

Requesting Organization :	International Rescue Committee, Inc.			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		50.00		
NUTRITION		50.00		
		100		
Project Title :	Health and Nutrition Support to Vulnerable Affected Communities in Panyijiar County			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-22/HSS10/SA1/H-N/INGO/22851	
Cluster :		Project Budget in US\$:	500,000.00	
Planned project duration :	9 Months	Priority:		
Planned Start Date :	01/09/2022	Planned End Date :	31/05/2023	
Actual Start Date:	15/10/2022	Actual End Date:	14/07/2023	
Project Summary :	<p>Panyijiar is among the conflict-affected and hard-to-reach counties in South Sudan which continues to be underserved with increasing vulnerable populations due to flooding and continued insecurity. This project will provide integrated lifesaving essential health and nutrition services in Panyijiar. Health and nutrition services will be provided in the Nyal and Ganyiel Payams targeting 32,405 direct beneficiaries (4637 Men, 7005 women, 9667 Boys and 11096 Girls), inclusive of 3,242 (464 Men, 701 Women, 967 Boys and 1110 Girls) Persons living with Disability (PLWD's). The project aims at improving access and utilization of integrated primary healthcare services, including reproductive health and immunization coverage by supporting two Primary Health Care Units (PHCU)'s: Nyandong PHCU, and Meer Island PHCU in Nyal.</p> <p>IRC is the current Health Pooled Fund (HPF) partner in Panyijiar County (under Lot 21) supporting Primary healthcare services in 11 facilities (1 PHCC in Ganyiel and 10 PHCU's). Through a network of 80 Boma Health Workers (BHW's), the IRC provides community treatment for common childhood illnesses through the Boma Health Initiative strategy. At the beginning of HPF3 Year 4 in April 2022, four health facilities (Nyandong, Chuk, Janglou and Meer PHCUs) were closed due to funding cuts, leading to a reduction from 15 to 11 supported health facilities. To help address the needs of the affected vulnerable populations, the IRC received funding from Bureau for Humanitarian Assistance (BHA) to support Chuk PHCU in July 2022.</p> <p>Each of the proposed PHCUs (Nyandong and Mer Island) will operate with 4 qualified health staff and 2 support staff. A clinical officer and a nurse who will provide outpatient consultations to persons above 5 years and children under the age of 5 years and offer a clinical package of management of rape (CMR). An EPI vaccinator to provide immunization services to children under 1 year, and a dispenser will provide essential medicines as per prescription. The project seeks to improve Nyandong PHCU to provide Basic Emergency Obstetrics and Neonatal Care (BEmONC) services to pregnant women and girls and conduct skilled deliveries to women in active labour. To support disease surveillance, the IRC will train 30(22M;8F) staff on Integrated Disease Surveillance and Response (IDSR) to ensure surveillance and response systems for priority diseases, especially cholera is prioritized in the county. The project will also support minor rehabilitation of the 2 PHCU's and latrine construction at Ganyiel PHCC.</p> <p>To prevent high malnutrition rates IRC through this action will provide preventive, promotional and curative integrated nutrition interventions .This intervention will support existing nutrition interventions in 18 static nutrition sites and 2 rapid response mobile (RRM) clinics in 6 sites in the County, to increase access of services for hard-to-reach populations. The program targets children U5s and Pregnant lactating women (PLW) at risk of malnutrition or on treatment for malnutrition. The interventions will include treatment and care for both severe and moderate acute Malnutrition. Outreach activities, community mobilization, Maternal infant and young child nutrition (MIYCN) individual and group counseling . IRC will train community structures and service providers on Community Management of acute malnutrition (CMAM) and nutrition sensitive packages to strengthen capacities for treatment and prevention of malnutrition. IRC will provide malaria testing for children with severe acute malnutrition (SAM), demonstration of kitchen gardens to support groups and capacity building on GBV and child protection to staff to ensure a multi sector approach for tackling malnutrition. The IRC will collaborate with the county health department (CHD) and other existing partners and engage in capacity sharing with the community, staff and partners. IRC will reach 8847 U5,3022 Women and 280 men through nutrition intervention</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total

4,637	7,005	9,667	11,096	32,405
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Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	3,299	5,512	7,788	8,841	25,440
Internally Displaced People	712	778	986	1,185	3,661
Returnees	626	715	893	1,070	3,304

Indirect Beneficiaries :

The interventions will reach a total of 72,480 indirect beneficiaries who will indirectly benefit from ANC and normal delivery services under health and screening for malnutrition and MIYCN counselling services under nutrition.

Catchment Population:

Link with allocation strategy :

This project will contribute to the three overarching humanitarian response strategic outcomes and the following Health Cluster-specific objectives set out for 2022 in the first allocation strategy plan and the Health Cluster strategic Objectives. 1) Reduce excess morbidity and mortality of epidemic prone diseases by the timely response and coordinated outbreak response. The staff capacity to detect and respond to outbreaks will be strengthened through training of the health staff and the communities through linkages with the Boma Health initiative and improved reporting through the early warning surveillance and reporting systems for outbreak prone diseases. Through this project IRC will train 30 staff on IDSR, on surveillance and reporting of notifiable diseases. 2) Improving equitable access to lifesaving essential quality health services including maternal, child and adolescent health, sexual and reproductive health, treatment of common ailments, disability, mental health and psychosocial support MHPSS. By supporting the 2 PHCU's the project will increase access to quality health services for outpatient services including curative consultations for endemic communicable diseases including malaria, acute watery diarrhea, and acute respiratory illness, as well care for non-communicable diseases including providing mental health and psychosocial (MHPSS) services. The IRC will also provide sexual and reproductive health (SRH) services in these facilities, including antenatal care (ANC) services, basic emergency obstetric and neonatal (BEmONC) services, clinical care for sexual assault survivors (CCSAS), syndromic management of sexually transmitted infections and family planning services. Child health services will also include vaccination at the 2 PHCU's and Integrated Community Case Management of childhood illnesses at the community level. Through on-the-job training, staff will be sensitized on the use of Washington group of questions to identify PLWD's, provide services and report accordingly. 3) Enhance resilience and promote humanitarian development linkages to promote health system recovery and coping mechanisms. Increase access to services for survivors of SGBV, disabled and mental health disorders by integration of services into essential primary health care services; strengthen capacity for CMR nutrition screening, referrals. In line with the SSHF allocation strategy for 2022, the IRC will strengthen essential health services in 2 PHCUs by providing a basic package of quality lifesaving health services. The IRC response will also include IDSR activities and Cholera preparedness. IRC's proposed interventions are aligned with the nutrition cluster strategic objectives and HRP, prioritizing the most vulnerable community mainly under five children and PLW 1. Equitable access to, and utilization of, quality preventative and curative nutrition services for children, adolescents and women in the prioritized counties experiencing multiple deprivations, including high acute malnutrition rates, food insecurity, morbidities and poor WASH conditions. IRC's proposed response will support existing nutrition sites this will maintain existing coverage for nutrition services. Furthermore, for the hard-to-reach sites, 2 nutrition rapid response teams will be deployed. IRC will implement family mid-upper arm circumference and active screening, for early detection and referral of children with acute malnutrition (2) Ensure safe, equitable and dignified access to critical multi-sectoral basic services that will contribute to the reduction of acute malnutrition and ultimately reduce morbidity and mortality. IRC will implement Maternal and infant and young child feeding interventions through capacity building of staff promotion messages and support groups. SAM patients will receive WASH kits, testing, and treatment for malaria. IRC will provide training for 65 staff and referral of nutrition clients for GBV and child protection concerns.

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
Health Pooled Fund Lot 21-Health	2,225,636.00
Bureau for Humanitarian Assistance (BHA)- Health	3,000,000.00
	5,225,636.00

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BACKGROUND

1. Humanitarian context analysis

2. Needs assessment

The humanitarian needs continue to grow in Panyijar specifically in Greater Nyal Payam due to unprecedented flooding, high levels of food insecurity and upsurge of disease cases specifically for Malaria and Acute Watery Diarrhea. Panyijar county, is classified under Integrated Food Security Phase Classification (IPC 4) and is expected to persist during the period April 2022- July 2022. Panyijar has had 75% of its population in-humanitarian need, 76,375 persons need health services as they are cut off from health services due to persistent flooding (Humanitarian Needs Overview (HNO) South Sudan 2022). With a population of approximately 120,000 persons, the county has only 2 functional PHCC's and 10 Primary Health Units (PHCU). Access to health services is a challenge due to destruction of health facilities and roads by floods and conflict, with individuals forced to travel for over two hours via canoe or foot to access health services. Furthermore, the situation has worsened with a reduction in humanitarian assistance across the country despite increasing demand. For example, the number of Health Pooled Fund (HPF) supported facilities in Panyijar county has shrunk from 15 to 11 facilities due to reduced funding in HPF year 4. An assessment conducted by MEDAIR, and IRC in June 2022 found that there were 10 facility deaths and 7 community deaths in Nyal Payam during the months of April and May 2022. Of the 10 health facility deaths, 6 were reported to be under 5 years old, with malaria reported as the major cause of illness. The cause of the 7 community deaths was still being determined, and 5 were reported to be below 5 years old. community deaths related to lack of access to primary health services, with malaria as the suspected cause in the locations and an increased number of spontaneous abortions. This situation is further expected to worsen with the incoming long rains in the country.

The country's health indicators remain low, a Maternal Mortality Ratio (MMR) of 789 per 100,000 live births (Trends in Maternal Mortality 2015, Estimates by WHO, UNICEF, UNFPA, World Bank Group) and neonatal and under-five (U5) mortality rates from preventable causes at 40.2 and 97.86 per 1,000 live births respectively (2022 FSNMS+HNOi survey). Women and girls have limited access to safe motherhood services, a mere 12.3% attended by skilled birth attendants during delivery and only 39% attend to the recommended four antenatal visits (South Sudan SARA 2018 report). In 2021, the three closed facilities provided outpatient services to 11,994 persons (4974M;7020F), 558 women received ANC care while 735 children were vaccinated against vaccine preventable diseases. The closure of the facilities leaves the population in need of these critical lifesaving services.

The Integrated Nutrition SMART Survey 2021 reported the prevalence of Global Acute Malnutrition (GAM) in Panyijar County based on the Weight-for Height and/or oedema at 15.7% which is classified as very high according to WHO/UNICEF classification of global acute malnutrition. Severe Acute Malnutrition (SAM) prevalence was found to be 3.3% with aggravating factors including poor feeding and care practice, low dietary diversification, poor access to health services and poor WASH practices. The nutrition situation is expected to worsen due to deterioration in key malnutrition drivers such as food security and access to health services. The coming rainy season for 2022 is characterized by high disease prevalence, reduced food consumption, and deterioration of household food security. These factors increase vulnerability of children U5 and pregnant lactating women to malnutrition and in turn an increased risk to mortality. IRC is the lead nutrition partner in Panyijar County implementing nutrition services in 18 static nutrition sites, access to these sites is not always possible for all beneficiaries who urgently need the treatment due to seasonal flooding.

3. Description Of Beneficiaries

4. Grant Request Justification

In 2021, 835,000 people were affected by floods in 33 counties across eight states in South Sudan. Jonglei, Unity and Upper Nile states. 196,000 people from Unity state were affected, including, 5791 households and 31,245 people in Panyijar County ((OCHA 2021). The floods destroyed livelihoods and markets resulting in food insecurity and increased malnutrition. Destruction of infrastructure and health facilities severely affected access to health services for this populations. There is increased morbidity from water-borne illnesses including Malaria, Pneumonia and Diarrhea, and risk of outbreaks including Cholera and Hepatitis E which remain active in Unity State due to proximity to Rubkona County where an active cholera outbreak is ongoing. Panyijar County has been bumped up to category 1 risk County for Cholera based on the Global Task Force on Cholera Control (GTFCC) risk categorization. The COVID-19 pandemic continues to exacerbate these stressors. This is likely to worsen during the upcoming rainy season if no intervention is provided.

