OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Christian Mission Aid
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100

Project Title :	Lifesaving Emergency Nutrition Services Scaled up to Reach Unserved Payams in Fangak County in South Sudan
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/103527	**Fund Project Code :**	SSD-17/HSS10/SA1/N/INGO/5090
Cluster :	Nutrition	**Project Budget in US$:**	192,986.98
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/03/2017	**Planned End Date :**	31/08/2017
Actual Start Date:	01/03/2017	**Actual End Date:**	31/08/2017

Project Summary :

The project will be implemented in Fangak County rated as Severity of Need Level 5, for nutrition (SS HNO 2017, UNOCHA pg 23) and IPC 3 Crisis (IPC SS February 2017, FEWS Net, pg 3). Estimates for Fangak show a total of 76,200 IDPs. Based on a GAM rate of 17.2% (3.4% SAM, 13.8% MAM), the county caseloads were estimated as follows: U5 SAM – 2,034, U5 MAM – 8,254 and PLW MAM – 3,095 (Nutrition Cluster HNO Case Load 2017). CMA's experience from Fangak during the final quarter of 2016 showed SAM and MAM admissions rose by 62% even in the post-harvest season (CMA Report to UNICEF and WFP). Screening of 1,157 U5 children conducted in Manajang and Paguer payams during February 2017 showed a proxy GAM rate of 38.2% (12.1% SAM, 26.2% MAM). This data could indicate that the original Nutrition Cluster estimated caseload is low.

The critical humanitarian gap that needs to be filled is the lack of access to lifesaving nutrition services for the most vulnerable U5 children and PLW of unserved IDP populations. The overall objective of this project is to save lives of U5 children and PLW suffering SAM and MAM in payams not being served. The payams targeted are Barbuoi, Manajang, Mareang, Paguer and New Fangak. Areas targeted comprise an estimated 58% of the total population of Fangak County, and 61% of the IDP population.

Project objective 1 is to deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk. This project will reach 616 U5 children with SAM interventions, 2,523 U5 children with MAM interventions and 1,312 PLW with MAM interventions. Planned coverage of these life-saving nutrition interventions are 75% of caseloads for U5 SAM and MAM and 60% of PLW caseload in targeted areas.

Project objective 2 will increase access to integrated programs preventing under nutrition for the most vulnerable and at risk children. Project objective 3 will ensure enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of emergency nutrition response. And project objective 4 will increase access to safe and integrated nutrition, FSL, health and WASH responses in payams with critical levels of acute malnutrition. Under these objectives, the main activities will include linking beneficiaries with BSFP delivered by NPA, increasing coverage of Vitamin A supplementation and deworming of children, delivery if IYCF interventions, sharing monthly nutrition reports with collaborating humanitarian actors, and increasing coordination/integration of nutrition programming with health, FSL and WASH programming.

To achieve these objectives, the project will provide human resources (cost-shared with the UNICEF/WFP), in-service training for nutrition and health workers, and support to facilitate a robust nutrition outreach approach to reach areas where large IDP populations have settled but who are without access to any nutrition program. The project will conduct screening (including screening of U5 children for malaria and providing iron folate for PLW) and provide treatment services both from the static sites and through mobile outreach services. To achieve gender equality in opportunity to access nutrition services, communities will be organized to protect vulnerable women and children so they can consistently access nutrition services. The nutrition services of this project will be fully integrated with CMA's health services in the same locations sharing human, facilities and transportation resources.

Presently CMA has a PCA with UNICEF and FLA with WFP. UNICEF assistance focuses on SAM of U5 children while WFP provides supplies for MAM of U5 children and PLW. UNICEF assistance also covers activities to prevent undernutrition. With support from CHF, CMA will scale-up and expand the reach of current activities to reach unserved IDP and host community populations that urgently need SAM and MAM services.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
0	2,624	5,373	5,970	13,967

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	5,373	5,970	11,343
Pregnant and Lactating Women	0	2,624	0	0	2,624

Indirect Beneficiaries :

17,889 (men - 1234, women - 3701, boys – 6,169, girls – 6786)

Catchment Population:

Host Population - 76,915
IDPs - 46,460
Total - 123,375

Link with allocation strategy :

With CHF SA1 2017 funding, the project will provide a vital and timely injection of resources into critical life-saving frontline nutrition services as it comes at time when the severity of acute malnutrition is rising sharply. CHF assistance will complement funding still in place with CMA's PCA with UNICEF, and FLA with WFP. Further, the project will provide resources in the dry season which provides opportunity to use mobile outreach approaches for nutrition screening and services to manage SAM and MAM so that all IDPs and vulnerable populations can be reached. And most critically, the project will combat seasonality related drivers of severe malnutrition, specifically, the hunger season and rise in conflict that has blocked normal markets for cereal trade into targeted payams of Fangak County.

The project will focus on locations where humanitarian needs are most severe. It will cover those locations not reached by others and where IDP populations have settled. Of the 76,200 IDPs in Fangak, this project will cover an estimated 46,460 IDPs settled in targeted payams. The project will focus on the Manajang, Paguer, Mareang, Barbuoi and New Fangak payams where flooding destroyed the 2016 harvest and hunger is most severe. Fangak has been rated as Severity of Need Level 5, for the nutrition needs (SS HNO 2017, UNOCHA pg 23) and the IPC for acute malnutrition stands at Phase 4 Critical (IPC South Sudan February 2017, FEWS Net, pgs 3-5).

