

Requesting Organization :	International Medical Corps UK		
Allocation Type :	2nd Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
NUTRITION		100.00	
		100	
Project Title :	Provision of timely, integrated lifesaving nutrition response to conflict, most affected and vulnerable populations (children 6-59 months, pregnant & lactating women) in Mingkaman, Awerial County and Malakal county covering the PoC and Malakal town in South Sudan		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-16/H/89767	Fund Project Code :	SSD-16/HSS10/SA2/N/INGO/3558
Cluster :	Nutrition	Project Budget in US\$:	604,539.37
Planned project duration :	6 months	Priority:	2
Planned Start Date :	01/09/2016	Planned End Date :	28/02/2017
Actual Start Date:	01/09/2016	Actual End Date:	28/02/2017
Project Summary :	<p>International Medical Corps UK, through CHF funds, will continue to provide lifesaving nutrition services, to the most affected Internally displaced populations in Lakes state, Awerial county, Upper Nile (Malakal PoC, and Malakal Town. However in Mingkaman, the host communities surrounding this area will be considered as well. International Medical Corps UK is proposing CHF funding for six months period from September 01, 2016 to February 28, 2017. This is to ensure continuity of the nutrition program in the proposed areas that have a high burden of acute malnutrition.</p> <p>In Mingkaman, Awerial county; International Medical Corps UK is providing both treatment and prevention nutrition services; prevention (BSFP and IYCF) and treatment (OTP, TSFP) in 5 nutrition sites, but with CHF funds, more three (3) outreach sites will be reopened that were closed due to reduced funding to this location in February, 2016.</p> <p>International medical Corps UK received 5 months funds from UNICEF, that started in March to July 2016, with this support a total of 1,131 children aged 6-59 months with SAM and 1983 with MAM, and 770 PLW with MAM were admitted into the program. Twenty-five mother support groups actively participated in dissemination and discussions on IYCF and hygiene. Early this year funding to Mingkaman IDPs reduced drastically, this forced implementing partners to scale down or completely to phase out humanitarian services, due to that International Medical Corps UK nutrition sites faced increased caseload. More pressure to provide for humanitarian needs also increased with a new influx of 29,656 IDPs in Mingkaman from Twic East and Bor County who arrived between November 29th and early December 2015. Initial screening indicated that 157 children were identified with MAM and 47 with SAM among 868 newly arrived children. A SMART Survey conducted in May 2016, by International Medical Corps UK, indicated the prevalence of Global Acute Malnutrition (GAM) in Mingkaman IDP camps, Awerial County based on weight for height z scores /and or oedema was 25.0% [20.9↔29.7,95% CI] and the prevalence of Severe Acute Malnutrition (SAM) was 7.6% [5.6↔10.2,95% C.I.]. The overall GAM prevalence is indicative of critical nutritional situation based on the WHO IMC UK propose to continue providing treatment to SAM cases and strengthen IYCF plus micronutrient in this area.</p> <p>Malakal PoC and Malakal town; The intercommunal conflict within the Malakal Protection of Civilians (PoC) site on 17th and 18th February resulted in mass casualties with at least 25 people killed, of whom three were aid workers, and more than 120 were wounded. About 3,700 homes were destroyed or damaged during the fighting and fires, along with multiple humanitarian facilities, including clinics, water tanks, nutrition centers and schools. Prior to the violence, there were around 47,000 internally displaced people (IDP) seeking shelter in Malakal PoC. During the fighting, about 26,000 of the IDPs fled inside the UNMISS base, while approximately 4,000 IDPs fled from the PoC to Malakal town, where they are staying in public buildings and abandoned houses. International Medical Corps UK provides emergency nutrition support to the population in Malakal PoC and Malakal town, by establishing nutrition sites, which are now functional. Populations in the proposed sites continue to have high cases of acute malnutrition with GAM rates above 15%, which is considered as a critical nutrition situation as per WHO classification. International Medical Corps UK conducted anthropometric and mortality surveys in Malakal PoC from June 24 to July 3, 2016 that showed a GAM rate of 18.6% (14.8↔23.0 95% CI) and SAM rate 3.4% (2.2↔5.4 95% CI)</p> <p>Therapeutic nutrition interventions will include treatment for children 0-59 months and pregnant and lactating women with acute malnutrition. International Medical Corps UK will also implement preventive measures to alleviate suffering caused by acute malnutri</p>		

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
460	6,415	13,021	13,891	33,787

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	0	0	0
Internally Displaced People	325	4,550	11,529	12,340	28,744
People in Host Communities	135	1,865	1,492	1,551	5,043
Pregnant and Lactating Women	0	0	0	0	0

Indirect Beneficiaries :

The indirect beneficiaries will be mainly women and men that are not directly receiving the nutrition services, but involved in social behavior change activities, particularly the Infant and Young Child feeding program. Members in the mother support groups will reach 5-10 households with IYCF and hygiene messages targeting non-member mothers, men participating in social gatherings, and health facilities. During the mass immunization campaign the project will reach more children 6-59 months (boys and girls), without discrimination, mobilize them using community structures, and assess their nutrition status using Mid- Upper Arm circumference methodology for screening.

Catchment Population:

The CHF funding will be utilized in Awerial county, (Mingkaman IDP and the host community) and Malakal county (Malakal PoC and Malakal town) Children 0-59 months, pregnant and lactating women will be the target group.

Link with allocation strategy :

International Medical Corps through CHF funding, will implement nutrition interventions in line with the nutrition cluster 2016 strategy;

- Needs; treatment of children aged 6-59 months (Boys & Girls) and pregnant and lactating women with acute malnutrition, in , Outpatient therapeutic programs (OTP), and Targeted supplementary feeding programs (TSFP). The Management of SAM and MAM will be completed through an Integrated CMAM approach. Nutrition services will be provided in 11 nutrition sites (Mingkaman, Awerial 8 and Malakal 3 sites), among the affected internally persons and the host communities. Mainly OTP, TSFP and IYCF services.
- Prevention of malnutrition will be prioritized, especially on strategies to implement Infant and Young Child feeding programs through the well-established mother support groups. Additionally, water, sanitation and hygiene practices will be emphasized as well. The prevention strategy will involve men, women and adolescents (female & male) and intervention strategies such as Micro-nutrient supplementation (including Vitamin A among children aged 6-59 months and iron-folate among pregnant women) and de-worming. Community and facility case findings will contribute to the early detection and referral of acutely malnourished children and pregnant and lactating women for timely treatment. The community health promoters and community leaders will be involved in the mobilization of children aged 6-59 months and pregnant and lactating women for MUAC screening. Screening data, will be analyzed, that will inform the program on how best to improve coverage or services in an area.
- International Medical Corps UK will continue training and equipping the nutrition and the MoH staff, to better provide management and prevention of acute malnutrition, this will be done through formal and informal trainings on CMAM using the South Sudan IM-SAM protocols. International Medical Corps UK surveillance team, through CHF support will conduct a coverage assessment/SQUEAC in Mingkaman, the study will inform on the coverage level on management of acute malnutrition services. CHF funds will support in the transportation of supplies through chartered flights due to poor roads and insecurity hindering road transportation.