In addition to flooding, the recent reduction in HPF supported health facilities in Panyijar County from 15 to 11 has resulted in reduced access to essential health services especially in Nyal in Panyijar County where flooding is still cutting off health facilities. This has resulted in a notable increase in mortality and morbidity especially due to Malaria and acute watery diarrhea (AWD) in the County, and reduced coverage of Expanded Program on Immunization (EPI) and Sexual Reproductive Health services in the county. The risk of waterborne diseases continues to increase due to access challenges, poor hygiene practices, lack of insecticide treated nets, and displacement as we head into the flood-prone long rains season. Failure to have a health intervention will result to an increased morbidity and mortality of communities in Panyijar County at large.

Panyijar County remains among the priority counties identified by the nutrition cluster. Effects of flooding from 2021 resulted in the displacement of people destruction of infrastructure and reduced access to health and nutrition services. As reported in the IPC report in April 2022, above-normal rainfall performance is expected in 2022, tied with the already saturated soils linked to the 2021 rainfall season there is a high probability of severe flooding with negative bearings on key malnutrition drivers in the County. The GAM in Panyijar is reported as very high with a GAM rate of 15.7% any significant shifts in the drivers for malnutrition will likely worsen the nutrition situation for the most vulnerable populations in the county. Anticipated increased incidence of water-borne diseases, reduced access to health, nutrition and WASH services, increased difficulty in prepositioning of humanitarian supplies and further livestock losses further aggravating the nutrition situation. Without apt and responsive nutrition interventions to meet the increased needs of the most vulnerable populations morbidity and mortality will increase. Through this IRC is proposing in alignment with the cluster strategic objective as well as HRP prioritizing the most vulnerable members of the community mainly under-five children and PLW. This will be implemented through strengthening treatment and preventive nutrition interventions provided in the 18 nutrition sites. IRC will scale up nutrition services by deploying 2 rapid response mobile teams to provide services for hard to reach areas that are cut off due to flooding. Capacity building in line with national guidelines for community structures and staff to provide quality nutrition interventions Multisector integration through testing, treatment and referrals for Malaria, provision of WASH kits for SAM patients and kitchen gardening demonstration to improve household diet diversity .

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Improving equitable access to life-saving essential quality health care and nutrition services for most vulnerable population in Panyijiar County

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Reduce excess morbidity and mortality by the timely detection and coordinated response to epidemic-prone diseases	SO1: Vulnerable people have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs	30
Enhance resilience and promote humanitarian-development linkages to strengthen health system recovery and coping mechanisms	SO3: Vulnerable people withstand and recover from shocks, have their resilience to shocks and stresses built, and seek solutions that respect their rights	20
Improving equitable access to life-saving essential quality health care services, including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, mental health and psychosocial support (MHPSS) and GBV-related health services to crisis-affected people	SO2: Vulnerable people experience reduced protection threats and have access to safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action	50

Contribution to Cluster/Sector Objectives : The project will contribute to the health cluster objective 1 by ensuring reduction in excess mortality and of epidemic prone diseases by supporting 2 static health facilities for case management of epidemic prone infections. With the weekly surveillance reporting, the IRC will monitor the routine trends to ensure diseases of public health concern are reported within 48 hours to initiate outbreak investigation. The IRC will also coordinate referrals to higher level health facilities at Nyal PHCC and Ganyiel PHCC as necessitated will also reduce excess mortality and morbidity.

The project will also contribute to cluster objective 2 by increasing the scale and reach of essential lifesaving health services to the vulnerable and affected populations in Nyal Payam and improving access to health services through the static health facilities that will offer health services. The project will support improvement of the facilities to offer comprehensive safe motherhood and BeMONC services for women and girls including persons with disability. The services will be provided in a gender responsive suitable for primary health care including mental health and psychological care to persons treated with mental disorders. The clinics will provide management of communicable and non-communicable illnesses, child health care including immunization services, safe motherhood services including antenatal care, postnatal care and delivery services, sexual and reproductive health services including clinical management of rape services among other services in the background of increased accountability to the clients.

The project will contribute to the cluster objective 3 by also ensuring that the vulnerable and affected populations get case management, referral and other integrated services including psychological support for sexual support or protection services through existing GBV actors in Nyal Payam i.e. at IRC or IMC. The intervention will recruit essential qualified personnel within the county through engagement with the local authorities and seek to increase the capacity of other providers in provision of these services through training opportunities to ensure sustainability is maintained within the County level.

Outcome 1

Increased access to essential health care services to the vulnerable host and internally displaced population in Panyijiar County.

Output 1.1

Description

Increased access to quality primary health care services in Nyadong PHCU and Meer Island PHCU to underserved communities in Nyal Payam

Assumptions & Risks

The county security situation remains stable and natural catastrophes like floods do not largely affect the success of the project.

That the County leadership, local authorities, and community in general will embrace the projects recruitment. The airstrip in Nyal Payam remains landable to allow for transportation of procured pharmaceutical and other medical supplies from Juba to the field to support the health project.

That the estimated costs of pharmaceutical and other medical supplies will remain stable in the face of global inflation.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of functional health facilities supported					2
Means of Verification : Health facilities reporting under the DHIS-2 platform and progress reports							
Indicator 1.1.2	HEALTH	Number of Out-Patient Department (OPD) consultation					18,188
Means of Verification : Health Facility registers and DHIS 2 reports							
Indicator 1.1.3	HEALTH	Number of children receiving 3 doses of pentavalent vaccine			288	305	593

Means of Verification : Health Facility registers and DHIS 2 reports

Indicator 1.1.4	HEALTH	Number of children receiving measles vaccinations			349	376	725
Means of Verification : Health facility register and DHIS-2 reports							
Indicator 1.1.5	HEALTH	Number of epidemic prone disease alerts verified and responded to within 48 hours					1
Means of Verification : Weekly EWARS reports and progress reports							
Activities							
Activity 1.1.1							
Standard Activity : Conduct out-patient consultation at health facilities							
<p>Conduct outpatient consultations at the 2 supported health facilities and provide appropriate treatment and support referrals for secondary care to Ganyiel PHCC as appropriate.</p> <p>This will target beneficiaries across 2 supported PHCUs - Nyadong and Meer Island PHCU's in Nyal Payam to reach a total of 18,188 persons 4357Men, 3233 Women, 4736 Boys and 5862 Girls over a period of 8 months all inclusive of persons living with disability and the elderly. IRC will disaggregate data for persons living with disabilities receiving health services.</p> <p>This will be achieved through initial set up, staffing (for each health facility: 1 Clinical Officer, 1 Midwife, 1 data clerk, 1 dispenser, 1 vaccinator, 1 cleaner and 1 guard) and provision of supplies and equipment to support essential health services delivery through the two static PHCUs.</p> <p>Each health facility will rely on the core pipeline for emergency health kits where available from WHO, however cognizant of the needs of the affected populations, the risk of stock out of tracer commodities and last mile delivery challenges the project will procure buffer supplies to ensure continued provision of essential health services as well as preposition supplies before the heavy rainy season to mitigate stock outs</p>							
Activity 1.1.2							
Standard Activity : Support health facilities with essential supplies and drugs							
<p>Procure, transport and distribute essential medicines, medical supplies, Lab reagents, RH kits, Infection control supplies from Juba to the 2 target health facilities to support health service provision. through air transport and water transport for last mile distribution. The supplies and commodities will provide support to clinicians employed by this project to deliver outpatient department curative and preventive health services. The IRC will work closelywith the health facility committee membership to ensure regular meetings with the health facility staff to strengthen accountability mechanisms on management of health facility medical equipment and pharmaceutical supplies during the project implementation.</p> <p>Each health facility will rely on the core pipeline for emergency health kits where available from WHO, however cognizant of the needs of the affected populations, the risk of stock out of tracer commodities and last mile delivery challenges the project will procure buffer supplies to ensure continued provision of essential health services as well as preposition supplies before the heavy rainy season to mitigate stock outs</p>							
Activity 1.1.3							
Standard Activity : Vaccinations against measles and vaccine preventable diseases							
<p>The project will recruit and train on the job 2 EPI vaccinators in each of the supported health facilities, work with the CHD to develop joint community developed micro-plans to aid in outreach planning in the catchment location of supported health facilities. The vaccinators will provide routine immunization services and planned outreaches at least every 2 days in a week. The vaccination staff will further work with other health providers to strengthen health education on vaccine preventable diseases (VPD) at service delivery points using easy to understand IEC materials, The project will support risk communication and community engagement activities working with existing community structures to increase demand for immunization</p>							
Activity 1.1.4							
Standard Activity : Vaccinations against measles and vaccine preventable diseases							
<p>The project will recruit and train on the job 2 EPI vaccinators in each of the supported health facilities, work with the CHD to develop joint community developed micro-plans to aid in outreach planning in the catchment location of supported health facilities. The vaccinators will provide routine immunization services and planned outreaches at least every 2 days in a week. The vaccination staff will further work with other health providers to strengthen health education on vaccine preventable diseases (VPD) at service delivery points using easy to understand IEC materials, The project will support risk communication and community engagement activities working with existing community structures to increase demand for immunization. Review of County EPI data will be undertaken alongside the County EPI manager to ensure targeting of under vaccinated children in the community. The vaccination activities will strengthen uptake of pentavalent 3rd dose and measles vaccines</p>							
Activity 1.1.5							
Standard Activity : Carry our disease Surveillance /EWARN							
<p>Conduct weekly disease surveillance using the EWARS/IDSR tools at facility level. This activity will also include training of 30 Health workers from the county on IDSR focusing on Cholera and other notifiable diseases . Panyijar County is a high risk Cholera County and the last rounds of OCV vaccinations were conducted in 2018 increasing the risks of cholera transmission in the County. The trained staff will together with CHD conduct surveillance, prevention, response and reporting according to WHO guidelines.</p> <p>The project will work with community volunteers to identify suspicious illnesses and rumors at community level, support case identification, investigation , and case management by coordinating with WHO, UNICEF, CHD/SMOH and the National Public Health Laboratory. All alerts will be investigated in time and managed as per best practices</p>							
Output 1.2							
Description							
Increased access to reproductive health care services in Nyadong PHCU and Meer Island PHCU to underserved communities in Nyal Payamn in Panyijar County							
Assumptions & Risks							
Communities appreciate services provided at the locations selected							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Number of facilities providing BEmONC services					2
Means of Verification : Health facilities reporting under DHIS2 and progress reports							
Indicator 1.2.2	HEALTH	Number of pregnant women receiving ANC services		702			702
Means of Verification : Ante Natal Care registers and DHIS-2 monthly reports							
Indicator 1.2.3	HEALTH	Number of normal deliveries attended by skilled birth attendants					48
Means of Verification : Maternity Registers and DHIS-2 monthly reports							
Activities							
Activity 1.2.1							
Standard Activity : Provision of essential Health Care to vulnerable populations							
<p>The project will support the recruitment of 2 qualified nurses/Midwives to be based 1 in each of the 2 supported PHCU's. A safe motherhood package will be provided according to the basic package of health and nutrition services . It will entail the provision of antenatal care , postnatal care family planning and provision of skilled deliveries to support pregnant women in labour. The health facility will be supported to provide Basic Emergency Obstetric and Neonatal Care (BEmONC) services through the recruited qualified personnel, provision of supplies and medical equipment to support the 7 signal functions of BEmONC.</p> <p>Referral to CEMONC facilities at Ganyiel PHCC will be coordinated by the health project liaising with the CHD director and relevant clinicians at the CEMONC PHCC to ensure timely referrals and prompt management of clients in need of CS and Blood Transfusion</p>							
Activity 1.2.2							
Standard Activity : Provision of essential Health Care to vulnerable populations							
<p>The Nyandong and Meer Island PHCUs will be equipped to provide safe motherhood services including antenatal care services. Health education by supported community health workers and health providers on the importance of ANC attendance for at least 4 visits will be a key preventive package delivered at all contacts with the health systems. The health providers at the supported facilities will conduct daily ANC clinics for pregnant women and will ensure provision of essential medical examination, checks for blood pressure, ANC profiles and conduct of necessary laboratory tests to ensure the good health of both mother and babies. High risk pregnancies will be identified on time and enrolled into clinic visits or referred to Ganyiel PHCC as needed</p>							
Activity 1.2.3							
Standard Activity : Provision of essential Health Care to vulnerable populations							
<p>The health facilities will provide for skilled attendance deliveries for all pregnant women. The health facilities will provide for regular sterilization of delivery kits, and provision of adequate lighting and water to ensure provision of quality health services.</p> <p>2 Midwives, one in each health facility will support provision of skilled deliveries.</p> <p>The health facilities will be equipped to provide cold chain facilities for storage and delivery of oxytocin for pregnant women in the third stage of labor for all pregnant women delivering in the supported health facilities. Linkages from the community through the BHI will be strengthened to minimize home deliveries and increase referrals from the community for pregnant women to ensure safe and skilled attendant deliveries</p>							
Additional Targets :							

