group during Livelihood Analysis Forum meeting conducted in Nimule April 2015, projected the nutrition situation to be above the emergency threshold (GAM &gt;15%), for Greater Upper Nile and highly conflict impacted states of Warrap and NBeG. (Food security updates Volume 024).</p> <p>According to the most recent SMART nutrition survey conducted in Warrap &amp; NBeG shows the prevalence GAM: 29.1 %, SAM: 4.0 % in Warrap well above the emergency thresholds according to WHO emergency thresholds . In addition, admissions rates in ACF CMAM programs in Aweil East and Gogrial West showed an 25% to 30% increase in June2015 compared to May 2015 and are on an increasing trends since the beginning of the year. Also in NBeG, from Jan through June 2015 ACF admitted close to 9,000 malnourished cases while ACF admitted 10,000 cases for the whole of 2014 in this area. This clearly indicate the dire need for continued life saving interventions in the proposed locations.</p>								
<p><b>3. Description Of Beneficiaries</b></p>	<p>Children from 6-59 months with bilateral pitting oedema +/+ or severe wasting WHZ z-score &lt;-3 SD and/or MUAC &lt;115mm, and appetite test passed, no medical complication, clinically well will be admitted in OTP. For admission to SC, children with bilateral pitting oedema +++ or any grade with severe wasting, or SAM with medical complications and/or poor appetite will be targeted. Infants under 6 months with bilateral pitting oedema or visible wasting will be admitted in SC as well. Targeting for MAM will be based on MUAC ≥115mm - &amp;lt; 125mm, no oedema and clinically well and with good appetite. Children completing treatment for SAM or if a child returns after defaulting within one month will be admitted in TSFP. 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 YCF guidelines.</p>								
<p><b>4. Grant Request Justification.</b></p>	<p>ACF has been operational in Warrap and NBeG States since 2005. 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 Alek (Gogrial West County) and Malualkon (Aweil East County). In 2014, ACF admitted a total of 10,057 children 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 May, ACF country wide had admitted a total of 13,466 malnourished cases, 4,919 in SC/OTPs and 8,547 in TSFPs, and had more than 10,000 cases in treatment during the month of June. This caseload and the critical outlook and projection of further deterioration as the population progress through the lean season justify a continued and strengthened CMAM/YCF 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; YCF protection and promotion, Mother to Mother Support Groups, de-worming and micro nutrient supplementation. ACF has already secured part of the funds from ECHO and it is 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 RRM and is already operating with its mobile emergency team (establishing CMAM and YCF programs) in Jonglei State with support from OFDA and RRF.</p>								
<p><b>5. Complementarity.</b> Explain how the project will complement previous or ongoing projects/activities implemented by your organization.</p>	<p>This proposed action is a continuity of the previous cycle of CHF grant and complements in NBeG and Warrap State nutrition interventions funded by ECHO. Important to note that with a reduced envelop from ECHO in 2015, the support from CHF is key in maintaining ACF life saving nutrition programs.</p>								
<p><b>LOGICAL FRAMEWORK</b></p>									
<p><b>Overall project objective</b></p>	<p>Provide quality Integrated Management of Acute Malnutrition services and strengthen existing capacity building, nutrition surveillance, and prevention of under nutrition among children under 5 in NBeG (Aweil town, Aweil East County), and Warrap States (Gogrial West County).</p>								
<p><b>Logical Framework details for NUTRITION</b></p>									
<p><b>Cluster objectives</b></p> <p>2015 SSO 1: Deliver quality lifesaving management of acute malnutrition for at least 60% per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups</p> <p>2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups</p> <p>2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response</p>	<table border="1"> <thead> <tr> <th data-bbox="1105 1612 1442 1682">Strategic Response Plan (SRP) objectives</th> <th data-bbox="1442 1612 1542 1682">Percentage of activities</th> </tr> </thead> <tbody> <tr> <td data-bbox="1105 1682 1442 1751">SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need</td> <td data-bbox="1442 1682 1542 1751">50</td> </tr> <tr> <td data-bbox="1105 1751 1442 1820">SO 2: Protect the rights of the most vulnerable people, including their freedom of movement</td> <td data-bbox="1442 1751 1542 1820">30</td> </tr> <tr> <td data-bbox="1105 1820 1442 1898">SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need</td> <td data-bbox="1442 1820 1542 1898">20</td> </tr> </tbody> </table>	Strategic Response Plan (SRP) objectives	Percentage of activities	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	50	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	30	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20
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<p><b>Outcome 1</b></p>	<p>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.</p>								
<p><b>Code</b></p>	<table border="1"> <thead> <tr> <th data-bbox="256 1955 966 1984">Description</th> <th data-bbox="966 1955 1542 1984">Assumptions &amp; Risks</th> </tr> </thead> <tbody> <tr> <td data-bbox="256 1984 966 2018"> </td> <td data-bbox="966 1984 1542 2018"> </td> </tr> </tbody> </table>	Description	Assumptions & Risks						
Description	Assumptions & Risks								