Sub-Grants to Implementing Partners :		
Partner Name	Partner Type	Budget in US\$

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

Organization focal point :			
Name	Title	Email	Phone
Golam Azam	Country Director	gazam@internationalmedicalcorps.org	+211927000112
Mbuto Samuel	Nutrition Coordinator	smbuto@internationalmedicalcorps.org	+211927000124
Leslie Joseph McTyre	Program Director	lymctre@internationalmedicalcorps.org	+211927000377

BACKGROUND

1. Humanitarian context analysis

Awerial County- Mingkaman IDPs and host community.

International Medical Corps UK has been providing nutrition services in Awerial, Mingkaman since February 2014. Following the outbreak of violence in December 2013, internally displaced persons (IDPs) started arriving in Mingkaman Site with the majority of them arriving from Jonglei State. In December 2014, IDPs were relocated to three new sites in the Mingkaman area despite many of them also living outside these three designated sites.

Since October 2015 a large influx of internally displaced persons (IDPs) crossed the Nile to reach Mingkaman from neighboring Jonglei State. In November and December, new arrivals came following attacks which took place on the 17th of November, targeting civilian populations, government and NGO assets in Jelle and Parker Payams, Twic East County, Jonglei State. REACH found a total population of 52, 942 in the established Mingkaman Spontaneous Settlement, with 12,019 reported to have arrived between 13 November and 13 December 2015. REACH found that the primary areas of origin of new arrivals were Twic East County and Bor South County. REACH also established that 60% of households at the site were expecting new arrivals from both Bor South County and Twic East County in January 2016.

According to the IOM biometric demographic data, the population of the IDPs in Mingkaman in Feb 2015 was 71,361 individuals, with 12,349 households.

According to an IRNA report conducted in Mingkaman / Awerial in early December 2015 the humanitarian situation for the new arrivals was alarming with women and children being among the most affected in terms of health, nutrition and general living conditions.

IMC currently implements Nutrition, health and GBV programs in Awerial/Mingkaman IDP camps and host community. IMC runs Community based Management of Acute Malnutrition in 8 OTP/TSFP sites and Infant and Young child feeding through Mother Support groups. International Medical Corps conducted an anthropometric and mortality SMART survey in May 2016 (lean period) that indicated a GAM rate 25.0% [20.9↔29.7, 95% CI] and the prevalence of Severe Acute Malnutrition (SAM) was 7.6% [5.6↔10.2, 95% C.I.]. This was classified as indicating critical nutrition situation as per WHO classification standards for malnutrition and exceeds the emergency threshold. With the nutrition situation remaining critical and with a worsening economic situation which continues to severely limit food access as a result of high food prices coupled with continued conflict. This calls for a continuation of nutrition services, as well as integration with other services to reduce acute malnutrition. International Medical Corps UK runs health programs (primary health care and reproductive health), GBV, Mental Health and reproductive health services in Mingkaman IDP camp. Strong coordination within the IDP camp partners will streamline referral linkages and advocacy for better services.

WASH interventions; Mingkaman IDPs, camp have shortage of water, due to few boreholes, thus households tend to rely on river water and swampy water as a result of long waiting hours at the water points. This predispose families to water borne diseases and diarrhea as revealed by the most recent SMART survey in the area. A continued multi-sectoral approach to address immediate and underlying and causes of malnutrition will be key, including the provision of nutrition services working closely with other actors in WASH, Health and Food security & Livelihoods sectors.

Malakal PoC and Malakal town IDPs camp.

International Medical Corps UK has been providing nutrition services in Malakal PoC since February 2014. Recent intercommunal conflict within the PoC on 17th and 18th February resulted in mass casualties' destruction of shelters for about 3700 families and humanitarian facilities including clinics, water tanks, nutrition centers and schools. Around 4000 IDPs fled from the PoC to Malakal town where t

2. Needs assessment

The nutrition situation in Awerial, Mingkaman and Malakal PoC remains critical based on the most recent SMART survey conducted. Mingkaman, the survey results showed GAM prevalence rate of 25.0% [20.9↔29.7, 95% CI] and the prevalence of Severe Acute Malnutrition (SAM) was 7.6% [5.6↔10.2, 95% C.I.]. Pointing as well critical nutrition situation according to WHO classifications. In the Malakal PoC, a SMART survey was conducted in August 2016, showed GAM rate prevalence of 18.9% and SAM rate prevalence of 3.4% pointing as well critical nutrition situation according to WHO classifications. International Medical Corps UK, will be conducting one SQUEAC assessments in Awerial county to assess the coverage estimate the coverage of the management of acute malnutrition. Poor health coverage and continued insecurity which continue to impact on household food security and livelihoods resulting in inadequate food production and consumption are some key areas that will be captured in that assessment. Increasing trends in admissions have been reported in the last three months in both Malakal PoC and Awerial, Mingkaman IDPs. Community screening and referrals have been embraced to enhance early detection and management of acutely malnourished cases. Continued conflict and food insecurity remains a big challenge that cannot be ignored and is likely the direct cause of inadequate food intake in the households. International Medical Corps UK through its integrated approach in management of malnutrition will continue to provide interventions to address the nutrition situation in Malakal PoC, Malakal town and Awerial, Mingkaman. IMC UK will scale up the ongoing nutrition interventions and work closely with FSL partners in integrate nutrition services with food security.

3. Description Of Beneficiaries

Management; Beneficiaries that will benefit and participate in this program will be children aged 6-59 months (boys and girls) and pregnant and lactating women with acute malnutrition. Through community and facility based screening, identification of the acute malnutrition cases will be completed at the community level through the use of MUAC by the community health promoters. Refresher training and on the job training on taking proper MUAC measurements will be a priority to minimize incorrect referrals. In establishing the caseload for both SAM and MAM clusters, the nutrition cluster calculation sheet will be used, to ensure that implementation is realistic and in accordance with the cluster targets. Children (6-59 months) with bilateral pitting Oedema (grade +/++) or severe wasting W/H Z-score <-3 and/or MUAC < 115 mm, and appetite test passed, no medical complication, clinically well will be treated in Outpatient Therapeutic Program (OTP). Targeting for MAM is based on MUAC >115mm - <125mm, no Oedema and clinically well and with good appetite. Children completing treatment for SAM or if a child returns after defaulting within 1 month are included in TSFP. Malnourished PLW having MUAC below 210mm will be treated through Targeted Supplementary Feeding. Program (TSFP).