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Equitable access to, and utilization of, quality preventative and curative nutrition services for children, adolescents and women in the prioritized counties experiencing multiple deprivations, including high acute malnutrition rates, food insecurity, morbidities and poor WASH conditions		SO1: Vulnerable people have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs			85		
Ensure safe, equitable and dignified access to critical multi-sectoral basic services that will contribute to the reduction of acute malnutrition and ultimately reduce morbidity and mortality		SO2: Vulnerable people experience reduced protection threats and have access to safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action			15		
<p>Contribution to Cluster/Sector Objectives : IRC's proposed interventions are aligned with the cluster strategic objectives as well as HRP, prioritizing the most vulnerable community mainly under five children and PLW with clear enrolment criteria and gender considerations. IRC will provide 1.Equitable access to, and utilization of, quality preventative and curative nutrition services for children, adolescents and women in the prioritized counties experiencing multiple deprivations, including high acute malnutrition rates, food insecurity, morbidities and poor WASH conditions. IRC's proposed response will support static nutrition sites that provide treatment for acute malnutrition this will maintain existing coverage for nutrition services. Furthermore, for the hard-to-reach sites,2 nutrition rapid response/mobile teams will be deployed. The use of family mid-upper arm circumference, introduced in the context of COVID-19 for early detection and referral of children with acute malnutrition, will continue to be implemented to improve timely identification and referral of children with malnutrition. IRC in collaboration with County health department (CHD),IMC and UNIDOR will conduct quarterly support supervision visits and provide on job training for staff to ensure delivery of nutrition services is in line with national guidelines. (2) Ensure safe, equitable and dignified access to critical multi-sectoral basic services that will contribute to the reduction of acute malnutrition and ultimately reduce morbidity and mortality IRC will implement Maternal and infant and young child feeding interventions through capacity building of health staff, promotion messages and support for peer support groups. IRC's response is a multi-sectoral response which will enhance coordination, efficiencies, and convergence of sectoral response. SAM patients will receive WASH kits, testing, and treatment for malaria in addition to their treatment for malnutrition. Capacity building on GBV and child protection screening and referral. IRC will provide referral for care (including medical, psychosocial and legal services as appropriate). Support group members will also receive seeds and participate demonstration sessions on establishment of kitchen gardens to replicate in their homes.</p>							
Outcome 1							
Increased access to timely preventive and curative nutrition services for acutely malnourished children and vulnerable boys, girls, women, and men through integrated response in Panyijar.							
Output 1.1							
Description							
Girls and boys under 5 years of age and pregnant and lactating women affected by acute malnutrition are detected, referred, and provided with nutritional treatment and care.							
Assumptions & Risks							
Children identified by CNV and get referred may not come to Nutrition sites as flooding may affect accessibility rate of self-referral may be increased due to family MUAC approaches. There will be consistent supply of Malaria RDT kits through out the implementation period.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of girls and boys (6-59 months) screened for malnutrition			4,294	4,553	8,847
Means of Verification : NIS, daily Screening tally sheet							
Indicator 1.1.2	NUTRITION	Number of girls and boys (6-59 months) with SAM admitted for treatment			236	256	492
Means of Verification : NIS, weekly report							
Indicator 1.1.3	NUTRITION	Number of girls and boys (6-59 months) with MAM admitted for treatment			660	717	1,377
Means of Verification : NIS, weekly report, TSFP registration books							
Indicator 1.1.4	NUTRITION	Number of Pregnant and lactating women with MAM who are treated		754		0	754
Means of Verification : NIS, weekly report, TSFP registration books							
Indicator 1.1.5	NUTRITION	Number of nutrition and health workers trained on CMAM	32	33			65
Means of Verification : Training reports							
Indicator 1.1.6	NUTRITION	Number of nutrition sites with services					18
Means of Verification : Progress report, NIS							
Indicator 1.1.7	NUTRITION	Proportion of SAM children admitted for treatment who recovered					75
Means of Verification : NIS							
Activities							

Activity 1.1.1**Standard Activity : Community screening for malnutrition and referral**

IRC will conduct active community screening through trained Community Nutrition Volunteer's and caregivers using the Family MUAC approach. CNVs and caregivers will receive training by IRC nutrition officers and Community nutrition Workers on correct use of MUAC tapes and the referral pathways available for children with acute malnutrition. The nutrition officers will provide monthly reports on the screening data from the community to inform the quality of screening. In Panyijar a total of 8847 (4294 B,4553 G) Under five and 2155 PLW Panyijar will be screened for malnutrition using MUAC and bilateral pitting oedema. Children with a MUAC < 12.5 cm and signs of oedema will be referred to nutrition sites for further assessment and treatment. Pregnant lactating women with a MUAC <23cm will also be referred to nutrition sites for treatment and further follow up. MUAC tapes will be sourced from Unicef.

Activity 1.1.2**Standard Activity : Treatment of severe acute malnutrition in children 6-59months**

Children aged 6-59 months with a MUAC of < 11.5 cm or bilateral pitting edema grade of 1 or 2, who have a good appetite and no medical complications will be admitted to Out Patient therapeutic program (OTP.)Children assessed as having a poor appetite or medical complications and a MUAC < 11.5cm or with bilateral pitting edema grade 3, will be referred for inpatient care at the Stabilization center (SC). Children assessed as having a poor appetite or medical complications and a MUAC <11.5cm or with bilateral pitting edema grade 3, will be referred for inpatient care at the SCs. IRC will provide timely treatments of Severe Acute Malnutrition (SAM) with medical complication and SAM without medical complications through 18 supported Outpatient therapeutic feeding sites (OTP sites), 2 Stabilization Centers (SC) and 3 Rapid Response Mobile (RRM mobile)sites. A total of 492(236B ,256G) SAM children without medical complication will be admitted to OTP and get appropriate treatment and care in line with national guidelines. The project will source nutrition supplies including Ready To Use Therapeutic Feeds (RUTF) and stabilization center feeding therapeutic supplies (F-75 and F-100 milk) from UNICEF, while Stabilization center SAM Kits will be leveraged from WHO..

Activity 1.1.3**Standard Activity : Treatment of Moderate Acute malnutrition in children 6-59months**

All children Under 5 identified with Moderate Acute Malnutrition (MAM) will be provided with supplementary feeding services at 18 Targeted Supplementary Feeding Program (TSFP) sites and 3 Rapid Response Mobile (RRM) sites. Treatment will be provided in line with the national guidelines and in the context of COVID 19. Biweekly follow up will be conducted for children under five and pregnant and lactating women (PLWs) enrolled for treatment of MAM. The project will reach a total of 1377 (660B, and 717 G) Under five in Panyijar. The program will source Ready to use Supplementary feeding (RUSF) supplies from WFP.

Activity 1.1.4**Standard Activity : Capacity building**

A refresher training will be provided for IRC nutrition staff and CHD primary health care providers on CMAM for three days in Ganyiel and in Nyal Payams. A total of 65 (35 in Ganyiel 30 in Nyal) staff from the linked health facilities and Nutrition sites will attend the training. The training will strengthen the capacity of health and nutrition providers in screening, management and referrals for children under 5 and Pregnant and Lactating Women with acute malnutrition.

Activity 1.1.5**Standard Activity : Treatment of Moderate Acute malnutrition in children 6-59months**

All children Under 5 identified with a MUAC \geq 11.5cm and < 12.5cm categorized as Moderate Acute Malnutrition (MAM) will be provided with supplementary feeding services at 18 Targeted Supplementary Feeding Program (TSFP) sites and 2 Rapid Response Mobile (RRM) clinics. Each Mobile team will be staffed by a Nutrition Officer and 2 CNWs. Treatment will be provided in line with the national guidelines and in the context of COVID 19. Biweekly follow up will be conducted for children under five and pregnant and lactating women (PLWs) enrolled for treatment of MAM. The project will reach a total of 1377 (660B, and 717 G) Under five in Panyijar. The program will source Ready to use Supplementary feeding (RUSF) supplies from WFP.

Activity 1.1.6**Standard Activity : Treatment of severe acute malnutrition in children 6-59months**

Preposition of nutrition supplies to all nutrition sites including RRM sites. Nutrition supplies will be prepositioned monthly to all sites to ensure that there will be no stock outs and service interruption due to supply shortage. Ready to Use Therapeutic Feeds (RUTF), Ready To Use Supplementary Feed (RUSF), Corn Soy Blend (CSB++) and other routine medication will be prepositioned to all sites including RRM sites.

IRC will provide timely treatments of Severe Acute Malnutrition (SAM) with medical complication and SAM without medical complications through 18 supported Outpatient therapeutic feeding sites (OTP sites), 2 Stabilization Centers (SC) and 2 Rapid Response Mobile (RRM mobile) teams. A total of 492(236B ,256G) SAM children without medical complication will be admitted to OTP and get appropriate treatment and care in line with national guidelines. The project will source nutrition supplies including Ready To Use Therapeutic Feeds (RUTF) and stabilization center feeding therapeutic supplies (F-75 and F-100 milk) from UNICEF, while Stabilization center SAM Kits will be leveraged from WHO..

Activity 1.1.7**Standard Activity : Treatment of severe acute malnutrition in children 6-59months**

Procure Supplies for all supported nutrition sites particularly Stabilization Centers and OTP sites materials including detergents and cleaning materials to ensure the hygiene and sanitation of the SC. Additional supplies will include facility stationery, utensils, tape measures and other supplies that ensure the smooth provision of nutrition supplies. Each facility will be provided with hand washing supplies to ensure standards of infection prevention and control are maintained.

Activity 1.1.8**Standard Activity : Monitoring**

Conduct quarterly joint supportive supervision with CHD: IRC technical team in partnership with the CHD management team will conduct quarterly joint supportive supervision to selected static and RRM nutrition sites every week to ensure all sites are visited at least one time every month. To ensure monitoring, capacity building and adherence of nutrition services to the national guidelines. the nutrition activities Joint supportive supervision with IRC technical assistance team (Juba based) will be held to selected static and RRM nutrition sites at least for one week in a quarter.
Feedback will be provided to the frontline providers as well as on job coaching and mentorship to ensure motivation of key staff and strengthen their capacity to provide adequate care to clients visiting the supported nutrition sites

Activity 1.1.9

Standard Activity : Treatment of Moderate Acute malnutrition in children 6-59months

Pregnant lactating women PLW identified with MUAC <23cm will be provided with supplementary feeding services at 18 Therapeutic Supplementary Program TSFP sites and 3 RRM sites. Treatment will be provided in line with the national guidelines in the context of COVID 19. Biweekly follow up will be conducted for both under five and PLW enrolled for treatment of MAM. 754 PLWs with MAM will be reached. CSB ++ will be provided by WFP.

Output 1.2

Description

Improved access and utilization of quality preventative nutrition specific service for primary care takers of 0-24 months. A total of 2235 women and 248 men in Panyijar will be reached with Key MIYCN and hygiene promotion messages. IRC will support 90 mother to mother support groups.