With the PCA and FLA providing nutrition supplies for OTP and TSFP to manage acute malnutrition and support for prevention of malnutrition (vitamin supplementation, deworming, IYCF, nutrition education and promotion), CHF funding will enable a scale-up and expansion of the most critical management of SAM and MAM, and to implement a mobile outreach approach so that unserved IDPs and host communities can be reached. Also, the project will be delivered fully integrated with CMA's program of health services. To maximize funding leverage, the nutrition services will target same locations as health, use common facility, transportation and human resources as health services. The project will promote WASH messages and support communities to implement protection activities to ensure children U5, adolescent girls and WCBA have unimpeded access to nutrition services. CMA has been the lead agent for RRHP in Fangak, and now with an established nutrition program, CMA participates as a key humanitarian actor in county forums for coordinating and collaborating within the nutrition sector and across other sectors. This will be sustained to maximize synergies across all sectors.

Critical project qualities will include:
1. providing life-saving services in accordance with the CERF life-saving criteria.
2. providing frontline services fully aligned with the cluster priorities, specifically with a priority focus on the most vulnerable to deliver programming for the management of SAM and MAM among U5 children, and management of MAM among PLW.
3. being on-ground in PHCC sites and ready to immediately expand to 2 additional PHCCs and reach the catchment areas of an additional 5 PHCUs through mobile nutrition outreaches.
4. capacity to respond to the rising severity of malnutrition and the likelihood of further populations movements, new influx of IDPs and potential for service disruption due to insecurity.
5. providing services that are feasible, cost effective and impactful by addressing community-based protection challenges, mainstreaming gender, applying the do-no-harm approach in all activities and engaging community leaders in planning, implementing and monitoring to strengthen accountability to affected populations.

CMA has not experienced any disruptions in services so far in 2017. In respect of the needs and security context, CMA has designed project approaches and activities to ensure best outcome for the target populations.

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
WFP (excluding committed supplies)	38,150.00
UNICEF PCA (excluding committed OTP and Micronutrient supplies)	14,500.00
	52,650.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

Conflict in Juba July 2016 and ongoing conflict in GUN has deepened the humanitarian crisis in Fangak County. Severe flooding of the area between the River Nile and River Jurwel/Zeraf during the last quarter of 2016 destroyed the harvest leaving many households with no harvest at all. The rapidly deteriorating economic situation, constant insecurity and market disruptions are exacerbating the shocks of ongoing conflict and flooding. The most recent shock is the closing of trade routes and the market at Tonga due to the widening conflict in GUN region. The Tonga market traditionally provided cereals in the lean season to most of the county. Fangak has been placed in the group of counties rated as Severity of Need Level 5 (South Sudan HNO 2017, UNOCHA pg 10).

Attacks against aid workers and economic decline have severely impacted the provision of life-saving nutrition services (South Sudan HNO 2017, UNOCHA pg 23). Nutrition services have been delivered through health facilities. However, the facility infrastructure has eroded such that only a few locations can feasibly deliver either nutrition or health services. The absence of stores for nutrition supplies is an ongoing constraint. Nationwide, “it is estimated that only 43 per cent of the country’s health facilities remain operational” (South Sudan HNO, UNOCH, pg 22). Only 4 of 17 health facilities and one hospital were operational in Fangak County during the final quarter of 2016. The end of RRHP funding in June 2016 caused many facilities to close severely restricting the delivery of both nutrition and health services.

Presently, Fangak is hosting an estimated 76,200 IDPs (Health Cluster Target by County 2017 Response). MEDAIR and CMA assessments in Juaibor, Nyadin and Keew May-Jun 2015 indicated: 65%-75% of adult IDPs were women; IDPs subsisted on wild foods for long periods; influx of IDPs overwhelmed functional nutrition services; and closed facilities left large IDP populations without access to any services. This information demonstrates the heightened vulnerability and suffering experienced constantly by the IDP populations. The situation has worsened since 2015.

Hunger and malnutrition have reached historic levels (South Sudan HRP 2017, UNOCHA pg 4). The coping mechanisms of vulnerable households have been totally eroded and there is a risk of severe malnutrition if the cereal deficit is not met particularly through the lean season of 2017 (South Sudan HRP 2017, UNOCHA pg 6). In Jonglei, the populations experiencing Phase 3 Crisis and Phase 4 Emergency will rise from 53.5% in the February to 65.6% by May 2017. For Fangak, the IPC for acute malnutrition stands at Phase 4 Critical (IPC South Sudan February 2017, FEWS Net, pgs 3-5).

Factors driving the nutrition crisis include rising food insecurity, high morbidity rates, limited access to safe water and sanitation and declining availability of nutrition services causing the level of acute malnutrition to rise significantly in 2016 (South Sudan HNO 2017, UNOCH, pg 23). The worsening situation is causing a rise in the incidence of SAM with medical complications. Undernourished children who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities (South Sudan HNO 2017, UNOCH, pg 23).

Conflict, insecurity and floods affect women, men, boys and girls differently. Men maintain mobility, but IDPs, children U5, and women have restricted movement (South Sudan HNO 2016 UNOCHA pg 6). Acute malnutrition affects children under 5 and PLW most, as well as the elderly and HIV/AIDS and TB patients (South Sudan HNO 2017 UNOCHA pg 23). With long distances to reach nutrition facilities, women and children face immediate risks of violence when attempting to access services. Men can protect themselves, but women and children need protection to access nutrition services.