□ Prevention; Using the mother support group approach, mothers of reproductive age will be encouraged and mobilized to attend bi-weekly mother support groups to learn how to improve child care practices, with an emphasis on the first 1000 days. In case additional mother support groups will be established, or replacements for members who have migrated, group members will be supported by the community health promoters and the nutrition assistant and will receive guidance from the IYCF officer, involving and engaging mothers in making informed decisions that are productive. Mother support meetings will be conducted on a bi-weekly basis, at a minimum on a monthly basis; this is to ensure an increase in the adoption of IYCF and hygiene practices among the mothers/caregivers. Although it is hard to involve men in discussing the importance of healthy family practices, such as child care and hygiene messages, through this funding, International Medical Corps UK will scale up the prevention strategy to bring men on board, especially meeting them during social hours and at food security programs, where men are mainly involved.

IMC UK will also strengthening nutrition surveillance; While conducting the IYCF assessment mothers with children aged 0-23 months will be considered for Infant and Young Child feeding practice assessment through interviews of the caregivers present during the time of the assessment. The nutrition situation among the pregnant and lactating women will be assessed by measuring MUAC.

4. Grant Request Justification

The high level of global acute malnutrition in Awerial, Mingkaman IDPs and Malakal PoC, Malakal town, that is above 15%, due to conflict resulting to insecurity, loss of life and destruction of property, leaving most of the population without basic needs and depending on humanitarian support. The project in Mingkaman funding by UNICEF ended on 31st July 2016, WFP funds for TSFP will end on September but most of the cost were covered by UNICEF, thus if no continuation International Medical corps will be forced to shut down the services. In Malakal PoC and Malakal town, the major funding was from RRF, which ended on 14th August, other sources are UNICEF, WFP that cannot fully support the operational cost and staffing for the program, hence need for more funds to ensure continuity.

International Medical Corps conducted anthropometric and mortality surveys in Mingkaman, Awerial county, lakes state, in May 2016 that showed a GAM rate of 25% (20.9↔29.7 95% CI), SAM rate 7.6% (5.6↔10.2 95% CI) anthropometric and mortality surveys in Malakal PoC in June 24 to July 3, 2016 that showed a GAM rate of 18.6% (14.8↔23.0 95% CI), SAM rate 3.4% (2.2↔5.4 95% CI)

International Medical Corps UK is committed and well positioned to continue providing nutrition services to the affected population in Malakal PoC and Awerial, Mingkaman IDPs and the host communities. The program is designed to reach the targeted population as per nutrition cluster strategy, children aged 6-59 months, pregnant and lactating women in prevention and treatment of chronic and acute malnutrition.

IMC UK had already provided treatment to 1,131 children with SAM, 1983 children 6-59 month, and 570 PLW treated with MAM Performance indicators for the SAM cases were above the minimum sphere standards, with cure rate of 85%, defaulter rate 10% and death rate of 0.4%. The program is fashioned to ensure that, children are well examined and those with medical complications that require specialized care are referred to those institutions offering such services. Through CHF support the prevention strategy already functional using the mother support group will continue providing the services at the community level.

International Medical Corps UK already has existing staff and the program is ongoing; however more staff need to be recruited to strengthen the IYCF component. There is already an established field base in both locations proposed, with cars to ease transportation.

Communication is all set in both areas; staff are able to send timely reports. In both locations International Medical Corps UK has international nutrition manager that is dedicated to training the national team to be able to continue providing emergency nutrition services in case they are evacuated due to any insecurity risks. A dedicated logistic team based in Juba and in the field will support quick procurement of supplies and dispatch timely consignments, while the field will facilitate implementation.

International Medical Corps UK, is a member of nutrition cluster meetings in Malakal and Mingkaman, and in many times, have led the cluster meetings, and sharing the minutes with the partners, that include CCM and Plan International, World Visions as well working closely with UNICEF, WFP and County Health department, it is through this forum, that IMC UK through the CHF funds will be able to continue providing support to other partners. International Medical Corps UK already has existing PCA with UNICEF and FLA covering the proposed location, this will ensure that we have smooth stock pipeline, through the project implementation.

Nutrition services will be conducted in a manner that ensures safety, dignity and no harm to the beneficiaries, confidentiality will be maintained, delivery of services will be situated in areas that do not endanger beneficiaries security.

International Medical Corps UK through its implementation, considers gender mainstreaming as an important aspect, ensuring that there

5. Complementarity

CHF funding is essential to continuation of the nutrition program in the priority area, Malakal PoC, Malakal town and Awerial/ Mingkaman, this will be a major source of funding, and without this funds, then all nutrition activities will cease, that will expose more children and women to suffer from acute malnutrition. Other source of funding secured were 12 months projects that started in January and soon ending in December, such as ECHO in Malakal and UNICEF, in Mingkaman, the only other fund is WFP for TSFP ending September, that cannot be able to cover the operational and staff cost to continue implementation The outputs of this project will as well complement other projects as Health and WASH, in reduction and prevention of malnutrition. IMC UK will be sending proposal to request for extension for the FLA in the tow locations from October 2016 to September 2017. UNICEF PCA ends in December 2016, IMC UK will be submitting proposal to UNICEF in November to ensure continuation of the services, most especially for the supplies.

LOGICAL FRAMEWORK

Overall project objective

Contribute to reduction of mortality, morbidity and impacts of poor growth development, due to malnutrition, through management of SAM and MAM & Provision of support to IYCF in emergencies, Micronutrient supplementation, and nutrition surveillance