Assumptions & Risks

Flooding may affect accessibility, due to COVID 19 MtMSG biweekly discussion sessions may be affected

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Number of caregiver receiving Maternal, Infant and Young Child Nutrition (MIYCN) counselling	248	2,235			2,483

Means of Verification : MIYCN registration books, NIS

Indicator 1.2.2	NUTRITION	Number of health and nutrition workers trained in MIYCN Guidelines	32	33			65
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Means of Verification : Training reports and progress reports

Activities

Activity 1.2.1

Standard Activity : Infant and young child feeding counselling

IRC will conduct Individual and group counseling for primary caregivers of children 0-23 months focusing on exclusive breast feeding and complementary feeding messages. IRC will also support and facilitate 90 mother to mother support groups who will be linked to the 18 nutrition sites. The groups will provide a platform for caregivers to share learning and experiences of breastfeeding, complementary feeding and child care practices. Furthermore, IRC will conduct community sensitization sessions every two months targeting influential community leaders and community members. The sessions will be aimed to enhance prevention of malnutrition activities and to provide a platform for the community to propose and discuss local solutions for promotion, adoption of optimal nutrition practices, and sustainability of the nutrition program. A total of 2235 women and 248 men in Panyijar will be reached with Key Maternal Infant and Young Child Nutrition (MIYCN) and hygiene promotion messages under this action.

Activity 1.2.2

Standard Activity : Capacity building

IRC will conduct a refresher training for IRC nutrition staff and CHD health care services providers on MIYCN for three days In Ganyiel and in Nyal field office. A total of 65 (35 in Ganyiel and 30 in Nyal). The training will strengthen staff skills in providing counseling sessions and education sessions, focused on improving breastfeeding and feeding practices for children under 2 and pregnant lactating women.

Output 1.3

Description

Nutrition sensitive response is integrated with Health, Food Security and Livelihood, Child protection and GBV.

Assumptions & Risks

full scale of integration may not be there due to the location difference or commitment among other partners. There will be availability of mRDT kits.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	Number of SAM cases who are tested, referred or treated for Malaria			236	256	492

Means of Verification : NIS and progress reports

Indicator 1.3.2	NUTRITION	Number of nutrition and Health workers trained on GBV and Child Protection	32	33			65
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Means of Verification : Training and progress reports

Indicator 1.3.3	NUTRITION	Number of care givers benefiting from kitchen gardening and cooking demos	0	900			900
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Means of Verification : Activity reports and progress reports

Activities

Activity 1.3.1

Standard Activity : Integration with other clusters (Health)

100% of children under 5 years with Severe Acute Malnutrition (SAM) admitted to Outpatient Therapeutic Feeding Program (OTP) will be tested for malaria using malaria Rapid diagnostic test kits (RDT). The children who test positive will be treated in adherence with the national guidelines. Referrals to the nearest health facility will be made in cases where drugs are not available at the nutrition site and for all children with complicated disease and in need of higher level of care. Similarly, all SAM children admitted to OTP will be provided with a WASH kit containing mainly soap and a jerry can. The caregivers will be trained on jerry can washing and handwashing practices to ensure consistent and accurate use of these kits.

Nutrition staff will work closely with linked health facilities to strengthen cross referrals for children between primary health sites and nutrition sites for nutrition screening and treatment, immunization and other essential care services to reduce missed opportunities

Activity 1.3.2

Standard Activity : Integration with other clusters (GBV)

Training will be provided for all nutrition staff and CHD staffs on GBV. In Ganyiel and in Nyal field office. A total of 65 (35 in Ganyiel and 30 in Nyal) staff are targeted for training. Similarly, all nutrition sites will strengthen the existing feedback mechanism and all data will be collected disaggregated by age and sex.

Providers will be trained on GBV screening liaising with GBV actors in the project areas to leverage expertise. The training sessions will further provide an opportunity to be trained on existing referral pathways for care (including medical, psychosocial and legal services as appropriate). The nutrition staff will be encouraged to identify children and caregivers that are affected by GBV and advise on appropriate care pathways and linkages. These sessions will be conducted jointly with the County Health Department to ensure buy in and sensitize CHD leadership on the impact of GBV on health and nutrition of the affected population

Activity 1.3.3

Standard Activity : Integration with other clusters (FSL)

IRC will provide seeds and tools to 90 mother to mother support groups attached to the 18 nutrition sites for demonstration of establishment of kitchen gardens with close collaboration of FSL team.

The project will leverage on existing IRC FSL expertise in the field locations in sourcing adequate, and appropriate seeds and implements to support the establishment of the demonstration kitchen gardens. smart agriculture techniques will be used as appropriate while the 90 Mother to Mother Support Groups (MTMSGs) will benefit from seeds, implement and the technical know how to replicate the kitchen gardens in their households and communities to strengthen household resilience and mitigate some of the underlying causes of malnutrition at the household level.

Activity 1.3.4

Standard Activity : Not Selected

Sensitization to target beneficiaries on available feedback channels and IRC Client Responsiveness Framework and Standard Operating Procedures (SOPs) that integrate safeguarding. This will be done during project activities.

Activity 1.3.5

Standard Activity : Not Selected

On-site data quality assessment will be conducted to verify reported data against recorded data for selected indicators as well as assess the ability of the data management system to collect, manage and report quality data.

Activity 1.3.6

Standard Activity : Not Selected

Monthly project review meetings will be held at the service delivery and field office levels where project staff and partners will review data on all indicators and use the data to make decisions about how to best deliver on the project outcomes and make necessary adjustments.

Activity 1.3.7

Standard Activity : Not Selected

Quarterly project cycle meetings will be held on a quarterly basis to discuss performance across service delivery sites, share experiences and learnings and make high-level evidence-based decisions geared towards strengthening the project delivery mechanisms and success pathways

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring and reporting will be integrated into program activities where service providers and project staff will be provided with data collection and reporting tools such as registers and activity reports to record information. All data collection and reporting tools will be informed by the project indicators. Project staff will be trained on all the data collection tools and supportive supervision conducted to ensure that they use the tools correctly. For Health interventions, data will be collected at the health facilities and service delivery points and reported on a regular basis to the County Health Department through the District Health information Software (DHIS 2.0). This will support county level planning and data driven decision making for the health sector. Community level data will be collected at the community and summary sheets shared with the nearest health facility for submission to the CHD for entry into DHIS 2.0. Weekly information on disease surveillance and reporting will be collected from the health facilities for notifiable illnesses and submitted through the Integrated Disease Surveillance and Reporting System (IDSR) or Early Warning, Alert and Response System (EWARS) for all health facilities in the project

Nutrition interventions will utilize standardized MOH tools provided by UNICEF for SAM treatment, WFP for MAM treatment, and MIYCN registers. Data will be received weekly from nutrition sites and consolidated for monthly reporting to the Nutrition Cluster through the NIS and through DHIS for the ministry of health. For all sectors, analysis of data will be done on a monthly and quarterly basis to inform the project on progress towards the milestones, adjust implementation and reporting to SSHF, beneficiaries and other stakeholders. Also, data quality assessments will be conducted on a quarterly basis to verify the consistency, correctness, and completeness of data reported by the project team. Quarterly data review meetings will be held at the service delivery and field office levels where project staff and partners will

review data on all indicators and use the data to make critical decisions about how to best deliver on the project outcomes and make necessary adjustments. Project cycle meetings will be held on a monthly basis to discuss performance across service delivery sites, share experiences and learnings, and make high-level evidence-based decisions geared towards strengthening the project delivery mechanisms and success pathways. The project team will document and disseminate lessons learned human interest stories, and best practices during the project period.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>HEALTH: Activity 1.1.1: Conduct outpatient consultations at the 2 supported health facilities and provide appropriate treatment and support referrals for secondary care to Ganyiel PHCC as appropriate.</p> <p>This will target beneficiaries across 2 supported PHCUs - Nyadong and Meer Island PHCU's in Nyal Payam to reach a total of 18,188 persons 4357Men, 3233 Women, 4736 Boys and 5862 Girls over a period of 8 months all inclusive of persons living with disability and the elderly. IRC will disaggregate data for persons living with disabilities receiving health services.</p> <p>This will be achieved through initial set up, staffing (for each health facility: 1 Clinical Officer, 1 Midwife, 1 data clerk, 1 dispenser, 1 vaccinator, 1 cleaner and 1 guard) and provision of supplies and equipment to support essential health services delivery through the two static PHCUs.</p> <p>Each health facility will rely on the core pipeline for emergency health kits where available from WHO, however cognizant of the needs of the affected populations, the risk of stock out of tracer commodities and last mile delivery challenges the project will procure buffer supplies to ensure continued provision of essential health services as well as preposition supplies before the heavy rainy season to mitigate stock outs</p>	2023	X	X	X	X	X	X						
	2022											X	X
<p>HEALTH: Activity 1.1.2: Procure, transport and distribute essential medicines, medical supplies, Lab reagents, RH kits, Infection control supplies from Juba to the 2 target health facilities to support health service provision. through air transport and water transport for last mile distribution. The supplies and commodities will provide support to clinicians employed by this project to deliver outpatient department curative and preventive health services. The IRC will work closely with the health facility committee membership to ensure regular meetings with the health facility staff to strengthen accountability mechanisms on management of health facility medical equipment and pharmaceutical supplies during the project implementation.</p> <p>Each health facility will rely on the core pipeline for emergency health kits where available from WHO, however cognizant of the needs of the affected populations, the risk of stock out of tracer commodities and last mile delivery challenges the project will procure buffer supplies to ensure continued provision of essential health services as well as preposition supplies before the heavy rainy season to mitigate stock outs</p>	2023	X	X										
	2022											X	X
<p>HEALTH: Activity 1.1.3: The project will recruit and train on the job 2 EPI vaccinators in each of the supported health facilities, work with the CHD to develop joint community developed micro-plans to aid in outreach planning in the catchment location of supported health facilities. The vaccinators will provide routine immunization services and planned outreaches at least every 2 days in a week. The vaccination staff will further work with other health providers to strengthen health education on vaccine preventable diseases (VPD) at service delivery points using easy to understand IEC materials, The project will support risk communication and community engagement activities working with existing community structures to increase demand for immunization</p>	2023	X	X	X	X	X	X						
	2022											X	X
<p>HEALTH: Activity 1.1.4: The project will recruit and train on the job 2 EPI vaccinators in each of the supported health facilities, work with the CHD to develop joint community developed micro-plans to aid in outreach planning in the catchment location of supported health facilities. The vaccinators will provide routine immunization services and planned outreaches at least every 2 days in a week. The vaccination staff will further work with other health providers to strengthen health education on vaccine preventable diseases (VPD) at service delivery points using easy to understand IEC materials, The project will support risk communication and community engagement activities working with existing community structures to increase demand for immunization. Review of County EPI data will be undertaken alongside the County EPI manager to ensure targeting of under vaccinated children in the community. The vaccination activities will strengthen uptake of pentavalent 3rd dose and measles vaccines</p>	2023	X	X	X	X	X	X						
	2022											X	X
<p>HEALTH: Activity 1.1.5: Conduct weekly disease surveillance using the EWARS/IDSR tools at facility level. This activity will also include training of 30 Health workers from the county on IDSR focusing on Cholera and other notifiable diseases . Panyijar County is a high risk Cholera County and the last rounds of OCV vaccinations were conducted in 2018 increasing the risks of cholera transmission in the County. The trained staff will together with CHD conduct surveillance, prevention, response and reporting according to WHO guidelines. The project will work with community volunteers to identify suspicious illnesses and rumors at community level, support case identification, investigation , and case management by coordinating with WHO, UNICEF, CHD/SMOH and the National Public Health Laboratory. All alerts will be investigated in time and managed as per best practices</p>	2023	X	X	X	X	X	X						
	2022											X	X