**Output 1.1**

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

ACF interventions are complemented by other interventions, especially in nutrition and health  
 No major disease outbreaks occur  
 Security remains stable enough to allow for access  
 Beneficiaries and caretakers accept the treatment, and awareness and detection activities  
 Beneficiaries and communities collaborate actively and are motivated  
 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 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.  
 Successful implementation of this program assumes consistent supply of RUTF, which is the mainstay in outpatient management of acute severe malnutrition. Experiences in supply chain interruption have adversely affected program performance. In order to mitigate supply pipeline breaks from UNICEF, ACF procured a stock of RUTF – funded by Food for Peace.

**Indicators**

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			2080	1920	4000
		<b>Means of Verification:</b> Monthly Qualitative and quantitative report from each project					
Indicator 1.1.2	NUTRITION	Number of boys and girls aged 6-59 with severe acute malnutrition newly admitted for treatment in SC					360
		<b>Means of Verification:</b> Monthly Qualitative and quantitative report from each project					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			0	0	0
		<b>Means of Verification:</b> Monthly Qualitative and quantitative report from each project					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)			0	0	0
		<b>Means of Verification:</b> Monthly Qualitative and quantitative report from each project					
Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			0	0	0
		<b>Means of Verification:</b> Monthly Qualitative and quantitative report from each project					
Indicator 1.1.6	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program non-recovered rate			0	0	0
		<b>Means of Verification:</b> Monthly Qualitative and quantitative report from each project					

**Activities**

Activity 1.1.1	Provide therapeutic treatment for children (0-59 months) with SAM associated with minor medical complications in 3 Stabilization Centers ( Maluakon in Aweil East, Aweil Centre Hospital and Alek in Gogrial West)
Activity 1.1.2	Conduct home visits to SAM children absent in the programme 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

**Output 1.2**

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

ACF interventions are complemented by other interventions, especially in nutrition and health  
 No major disease outbreaks occur  
 Security remains stable enough to allow for access  
 Beneficiaries and caretakers accept the treatment, and awareness and detection activities  
 Beneficiaries and communities collaborate actively and are motivated  
 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 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.  
 Successful implementation of this program assumes consistent supply of RUSF/CSB+.. Experiences in supply chain interruption have adversely affected program performance. In order to mitigate supply pipeline breaks, ACF has begun negotiating procuring a stock of RUSF with Food for Peace.

**Indicators**

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			2340	2160	4500
		<b>Means of Verification:</b> Monthly Qualitative and quantitative report from each project					
Indicator 1.2.2	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)			0	0	0

	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each project						
Indicator 1.2.3	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program death rate (SPHERE standards)				0	0	0
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each project						
Indicator 1.2.4	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)				0	0	0
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each project						

#### Activities

Activity 1.2.1	Provide treatment for children (0-59 months) with MAM in 15 TSFP ( Malualkon in Aweil East, Alek and Gogrial in Gogrial West)
Activity 1.2.2	Organize regular community-based MUAC screening, case identification and referrals of children under 5 years
Activity 1.2.3	Conduct home visits to MAM children absent in the Programme for 2 consecutive weeks (defaulter tracing)