NUTRITION		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	80
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	15
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	5
<p>Contribution to Cluster/Sector Objectives : International Medical Corps UK through this project will contribute to the cluster objectives on the following ways</p> <p>Provide Management for acute malnutrition cases International Medical Corps UK will be able to continue providing treatment to children aged 6-59 months, pregnant and lactating women with severe and moderate acute malnutrition. Through the community health promoters' network screening will be done on a weekly basis, and mass/mop-up screening on a quarterly basis. Nutrition treatment sites will generate and fill the follow up forms, which will be used by the CHPs to follow up absent, defaulter and non-respondents cases at household level and ensure mothers/caregivers return back to the program and complete the treatment phase. Referral mechanisms will be strengthened from one nutrition site to another depending either on improvement or deterioration of children and pregnant and lactating women undergoing treatment. IMC UK will scale up the nutrition activities aimed at increasing the coverage for SAM and MAM cases, in terms of strengthening community outreach nutrition services, effective community mobilization using the Community health promoters and local leaders' platforms. At OTP level IMC UK will ensure that children get systematic treatment, including vitamin A supplementation. Health Workers will be trained and be supervised to adhere to the GoSS MoH IMSAM guideline and MAM guidelines, further sharpening their skills and knowledge in the management of SAM (in- patient and out- patient) and MAM cases.</p> <p>Prevention for acute malnutrition</p> <p>25 IYCF mother support groups have already been established in all proposed intervention area; Mingakaman, IDPs camp, the program will establish more mother support groups among the host community at least 10 groups. IMC UK will strengthen the mother support group activities, and in the new areas additional groups will be established. IYCF counseling cards and hygiene charts will be provided to each support group consisting of 15 mothers, as well as sitting mats, to create a conducive environment for sharing experiences. Screening and provision of Vitamin A and de-wormers to the target age group of children 6-59 months will accomplished.</p> <p>Capacity & emergency preparedness</p> <p>IMC UK will continue strengthen the capacity of the MoH, nutrition staff and the community health promoters in management of acute malnutrition, refresher training will be conducted in Awerial. IMC UK surveillance team will conduct one IYCF assessment that will ensure advocacy and better programing in the fight against malnutrition.</p>		
Outcome 1		
Increased availability, access and utilization of quality acute malnutrition treatment services, among children 6-59 months, pregnant and lactating women.		
Output 1.1		
Description		
Malakal PoC; 11,712 children aged 6-59 months (6139 boys & 5573 girls), 820 PLW. Mingakaman; 15,200 Children (7752 girls & 7,448 boys) aged 6-59 months, 1,802 pregnant lactating women will be screened using MUAC at community and facility level for acute malnutrition and referred to appropriate nutrition treatment sites		
Assumptions & Risks		
<p>Assumptions:</p> <p>Supplies are adequate and prepositioned timely International Medical Corps UK has access to the sites for activities to continue nutrition services implementation Security situation improves Funds are adequate to support the activities</p> <p>Risks</p> <p>Insecurity and limited access due to poor infrastructure and population movement increasing operational cost. Inadequate funding Looting and interruption of supplies delivery due to access and insecurity Political sensitivity around assessment, use and sharing of nutrition data and information Increased morbidity and disease outbreaks contributing to high malnutrition burden Economic crisis i.e. inflation</p>		
Activities		
Activity 1.1.1		
Improved early identification (MUAC screening) and referrals of SAM and MAM cases among children 6-59 months, Pregnant and lactating women at the community and facility level.		
Indicators		

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of children screened in the community			13,021	13,891	26,912

Means of Verification : Monthly NIS report

Output 1.2

Description

Strengthened and improved coverage of service delivery points for SAM and MAM management for children 6-59 months, pregnant and lactating women. Treat SAM cases children 6-59 months, 440 (228 girls & 212 boys) MAM cases children 6-59 months 981 (510 girls & 471 boys) PLW 420, in Mingkaman. Treat SAM cases children 6-59 months, 185 (96 girls & 89 boys) MAM cases children 6-59 months 574 (313 girls & 261 boys) PLW 85, in Malakal PoC and Malakal town

Assumptions & Risks

Assumptions

Supplies are adequate and prepositioned timely
International Medical Corps UK has access to the sites for activities to continue nutrition services implementation
Security situation improves
Funds are adequate to support the activities

Risks

Insecurity and limited access due to poor infrastructure and population movements increasing operational cost.
Inadequate funding
Looting and interruption of supplies delivery due to access and insecurity
Political sensitivity around assessment, use and sharing of nutrition data and information
Increased morbidity and disease outbreaks contributing to high malnutrition burden
Economic crisis i.e. inflation

Activities

Activity 1.2.1

Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.

Activity 1.2.2

Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.

Activity 1.2.3

Support timely prepositioning of nutrition supplies to project sites

Activity 1.2.4

Improve case tracing for the defaulter cases at household level, by the community health/nutrition promoters

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			301	324	625

Means of Verification : Monthly NIS report

Indicator 1.2.2	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					11
-----------------	-----------	--	--	--	--	--	----

Means of Verification : Monthly NIS report

Indicator 1.2.3	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			732	823	1,555
-----------------	-----------	---	--	--	-----	-----	-------

Means of Verification : Monthly NIS report

Indicator 1.2.4	NUTRITION	Frontline services # PLWs with acute malnutrition newly admitted for treatment		505			505
-----------------	-----------	--	--	-----	--	--	-----

Means of Verification : Monthly NIS report

Indicator 1.2.5	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)					8
-----------------	-----------	--	--	--	--	--	---

Means of Verification : Monthly NIS report

Outcome 2

Strengthen and support prevention of undernutrition among boys and girls aged 6-59 months, pregnant and lactating women.

Output 2.1

Description

107 Mother support groups, supported to participate in Infant and Young Child feeding and hygiene practices, sessions.

Assumptions & Risks

Assumptions

Access and security enable delivery of the service
Community Mobilization done
Funds are adequate to support the activities

Risks

Lack of mothers\caregivers participation
Lack of funds to support mother support groups
Insecurity

Activities

Activity 2.1.1

Increased provision of IYCF messages in nutrition centers and health delivery clinics, targeting women of reproductive age, pregnant and lactating women and men.

Activity 2.1.2

Strengthen the capacity of nutrition staff, MoH health facility workers on IYCF in emergency context.

Activity 2.1.3

Provide support and supervision to mother support groups, to enable them effectively organize and participate during mother support group sessions and encourage them to adopt IYCF and hygiene practices.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Frontline services # of functional mother-to-mother support groups					107
Means of Verification : Monthly NIS report							
Indicator 2.1.2	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	0	1,820			1,820
Means of Verification : Monthly NIS report							
Indicator 2.1.3	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	25	20			45

Means of Verification : Monthly NIS report

Output 2.2

Description

1,340 children aged 6-59 months (643 boys & 697 girls) receive Vitamin A supplementation and deworming 870 (442 girls & 428 boys) children aged 12-59 month.