<p>NUTRITION: Activity 1.3.1: 100% of children under 5 years with Severe Acute Malnutrition (SAM) admitted to Outpatient Therapeutic Feeding Program (OTP) will be tested for malaria using malaria Rapid diagnostic test kits (RDT). The children who test positive will be treated in adherence with the national guidelines. Referrals to the nearest health facility will be made in cases where drugs are not available at the nutrition site and for all children with complicated disease and in need of higher level of care. Similarly, all SAM children admitted to OTP will be provided with a WASH kit containing mainly soap and a jerrycan. The caregivers will be trained on jerry can washing and handwashing practices to ensure consistent and accurate use of these kits.</p> <p>Nutrition staff will work closely with linked health facilities to strengthen cross referrals for children between primary health sites and nutrition sites for nutrition screening and treatment, immunization and other essential care services to reduce missed opportunities</p>	2023	X	X	X	X	X	X												
	2022												X	X	X				
<p>NUTRITION: Activity 1.3.2: Training will be provided for all nutrition staff and CHD staffs on GBV. In Ganyiel and in Nyal field office. A total of 65 (35 in Ganyiel and 30 in Nyal) staff are targeted for training. Similarly, all nutrition sites will strengthen the existing feedback mechanism and all data will be collected disaggregated by age and sex.</p> <p>Providers will be trained on GBV screening liaising with GBV actors in the project areas to leverage expertise. The training sessions will further provide an opportunity to be trained on existing referral pathways for care (including medical, psychosocial and legal services as appropriate). The nutrition staff will be encouraged to identify children and caregivers that are affected by GBV and advise on appropriate care pathways and linkages. These sessions will be conducted jointly with the County Health Department to ensure buy in and sensitize CHD leadership on the impact of GBV on health and nutrition of the affected population</p>	2023			X			X												
	2022																		X
<p>NUTRITION: Activity 1.3.3: IRC will provide seeds and tools to 90 mother to mother support groups attached to the 18 nutrition sites for demonstration of establishment of kitchen gardens with close collaboration of FSL team. The project will leverage on existing IRC FSL expertise in the field locations in sourcing adequate, and appropriate seeds and implements to support the establishment of the demonstration kitchen gardens. smart agriculture techniques will be used as appropriate while the 90 Mother to Mother Support Groups (MTMSGs) will benefit from seeds, implement and the technical know how to replicate the kitchen gardens in their households and communities to strengthen household resilience and mitigate some of the underlying causes of malnutrition at the household level.</p>	2023	X																	
	2022																		X
<p>NUTRITION: Activity 1.3.4: Sensitization to target beneficiaries on available feedback channels and IRC Client Responsiveness Framework and Standard Operating Procedures (SOPs) that integrate safeguarding. This will be done during project activities.</p>	2023	X	X	X	X	X	X												
	2022												X	X	X				
<p>NUTRITION: Activity 1.3.5: On-site data quality assessment will be conducted to verify reported data against recorded data for selected indicators as well as assess the ability of the data management system to collect, manage and report quality data.</p>	2023	X	X	X	X	X	X												
	2022												X	X	X				
<p>NUTRITION: Activity 1.3.6: Monthly project review meetings will be held at the service delivery and field office levels where project staff and partners will review data on all indicators and use the data to make decisions about how to best deliver on the project outcomes and make necessary adjustments.</p>	2023	X	X	X	X	X	X												
	2022																	X	X
<p>NUTRITION: Activity 1.3.7: Quarterly project cycle meetings will be held on a quarterly basis to discuss performance across service delivery sites, share experiences and learnings and make high-level evidence-based decisions geared towards strengthening the project delivery mechanisms and success pathways</p>	2023	X		X		X													
	2022																		

OTHER INFO

Accountability to Affected Populations

The IRC in this project will adhere to the IASC guidelines on the five Commitments to Accountability to Affected Populations in the humanitarian context.

Leadership/Governance: IRC is committed to integrating accountability into the country's strategy. IRC's policy on Safeguarding, SEA and the "IRC Way" is an organizational code of conduct which is integrated into recruitment, staff inductions, trainings and performance management, partnership agreements, project design and implementation and reporting. All policies are mandatory for adherence and trainings require yearly renewal for all staff. IRC will provide training on SEA and available reporting channels for all its staff supported under the action and display materials on reporting mechanisms available to report SEA.

Transparency: The IRC will maintain transparency on organizational procedures, structures and processes that may impact communities to support informed decisions and engage communities in a dialogue as part of information provision. This will include but not limited to project activities, design, recruitment procedures and outcomes.

Feedback and complaints: Through the Client Responsiveness Approach (CRA), the target population will be involved in the whole project cycle. The objective of the CRA is to "make our work more responsive to the aspirations of the clients and communities we serve, reflecting the value we place on local leadership and the transference of power and accountability from donors to clients". The IRC will conduct surveys on a quarterly basis to get positive and negative feedback of girls, boys, women, and men, including PLWD's and local authorities for data that informs key decisions during project design, start-up, implementation, and close-out. Communities will be informed on the planned activities at the onset of the project, the number of health facilities supported, IRC's contribution and their expected support. To ensure our services, remain as responsive, relevant, and appropriate as possible, timely community feedback mechanisms will be established through meetings with key members (MTMSGs, CNVs, etc.)

Participation: The IRC will work closely with the local authorities including the Relief Organization of South Sudan (ROSS), community leaders from Meer Island boma including women leaders and youth leaders for the selection of the BHW's. The project will involve the Boma Health committee members to enable communities to play an active role in the decisions that will impact their lives through the establishment of clear guidelines and practices on participation and ensure that the most marginalized and at risk are represented and have influence. The IRC will work closely with the local administration, including local chiefs, community leaders and the County Health Departments (CHDs) to ensure OTPs and TSFPs are open and accessible to community members at appropriate times (open when there is adequate daylight to ensure the safety for women and children accessing services).. All information collected will be reviewed and used, as appropriate, to adjust and improve the intervention.

Design, monitoring and evaluation: The IRC will design, monitor and evaluate the goals and objectives of project with the involvement of affected populations, feeding learnt lessons back into the organization on an on-going basis and reporting on the results of the process. While adhering to the 'Do No Harm' principle, IRC will ensure that beneficiaries are consulted in accordance with their gender and vulnerability groups. All IRC staff are trained in these core principles during on boarding processes. IRC will involve beneficiaries at each step in the intervention and information will be shared freely and openly. Program data review will be conducted during project review meetings and decisions on project improvements will consider the viewpoints of key community leaders, the County health departments and other stakeholders

Implementation Plan

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

Gender Marker Of The Project

4- Likely to contribute to gender equality, including across age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

The IRC will consult with the local authorities to identify the most vulnerable communities cut off from health services to allocate the BHW's while observing equity in allocation. The IRC will also use the Washington group of questionnaires in training health staff and community health workers to mainstream disability inclusion during service provision. The clinics will remain open during the day to consider hours that are prone to be favorable and accessible by women and girls especially for sexual and reproductive health services.

Information, education, and communication (IEC) materials developed will also be translated in the local languages with pictorial messages to ensure retention and will also be developed to ensure they are age appropriate and gender specific.

The IRC will train all the health staff, and BHW's on protection mainstreaming, including child safeguarding principles and prevention of sexual exploitation and abuse including the "IRC WAY" The IRC will uphold the do no harm principle by ensuring that all their services and structures are meaningfully accessible, safe, promote beneficiary dignity and promote ownership of the project by the beneficiaries through constant community engagement/participation and functional feedback processes throughout the project period. The identified latrines for construction at Ganyiel PHCC will be fitted with ramps and handrails to improve access for elderly and persons with disability. For privacy and security purposes male and female posters will be placed to label the latrines accordingly. The IRC nutrition program will consider vulnerable groups (children under five and pregnant and lactating women) in the targeted implementation sites. Equal chances will be given to boys and girls below the age of five suffering from acute malnourishment to access and benefit from the program. In addition, pregnant and lactating women will be identified for TSFP and specific MIYCN activities.

Country Specific Information

Safety and Security

Access

The IRC has a presence in Panyijar County, with an established field office that is already implementing various projects under sectors in GBV, Child protection, Economic Recovery and Development, Nutrition and Health and will easily access the locations. IRC has developed strong working relationships with the community and participates in interagency discussions to maintain this relationship and sustain access to affected populations.

Accessibility remains a challenge in the catchment areas of the targeted health facilities. Access to Meer Island is only possible by canoes including to the ten remote islands that can only access health services at Meer Island PHCU due to the flooding with subsequent disruption of key transport channels including roads, water channels and landing strips for flights. Transportation of supplies in most of the sites affected by flooding is done using human porters. Insecurity along project sites has resulted in access constraints especially during interclan flights, cattle rustling incidents and criminality. This poses a challenge for both project staff and supplies transportation. The IRC will continue to engage key community leaders and local authorities to get daily security and access updates prior to deploying project staff and supplies to ensure staff safety and security.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Nutrition coordinator	D	1	9,309.16	9	5.00	4,189.12
	<i>Nutrition Coordinator based in Juba budgeted at (5% LOE* \$9309.16 per month for 9 months) and 29.31% fringe benefits is based in Juba and is responsible in overseeing the nutrition program implementation at the country level and ensure the quality of nutrition program as standard as national and international. the level of effort is calculated at 5%.</i>						
1.2	Nutrition Manager	D	1	7,475.02	9	20.00	13,455.04
	<i>Nutrition Manager based in Panyijar budgeted at 20% level of effort (LOE)*\$7475.02 per months) and 29.31% fringe benefits, monthly for 9 months. The nutrition manger is responsible incoordination and ensuring the nutrition program in Ganyiel and Nyal are implemented accordingly</i>						
1.3	MCH Coordinator	D	1	8,508.34	9	5.00	3,828.75
	<i>The MCH Coordinator(5% LOE* \$8508.34 per month for 9 months) is based in Juba and is responsible for strategy development, program design, and technical support to ensure quality implementation, standardization, monitoring and evaluation of all activities in the for the project in collaboration with the Senior Health coordinator. The level of effort is calculated at 5%.</i>						
1.4	Senior Health M&E Manager	D	1	8,062.72	9	5.00	3,628.22
	<i>Senior Health M&E Manager (5% LOE x \$ 8062.72/month for 9 months): The Health M&E Manager is a roving role and is responsible for providing monitoring and evaluation support to the team implementing the project. Working with the project team he will monitor the targets and indicators to ensure that the project is delivered as per the expectations. He will also establish and support the client response mechanism for the project. The level of effort is calculated at 5%.</i>						
1.5	Reproductive Health Manager	D	1	6,893.78	9	5.00	3,102.20
	<i>Reproductive Health Manager (5% LOE x \$ 6893.78/month for 9months): The RH Manager is a roving role and is responsible for providing mentorship, supervision and training to project staff on reproductive health activities. She will support the set up of BeMONC at the 2 facilities, review performance of RH indicators and support to the team implementing the project. The level of effort is calculated at 5%.</i>						
1.6	Field Coordinator - Ganyiel	D	1	9,033.06	9	6.00	4,877.85
	<i>Field Coordinator based in Ganyiel Location Budgeted for 9months at 9,033.06 at 6% inclusive of 29.31% Benefits, USD 372 Location Differential and Hardship allowance</i>						
1.7	Deputy Nutrition Manager	D	1	2,309.00	9	20.00	4,156.20
	<i>Deputy Nutrition Managers responsible for Nyal and Ganyiel) budgeted at 20% LOE *\$2309 with 23% benefit for NSI and gratuity and medical at \$ 77/month for 9 months. The deputy nutrition manger is responsible in overseeing the nutrition program in Ganyeil and support and supervise all nutrition and IYCF officer. he is also resistible ensuring nutrition supplies are available at all sites and request for UNICEF and WFP timely. monitoring or program and reporting</i>						
1.8	Nutriiton Officers	D	2	1,658.00	9	20.00	5,968.80
	<i>Two Nutrition officers budgeted at 20% LOE*\$1,658 with 23% benefit for NSI and gratuity and medical at \$ 77/month for 9 months. The two Nutrition officer based in Ganyliel, and are responsible in ensuring the nutrition program across all sites are running well, provision of technical supports to CNW along with data quality assurance and reporting</i>						
1.9	Stabilization Center (SC)Clinical officer	D	1	1,937.00	9	20.00	3,486.60