<b>Outcome 2</b>	Prevention of malnutrition in children under 5 and Pregnant and lactating mothers	
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>
<b>Output 2.1</b>	All children under 5 that are screened and not admitted to the Nutrition program receive Vitamin A supplementation and de-worming.	<p>ACF interventions are complemented by other interventions, especially in nutrition and health  No major disease outbreaks occur  Security remains stable enough to allow for access  Beneficiaries and caretakers accept the treatment, and awareness and detection activities  Beneficiaries and communities collaborate actively and are motivated  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 is available and consistent  Good working relations with the Local authorities and RRC officials</p> <p>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.</p>

#### Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			3200	2800	6000
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative					
Indicator 2.1.2	NUTRITION	Number of 6-59 reached with de-worming services					7000
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each					
Indicator 2.1.3	NUTRITION	Number of boys and girls 6-59 months screened for malnutrition					25000
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each					
Indicator 2.1.4	NUTRITION	[Frontline services] [Prevention] Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		300			300
	<b>Means of Verification:</b>	# of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation Monthly Qualitative and quantitative report from each					
Indicator 2.1.5	NUTRITION	Number of community members and caregivers provided Nutrition, Health and IYCF education in the facilities and at community level					26000
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each					
Indicator 2.1.6	NUTRITION	Number of Community Nutrition Volunteers trained on prevention, identification and referral of acute malnutrition - Warrap & NBeG					100
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each					
Indicator 2.1.7	NUTRITION	Number of individuals engaged in Mother to Mother Support Groups activities					100
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each					
Indicator 2.1.8	NUTRITION	Number of KAP surveys undertaken					2
	<b>Means of Verification:</b>	Survey report					
Indicator 2.1.9	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken					1
	<b>Means of Verification:</b>	Survey report					

#### Activities

Activity 2.1.1	Provide Vitamin A supplementation to children under 5 that are not in the nutrition programme.
Activity 2.1.2	Provide De-worming to children under 5 that are not in the nutrition programme.
Activity 2.1.3	Provide Iron Supplementation to Pregnant and lactating women
Activity 2.1.4	Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, Hygiene 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 2.1.5	Identify and train Community Volunteers to conduct health/nutrition/HIV-AIDS/Hygiene and child care practices as well as conduct regular nutrition screening and referral of

	children under 5 (boys and girls).
Activity 2.1.6	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 2.1.7	Monitor nutrition situation and malnutrition trends through surveys and assessments in Warrap, NBeG and in conflict affected areas

## WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Activity 1.1.1 Provide therapeutic treatment for children (0-59 months) with SAM associated with minor medical complications in 3 Stabilization Centers ( Malualkon in Aweil East, Aweil Centre Hospital and Alek in Gogrial West)	2015							X	X	X	X	X	X
	Activity 1.1.2 Conduct home visits to SAM children absent in the programme for 2 consecutive weeks (defaulter tracing)	2015							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	2015							X	X	X	X	X	X
	Activity 2.1.1 Provide Vitamin A supplementation to children under 5 that are not in the nutrition programme.	2015							X	X	X	X	X	X
	Activity 2.1.2 Provide De-worming to children under 5 that are not in the nutrition programme.	2015							X	X	X	X	X	X
	Activity 2.1.3 Provide Iron Supplementation to Pregnant and lactating women	2015							X	X	X	X	X	X
	Activity 2.1.4 Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, Hygiene 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.	2015							X	X	X	X	X	X
	Activity 2.1.5 Identify and train Community Volunteers to conduct health/nutrition/HIV-AIDS/Hygiene and child care practices as well as conduct regular nutrition screening and referral of children under 5 (boys and girls).	2015							X	X	X	X	X	X
	Activity 2.1.6 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.	2015							X	X	X	X	X	X
	Activity 2.1.7 Monitor nutrition situation and malnutrition trends through surveys and assessments in Warrap, NBeG and in conflict affected areas	2015							X	X	X	X	X	X
	Activity 1.2.1 Provide treatment for children (0-59 months) with MAM in 15 TSFP ( Malualkon in Aweil East, Alek and Gogrial in Gogrial West)	2015							X	X	X	X	X	X
	Activity 1.2.2 Organize regular community-based MUAC screening, case identification and referrals of children under 5 years	2015							X	X	X	X	X	X
	Activity 1.2.3 Conduct home visits to MAM children absent in the Programme for 2 consecutive weeks (defaulter tracing)	2015							X	X	X	X	X	X