2. Needs assessment

The Nutrition Cluster has presented the 2017 humanitarian gaps/needs and set response targets. In Fangak, the total number of people in need is 144,188. Of this population, the cluster is targeting 103,815 individuals (SS SA1 2017 Cluster Priorities and Targets 02 Feb 2017).

Critical gaps/needs identified in the Cluster Strategy for SSHF SA1 2017 include:
• Need to increase treatment of SAM and MAM for U5 children and PLW;
• Need to provide IYFC and BSFP for U5 children and PLW;
• Need for micronutrient supplementation in high risk areas;
• Need for monitoring of the evolving nutrition situation.

No SMART Survey was conducted in Fangak County in 2016. Based on a GAM rate of 17.2% (3.4% SAM, 13.8% MAM), the county caseloads were estimated as follows: U5 SAM 2,034, U5 MAM 8,254 and PLW MAM 3,095 (Nutrition Cluster HNO Caseload 2017). This data indicates the 2017 caseloads for U5 children and PLW have increased 16% and 25% respectively over 2016 caseloads. CMA's experience from Fangak during the final quarter of 2016 showed SAM and MAM admissions rose by 62% even in the post-harvest season (CMA Report to UNICEF and WFP). Screening of 1,157 U5 children in the month of February showed a proxy GAM rate of 38.2% (12.1% SAM, 26.2% MAM). This data could indicate that the original Nutrition Cluster estimated caseload is low.

Comparing GAM rates of IDP and host community, MEDAIR's data (2015) for U5 children showed a rate of 16.2% for IDPs, and 7.3% for host community. For PLW of IDP households, the GAM rate was 38.7% compared with 16.6% for host population. There is clear need to ensure that IDP families are prioritized for nutrition interventions.

High GAM rate for children 6 – 23 months is partly caused by worms, Vitamin A deficiency and diarrhea due to poor child feeding practices and poor hygiene and sanitation. Further, most families are now relying on wild foods for part of their daily diet, which are less nutritious for children. Delivering vitamin supplementation, de-worming and WASH messages along with OTP and TSFP services is essential. For Fangak, total 2017 estimated U5 Vitamin A caseload is 23,005, de-worming caseload for children 12-59 months is 18,162 and caseload for IYCF support for PLW is 9,686.
Expanding lifesaving nutrition services for vulnerable U5 children and PLW of unserved IDPs will fill a critical humanitarian gap in Fangak County. The forgoing data demonstrates the priority services needed are: (1) Management of SAM and MAM for U5 children; (2) Management of MAM for PLW; (3) Provision of IYCF key interventions; and (4) Micronutrient supplementation. With support from UNICEF and WFP, CMA has established two OTP and TSFP units at Keew PHCC, Pulita payam, and Juiabor PHCC, Manajang payam. These units provide nutrition services to only 22% of the total population of Fangak and cover 27% of IDPs. There is clear need to sustain these services and to scale-up by adding two additional health facilities to reach the many unserved IDPs who are in greatest need.

The nutrition interventions need to be well integrated with health services and also collaborate with FSL fishing-kits, seeds and tools programming, deliver WASH and protection messages, and referrals for SGBV cases. During the dry season, conducting integrated emergency responses through joint nutrition and medical outreaches to locations with large unserved IDP populations will be feasible. Outreaches need to target New Fangak, Barbuoi and Mareang payams and locations where no nutrition services are being delivered. Due to distance and insecurity, case-finding outreaches and community-based protection measures are also needed to ensure IDPs, PLW and children have access to services. This approach will enable effective nutrition monitoring and ensure accountability to affected populations. With CHF funding support, CMA will sustain current nutrition units and sale-up lifesaving nutrition services to locations where unserved IDP populations

3. Description Of Beneficiaries

The population in Fangak County is predominantly Nuer ethnicity, overwhelming rural and whose livelihoods are based on agro-pastoralism. The focus of this project will be on reaching locations where large IDP populations have settled and where nutrition services are not being provided by any other nutrition sector humanitarian actor. As a lead agency for health services in Fangak, CMA has sustained its presence on-ground since the beginning of the current crisis. Through its on-ground presence, collaboration with CHDs and other humanitarian actors operating in Fangak, CMA has identified the locations of beneficiaries most in need of this project's assistance. The bomas where beneficiaries will be targeted are: Buom and Wanglei in Barbuoi payam; Juaibor in Manajang payam; Nyadin and Toch in Mareang payam; Keew, Kuerpon and Thokchak in Paguer payam and Pakan in New Fangak payam. These bomas comprise an estimated catchment population of 123,375, 58% of the total population of Fangak county, and 46,460 IDPs, 61% of the county IDP population. The most vulnerable and at-risk populations within these target areas have been identified through CMA's monitoring surveys. The primary target beneficiaries of the project will be the IDPs and those households that are hosting IDPs. The beneficiary populations have been displaced by either conflict/insecurity or floods, or both floods and conflict. The target beneficiaries within these households are the vulnerable U5 children and PLW. CMA ensures its programs are accessible to all regardless of race, tribe, gender or religious belief.