Assumptions & Risks

Assumptions

Access and security enable delivery of the service
Community Mobilization is completed
Funds are adequate to support the activities

Risks

Lack of mothers\caregivers participation in vitamin A and deworming exercise.
Insecurity and lack of access to reach the communities

Activities

Activity 2.2.1

Increased coverage of Vitamin A supplementation among children below the age of five through routine and National Immunization Days (NID)

Activity 2.2.2

Provide Vitamin A and deworm children during nutrition treatment days at the nutrition sites, part of the routine medication.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			643	697	1,340

Means of Verification : Monthly NIS report

Indicator 2.2.2	NUTRITION	Frontline services # of children (12 -59 months) dewormed			1,086	1,175	2,261
Means of Verification : Monthly NIS report							
Output 2.3							
Description							
45 IMC staff and MoH staff capacity strengthened on management of acute malnutrition using South Sudan protocol							
Assumptions & Risks							
staff willingness to be trained funds available for training Risk No funds No support from local authorities to provide capacity building Insecurity							
Activities							
Activity 2.3.1							
45 IMC and MoH staff trained on CMAM							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.3.1	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	25	20			45
Means of Verification : NIS report							
Outcome 3							
Enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of response							
Output 3.1							
Description							
1 Coverage survey conducted in Awerial, Mingkaman							
Assumptions & Risks							
Assumptions International Medical Corps UK has access to the sites for activities Security situation improves Funds are adequate to support the activities Risks Insecurity and limited access due to poor infrastructure and population movements increasing operational cost. Inadequate funding Political sensitivity around the assessments, use and sharing of nutrition data and information							
Activities							
Activity 3.1.1							
Plan, prepare and conduct a coverage survey, analyze data and disseminate report to partners in Mingkaman , Awerial.							
Activity 3.1.2							
Conduct join monitoring visit with CHD, local leaders to the project sites and evaluate the program on a quarterly basis							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Frontline services # Coverage surveys undertaken					1
Means of Verification : Coverage Survey report							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

International Medical Corps UK implements project monitoring at three levels: 1) objectives monitoring to assess whether objectives and strategies developed are relevant to the changing situation on the ground; 2) context monitoring to track changes in critical assumptions and/or risks, or other areas that may affect the capacity of the program to respond; and 3) institutional monitoring to assess physical implementation of the program. IMC UK will utilize a range of monitoring tools including Performance Monitoring Tool (PMT) to ensure that project activities are implemented as per the plan and resources are utilized efficiently. With the technical support and guidance from the Nutrition coordinator and Monitoring and Evaluation coordinator field managers guided by detailed implementation plan will ensure timely execution of program activities and review.

Nutrition program data will be captured routinely. International Medical Corps UK has a well-established monitoring and evaluation system; at the field level nutrition managers use the developed work plan that will guide implementation of the program. At Juba level, the Nutrition coordinator, working closely with the M & E coordinator will provide technical support to the field teams in regard to data collections, reporting and analysis pointing areas that need extra efforts to improve quality of services. Using the existing reporting tools (check list, daily, weekly, monthly NIS reporting form and CMAM database), Program training reports and supplies consumption reports will be shared internally and externally with the MoH, donor and other stakeholders. The nutrition staff will be able to capture information and report appropriately. In addition to the formal reporting system, field program office will conduct quarterly review meetings with key actors, county health team, community representatives to address implementation problems in a timely manner as well as share best practices and experiences. Joint supportive supervision will be conducted during program implementation. Program staff will continue to receive on the job training on collection of quality data quality data and how to analyze and use the information to cause a positive desired change during implementation period.

Data collected will be disaggregated as per the gender (male, female, girls, boys) analysis will look at how different genders are affected, involvement/participation in the program.

The program is already using NIS, cluster reporting forms, and internally CMAM reporting database has been established, field nutrition teams are getting trainings on data entry, quality will be checked by data managers at Juba level before it is shared with relevant stakeholders.

County Health department will receive report updates on a monthly basis during monthly meetings; this will ensure that they are involved in decision making and understand factors affecting/contributing to the program data/results. CHD team members on a quarterly basis will participate in program field visit and provide feedback to the nutrition team in areas that needs improvement.

As part of the ongoing nutrition surveillance to determine the nutrition status and as part of routine program monitoring nutrition IYCF assessment will be conducted in Awerial, Mingkaman. This monitoring information will be vital in sharpening program interventions designs, in order to foster information use for decision making and prioritization, international medical corps will set up a sub-committee comprising of key program team to ensure information sharing and use.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Improved early identification (MUAC screening) and referrals of SAM and MAM cases among children 6-59 months, Pregnant and lactating women at the community and facility level.	2016									X	X	X	X
	2017	X	X										
Activity 1.2.1: Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.	2016									X	X	X	X
	2017	X	X										
Activity 1.2.2: Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.	2016									X	X	X	X
	2017	X	X										
Activity 1.2.3: Support timely repositioning of nutrition supplies to project sites	2016									X			X
	2017	X											
Activity 1.2.4: Improve case tracing for the defaulter cases at household level, by the community health/nutrition promoters	2016									X	X	X	X
	2017	X	X										
Activity 2.1.1: Increased provision of IYCF messages in nutrition centers and health delivery clinics, targeting women of reproductive age, pregnant and lactating women and men.	2016									X	X	X	X
	2017	X	X										
Activity 2.1.2: Strengthen the capacity of nutrition staff, MoH health facility workers on IYCF in emergency context.	2016											X	X
	2017												
Activity 2.1.3: Provide support and supervision to mother support groups, to enable them effectively organize and participate during mother support group sessions and encourage them to adopt IYCF and hygiene practices.	2016									X	X	X	X
	2017	X	X										
Activity 2.2.1: Increased coverage of Vitamin A supplementation among children below the age of five through routine and National Immunization Days (NID)	2016										X		
	2017												
Activity 2.2.2: Provide Vitamin A and deworm children during nutrition treatment days at the nutrition sites, part of the routine medication.	2016									X	X	X	X
	2017	X	X										
Activity 3.1.1: Plan, prepare and conduct a coverage survey, analyze data and disseminate report to partners in Mingkaman , Awerial.	2016												
	2017	X											

OTHER INFO

Accountability to Affected Populations

International Medical Corps UK, projects will promote accountability to the affected population, as the same time ensuring that humanitarian workers do not use the project material, services provided to the affected population as a bait for sexual exploitation and abuse (PSEA) All IMC has put in place special measures to ensure that employees adhere to PSEA policy and protect affected population against sexual exploitation. Through this project, IMC UK will continue providing opportunity to the communities (host & IDPs) to provide feedback on implementation, involve the County health department in field visits, give them chance to meet with beneficiaries and directly get feedback regarding the program. International Medical Corps UK will organize meeting with Payam, leaders on a quarterly basis to inform them on program achievement, challenges and seek support in community mobilization and awareness raising on nutrition related matters. Capacity building of the community health promoters, nutrition field teams-staff, county health department staff, will be a priority most especially on improving management of acute malnutrition, emergence nutrition preparedness, which includes nutrition assessments. Equality on gender (male, female) participation will be encouraged, most especially the women in the nutrition program will be provided with information that will lead to adoption of healthy practices, influencing a healthy family. Mother support groups will play a key role in involvement of the affected population during infant and young child feeding program, supporting them to make right decision pertaining child care practices. During the nutrition treatment days, mothers will receive explanation, about the program, its importance, the process how the supplies reach them from the donors and how it is important to use the therapeutic supplies for its sole purpose.