## M & R DETAILS

<p><b>Monitoring &amp; Reporting Plan:</b> Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .</p>	<p>Monitoring of project activities will be done at weekly basis by field staff under the guidance and supervision of the Programme 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.</p> <p>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 learnt 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. 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. Handover certificates will be signed with the relevant local authorities where WASH hardware/infrastructure is installed. During hygiene kits distributions, forms will also be signed by BNFs, relevant authorities and ACF</p> <p>ACF will comply in a timely manner to all reporting requirements set by donors and the nutrition cluster.</p>
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## OTHER INFORMATION

Accountability to Affected Populations	On the initial stage of project design, ACF conducts consultation through FGD with com. leaders, MoH, RRC with women rep. and youths (G&B). Male caregivers were prioritized in health education session in the facilities while in the com. sessions they are combined. Accountability mechanisms geared to manage complaints and Feedback 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: Describe for each activity how you plan to implement it and who is carrying out what.	<p>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 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 supportive supervisions with and on job support of CHD/MoH partners.</p> <p>ACF mainstreams the do no harm principles through its global strategy and programs and acts responsibly to ensure that its activities do not adversely affect local communities or any stakeholders. The DO NO HARM principle as applied for environment as well as for people. Within all phases of the project, ACF will adhere to the minimum standards for protection mainstreaming as espoused in the Sphere Humanitarian Charter. The four principles that will guide and underpin all our actions during the response will be:</p> <ul style="list-style-type: none"> <li>•Avoid exposing people to further harm as a result of our actions</li> <li>Ensure people's access to impartial assistance in proportion to need and without discrimination</li> <li>Protect people from physical and psychological harm arising from violence and coercion</li> <li>Assist people to claim their rights, access available remedies and recover from the effects of abuse</li> </ul>

Coordination with other Organizations in project area	<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
	1. MSF-Belgium	Gogrial – ACF operates in the same hospital where MSF-H provides health services and ACF caters for OTP treatment with health education component. All Malnutrition cases that MSF-H screened are referred to ACF while ACF refer all medical cases to MSF-B. MSF-B will withdraw from Gogrial town as off 1st November 2015, when some services will be transferred to Kwajok Hospital and Gogrial will be run as PHCC by MoH
	2. 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

	3. 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
	4. IRC	Aweil EAST – 3 ACF Nutrition sites and IRC Health Centres are located in the same locations where cross referral is currently done.
Environmental Marker Code	A: Neutral Impact on environment with No mitigation	
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality	
Justify Chosen Gender Marker Code	ACF's project was marked 2a as it is 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/considers representation of men and women from the community and community leaders. 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. Though health education sessions are carried out every day in all ACF sites, usually men are the minority. To encourage male caregivers to attend, ACF will provide separate, tailored health/nutrition education to each group. During the implementation, activities are packaged according to these groups. 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 when large gaps are noticed. ACF will arrange separate education sessions targeting men on exclusive breastfeeding & complementary feeding, to reduce believes /taboos that discourages mothers not to feed their children, since men are managing the resource. The influential group in the society will be also engaged (Traditional Healer & TBAs) to disseminate important key messages to the society that mothers to be allowed to have access to the household resource & make decision on issues affecting Girls & Boys.	
Protection Mainstreaming	<p>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;</p> <p>Strive to understand and respect children within the local context in which they live.</p> <p>All types of child abuse or exploitation are unacceptable.</p> <p>All children regardless of gender, disability, ethnicity, social background, religious belief, or political view are equal.</p> <p>All of ACF Representatives will endorse an environment of respect and trust with children recognizing them as individuals in their own right.</p> <p>All concerns and allegations of child abuse will be taken seriously by all ACF Representatives and responded to appropriately.</p> <p>All relevant concerns expressed by children will be taken seriously by ACF representatives.</p> <p>ACFIN will work in partnership with parents / caregivers, other organizations and professionals to ensure the safety of children.</p> <p>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.</p>	
Safety and Security	Warrap and Northern Bhar el Ghazar's security situation during the writing of this proposal is fairly calm, staff and beneficiaries movement are not restricted with exception to the Eastern part of Gogrial West county, where sporadic fighting between two communities erupted in May and July 2015 leading to the suspension of activities in one OTP-TSFP site for two months and to the displacement of the local population. In the 3 conflict areas where possible intervention will be carried out for emergency response, the security situation is fluid and unpredictable. ACF has its own safety and security regulation that is the main bases of operation. ACF will also follow the security protocol in the Country and UN advisory.	
Access	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