Even in non-crisis situations, this population has experienced the poor nutrition, related to food insecurity and poor water and sanitation standards. IDP and IDP hosting households are seriously affected by malnutrition and crowded conditions which is causing general increase in morbidity. Men have joined the armed forces (HNO 2015 pg 3) leaving women to maintain households. CMA's personnel estimate that community-wide 50% of households are now women headed, and among IDP households 70% are women headed. The coping mechanisms of these vulnerable households have been totally eroded (South Sudan HRP 2017, UNOCHA pg 6). The target beneficiaries are experiencing IPC 3 Crisis in February, but are expected to deteriorate to IPC 4 Emergency by May 2017 (IPC South Sudan February 2017, FEWS Net, pgs 3-5). Fangak has been placed in the group of counties rated as Severity of Need Level 5 for health (South Sudan HNO 2017, UNOCHA pg 22). CMA's on-ground experience provides the same evidence provided in the HRP - HNO 2017.

The project will sustain static nutrition services at 4 centers attached to PHCCs. From these centers, CMA will employ a mobile outreach approach to reach 5 additional PHCU locations where nutrition services have never been provided and where there are concentrations of IDPs. Total individual direct beneficiaries will be 13,967 (female – 8,594 and male – 5,373) of which 9,079 (65%) will be IDPs. The total children U5 direct beneficiaries (receiving MAM and SAM services plus Vitamin A supplementation) will be 11,343 (girls 5,970 and boys 5,373) and total PLW direct beneficiaries will be 2,324 enrolled in MAM services and receiving IYCF interventions. The indirect beneficiaries will be U5 children screened, and the caretakers of U5 children receiving IYCF, WASH and protection messages.

4. Grant Request Justification

The critical humanitarian gap that this project will fill is the sharply rising caseload of SAM and MAM among U5 children and PLW, especially among IDPs and communities hosting large IDP populations. In Fangak County, CMA's data from its current program shows that SAM and MAM admissions increased by 62% during the final quarter of 2016 even though it was the immediate post-harvest season (CMA Report to UNICEF and WFP). Screening of 1,157 U5 children in the month of February showed a proxy GAM rate of 38.2% (12.1% SAM, 26.2% MAM). Priority services needed are treatment for SAM and MAM of U5 children and MAM of PLW. The funding request to CHF will allocate 90% of project resources toward delivering these priority life-saving services.

The project is justified on the basis that due to the economic and political crisis of the past 3 years, and recent floods that destroyed the 2016 harvest in the target areas, "the coping mechanisms of vulnerable households have been totally eroded and there is a risk of severe malnutrition if the cereal deficit is not met particularly through the lean season of 2017" (South Sudan HRP 2017, UNOCHA pg 6). Further, recent conflict in GUN region has closed the market routes that traditionally supplied cereals during the lean season. Without greatly expanded support for nutrition programming, the lives of many vulnerable children and PLW will be lost.

To address this risk, the proposed project will enable CMA to sustain its current presence in two payams and expand this program to reach three additional payams where IDP populations are concentrated and needs are greatest. With CHF assistance, CMA will scale-up nutrition services by fully integrating health and nutrition programming and reaching unserved locations through a robust outreach approach. The proposed project will add two new nutrition centers to the two existing centers, and these centers will serve as bases to deliver the planned outreaches as well as provide static OTP and TSFP services for a large and vulnerable population now experiencing the highest severity of need in 5 payams in Fangak County. The CHF assistance will provide salaries for facility-based and outreach nutrition workers, equipment and supplies needed to implement the outreach approach and provide robust incentives to facilitate implementation of the nutrition service outreach model. In this way the CHF support will leverage the reach of ongoing support from CMA's FLA with WFP for TSFP supplies, and the PCA with UNICEF for OTP supplies and support for malnutrition prevent interventions. The mobile outreach approach will enable the project to adjust to new IDP movements and provide continuity in nutrition interventions.

CMA has worked in Fangak County since 2000 and has established capacity to sustain services in the current crisis. Building on past experience, CMA will deliver nutrition services in a gender sensitive approach that includes gender training for nutrition workers, mobilizing communities to address gender issues as related to food and nutrition, and awareness on need for protection to enable women, girls and boys to access nutrition services in the context of insecurity. CMA is experienced operating in the context of conflict. CMA has a designated security focal point, evacuation plans and protocols and clear ground rules to ensure a "do-no-harm" approach. CMA is best placed to manage these security risks. CMA is known and trusted as a competent nutrition service provider by community leaders, local authorities and the CHDs. With this experience, and to effectively utilize the training support provided by ACF and MEDAIR in 2016, CMA will combine the resources of CHF with WFP and UNICEF support to fill a critical gap and meet the need for nutrition interventions for IDP and host populations. With relevant experience and the on-ground presence, CMA is best position to deliver the proposed project.

5. Complementarity

CMA has provided nutrition services in Fangak County since November 2015 and health services since 2000. For this CHF funded project, CMA will draw on the lessons learned from past programs to deliver effective services in the current crisis of conflict and economic hardship. Currently, CMA has committed assistance from a UNICEF PCA and WFP FLA for nutrition services, and a second UNICEF PCA for health services covering the targeted areas. These agreements form the funding foundation for a complementary approach in delivery of CHF's nutrition sector assistance.

Complementarity in Populations Reached: Current committed resources from UNICEF and WFP support static services delivered from two nutrition units established at functional PHCCs. The CHF project will add two new nutrition units at established PHCCs and provide nutrition outreach teams and mobility capacity to conduct outreaches targeting locations where IDPs are concentrated and reach populations in areas of non-functional PHCU locations. Outreaches are planned at the rate of 4 per month for 6 months, with flexible capacity to increase this number should acute malnutrition become more severe. The CHF project will enable delivery of lifesaving nutrition services to a much larger population of the most vulnerable people.