	<i>A clinical officer budgeted at 20% LOE * \$1,937 with 23% benefit for NSI and gratuity and medical at \$ 77/month for 9 months. The clinical officers are based in Ganyliel stabilization center (SC) responsible for day-to-day clinical management in SC mainly in appropriate diagnosis and management of SAM children admitted to SC</i>						
1.10	SC-Nurse	D	2	1,379 .00	9	20.00	4,964.40
	<i>Two SC nurses budgeted at 20% LOE *\$1,379 based in Ganyliel SC with 23% benefit for NSI and gratuity and medical at \$ 77/month for 6 months. The SC nurses are responsible in providing daily care for Inpatient SAM children in a shift (done in a day time and one at night) as the SC is function 24hrs ad ya d 7 days in a week</i>						
1.11	SC-Nutrition Assistant	D	3	1,470 .85	9	20.00	7,942.59
	<i>3 Nutrition assistants for SC budgeted at 20% LOE *\$ 1470.85 for Ganyliel I SC with 23% benefit for NSI and gratuity and medical at \$ 77/month for 9 months. The Nutrition assistant for SC are responsible in providing daily feeding care for Inpatient SAM children as the SC is function 24hrs ad ya d 7 days in a week.</i>						
1.12	Nutrition officer- Mobile Team	D	1	1,534 .00	8	100.00	12,272.00
	<i>A Nutrition officer MT budgeted at 100 % \$1534 with 23% benefit for NSI and gratuity and medical at \$ 77/month for 8 months and responsible for the day-to-day nutrition services at mobile sites, data collection and reporting and also responsible to lead mobile team. recruited for Ganyliel site working in different mobile.</i>						
1.13	CNW (Nutrition assistance)	D	3	563.0 8	8	100.00	13,513.92
	<i>Three community nutrition workers budgeted at 100% \$3563.08 with 23% benefit for NSI and gratuity and medical at \$ 77/month for 8 months. The CNW will be recruited and deployed to mobile team responsible to provide daily CMAM and MIYCN services. The three CNWs were for Ganyliel sites</i>						
1.14	Nutriiton Officer	D	1	1,721 .38	9	20.00	3,098.48
	<i>A Nutrition officer budgeted at 20% LOE*\$1,721.38 with 23% benefit for NSI and gratuity and medical at \$ 77/month for 9 months. The Nutrition officer based in Nyal, and are responsible in ensuring the nutrition program across all sites are running well, provision of technical supports to CNW along with data quality assurance and reporting</i>						
1.15	MIYCN Officer	D	1	1,721 .38	9	20.00	3,098.48
	<i>A Maternal, infant, and young child nutrition (MIYCN) officer budgeted at 20% LOE*\$1,721.38 with 23% benefit for NSI and gratuity and medical at \$ 77/month for 9 months. The MIYCN officer based in Nyal, and are responsible in ensuring the nutrition program across all sites are running well, provision of technical supports to CNW along with data quality assurance and reporting</i>						
1.16	SC-Clinical officer	D	1	1,937 .00	9	20.00	3,486.60
	<i>A clinical officer budgeted at 20% LOE * \$1,937 with 23% benefit for NSI and gratuity and medical at \$ 77/month for 9 months. The clinical officers are based in Nyal stabilization center (SC) responsible for day-to-day clinical management in SC mainly in appropriate diagnosis and management of SAM children admitted to SC</i>						
1.17	SC-Nurse	D	2	1,379 .00	9	20.00	4,964.40
	<i>Two SC nurses budgeted at 20% LOE *\$1,379 based in Nyal SC with 23% benefit for NSI and gratuity and medical at \$ 77/month for 9 months. The SC nurses are responsible in providing daily care for Inpatient SAM children in a shift (done in a day time and one at night) as the SC is function 24hrs ad ya d 7 days in a week</i>						
1.18	SC-Nutrition Asistant	D	4	2,960 .92	9	10.00	10,659.31
	<i>four Nutrition assistant for SC budgeted at 10% LOE *\$ 2960.92 for Nyal I SC with 23% benefit for NSI and gratuity and medical at \$ 77/month for 9 months. The Nutrition assistant for SC are responsible in providing daily feeding care for Inpatient SAM children as the SC is function 24hrs ad ya d 7 days in a week.</i>						
1.19	Nutrition officer- Mobile team	D	1	1,534 .00	8	100.00	12,272.00
	<i>A Nutrition officer MT budgeted at 100 % \$1534 with 23% benefit for NSI and gratuity and medical at \$ 77/month for 8 months and responsible for the day-to-day nutrition services at mobile sites, data collection and reporting and also responsible to lead mobile team. recruited for Nyal field site working in different mobile.</i>						
1.20	CNW (Nutrition assistance)	D	3	563.0 8	8	100.00	13,513.92
	<i>Three community nutrition workers budgeted at 100% \$563.08with 23% benefit for NSI and gratuity and medical at \$ 77/month for 8 months. The CNW will be recruited and deployed to mobile team responsible to provide daily CMAM and MIYCN services. The three CNWs were for Nyal sites</i>						

1.21	Clinical Officer	D	2	1,841.52	8	100.00	29,464.32
	<i>Clinical officer 2 positions (1 each/PHCU) x 100% LOE x 8 months at a unit cost \$1841.52. Provides day to day clinical curative and preventive consultations, health education and is the overall facility in-charge.</i>						
1.22	Registered Nurse/Midwife	D	2	1,263.68	8	100.00	20,218.88
	<i>Nurse/Midwife 2 positions (1 each/PHCU) x 100% LOE x 8 months at a unit cost \$1263.68. Provides patient care at the facility including triaging and stabilizing patients, health education, ANC and BEmONC services</i>						
1.23	Dispenser	D	2	569.28	8	100.00	9,108.48
	<i>Dispenser 2 positions (1 each/PHCU) x 100% LOE x 8 months at a unit cost \$569.28. Dispenses essential medicines based on prescription and manages the pharmaceutical supply chain. Also, in charge of data collection at the facility.</i>						
1.24	EPI Vaccinator	D	2	830.92	8	100.00	13,294.72
	<i>EPI vaccinator 2 positions (1 each/PHCU) x 100% LOE x 8 months at a unit cost \$830.92. Provides immunization services at the facility.</i>						
1.25	Data Clerk	D	2	569.28	8	100.00	9,108.48
	<i>Data Clerks 2 positions (1 each/PHCU) x 100% LOE x 8 months at a unit cost \$569.28. Makes data entries into facility registers and compiles weekly and monthly reports for analysis before final reporting.</i>						
1.26	Cleaners	D	2	569.28	8	100.00	9,108.48
	<i>Cleaners 2 positions (1 each/PHCU) x 100% LOE x 8 months at a unit cost \$569.28. Cleans the compound and the health facility rooms on a daily basis to maintain cleanliness, and support appropriate health waste disposal.</i>						
1.27	Guard	D	2	569.28	8	100.00	9,108.48
	<i>Guard 2 positions (1 each/PHCU) x 100% LOE x 8 months at a unit cost \$569.28 Provides security and crowd control during consultations.</i>						
1.28	International Support staff - Deputy Director Finance	S	1	13,070.97	9	2.50	2,940.97
	<i>One Deputy Director finance in Juba Location Budgeted for 9months at 13,070.97 at 2.5% inclusive of 29.31% Benefits, USD 372 Location Differential and Hardship allowance</i>						
1.29	International Support staff -Deputy Director Human Resource	S	1	12,612.44	9	2.50	2,837.80
	<i>One Deputy Director Human Resource staff based in Juba Location Budgeted for 9months at 12,612.44 at 2.5% inclusive of 29.31% Benefits, USD 372 Location Differential and Hardship allowance</i>						
1.30	International Support staff -Supply Chain Coordinator	S	1	9,286.45	9	2.50	2,089.45
	<i>One Supply Chain Coordinator staff based in Juba Location Budgeted for 9months at 9,286.45 at 2.5% inclusive of 29.31% Benefits, USD 372 Location Differential and Hardship allowance</i>						
1.31	International Support staff -Design, M & E Coordinator	S	1	9,286.45	9	2.50	2,089.45
	<i>One Monitoring and Evaluation Coordinator staff based in Juba Location Budgeted for 9months at 9,286.45 at 2.5% inclusive of 29.31% Benefits, USD 372 Location Differential and Hardship allowance</i>						
1.32	International Support staff -Grants Coordinator	S	1	9,286.45	9	2.50	2,089.45
	<i>One Grants Coordinator staff based in Juba Location Budgeted for 9months at 9,286.45 at 2.5% inclusive of 29.31% Benefits, USD 372 Location Differential and Hardship allowance</i>						
1.33	National support staff - Driver	S	1	655.67	9	5.00	295.05
	<i>"One Driver budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Juba for 9 months.</i> "						
1.34	National support staff - Assistant Finance Coordinator	S	1	5,265.71	9	5.00	2,369.57

	"One Assistant Finance Coordinator budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Juba for 9 months. "								
1.35	National support staff - Cashier	S	1	961.53	9	5.00	432.69		
	"One Cashier budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month based in Juba for 9 months. "								
1.36	National support staff - Cleaner	S	1	713.53	9	5.00	321.09		
	"One Cleaner budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month based in Juba for 9 months. "								
1.37	National support staff - National Human Resources Manager	S	1	4,574.07	9	5.00	2,058.33		
	"One Human Resource Manager budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Juba for 9 months. "								
1.38	National support staff - Receptionist	S	1	997.36	9	5.00	448.81		
	"Receptionist staff budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Juba for 9 months. "								
1.39	National support staff - IT Manager	S	1	3,237.62	9	5.00	1,456.93		
	"One IT Manager staff budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Juba for 9 months. "								
1.40	National support staff - MEAL Officer	S	1	3,736.38	9	5.00	1,681.37		
	"One MEAL Officer staff budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Juba for 9 months. "								
1.41	National support staff - Warehouse Assistant	S	1	997.36	9	5.00	448.81		
	"One Warehouse assistant staff budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Juba for 9 months. "								
1.42	National support staff - Supply Chain Manager	S	1	2,824.29	9	5.00	1,270.93		
	"One Supply Chain Manager staff budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Juba for 9 months. "								
1.43	National support staff - Roving Access and Security Manager	S	1	2,262.16	9	5.00	1,017.97		
	"One Security Manager staff budgeted at 5% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Juba for 9 months. "								
1.44	National support staff - Senior Field Manager Nyal	S	1	4,145.58	9	10.00	3,731.02		
	"One Nyal based Senior Field Manager budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for 9 months. "								
1.45	National support staff - Driver/Mechanic Nyal	S	1	954.64	9	10.00	859.18		
	"One Nyal based Driver/Mechanic budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for 9 months. "								