### 1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
1.1	Malualkon Nutrition Cluster Co-lead (state level)	D	1	0	0	100.00%	0.00	0.00	0.00	0.00	0.00
	Supports SMOH in coordination of nutrition activities at State level.										
1.2	Malualkon Nut Program Manager	D	1	2476	6	40.00%	5,942.40	2,971.20	2,971.20	0.00	5,942.40
	The Nut. Program Manager will be responsible for direct implementation of routine nutrition activities for the 6 months project period. The cost will cover among others, transport to and from project site, salary and social benefits										
1.3	Malualkon Nut Deputy Program Manager	D	1	1963	6	40.00%	4,711.20	2,355.60	2,355.60	0.00	4,711.20
	Supports Nut program manager in direct project implementation for the 6 months project period. The cost will cover salary, social benefits and transport to from the project sits										
1.4	Malualkon Nut Program Staff	D	1	22646	6	40.00%	54,350.40	27,175.20	27,175.20	0.00	54,350.40
	The staff will play direct technical role in implementation of routine activities during the project period. This cost will cover salary and social benefits										
1.5	Malualkon International Support Staff	D	1	13500	6	10.00%	8,100.00	4,050.00	4,050.00	0.00	8,100.00
	The staff will give technical expertise to the project. S/he will support national technical staff in implementation of the project during the 6 months of project life.										
1.6	Malualkon National Support Staff	D	1	10477	6	10.00%	6,286.20	3,143.10	3,143.10	0.00	6,286.20
	This staff will take part in supporting nutrition project operations. This cost will cover salary, social benefits and transport of the staff among other direct functions to the project										
1.7	Warrap Nut Program Manager	D	1	2476	6	40.00%	5,942.40	2,971.20	2,971.20	0.00	5,942.40
	The staff will play direct technical role in implementation of routine activities during the project period. This cost will cover salary and social benefits										
1.8	Warrap Nut Deputy Program Manager	D	1	1963	6	40.00%	4,711.20	2,355.60	2,355.60	0.00	4,711.20
	Supports Nut program manager in direct project implementation for the 6 months project period. The cost will cover salary, social benefits and transport to from the project sits										
1.9	Warrap Nut Program Staff	D	1	11758	6	40.00%	28,219.20	14,109.60	14,109.60	0.00	28,219.20
	The staff will play direct technical role in implementation of routine activities during the project period. This cost will cover salary and social benefits										
1.10	Warrap International Support Staff	D	1	7200	6	50.00%	21,600.00	10,800.00	10,800.00	0.00	21,600.00
	The staff will give technical expertise to the project. he will provide logistical support to project implementation oat field level. the cost will cover salary and living expenses in-country										
1.11	Warrap National Support Staff	D	1	6775	6	60.00%	24,390.00	12,195.00	12,195.00	0.00	24,390.00
	This staff will take part in supporting nutrition project operations. This cost will cover salary, social benefits and transport of the staff among other direct functions to the project										
1.12	JUB Nutrition Coordinator	D	1	9086	6	10.00%	5,451.60	2,725.80	2,725.80	0.00	5,451.60
	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 in-country										

1.13	JUB Deputy Nutrition Coordinator	D	1	8100	6	5.00%	2,430.00	1,215.00	1,215.00	0.00	2,430.00
	This staff will be based in Juba and will support Nutrition Coordinator giving technical support to the implementation of the project. The cost will cover salary and living benefits within country										
1.14	JUB Roving Nutrition Programme Manager	D	1	7559	6	5.00%	2,267.70	1,133.85	1,133.85	0.00	2,267.70
	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 in-country										
1.15	JUB International Support Staff	D	1	57933	6	5.00%	17,379.90	8,689.95	8,689.95	0.00	17,379.90
	This staff will provide general support including logistics and program. The cost will cover salary and in-country living benefits										
1.16	JUB National Support Staff	D	1	11472	6	15.00%	10,324.80	5,162.40	5,162.40	0.00	10,324.80
	this staff will provide direct logistical support to project at Juba level. the cost will cover salary and social benefits										
	<b>Section Total</b>						202,107.00	101,053.50	101,053.50	0.00	202,107.00