Implementation Plan

CHF second round funding will ensure continuation of the implementation for nutrition following the UNICEF funding that ended in July 2016, in Mingkaman and for the reduced funding status in Malakal PoC. International Medical Corps UK will implement the proposed intervention directly, working closely with the MoH, nutrition cluster partners in the two counties, state and national level. Most of the nutrition sites are integrated with health services, beneficiaries with other medical needs will receive treatment easily.

Security measures will be taken to ensure safety of the beneficiaries, staff during implementation. International Medical Corps UK, plans to increase number of community health promoters in all locations, in order to increase coverage, most especially among the host communities, areas referred to have pockets of acute malnutrition, during the community MUAC screening.

Investing more, on empowering and motivating the nutrition staff will be key, this is to ensure quality, follow up and timely delivery of services. Where personnel gaps exist, hiring high skilled personnel will cover this.

Nutrition supplies: Through UNICEF PCA and WFP FLA, International Medical Corps UK will be able to request for the supplies for both MAM and SAM. Supplies for Mingkaman will be transported using road or river transport from Juba or Bor, depending where the supplies will be positioned. Nutrition supplies will be provided to the right beneficiaries and provide mothers/caregivers with adequate information on usage. Engaging local leaders and security authority will help mitigate on selling of nutrition supplies. Supplies for Malakal will be collected from UNICEF and WFP rub hall in Malakal PoC and be transported to the nutrition sites by International Medical Corps UK.

Effective coordination and representation: International Medical Corps UK will continue been active in nutrition cluster meetings supporting the partners in Awerial and Malakal Counties. The nutrition managers (expat) in this areas will continue supporting the UNICEF, County Health Department and nutrition partners in playing coordination and advocacy role. Sub cluster meetings minutes and updates will be sent to the national cluster coordination team.

Program monitoring: Involving the county health department in field visit, conducting nutrition assessment, collecting credible data and reporting as scheduled will be a priority during implementation of this grant.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
ACTED in Awerial, Mingkaman	implementing, Camp Coordination, Livelihood and general food distribution, with WFP
Catholic Relief Services, in Awerial Mingkaman	implementing livelihoods project
CCM and Health Link, in Awerial Mingkaman	Secondary health care services including treatment to SAM cases with medical complication, the SC will be a referral point
Solidarity International in Malakal	implementing, WASH and FSL, we will link mother support group to WASH & FSL interventions
MSF in Malakal	providing Primary and Secondary health care services including treatment to SAM cases with medical complication, the SC will be a referral point

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

This nutrition program is designed to ensure specific nutrition needs of children aged 6-59 months (boys & girls) women (pregnant and lactating) and men in the community are met. Safety, availability of water point, latrines, and shelter at the nutrition feeding centers will be ensured to prevent gender based violence especially to women and girls. Skills and knowledge on IYCF and management of acute malnutrition cases among children aged 6-59 months, (boys and girls) women, pregnant and lactating women. Men will be encouraged as well to come along with their wives during treatment days for their children or women at the health facility and at community level. The nutrition information; nutrition assessment, reports, data will be disaggregated as per gender boys, girls, men, women) defining the most affected group. Coordination among other sectors (GBV, Education, Health, & FSL) will be put in place. The project will not discriminate against any gender, race, and tribe or based on religious background during implementation. International Medical Corps UK nutrition team will be encouraged to attend GBV training sessions conducted by IMC UK GBV program staff in Awerial, Mingkaman IDP camp.

Protection Mainstreaming

The affected population in the proposed location has faced suffering and indignity due to the prolonged conflict since, December 2013, In November and December 2015, Mingkaman IDP camp started witnessing new arrivals of the IDPs, as a result of fresh conflicts, targeting civilian populations, in Jelle and Parker Payams, Twic East County, Jonglei, resulting to destruction of property and loss of lives. Recent conflict in Malakal PoC, February 2016 and in July 2016, resulting to destruction of property, loss of lives, women and girls been sexually abused and movement restrictions. The project staff will prevent and minimize any negative effects that might increase vulnerability of the beneficiaries, through application of following;

Do no harm; the treatment rations (RUTF, RUSF, CSB++) provided to the beneficiaries will be on a weekly basis to reduce chances of sharing, selling or been stolen from the caregivers in case the large quantities provided. Also the treatment will start in the morning hours and close before dark to allow mothers reach home safely, if allocation has many beneficiaries then they will be more days will be allocated to serve each section or block to allow enough time to reach and leave the site.

Impartial Assistance; The program will provide special treatment to children, boys and girls, women, men with disabilities, old caregivers men and women to be given priority in service provision to reduce further suffering, as well in case they have other complications that need specialized care, appropriate referral will be done.

Violence prevention; Treatment will be conducted in health and nutrition facilities, free from military or armed personnel, away from military bases. Order will be maintained during the treatment days, and services will be provided timely, avoiding overcrowding at the nutrition site, by allocating different days from beneficiaries from different sector or village. In case of eruption of fighting outside the nutrition site, mothers, caregivers, men and women will be guided on measures to ensure they are protected, as well relevant authorities will be informed timely to restore order and peace.

This project will prioritize safety and dignity of beneficiaries mainly women and girls through linking them to the provision of psych-social and case management services, group psycho-social activities at the women centers management and support by International Medical Corps GBV team. In addition this project will provide access to assistance and services without discrimination of sex or age and also ensuring that most vulnerable groups and groups with special needs are reached and assisted with appropriate confidentiality. This project through advocacy, empowerment of targeted groups as well as use of community based committees to enhance population's ability to reclaim their rights. Increased awareness on consequences of acute malnutrition, importance of early case detection, referral and treatment will enhance utilization of available services for women, girls and boys affected by conflict. The community nutrition volunteers will conduct MUAC screening, refer and provide nutrition information at community level. To build resilience in communities by enhancing the capacity of service providers to support women, men, girls and boys affected by conflict

Country Specific Information

Safety and Security

At the moment there is relative peace in the two implementation areas, however security measures are in place to ensure safety of the beneficiaries and that of staff. International Medical Corps will work closely with local authorities, UNDSS get security information regarding safety and access to the outreach nutrition sites. Nutrition team will reach the nutrition sites early, provide services to ensure mothers are able to travel back home early. In case of insecurity, leading to suspension of the activities beneficiaries will be informed through their community leaders, the same will be done on return of services. International Medical Corps UK, has already emergency operational plan, shared to all staff in Awerial, which provides guidance on security measures to take, during service delivery to the affected population and in case of any security threat/risk, they are fully aware of the immediate measures to take. At Field level site managers are the security focal persons, and at national level the field are supported by security manager, based in Juba.