1.46	National support staff - Finance Officer Nyal	S	1	1,609 .09	9	10.00	1,448.18
	<i>"One Nyal based Finance Officer budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for 9 months."</i>						
1.47	National support staff - Cook Nyal	S	1	584.0 2	9	10.00	525.62
	<i>"One Nyal based Cook budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for 9 months."</i>						
1.48	National support staff - HR/Admin Officer Nyal	S	1	1,967 .31	9	10.00	1,770.58
	<i>"One Nyal based HR/Admin Officer budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for 9 months."</i>						
1.49	National support staff - Supply Chain Assistant Nyal	S	1	1,019 .40	9	10.00	917.46
	<i>"One Nyal based Supply chain Assistant budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for 9 months."</i>						
1.50	National support staff - Nyal office Security Guards	S	4	584.7 1	9	10.00	2,104.96
	<i>"Four Nyal security guards budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for 9 months."</i>						
1.51	National support staff - FN Finance Officer Ganyiel	S	1	1,609 .09	9	10.00	1,448.18
	<i>"One Ganyiel Finance Officer budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Ganyiel for 9 months."</i>						
1.52	National support staff - HR/Admin Officer Ganyiel	S	1	1,609 .09	9	10.00	1,448.18
	<i>"One Ganyiel Human Resource Officer budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Ganyiel for 9 months."</i>						
1.53	National support staff - Supply Chain Officer Ganyiel	S	1	1,409 .31	9	10.00	1,268.38
	<i>"One Ganyiel Supply Chain Officer budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Ganyiel for 9 months."</i>						
1.54	National support staff - Driver Ganyiel.	S	1	468.2 9	9	10.00	421.46
	<i>"One Ganyiel Based in driver budgeted at 10% LOE with 23% benefit for NSI and 6% gratuity and medical at \$ 77/month for Ganyiel for 9 months."</i>						
	Section Total						275,682.59
2. Supplies, Commodities, Materials							
2.1	Train Nutrition CNWs/ Volunteers/ MTMSGs on CMAM and MIYCN Guideline/Printing of guidelines	D	2	1,625 .00	1	100.00	3,250.00
	<i>NUTRITION: Activity 1.2.2: cost used provide training for CNWs/ Volunteers/ MTMSGs on CMAM and MIYCN for three days as per described in BOQ.</i>						
2.2	Conduct Bi-annualy Support Supervision visits	D	2	300.0 0	2	100.00	1,200.00
	<i>NUTRITION: Activity 1.1.8: The cost will cover per diem for CHD staffs and other stationers needed for Joint supportive suppression with CHD staffs allocated at rate of \$300 two time in the course of the project with total budget of \$1200</i>						
2.3	Infant and Young child feeding counselling(establishment of MTMSG, non monetary incentives , soaps)	D	2	1,900 .00	2	100.00	7,600.00

	<i>Nutrition: 1.2.1: The cost will cover to purchase non-monetary incentive of the MTMSG, groups and provided two times in the course of the project with total budget of \$7600 see the BOQ for Ganyiel sites</i>						
2.4	Transportation for Mobile team and program supplies -GY	D	2	550.00	8	100.00	8,800.00
	<i>Nutrition: 1.1.6: The cost will cover for transportation of nutrition supplies to each nutrition sites and mobile sites transport in inaccessible areas and head porters at a total of \$8,800 for see the detail BOQ for transportation cost for each county for 13 Nutrition sites including the mobile sites</i>						
2.5	Procurement mobile team supplies	D	2	1,000.00	4	100.00	8,000.00
	<i>NUTRITION: Activity 1.1.5 The cost will procure materials and supplies for RRM team as they camping at remote area and the budget is allocated at total of \$8000 budget it will cover one mobile team in Ganyiel camping supplies -see the BOQ for detail items procured</i>						
2.6	OTP and SC, materials supplies and runing cost	D	2	1,000.00	4	100.00	8,000.00
	<i>NUTRITION: Activity 1.1.3 The cost will cover to purchase SC and OTP supplies including cleaning, sugare for apetite test stationary materials for reporting budget allocated with total budget of \$4000. As per the attached BOQ</i>						
2.7	Provision of WASH supply at OTP and SC sites	D	2	1,000.00	4	100.00	8,000.00
	<i>Nutrition Activity: 1.1.7: The cost will cover to purchase WASH supplies include soap, detergent, container etc.. to be used at the nutrition sites and the total budget allocated is \$8000 at 100%</i>						
2.8	Community mobilization and visibility	D	100	40.00	1	100.00	4,000.00
	<i>NUTRITION: Activity 1.2.1: The cost will cover to print donor visibility and IEC material used for community sensitization promotion for MIYC practice total budget of \$4000 at 100%. See BOQ</i>						
2.9	Essential pharmaceutical supplies	D	1	20,254.15	1	100.00	20,254.15
	<i>Health: Activity 1.1.2 Essential project pharmaceutical supplies for 2 PHCUs in Panyijiar(Nyadong PHCU and Meer Island PHCU totaling \$20254.15 as per the attached BOQ</i>						
2.10	Medical and laboratory supplies-RDT supplies	D	1	5,377.00	1	100.00	5,377.00
	<i>Health: Activity 1.1.2 Medical and Laboratory supplies for 2 PHCUs in Panyijiar(Nyadong PHCU and Meer Island PHCU) at \$5377 as per attached BOQ.</i>						
2.11	Infection Prevention and PPE Supplies	D	1	3,647.00	1	100.00	3,647.00
	<i>Health: Activity 1.1.1. Infection prevention and Control supplies and PPEs for 2 Nyadong and Meer Island PHCUs costing \$3647 as per BOQ attached.</i>						
2.12	Basic Medical Equipment	D	1	1,464.00	1	100.00	1,464.00
	<i>Health: Activity 1.1.2: Clinic furniture , to support diagnosis , consultation and safe delivery services for 2 PHCUs in Panyijiar (Nyadong PHCU and Meer Island PHCU totaling \$1464 as per the attached BOQ</i>						
2.13	Clinic furniture	D	1	1,878.00	1	100.00	1,878.00
	<i>Health: Activity 1.1.2: Essential medical equipment to support diagnosis , consultation and safe delivery services for 2 PHCUs in Panyijiar(Nyadong PHCU and Meer Island PHCU totaling \$ 1878 as per the attached BOQ</i>						
2.14	IEC Materials for Health Education Sessions	D	1	711.00	1	100.00	711.00
	<i>Health Activity 1.1.4 Production and printing of IEC materials in translated languages for Panyijiar County estimated to cost \$711as per the attached BOQ</i>						
2.15	Facility maintenance costs	D	2	50.00	8	100.00	800.00
	<i>Health Activity 1.1.4 Facility maintainance cost procurement of facility utilities, minor repair works estmiated at @\$50 per facility per month. This also includes monthly facility meetings ,costs to procure refreshments budgeted at \$50 dollars per month for 8 months.</i>						
2.16	Training of Health staff on IDSR , Cholera preparedness and response in Panyijiar	D	30	27.00	3	100.00	2,430.00
	<i>Health: Activity 1.1.3 -Training costs for 30 Health Staff on IDSR(Intergrated Disease Surveillance and Response) including cholera prevention for 3 days at a cost of \$27 per person in Panyijiar County.</i>						

2.17	Boma Health worker equipments and supplies	D	21	92.00	1	100.00	1,932.00
	<i>Health: Activity 1.2.1 Procurement of BHW supplies to equip the BHW to conduct community based treatments as per the BOQ costing \$1932</i>						
2.18	Airtime and thuraya airtime for coordination of referrals	D	1	80.00	8	100.00	640.00
	<i>Health activity 1.1.4 . Monthly Thuraya airtime for coordination of health activities especially medical referrals and surveillance reporting budgeted at \$80 per month for 8 months. Total budgeted is \$640</i>						
2.19	Project visibility	D	1	1,000.00	1	100.00	1,000.00
	<i>Health Activity 1.1.4 Project visibility for SSHF (staff T-shirts with SSHF and IRC logos , stickers and pamphlets) budgeted at a lumpsum cost of \$1000 as per the BOQ</i>						
2.20	Improvement of Nyandong PHCU to provide BEMONC services.	D	1	8,150.00	1	100.00	8,150.00
	<i>Health Activity 1.1.4 Renovation of Meer Island PHCU to provide BeMONC services and improve privacy on consultation services estimated to cost \$8150 as per the attached BOQ</i>						
2.21	Improvement of consultation room at Mer Island PHCU's as per BOQ	D	1	8,150.00	1	100.00	8,150.00
	<i>Health Activity 1.1.4 Renovation of Meer Island PHCU to provide BeMONC services and improve privacy on consultation services estimated to cost \$8150 as per the attached BOQ</i>						
2.22	Construction of 2 stance toilets in Ganyiel PHCC as per BOQ	D	1	6,701.00	1	100.00	6,701.00
	<i>Health Activity 1.1.4 Renovation of latrines affected by flooding in Ganyiel PHCC- CeMONC facility in Panyijar County estimated to cost \$6701 as per the attached BOQ</i>						
2.23	Printing of HMIS tools	D	1	802.00	1	100.00	802.00
	<i>Health Activity 1.1.4 Procurement of Health Management Information Tools - health registers, ANC cards etc for the 2 facilities Nyandong PHCU and Meer Island PHCU in Panyijar County estimated to cost \$802 as per the attached BOQ</i>						
2.24	Flight Charter for transportation of medical, Cholera RH kits and program supplies	D	1	5,490.00	1	100.00	5,490.00
	<i>Health Activity 1.1.2 Flight charter costs based on Master Service Agreement rates with Transport Charter companies estimated at \$ 2745 per metric tonne * 2 tonnes, for 2 trips totaling \$5490.</i>						
2.25	Transportation/Last mile distribution to facilities by head porters and boat transport.	D	2	60.00	8	100.00	960.00
	<i>Health Activity 1.1.2 Monthly transportation of medical supplies to Nyandong and Meer Island PHCU via canoe or head porters estimated at \$60per trip* 2 facility , for 8 months totaling \$960</i>						
2.26	Incentive SC causal worker -cleaner/security guard	D	6	100.00	9	100.00	5,400.00
	<i>Nutrition Activity 1.1.Six incentive staff (4 cleaner and 2 guard) for the Stabilization Centre at rate of \$100 per month for 9 months.</i>						
2.27	Incentive for standalone security guard	D	7	36.00	9	100.00	2,268.00
	<i>seven incentive staff security guards) for the stand lone nutrition center at rate of \$36 per month for 9 months under Ganyiel field office</i>						
2.28	Monthly CNV incentives for mobile	D	18	36.00	8	100.00	5,184.00
	<i>18 Community nutrition volunteers incentives budgeted at 100% at rate of \$36 per months for 8 months under Ganyiel (nine) and Nyal (nine) field offices. They are responsible in community mobilization screening detection and referral. they are expected to work 12 days a month with rate of \$3 per.</i>						
2.29	Incentive for canoe rower	D	2	150.00	9	100.00	2,700.00
	<i>Nutrition Activity 1.1.6 Two monthly Canoe rower incentive budgeted at 100% at rate of \$150 per month for 9 months. They are responsible to transport nutrition supplies, nutrition program staffs (mobile team, CNWs and nutrition officers) to nutrition and mobile sites for program support.</i>						
2.30	Air time for Thuraya for nutrition mobile team	D	3	205.58	1	100.00	616.74

	<i>NUTRITION: Activity : 1.1.6: The cost will cover to the cost for three Thuraya's airtime at cost of \$205.58 per thuraya with the total of \$616.74. The Thuraya will be used for the communication facilitate coordination and referral the mobile team with field office program team</i>						
2.31	Repair of existing speedboat to support medical referrals from Nyal to Ganyiel PHCC	D	1	11,285.50	1	100.00	11,285.50
	<i>Health Activity 1.2.1 Repair of the existing speedboat to support medical and obstetric referrals from Nyal PHCC to the CEMONC facility in Ganyiel PHCC. budgeted at a lumpsum cost of \$11,285.50.</i>						
	Section Total						146,690.39
3. Equipment							
3.1	Thuraya, Satellite Phone,XT-PRO,N270	D	1	1,165.55	1	100.00	1,165.55
	<i>Health activity 1.1.4 .Thuraya, Satellite Phone,XT-PRO,N270 phone for coordination of health activities especially medical referrals and surveillance reporting budgeted as a lumpsum cost of \$1165</i>						
	Section Total						1,165.55
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	Domestic Travel - Accommodation/DSA - Nutrition sector	D	3	325.83	2	100.00	1,954.98
	<i>DSA accommodation and flight for the two trips/person (2*3) @ usd 325.83 during the project duration between Ganyiel,Nyal and Juba during the project period. This will support the nutrition manager, Deputy nutrition manager and Mand E officer</i>						
5.2	Domestic Travel - air fair- Program - Health sector	D	3	127.50	4	100.00	1,530.00
	<i>Four airfare tickets (RT)/per person (4*3) for air travel between Ganyiel&Nyal and Juba @\$127.50/round trip/person for project duration. The cost will support the Health manager, PHC supervisor and MNH officer.</i>						
5.3	Domestic Travel -air fair- Program -Juba Operation sector	D	10	480.28	6	6.00	1,729.01
	<i>Six airfare tickets (RT)/per person (6*10) for air travel between Ganiel& Nyal and Juba @480.28/round trip/person for project duration at 6%</i>						
5.4	Domestic Travel - Accommodation/DSA - Nyal Support sector	D	7	233.93	4	18.00	1,179.01
	<i>Four airfare tickets (RT)/per person (4*7) for air travel between Nyal and Juba @\$233.93/round trip/person for project duration at 18%</i>						
5.5	Domestic Travel - Accommodation/DSA - Ganyiel Support sector	D	7	676.72	6	18.00	5,116.00
	<i>Six airfare tickets (RT)/per person (6*7) for air travel between Ganyiel and Juba @\$233.93/round trip/person for project duration at 18%</i>						
5.6	R&R Operation and Program team	D	16	63.07	3	50.00	1,513.68
	<i>R&R Operation cost for Both Operations and Program at a rate of USD 63.07</i>						
	Section Total						13,022.68
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Juba Office Rent	S	1	32,322.53	9	1.29	3,752.65