**2 Supplies, Commodities, Materials** (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
2.1	Malualkon OTP/SFP running costs	D	1	300	6	50.00%	900.00	450.00	450.00	0.00	900.00
	This will cover cover general costs related to OTP/TSFP operations										
2.2	Malualkon OTP rehabilitation and maintenance	D	1	15000	1	90.00%	13,500.00	6,750.00	6,750.00	0.00	13,500.00
	Costs will cover any rehabilitation and maintenance needs										
2.3	Malualkon SC running costs	D	1	1600	6	50.00%	4,800.00	2,400.00	2,400.00	0.00	4,800.00
	his will cover cover general costs related to SC operations										
2.4	Malualkon SC rehabilitation and maintenance	D	1	4000	1	100.00%	4,000.00	2,000.00	2,000.00	0.00	4,000.00
	Costs will cover any rehabilitation and maintenance needs										
2.5	Malualkon Medical supplies and consumables	D	1	4000	1	20.00%	800.00	400.00	400.00	0.00	800.00
	the cost will cover direct purchases of medicals and consumables for OTP/TSFP/SC										
2.6	Malualkon Nutrition stationery, patient cards, posters etc.	D	1	4000	1	30.00%	1,200.00	600.00	600.00	0.00	1,200.00
	the cost is for costs such production of job aids										
2.7	Malualkon Government staff transport and incentives	S	4	10	6	100.00%	240.00	120.00	120.00	0.00	240.00
	will cover costs such as joint supervisions with MoH/CHD staff										
2.8	Malualkon Assessment, Surveys and Capacity Building	D	1	20000	1	100.00%	20,000.00	10,000.00	10,000.00	0.00	20,000.00
	this cost will cover costs for KAP surveys in the project sites										
2.9	Malualkon Visibility	S	1	1350	1	100.00%	1,350.00	675.00	675.00	0.00	1,350.00
	the costs will be used to procure ACF visibility materials for the base										
2.10	Malualkon Vehicle Rental & Running Costs	D	3	2000	6	25.00%	9,000.00	4,500.00	4,500.00	0.00	9,000.00
	the cost is projected to cover vehicle operations, fuel, maintenance and routine running costs										
2.11	Warrap OTP/SFP running costs	D	1	300	6	50.00%	900.00	450.00	450.00	0.00	900.00
	this cost will cover any OTP/TSFP activity related expenses										
2.12	Warrap OTP rehabilitation and maintenance	D	1	5000	1	90.00%	4,500.00	2,250.00	2,250.00	0.00	4,500.00
	The cost will support any repairs at the OTP center										
2.13	Warrap SC running costs	D	1	1600	6	50.00%	4,800.00	2,400.00	2,400.00	0.00	4,800.00
	this line will support routine running costs at the SC										
2.14	Warrap SC rehabilitation and maintenance	S	1	2000	1	100.00%	2,000.00	1,000.00	1,000.00	0.00	2,000.00
	The cost will support any repairs at the SC										
2.15	Warrap Medical supplies and consumables	S	1	4000	1	20.00%	800.00	400.00	400.00	0.00	800.00
	the cost will support procurement of supplies and commodities necessary for running TSFP/OTP/SC										
2.16	Warrap Nutrition stationery, patient cards, posters etc.	S	1	4000	1	30.00%	1,200.00	600.00	600.00	0.00	1,200.00
	The cost will be used for production of job aids										
2.17	Warrap Government staff transport and incentives	S	4	10	6	100.00%	240.00	120.00	120.00	0.00	240.00
	joint supervisions with MoH and trainings/cpacity building of MoH/CHD staff will be covered by this line										
2.18	Warrap Assessment, Surveys and Capacity Building	D	1	6000	1	100.00%	6,000.00	3,000.00	3,000.00	0.00	6,000.00
	This line will support trainings, data collection and dissemination of assessment/surveys findings										
2.19	Warrap Visibility	S	1	1350	1	100.00%	1,350.00	675.00	675.00	0.00	1,350.00
	this cost will support production of ACF visibility materials										
2.20	Warrap Vehicle Rental & Running Costs	S	3	2200	6	25.00%	9,900.00	4,950.00	4,950.00	0.00	9,900.00
	the cost is projected to cover vehicle operations, fuel, maintenance and routine running costs										
2.21	JUB Programme Freight	S	1	7500	1	100.00%	7,500.00	3,750.00	3,750.00	0.00	7,500.00
	This costs includes costs incurred during transpot										