Complementarity within Nutrition Sector: Current committed resources from UNICEF PCA support OTP for U5 children from static units, IYCF, Vitamin A supplementation and deworming, while the WFP FLA provides support for TSFP for U5 children and PLW, also from static units. The assistance from CHF will enable the scale up of the most urgently needed OTP and TSFP services by adding human resource capacity to manage increased incidence of SAM and MAM and increase case-finding outreaches, while the UNICEF PCA will continue providing the preventative IYCF, Vitamin A supplementation and deworming support. The CHF project will add stores and facilities at two sites to complete the most needed set-up for delivery of nutrition services. The combination of enhanced outreach and increased human resource capacity will also enable strengthened monitoring of the nutrition situation especially in unreached locations.

Complementarity Across Sectors (Nutrition - Health – WASH – Protection): The CHF funded nutrition services will be delivered fully integrated with health services at the level of static services and outreach services achieving efficiency and effectiveness of the integrated approach and related synergy and complementarity. Further, from both the static services and outreach services, WASH messages and protection awareness will be constantly delivered through community promotion, meetings with affected populations and IEC sessions. Further, CMA is an active member of the association of humanitarian actors in Fangak County. Through these channels CMA will ensure effective and timely coordination with all humanitarian actors delivering programs in the targeted locations of this project. The functional PHCCs where nutrition units are established all have effective working relationships with local authorities and community leaders and well-maintained landing strips. These attributes will provide ideal bases for the delivery of more complete WASH, FSL, BSFP and other emergency assistance whenever partners can avail this assistance to the areas covered through this project.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the project is to save lives of U5 children and PLW suffering SAM and MAM in payams not being adequately served in Fangak County. The specific project objectives are to:
1. Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.
2. Increase access to integrated programs preventing under nutrition for the most vulnerable and at risk children and ensure enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of emergency nutrition response.
3. Increase access to safe and integrated nutrition, FSL, health and WASH responses in payams with critical levels of acute malnutrition.

Through integration with health services, the project will sustain two current nutrition units and scale up service delivery of OTP and TSFP in two additional payams in Fangak County. Current units are at Juaibor PHCC Manajang and Keew PHCC Paguer. The project will add units at Nyadin PHCC Mareang and Pakan PHCC New Fangak. From these 4 units, the project will support delivery of nutrition services to 5 PHCU sites through a mobile approach to reach Buom and Wanglei in Barbuoi payam, Toch in Mareang payam, and Kuerpon and Thokchak in Paguer payam. The project will expand critical activities for malnutrition prevention, including IYCF along with WASH messages, vitamin A supplementation and deworming. The project will utilize the dry season to implement integrated responses through joint nutrition and medical outreaches to unserved IDPs. Due to distance and insecurity, case-finding outreaches and community-based protection measures will be established to ensure IDPs, PLW and children have unimpeded access to nutrition services. The project will support community awareness raising and advocacy to help communities reduce the risk of GBV. This approach will enable effective nutrition monitoring and ensure accountability to affected populations. Where ever feasible CMA will collaborate with FSL programs for delivery of fishing kits, vegetable seeds and seeds and tools.

Important cross-cutting themes will be (1) mainstreaming gender equality; (2) accountability to affected populations; and (3) protection of vulnerable populations so they can access services. By engaging payam health committees and men and women leaders of host and IDP communities, the project will ensure that gender, accountability and protection are integrated into nutrition service delivery. Feedback from target populations through outreaches and regular meetings with host community and IDP leaders will be applied in ongoing programming. Guidance from the Nutrition Cluster on gender mainstreaming and protection will be important resources for training personnel and for designing nutrition interventions for gender and protection. Tools prepared by IASC to ensure accountability to affected populations will be critical references for CMA. In the context of constant insecurity and population movement, CMA has anticipated access disruption and a significant increase in need and demand for nutrition services. The economic crisis adds additional risk to implementation. To manage these risks, CMA will: (1) as far as possible maintain a one month inventory stock of essential nutrition supplies; (2) maintain good relationships with local authorities and leaders as they are best placed to provide security of personnel and supplies in an emergency.

Complementarity will be achieved as the nutrition program will be fully integrated with CMA’s health services and by coordinating and collaborating closely with other humanitarian actors delivering WASH, nutrition, protection and FSL projects. Currently, CMA has a PCA with UNICEF for nutrition program that ends in March but this is expected to be extended to reach 31 August 2017. The current FLA with WFP ends in September 2017. Presently, conflict/insecurity is not impeding access to Fanga

NUTRITION		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	90
Increase access to integrated programmes preventing under nutritionfor the most vulnerable and at risk.	SO2: Protect the rights and uphold the dignity of the most vulnerable	5
Increase access to integrated nutrition, health and WASH FSL responses in counties with critical levels of acute malnutrition.	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	5

Contribution to Cluster/Sector Objectives : The project will be implemented in Fangak County rated as Severity of Need Level 5, for nutrition (SS HNO 2017, UNOCHA pg 23) and IPC 3 Crisis (IPC SS February 2017, FEWS Net, pg 3). Health cluster estimates for Fangak show a total of 76,200 IDPs of which CMA estimates 46,460 have settled in the payams targeted in this project. Nine bomas in Barbuoi, Manajang, Mareang, Paguer and New Fangak payams will be covered. These bomas comprise an estimated 60% of the total population of Fangak County, and 61% of the IDP population. Estimated total caseloads for Fangak are: U5 SAM – 2,034, U5 MAM – 8,254 and PLW MAM – 3,095 (Nutrition Cluster HNO Case Load 2017).