Access

All the project sites are accessible at the moment, and it is expected that during the dry season, movement will increase, this might increase the caseload as people are able to reach the nutrition sites easily, on the hand, and International Medical Corps will be able to reach more areas. However it should be noted that during dry season, cattle raiding activities increase in Lakes state, as well this can have an impact on the program, but in most cases, women and children move close to Mingkaman town, hence the program might experience increased caseload during this period. IMC UK has one car, however there is need for extra vehicle to reach more sites, and to transport supplies and staff. Through CHF funding IMC is requesting to hire one extra car to support nutrition activities in each location. All the project sites are accessible at the moment, and it is expected that during the dry season, movement will increase, this might increase the caseload as people look for better humanitarian services especially in Malakal PoC. In case of insecurity and no access to some areas, International Medical Corps, has put in place, measures to ensure minimal continuation of services, even if relocatable staff are evacuated, by recruiting local staff as nutrition assistants that can continue treatment with remote support. Most of the nutrition supplies will be prepositioned during this period, when access is good Nutrition supplies prepositioning in Mingkaman, is practical, based on the fact that WFP, has a warehouse in Mingkaman, and for UNICEF supplies, they are in Bor. UNICEF has been supplying International Medical Corps UK, using boat, from Bor. But in some instance, request is made in Juba, this requires that IMC UK transport the supplies through road, to Awerial. Most of the nutrition supplies will be prepositioned during this period, when access is good.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nutrition coordinator-Juba	D	1	11,318.82	6	15.00	10,186.94
	<i>Coordinates all nutrition interventions in country. 1 person, total cost includes salary and fringe.</i>						
1.2	Nutritionist (Awerial)	D	1	10,609.31	6	100.00	63,655.86
	<i>Implements all nutrition interventions in Awerial, Mingkaman. 1 person, total cost includes salary and fringe.</i>						
1.3	Country Director	S	1	20,010.99	6	5.00	6,003.30
	<i>Manages all IMC South Sudan Operations. 1 person, total cost includes salary and fringe</i>						

1.4	Medical Director	S	1	12,92 5.33	6	5.00	3,877.60
	<i>Supervises technical health and Nutrition program implementation. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.5	Program Coordinator	S	1	12,91 2.18	6	5.00	3,873.65
	<i>Oversees the program implementation, Based in Juba. 1 person, total cost include salary and fringe benefit</i>						
1.6	Finance Director	S	1	16,06 1.16	6	5.00	4,818.35
	<i>Manages all IMC South Sudan finance services. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.7	Finance Manager	S	2	10,98 7.99	6	5.00	6,592.79
	<i>In charge of finance services covering Awerial. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.8	Senior Logistics Manager	S	1	10,05 7.87	6	5.00	3,017.36
	<i>In charge of logistical operations covering Awerial. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.9	Logistics Coordinator	S	1	13,48 0.80	6	5.00	4,044.24
	<i>In charge of logistical operations covering Awerial. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.10	Logistics Manager	S	1	8,569 .00	6	5.00	2,570.70
	<i>In charge of logistical operations covering Awerial. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.11	Security Manager	S	1	13,82 4.18	6	5.00	4,147.25
	<i>Manages all IMC South Sudan security services and staff safety. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.12	Senior Nutrition Officer (Awerial/Malakal)	D	2	2,079 .94	6	75.00	18,719.46
	<i>Support nutrition program implementation. 1 person in Malakal & 1 Person, total cost includes salary and fringe.</i>						
1.13	Nutrition Supervisor (Awerial/Malakal)	D	3	1,095 .35	6	60.00	11,829.78
	<i>Nutrition program implementation. 1 person Malakal and 1 Person Awerial, total cost includes salary and fringe.</i>						
1.14	Nutrition/ Health promoters (Awerial/Malakal)	D	27	500.6 8	6	68.52	55,576.68
	<i>Nutrition program implementation. 10 person in Awerial and 17 in Malakal, total cost includes salary and fringe.</i>						
1.15	IYCF Officer (Awerial/Malakal)	D	2	1,317 .57	6	70.00	11,067.59
	<i>Implement IYCF activities. 1 person, total cost includes salary and fringe</i>						
1.16	Logistics Officer - Awerial/ Malakal	D	2	1,708 .33	6	55.00	11,274.98
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.17	Finance Admin/Officer - Awerial/Malakal	D	2	1,763 .67	6	60.00	12,698.42
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.18	Logistics assistant (Awerial/Malakal)	D	2	1,284 .44	6	60.00	9,247.97
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.19	Drivers -(Awerial/ Malakal)	D	2	597.2 2	6	60.00	4,299.98
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.20	Cleaners & Guards	D	8	474.4 7	6	100.00	22,774.56
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.21	Juba Support Staff	S	1	83,80 7.65	6	5.00	25,142.30
	<i>National finance, HR and logistics staff providing support from IMC Juba main office for program implementation. Total cost includes salary and fringe</i>						

1.22	Nutritionist (Malakal)	D	1	10,90 3.30	6	50.00	32,709.90
<i>Implements all nutrition interventions in Malakal. 1 person, total cost includes salary and fringe.</i>							
1.23	Site Manager (Malakal)	D	1	10,60 9.31	6	20.00	12,731.17
<i>The site manager will co-ordinate operational activities of CHF funded program in Malakal and directly manage field staff and Logistics support. The person is also responsible for ensuring timely program delivery.</i>							
1.24	Nutrition Officer (Malakal)	D	2	1,317 .57	6	40.00	6,324.34
<i>will responsible for the direct implementation of nutrition activities in Malakal</i>							
Section Total							347,185.17
Supplies, Commodities, Materials							
2.1	Nutrition Sites supplies (Equipments, furnitures, ration cards)	D	1	4,000 .00	2	100.00	8,000.00
<i>OTP/SC/TSFP equipment/furniture and materials for Awerial. Lump sum figure based on supply and equipment needs.</i>							
2.2	Transportation of the supplies & staff to the field (Hiring charters, trucks, Boats)	D	2	3,000 .00	1	100.00	6,000.00
<i>Transport supplies to field sites for delivery</i>							
2.3	Training MoH, IMC staff on IYCF & Nutrition surveillance	D	2	1,000 .00	1	100.00	2,000.00
<i>CMAM, IYCF training.</i>							
2.4	Mother support groups support, incentives	D	2	5,000 .00	1	100.00	10,000.00
<i>Cost will be used to support mother support groups meetings and incentives</i>							
2.5	Support for coverage survey (SQUEAC)	D	1	15,00 0.00	1	100.00	15,000.00
<i>Funds will support training, conducting and allowances for enumerators other related costs</i>							
2.6	Support community mobilization, MUAC screening and micro nutrient & deworming provision	D	2	1,500 .00	2	100.00	6,000.00
<i>To support mobilization, screening conducted by CNVs and CHD staff support</i>							
2.7	Support joint program supervision CHD, community leaders meetings	D	2	1,500 .00	1	100.00	3,000.00
<i>To Support the CHD, community leaders during supervision and meetings</i>							
2.8	Visibility (T shirts, banners and Boards)	D	2	1,000 .00	1	100.00	2,000.00
<i>Program and donor visibility materials.</i>							
Section Total							52,000.00
Equipment							
3.1	SMART phones for nutrition assessment data collection	D	10	150.0 0	1	100.00	1,500.00
<i>To ensure quality data, and data storage for assessments</i>							
Section Total							1,500.00
Travel							
5.1	National Staff Travel per diem	D	5	25.00	2	100.00	250.00
<i>Travel and from duty sites. Calculated at total of 20 days for 6 month period at 12 USD per da</i>							
5.2	National & International Staff Travel accommodation	D	5	200.0 0	2	100.00	2,000.00
<i>Staff accommodation, 2 days per month for 6 months calculated at 25 USD per day.</i>							
5.3	In country travel - airfare	D	7	550.0 0	2	100.00	7,700.00
<i>1 round trip per month at 550 USD based on current UNHAS travel cost.</i>							
Section Total							9,950.00