2.22	Rapid Response Missions - conflict states	D	2	5000	1	100.00%	10,000.00	5,000.00	5,000.00	0.00	10,000.00
	ACF will use this line to conduct RRM/IRNAs										
<b>Section Total</b>							104,980.00	52,490.00	52,490.00	0.00	104,980.00

**3 Equipment** (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
3.1	Maluakon Laptop	S	1	0	1	100.00%	0.00	0.00	0.00	0.00	
	the cost will meet purchase of laptop for reporting program activities										
3.2	Maluakon Digital Camera	S	1	0	1	100.00%	0.00	0.00	0.00	0.00	
	the cost will be used to purchase a camera for reporting program activities										
3.3	JUB Laptop	S	5	0	1	100.00%	0.00	0.00	0.00	0.00	
	the cost will meet purchase of laptop for reporting program activities at capital level										
3.4	JUB Digital Camera	S	1	0	1	100.00%	0.00	0.00	0.00	0.00	
	the cost will be used to purchase a camera for reporting program activities at capital level										
<b>Section Total</b>							0.00	0.00	0.00	0.00	0.00

**4 Contractual Services** (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
<b>Section Total</b>							0.00	0	0	0	0.00

**5 Travel** (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
5.1	Maluakon Programme Staff National Air Travel	S	1	400	6	100.00%	2,400.00	1,200.00	1,200.00	0.00	2,400.00
	the cost will support movement of delocalized staff between Juba and project site										
5.2	Maluakon Support Staff National Air Travel	S	2	400	6	21.00%	1,008.00	504.00	504.00	0.00	1,008.00
	This cost will cover cost of air travel of support staff from Juba to project site										
5.3	Warrap Programme Staff National Air Travel	S	1	400	6	100.00%	2,400.00	1,200.00	1,200.00	0.00	2,400.00
	the cost will support movement of delocalized staff between Juba and project site										
5.4	Warrap Support Staff National Air Travel	S	2	400	6	60.00%	2,880.00	1,440.00	1,440.00	0.00	2,880.00
	This cost will cover cost of air travel of support staff from Juba to project site										
<b>Section Total</b>							8,688.00	4,344.00	4,344.00	0.00	8,688.00

**6 Transfers and Grants to Counterparts** (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
<b>Section Total</b>							0.00	0	0	0	0.00

**7 General Operating and Other Direct Costs** (please include general operating expenses and other direct costs for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
7.1	Maluakon Vehicle Operations and Running Cost	D	1	10833	6	10.00%	6,499.80	3,249.90	3,249.90	0.00	6,499.80
	this cost will support vehicles-related costs at the base level including repairs										
7.2	Maluakon Other Direct Costs	D	1	24487	6	10.00%	14,692.20	7,346.10	7,346.10	0.00	14,692.20
	This cost will support any other direct costs at the base including administration related costs										
7.3	Warrap Vehicle Operations and Running Cost	D	1	2200	6	60.00%	7,920.00	3,960.00	3,960.00	0.00	7,920.00
	this cost will support vehicles-related costs at the base level including repairs										
7.4	Warrap Other Direct Costs	D	1	10702	6	60.00%	38,527.20	19,263.60	19,263.60	0.00	38,527.20
	This cost will support any other direct costs at the base including administration related costs										
7.5	JUB Vehicle Operations and Running Cost	D	1	4500	6	5.00%	1,350.00	675.00	675.00	0.00	1,350.00
	this cost will support vehicles-related costs such as fuel at the base level including repairs at capital level										
7.6	JUB Other Direct Costs	D	1	12950	6	5.00%	3,885.00	1,942.50	1,942.50	0.00	3,885.00
	This cost will support any other direct costs at the base including administration related costs at Capital level										
<b>Section Total</b>							72,874.20	36,437.10	36,437.10	0.00	72,874.20