Project objective 1 will deliver quality lifesaving management of acute malnutrition targeting the most vulnerable and at risk girls and boys 6 59 months and PLW. This project will reach the following targets: U5 SAM - 616, U5 MAM – 2,523 and PLW MAM – 1,312. Planned coverage of these life-saving nutrition interventions are 75% of the SAM and MAM U5 caseloads and 60% of PLW caseload in targeted catchment areas. As a portion of this project's contribution to the total Fangak caseloads, the estimated project coverage is 30% for U5 SAM and MAM, and 42% of PLW.

To achieve this objective, the project will provide human resources (salaries for 30 personnel cost-shared with the UNICEF/WFP), in-service training for these workers and 20 health workers delivering nutrition services, and support to facilitate a robust nutrition outreach approach to areas where large IDP populations have settled but not being served by any nutrition partner. The project will conduct screening (including screening of U5 children for malaria and providing iron folate for PLW) and treatment services both from the static sites and through mobile outreach services. To achieve gender equality in opportunity to access nutrition services, communities will be organized to protect vulnerable women and children so they can consistently access nutrition services. The nutrition services of this project will be fully integrated with CMA's health services in the same locations sharing human, facilities and transportation resources. Demonstrating the high priority of this objective, 90% of activity and budget are allocated to its implementation.

These interventions will deliver on CO1 and contribute significantly to the cluster's beneficiary targets.

To complement the core activity focused on the management of acute malnutrition, the balance of project budget will support the remaining objectives of the project. Presently CMA has a PCA with UNICEF to provide OTP SAM services, prevention of malnutrition including IYCF, and promotion of WASH messages. Further, CMA has a FLA with WFP for TSFP for U5 MAM and PLW MAM services. These resources combined with CHF's assistance will enable implementation of project objectives 2, 3 and 4.

Project objective 2 will increase access to integrated programs preventing under nutrition for the most vulnerable and at risk children and ensure enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of emergency nutrition response. And project objective 3 will Increase access to safe and integrated nutrition, FSL, health and WASH responses in payams with critical levels of acute malnutrition. The main activities will include linking beneficiaries with BSFP delivered by NPA, increasing coverage of Vitamin A supplementation and deworming children, delivery if IYCF interventions, a SMART survey and sharing monthly nutrition reports with collaborating humanitarian actors, and increasing coordination/integration with health, FSL and WASH programming.

These activities will deliver on CO2, and CO3, and on the cluster's strategy of enhancing complementarity and leveraging of funding resources, coordination and cross-sector integration.

Outcome 1

Project outcome is saved lives of U5 children and PLW suffering SAM and MAM in payams not being adequately served in Fangak County.

Output 1.1

Description

Quality lifesaving management of acute malnutrition for the most vulnerable and at risk delivered

Assumptions & Risks

Assumptions: that CMA can sustain functional PHCC facilities as bases for mobilizing outreach nutrition teams, that these facilities can serve as bases for delivering mobile services and that CMA can recruit and sustain personnel for mobile nutrition teams in the context of insecurity and the economic crisis, and that CMA can access areas and IDP populations where nutrition services are most needed, populations can access services, especially PLW, U5 children and elderly, and CMA can access sufficient of nutrition supplies to meet the needs of SAM and MAM patients.
Risks: Political unrest/conflict and the economic crisis will disrupt delivery of project materials and inputs, and deployment of personnel in unserved areas, and that food scarcity and hunger may force populations to migrate in search of food and out of the reach of the project; localized insecurity could disrupt project delivery of outreach services; and prevent populations from accessing services especially in IDP and woman headed household circumstances. To mitigate this risk, CMA will procure materials and inputs in advance of utilization, and as last resort, procure materials from Kenya, and CMA will engage leaders of affected populations and host communities in community-based assessments for delivery of static nutrition and outreaches services, and apply the “do-no-harm” approach to reduce the potential for conflict. CMA will mobilize community-based protection committees to ensure vulnerable persons especially PLW and U5 children have access to needed services. Further, CMA will focus recruitment and training on skilled South Sudanese personnel and sensitize personnel to the stress and trauma experienced by target populations.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline] Number of nutrition sites providing integrated OTP and TSFP services in the same site					4
Means of Verification : Number of nutrition sites providing both OTP and TSFP services – 4, MoV – CMA quarterly project reports							
Indicator 1.1.10	NUTRITION	Percentage of PLW died (death rate) out of the total discharged from TSFP					3
Means of Verification : CMA monthly reports							
Indicator 1.1.11	NUTRITION	Number of PLW receive iron folate supplements					1,312
Means of Verification : CMA monthly reports							
Indicator 1.1.12	NUTRITION	[Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services					75
Means of Verification : CMA monthly project reports							
Indicator 1.1.13	NUTRITION	[Frontline] Percentage of SAM children defaulted (defaulter rate) out of the total discharged from TFP (OTP/SC					15
Means of Verification : CMA monthly project reports.							
Indicator 1.1.14	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			1,195	1,328	2,523
Means of Verification : CMA monthly project reports							
Indicator 1.1.15	NUTRITION	[Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services					75
Means of Verification : CMA monthly project reports							
Indicator 1.1.16	NUTRITION	[Frontline] Percentage of MAM children died (death rate) out of the total discharged from TSFP					3
Means of Verification : CMA monthly project reports							
Indicator 1.1.17	NUTRITION	Percentage of MAM children defaulted (defaulter rate) out of the total discharged from TSFP					15
Means of Verification : CMA monthly project reports							
Indicator 1.1.18	NUTRITION	Number of SAM OTP admissions screened for malaria.					616
Means of Verification : CMA monthly project reports							
Indicator 1.1.19	NUTRITION	Number of PLWs with acute malnutrition newly admitted for treatment in TSFP.					1,312
Means of Verification : CMA quarterly reports							
Indicator 1.1.2	NUTRITION	Number of nutrition workers provided – (for 4 OTP/TSFP sites and 2 outreach teams),					24
Means of Verification : CMA quarterly project reports							