	<i>Juba office Rent charged at 1.29% for Juba main office for 9 months (Juba office rent (\$32,322.53/month)</i>						
7.2	Juba Warehouse Rent	S	1	4,400.00	9	1.28	506.88
	<i>Rent charged at 1.29% for Juba warehouse for 9 months (Juba warehouse rent (\$4,400/month)</i>						
7.3	Juba Guest House Security	S	1	6,551.56	9	1.29	760.64
	<i>Security Cost charged at 1.29% for Juba Guesthouse for 9 months (Juba Guesthouse Security (\$6,551.56/month)</i>						
7.4	Juba Office Utilities	S	1	600.00	9	1.30	70.20
	<i>Office Utilities budgeted at 1.3% at a Monthly Unit cost of USD 600 at Juba main office for 9 months</i>						
7.5	Juba Office Supplies and Equipment Maintenance(IT&Others)	S	1	2,250.00	9	2.00	405.00
	<i>Office Supplies and Equipment Maintenance cost budgeted at 2% at a Monthly Unit cost of USD 2,250 at Juba main office for 9 months</i>						
7.6	Juba Office Communication	S	1	5,686.00	9	1.28	655.03
	<i>Communications costs (internet, phone) charged at 1.28% for Juba main office for 9 months</i>						
7.7	Juba Vehicle Operations	S	10	1,320.00	9	0.34	403.92
	<i>Six vehicles operation costs (fuel and maintenance/repairs/Insurance (including spares for periodic maintenance) charged at 0.34% for Juba field office for 9 months. On average the costs are estimated as follows: \$1,320per month per vehicle for fuel and vehicle for maintenance and periodic spares.</i>						
7.8	Juba Office- bank charges - IRC	S	1	8,243.75	9	1.96	1,454.20
	<i>Bank transfer costs to the field offices (applied on SSHF estimated amount of fund to be transferred to the field only) - charged at 1.96% for 9 months</i>						
7.9	Juba Office- General Insurance&Depreciation	S	3	6,122.10	9	0.58	958.72
	<i>Office General Insurance& Depreciation costs charged at 0.58% at Juba main office for 9 months</i>						
7.10	Facility Security Upgrade&Facility Maintenance	S	1	5,200.00	9	0.26	121.68
	<i>Juba Office Facility security costs and Maintenance charged at 0.26% at Juba main office for 9 months</i>						
7.11	IT Equipment Maintenance	S	1	8,700.00	9	2.00	1,566.00
	<i>Juba Office IT Equipment Maintenance costs charged at 2% at Juba main office for 9 months</i>						
7.12	Ganyiel Fied Office-Utilities	S	1	800.00	9	10.00	720.00
	<i>Office Utilities budgeted at 10% at a Monthly Unit cost of USD 800 at Ganyiel office for 9 months</i>						
7.13	Ganyiel Fied Office-Supplies and Bank charges	S	1	3,000.00	9	6.00	1,620.00
	<i>Office Supplies budgeted and Bank charges at 6% at a Monthly Unit cost of USD 3,000 at Ganyiel office for 9 months</i>						
7.14	Ganyiel Fied Office-Communications (Internet, phone, etc) - IRC	S	1	4,340.00	9	10.05	3,925.53
	<i>Communications costs (internet, phone) charged at 10.05% for Bentiu for 9 months</i>						
7.15	Ganyiel Office-Office Maintenance and Security	S	1	10,600.00	9	1.19	1,135.26
	<i>Ganyiel Office Facility security costs and Maintenance charged at 1.19% at Juba main office for 9 months</i>						
7.16	Nyal Field Office-Utilities & Security	S	1	1,550.00	9	10.00	1,395.00
	<i>Office Utilities budgeted at 10% at a Monthly Unit cost of USD 1,550 at Bentiu office for 9 months</i>						

7.17	Nyal Fied Office-Supplies and Bank charges	S	1	2,300.00	9	6.00	1,242.00
<i>Office Supplies budgeted at 6% at a Monthly Unit cost of USD 2,300 at Nyal office for 9 months</i>							
7.18	Nyal Fied Office-Communications (Internet, phone, etc) - IRC	S	2	4,950.00	9	5.33	4,749.03
<i>Communications costs (internet, phone) charged at 5,53% for Bentiu for 9 months</i>							
7.19	Nyal Office- vehicle operations (Fuel, maintenancece,) - IRC	S	6	1,165.00	9	5.93	3,730.56
<i>Six vehicles operation costs (fuel and maintenance/repairs/Insurance (including spares for periodic maintenance) charged at 5.93% for Nyal field office for 9 months. On average the costs are estimated as follows: \$1,165 per month per vehicle for fuel and vehicle for maintenance and periodic spares.</i>							
7.20	Ganyiel Office- vehicle operations (Fuel, maintenance,) - IRC	S	5	1,305.00	9	2.65	1,556.21
<i>Five vehicles operation costs (fuel and maintenance/repairs/Insurance (including spares for periodic maintenance) charged at 2.65% for Bentiu field office for 9 months. On average the costs are estimated as follows: \$1,305 per month per vehicle for fuel and vehicle for maintenance and periodic spares.</i>							
Section Total							30,728.51
SubTotal			383.00				467,289.72
Direct							396,769.34
Support							70,520.38
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							32,710.28
Total Cost							500,000.00

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity > Panyijiar > Ganyliel	20.00000	0	0	0	0	0	N: Activity 1.1.1: IRC will conduct active community screening throu... N: Activity 1.1.2: Children aged 6-59 months with a MUAC of < 11.... N: Activity 1.1.3: All children Under 5 identified with Moderat... N: Activity 1.1.4: A refresher training will be provided for IRC nut... N: Activity 1.1.5: All children Under 5 identified with a MUAC >=... N: Activity 1.1.6: Preposition of nutrition supplies to all nutritio... N: Activity 1.1.7: Procure Supplies for all supported nutrition site... N: Activity 1.1.8: Conduct quarterly joint supportive supervision wi... N: Activity 1.1.9: Pregnant lactating women PLW identified with MUAC... N: Activity 1.2.1: IRC will conduct Individual and group counseling ... N: Activity 1.2.2: IRC will conduct a refresher training for IRC nut... N: Activity 1.3.1: 100% of children under 5 years with Severe Acute ... N: Activity 1.3.2: Training will be provided for all nutrition staff... N: Activity 1.3.3: IRC with provide seeds and tools to 90 mother to ...

Unity > Panyijiar > Nyal	80.00000	0	0	0	0	<p>H: Activity 1.1.1: Conduct outpatient consultations at the 2 support...</p> <p>H: Activity 1.1.2: Procure, transport and distribute essential medic...</p> <p>H: Activity 1.1.3: The project will recruit and train on the job 2 E...</p> <p>H: Activity 1.1.4: The project will recruit and train on the job 2 E...</p> <p>H: Activity 1.1.5: Conduct weekly disease surveillance using the EWA...</p> <p>H: Activity 1.2.1: The project will support the recruitment of 2 qua...</p> <p>N: Activity 1.1.1: IRC will conduct active community screening throu...</p> <p>N: Activity 1.1.2: Children aged 6-59 months with a MUAC of < 11....</p> <p>N: Activity 1.1.3: All children Under 5 identified with Moderat...</p> <p>N: Activity 1.1.4: A refresher training will be provided for IRC nut...</p> <p>N: Activity 1.1.5: All children Under 5 identified with a MUAC >=...</p> <p>N: Activity 1.1.6: Preposition of nutrition supplies to all nutritio...</p> <p>N: Activity 1.1.7: Procure Supplies for all supported nutrition site...</p> <p>N: Activity 1.1.8: Conduct quarterly joint supportive supervision wi...</p> <p>N: Activity 1.1.9: Pregnant lactating women PLW identified with MUAC...</p> <p>N: Activity 1.2.1: IRC will conduct Individual and group counseling ...</p> <p>N: Activity 1.2.2: IRC will conduct a refresher training for IRC nut...</p> <p>N: Activity 1.3.1: 100% of children under 5 years with Severe Acute ...</p> <p>N: Activity 1.3.2: Training will be provided for all nutrition staff...</p> <p>N: Activity 1.3.3: IRC with provide seeds and tools to 90 mother to ...</p>
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Documents

Category Name	Document Description
Budget Documents	IRC_ SSHF 22851 BOQs ToSubmit_0108022.xlsx
Project Supporting Documents	IMC_Nutrition SMART Survey_Panyijair Final Report_122019.pdf
Project Supporting Documents	IPC_South_Sudan_Acute_Food_Insecurity_Malnutrition_2022_Snaps hot.pdf
Project Supporting Documents	Nutrition Prog Integration with Health and WASH ppt for Friday template.pdf
Project Supporting Documents	South_Sudan_IPC_Key_Messages_February-July-2022_Report (1).pdf
Project Supporting Documents	02-UASC-FTR Weekly Caseload Summary 11th -15th July 2022.xlsx
Project Supporting Documents	climate_information_down_scaling_survey_report_mayendit_county_south_sudan.pdf
Project Supporting Documents	Inter-Agency Flood Assessment Report August 2021_ Mayendit County_FINAL.pdf
Project Supporting Documents	GCA Draft Report-IRC_EM - Sherrie.docx
Project Supporting Documents	A GENDER AND CONFLICT ASSESSMENT-IRC REVISED VERSION.pdf
Project Supporting Documents	Safety Audit Report Febuary 2022 _ Mayiendit County (003).pdf
Project Supporting Documents	Medair ERT - Nyal Payam Assessment Report - Health-WASH 12.07.22.pdf
Budget Documents	IRC_ SSHF 22851 BOQs ToSubmit_0108022_V2.xlsx
Budget Documents	IRC_ SSHF 22851 BOQs revised August 31.xlsx
Budget Documents	IRC_ SSHF 22851 BOQs revised September 09.xlsx

Budget Documents	IRC_ SSHF 22851 BOQs revised 17-07-2022.xlsx
Project Supporting Documents	SSHF 22851 Beneficiaries Target Summary_Panyijjar.xlsx
Budget Documents	IRC_ SSHF 22851 BOQs revised 17-07-2022_Updated.xlsx
Budget Documents	IRC_ SSHF 22851 BOQs revised 17-07-2022_Updated.xlsx
Budget Documents	IRC_ SSHF 22851 BOQs revised 07-10-2022.xlsx
Budget Documents	IRC_ SSHF 22851 BOQs revised 07-10-2022 latest.xlsx
Budget Documents	IRC_ SSHF 22851 BOQs 10-10-2022 REVISED.xlsx
Grant Agreement	Grant Agreement-IRC#22851.pdf