<b>Sub Total Direct Cost</b>	388,649.20
<b>Indirect Programme Support Cost</b> PSC rate (insert percentage, not to exceed 7 per cent)	7%
<b>Audit Cost</b> (For NGO, in percent)	1%
<b>PSC Amount</b>	27,205.44

Quarterly Budget Details for PSC



Amount	2015		2016	Total
	Q3	Q4	Q1	
	13,602.72	13,602.72		27,205.44

Total Fund Project Cost

415,854.64

**Project Locations**

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei	2	106	424	490	447	1467	Activity 1.1.1 : Provide therapeutic treatment for children (0-59 months) with SAM associated with minor medical complications in 3 Stabilization Centers ( Malualkon in Aweil East, Aweil Centre Hospital and Alek in Gogrial West) Activity 1.1.3 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 2.1.1 : Provide Vitamin A supplementation to children under 5 that are not in the nutrition programme. Activity 2.1.2 : Provide De-worming to children under 5 that are not in the nutrition programme. Activity 2.1.4 : Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, Hygiene 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.
Northern Bahr el Ghazal -> Aweil East	50	2640	10610	12253	11177	36680	Activity 1.1.1 : Provide therapeutic treatment for children (0-59 months) with SAM associated with minor medical complications in 3 Stabilization Centers ( Malualkon in Aweil East, Aweil Centre Hospital and Alek in Gogrial West) Activity 1.1.2 : Conduct home visits to SAM children absent in the programme for 2 consecutive weeks (default 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 (0-59 months) with MAM in 15 TSFP ( Malualkon in Aweil East, Alek and Gogrial in Gogrial West) Activity 1.2.2 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 1.2.3 : Conduct home visits to MAM children absent in the Programme for 2 consecutive weeks (default tracing) Activity 2.1.1 : Provide Vitamin A supplementation to children under 5 that are not in the nutrition programme. Activity 2.1.2 : Provide De-worming to children under 5 that are not in the nutrition programme. Activity 2.1.3 : Provide Iron Supplementation to Pregnant and lactating women Activity 2.1.4 : Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, Hygiene 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 2.1.5 : Identify and train Community Volunteers to conduct health/nutrition/HIV-AIDS/Hygiene and child care practices as well as conduct regular nutrition screening and referral of children under 5 (boys and girls). Activity 2.1.6 : 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 2.1.7 : Monitor nutrition situation and malnutrition trends through surveys and assessments in Warrap, NBeG and in conflict affected areas
Warrap -> Gogrial West	48	2534	10186	11764	10729	35213	Activity 1.1.1 : Provide therapeutic treatment for children (0-59 months) with SAM associated with minor medical complications in 3 Stabilization Centers ( Malualkon in Aweil East, Aweil Centre Hospital and Alek in Gogrial West) Activity 1.1.2 : Conduct home visits to SAM children absent in the programme for 2 consecutive weeks (default 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 (0-59 months) with MAM in 15 TSFP ( Malualkon in Aweil East, Alek and Gogrial in Gogrial West) Activity 1.2.2 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 1.2.3 : Conduct home visits to MAM children absent in the Programme for 2 consecutive weeks (default tracing) Activity 2.1.1 : Provide Vitamin A supplementation to children under 5 that are not in the nutrition programme. Activity 2.1.2 : Provide De-worming to children under 5 that are not in the nutrition programme. Activity 2.1.3 : Provide Iron Supplementation to Pregnant and lactating women Activity 2.1.4 : Provide regular education sessions (on IYCF, Nutrition, Health, HIV-AIDS, Hygiene 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 2.1.5 : Identify and train Community Volunteers to conduct health/nutrition/HIV-AIDS/Hygiene and child care practices as well as conduct regular nutrition screening and referral of children under 5 (boys and girls). Activity 2.1.6 : 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 2.1.7 : Monitor nutrition situation and malnutrition trends through surveys and assessments in Warrap, NBeG and in conflict affected areas

**Project Locations** (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

**DOCUMENTS**