Indicator 1.1.3	NUTRITION	Number of nutrition assistants (6) and nutrition workers (24) who work in locations with GBV services who can accurately identify where and how GBV survivors can be referred for services					30
Means of Verification : CMA quarterly project reports							
Indicator 1.1.4	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs					50
Means of Verification : CMA quarterly project reports							
Indicator 1.1.5	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.					35
Means of Verification : CMA quarterly project reports							
Indicator 1.1.6	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			292	324	616
Means of Verification : CMA monthly project reports							
Indicator 1.1.7	NUTRITION	[Frontline] Percentage of SAM discharged died (death rate) out of the total discharged from TFP (OTP/SC) services					3
Means of Verification : CMA monthly project reports							
Indicator 1.1.8	NUTRITION	Percentage of PLW with MAM discharged cured (cure rate) out of the total discharged from TSFP services					85
Means of Verification : CMA monthly project reports							
Indicator 1.1.9	NUTRITION	Percentage of PLW with MAM defaulted (defaulter rate) out of the total discharged from TSFP					15
Means of Verification : CMA monthly reports							

Activities

Activity 1.1.1

rehabilitate outpatient units and supply stores for OTP and TSFP nutrition services;

Activity 1.1.2

provide community-based nutrition workers to deliver OTP and TSFP services from static nutrition sites and through outreaches – 4 workers each at 4 sites and 4 workers each for 2 outreach teams

Activity 1.1.3

provide in-service training for workers on the vulnerability of targeted affected populations (children and PLW) and on gender, trauma, GBV sensitivity, the risk of patients in the IDP context and the referral pathway for GBV survivors

Activity 1.1.4

engage affected populations (PLW/caregivers of U5 children) in nutrition intervention design and planning, and in monitoring by conducting patient feedback sessions on program satisfaction, informing affected populations on the complaint mechanism and process.

Activity 1.1.5

admit children into TSFP for MAM treatment;

Activity 1.1.6

admit children into OTP for SAM treatment including malaria testing;

Activity 1.1.7

identify malnourished PLW ensuring IDP and women headed HHs are reached;

Activity 1.1.8

admit PLW into TSFP for treatment of MAM;

Activity 1.1.9

provide iron folate to PLW enrolled TSFP treatment of MAM.

Output 1.2

Description

Increased access to integrated programs preventing undernutrition including community screening, Vitamin A supplementation, de-worming, delivery of IYCF-E, nutrition and WASH messages, access to BSFP and SMART surveys.

Assumptions & Risks

Assumptions: that NPA can sustain BSFP in areas where needs are greatest, localized insecurity will not prevent BSFP from the target populations and prevent community outreach approach to deliver screening activities, Vitamin A and de-worming services, IYCF, nutrition and WASH messages, and SMART surveys and that the PCA with UNICEF will be extended, and that the CMA will retain management and M&E personnel to complete the analysis of data and reporting in a timely manner.
Risks: Localized conflict could prevent implementation of outreaches intended to deliver screening activities and prevent NPA from delivering BSFP, and prevent the project from delivering other lifesaving services. To mitigate these risks, CMA will recruit and train local nutrition workers and engage local leaders and mother-to-mother support groups to assist in screening activities.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			6,168	6,786	12,954
Means of Verification : CMA monthly project reports							
Indicator 1.2.10	NUTRITION	Number of monthly reports submitted on time					6
Means of Verification : CMA monthly project reports.							
Indicator 1.2.2	NUTRITION	Number of children U5 received Vitamin A supplementation					8,204
Means of Verification : CMA monthly project reports							
Indicator 1.2.3	NUTRITION	[Frontline] Number of children (12 -59 months) dewormed in non NID areas			3,455	3,886	7,341
Means of Verification : CMA monthly project reports							
Indicator 1.2.4	NUTRITION	Number of children U5 received Vitamin A supplementation					8,204
Means of Verification : CMA monthly project reports							
Indicator 1.2.5	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	35	15			50
Means of Verification : CMA quarterly project reports							
Indicator 1.2.6	NUTRITION	Number of PLW and caretakers of children 0 – 23 months received IYCF-E, nutrition and WASH messages					4,935
Means of Verification : CMA quarterly project reports							
Indicator 1.2.7	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		2,961			2,961
Means of Verification : CMA quarterly project reports							
Indicator 1.2.8	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					4
Means of Verification : CMA monthly project reports.							
Indicator 1.2.9	NUTRITION	[Frontline] Number of pre and post SMART surveys undertaken					1
Means of Verification : CMA quarterly project reports							

Activities

Activity 1.2.1

screen malnourished U5 girls / boys ensuring IDP, women headed households are reached and refer SAM and MAM cases for treatment.