General Operating and Other Direct Costs							
7.1	Guest House/Office/warehouse Rental & Maintenance (site and Juba)	S	1	46,000.00	6	5.00	13,800.00
<i>"Costs related to guest house/office/warehouse rental and maintenance "</i>							
7.2	Office utilities and Supplies - Awerial/Malakal	D	2	1,000.00	6	65.00	7,800.00
<i>"This line is requested to cover for various office supplies, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost. "</i>							
7.3	Office utilities and Supplies - Juba	S	1	13,000.00	6	5.00	3,900.00
<i>"This line is requested to cover for various office supplies, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost. "</i>							
7.4	Postage/Courier	S	1	600.00	6	5.00	180.00
<i>"Costs related postage of documents charge "</i>							
7.5	Fuel and Maintenance of Generators - Awerial/ Malakal	D	2	1,000.00	6	62.50	7,500.00
<i>"Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power. Cost is budgeted as per the historical cost. "</i>							
7.6	Fuel and Maintenance of Generators - Juba	S	1	6,500.00	6	5.00	1,950.00
<i>"Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power. Cost is budgeted as per the historical cost. "</i>							
7.7	Legal Fees (including NGO forum registration fee)	S	1	3,070.00	6	5.00	921.00
<i>"costs including the registration fee for NGO forum "</i>							
7.8	Software licences	S	1	3,600.00	6	5.00	1,080.00
<i>"Costs related with software licenses "</i>							
7.9	Bank Charges and Cash Facilitator Fees	S	1	7,800.00	6	5.00	2,340.00
<i>"Costs related bank fee and fee for cash facilitators to the areas where they are no banking system "</i>							
7.10	General insurance	S	1	12,000.00	6	5.00	3,600.00
<i>"Includes costs for repair and maintenance, as well as costs for insurance/registration fees, since due to very poor to non-existing road conditions, regular maintenance is a necessity for normal functioning of the vehicles. "</i>							
7.11	Security company services	S	1	4,400.00	6	5.00	1,320.00
<i>"Costs related to Security company to guarding the guest house and office "</i>							
7.12	Physical and Operational Security Upgrades	D	1	2,331.40	1	100.00	2,331.40
<i>"International Medical Corps' staff will continue to go through updated safety and security training to increase our staff's personal as well as our institutional ability in Southern Sudan to continue to safely and effectively operate in the high threat environment. This includes but is not limited to active training in personal security strategies, travel security, risk mitigation strategies, crisis management, risk avoidance, attack recognition, IED recognition etc.. As the environment becomes more challenging to operate in, it is essential IMC staff are given the training and tools required to continue providing quality programs with a minimized risk. Additionally, due to harsh security situation in Southern Sudan, International Medical Corps requires these funds to upgrade existing and implement additional layers of physical security infrastructure at its offices, clinics and other field sites as well as revise operational security protocols to enhance staff security, asset protection and crisis management systems. Due to the current risk, more frequent security assessments are occurring in our operational areas, which range from weekly to daily. It is critical that funding be applied to our proven safety and security systems to increase our ability to remain and continue our work in these high threat areas. The budgeted amount includes cost of accommodations, local transport, support supplies and other related costs associated with the security activities, in county or for HQ support when needed "</i>							
7.13	Monitoring and Evaluation	D	1	1,500.00	1	100.00	1,500.00
<i>"M&E represents estimated cost of program evaluation to be completed by senior expatriate expert for quality assurance purposes, as well as headquarter staff coming for monitoring visits. It is International Medical Corps' global policy to provide continuing monitoring and evaluation of programs for quality assurance purposes. Budgeted amount includes cost of accommodation, local transport, air ticket and support supplies and other related costs associated with the evaluation activities for staff in South Sudan and possible visit from HQ. Cost is budgeted as per the historical cost. "</i>							

7.14	Communication - Awerial/Malakal	D	2	1,000.00	6	62.50	7,500.00
<i>Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost.</i>							
7.15	Communication - Juba	S	1	8,275.00	6	5.00	2,482.50
<i>Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost.</i>							
7.16	Vehicle/Motorbikes/boats Registration/Insurance/Maintenance -sites	D	1	1,500.00	6	100.00	9,000.00
<i>The budget will cover the Maintenance for vehicle/motorbike in Awerial</i>							
7.17	Vehicle/Motorbikes/boats Registration/Insurance/Maintenance -Juba	S	1	5,050.00	6	5.00	1,515.00
<i>"Costs related to Vehicle/Motorbikes Registration/Insurance/Maintenance "</i>							
7.18	Vehicle/Boat/Motorbike Fuel - sites	D	1	1,500.00	6	100.00	9,000.00
<i>The budget will cover the fuel for vehicle/motorbike/boat in Awerial</i>							
7.19	Vehicle rent - Awerial/Malakal	D	2	6,000.00	6	100.00	72,000.00
<i>"The budget will cover the fuel for vehicle as well as rental of vehicles "</i>							
7.20	Vehicle rent - Juba	S	1	15,450.00	6	5.00	4,635.00
<i>"The budget will cover the fuel for vehicle as well as rental of vehicles "</i>							
Section Total							154,354.90
SubTotal			132.00				564,990.07
Direct							463,179.03
Support							101,811.04
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							39,549.30
Total Cost							604,539.37
Grand Total CHF Cost							604,539.37
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lakes -> Awerial	60	276	3,849	7,812	8,334	20,271	
Upper Nile -> Malakal	40	184	2,566	5,209	5,557	13,516	
Documents							
Category Name				Document Description			
Project Supporting Documents				IMC_MINGKAMAN IDP CAMPS_AWERIAL COUNTY_SMART SURVEY_PRELIMINARY REPORT_APRIL 2016.pdf			