Activity 1.2.2

provide Vitamin A supplementation to children U5 years through nutrition screening, routine and dry season immunization campaigns;

Activity 1.2.3

provide de worming treatment to children 12-59 months through nutrition screening, routine and dry season immunization campaigns.

Activity 1.2.4

provide in-service training of nutrition and health workers on delivery of IYCF, nutrition and WASH messages

Activity 1.2.5

deliver IYCF-E, nutrition and WASH messages to educate men and women ensuring vulnerable PLW with children 0-23 months are reached through outreaches routinely at OTP and TSFP centers;

Activity 1.2.6

provide IYCF - E interventions to PLW and caretakers of children 0-23 months;

Activity 1.2.7

mobilize and train mother to mother support groups on IYCF, nutrition and WASH messages, and integrate men in awareness raising.

Activity 1.2.8

conduct SMART surveys in areas prioritized with GAM and SAM above emergency thresholds;

Activity 1.2.9

conduct monitoring and prepare regular monthly and quarterly reports that analyze and report results of SAM, MAM and IYCF program data on a monthly basis to nutrition cluster partners and humanitarian actors, including analysis of impacts on affected populations.

Output 1.3

Description

Access to integrated nutrition, health, FSL and WASH responses increased.

Assumptions & Risks

Assumptions: that ongoing conflict, insecurity and economic crisis will not prevent humanitarian partners from delivering their programs and coordinating activities with one another, and that CMA can access areas and IDP populations where nutrition services are most needed, populations can access services, especially PLW, U5 children and elderly, and that CMA can access sufficient inputs and supplies to deliver the integrated program.
Risks: localized insecurity could disrupt delivery of health and nutrition services and the economic and political crisis could break the supply chain and disrupt the standard liaison and consultation forums among humanitarian actors necessary for successful implementation of the integrated program. To mitigate this risk, CMA will engage leaders of affected populations and host communities in community-based assessments for delivery of nutrition and health services, and apply the “do-no-harm” approach to reduce the potential for conflict. CMA will procure materials and inputs in advance of utilization, and as last resort, procure materials from Kenya as required to sustain the program and engage with coordination forums/meetings at the county and federal levels to ensure requisite coordination can be implemented.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	Number of nutrition sites delivering services integrated with health services					4
Means of Verification : CMA quarterly project reports							
Indicator 1.3.2	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					96
Means of Verification : CMA quarterly project reports							

Activities

Activity 1.3.1

deliver nutrition services integrated with health services, from shared facilities, and utilizing common transport and equipment and deliver health, WASH and nutrition education through community outreaches and from static nutrition sites;

Activity 1.3.2

community nutrition workers deliver health, WASH and nutrition education through community outreaches.

Additional Targets :

M & R

Monitoring & Reporting plan

The baseline for this project has been derived from Nutrition Cluster estimates for populations and SAM and MAM caseloads. CMA will use the following tools to monitor project activities: (1) Focused community surveys to monitor protection, impacts of IYCF interventions and awareness outreaches and IDP access to health facilities; (2) Reports on regular consultations with affected populations (host community, IDP, vulnerable women, girls and boys) to ensure participation in planning and monitoring the program, access to services, implementation of a complaints mechanism and awareness on complaints process, and ensure a system of representation of affected populations is in place; (3) Monthly nutrition reports from each nutrition site and outreach to PHCU locations; (4) Monthly activity reports from nutrition units providing data not included in the monthly nutrition reports; (5) Quarterly project reports to donors; (6) Quarterly field monitoring and evaluation reports.

Project reports will provide assessment of planned versus actual output results using the indicators identified in the logical framework, and data disaggregated on the basis of gender and age. To monitor output achievement, the County Nutritionist will ensure each nutrition sites will collect data on SAM and MAM treatments of U5 children, number of referrals of SAM with medical complications, MAM treatment of PLW, Vitamin A and deworming and IYCF interventions and the number of participants in IYCF, data from screening U5 children and PLW using the MUAC technique, participants in nutrition promotion, WASH and protection message sessions, and mortality data from both static treatment services and mobile outreach services. This data will be analyzed at the PHCC level, and worsening trends in malnutrition will be investigated, and crisis and catastrophic situations will be responded to rapidly. The CMA Nutrition Coordinator and County Nutritionist will work together to complete the monthly reports and the compilation of this data into the quarter and final reports. When results are unsatisfactory, the Medical Program Manager with the CMA Nutrition Coordinator will ensure that measures are taken to improve performance. In relation to outcome monitoring, the M and E Specialist will lead the analysis of information gathered through the community surveys and meetings and consultations with affected populations, communities and local authorities, etc. Results of this analysis will be used by CMA for review of strategies and approaches to delivery of nutrition services in the current crisis, and for future planning and application at the county level. CMA will share reports and compare nutrition data with other partners.

In order to plan appropriate and timely responses to any emerging nutrition emergencies, CMA will constantly monitor changes in local conditions that may affect the implementation of nutrition services (movement of IDPs, conflict and displacement due to hunger, etc.). If an unusual trend or crisis is detected, CMA is well placed to inform the Nutrition Cluster, UNICEF, WFP and other agencies, so that complementary, consistent and coordinated responses can be carried out.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: rehabilitate outpatient units and supply stores for OTP and TSFP nutrition services;	2017				X	X							
Activity 1.1.2: provide community-based nutrition workers to deliver OTP and TSFP services from static nutrition sites and through outreaches – 4 workers each at 4 sites and 4 workers each for 2 outreach teams	2017			X	X	X	X	X	X				
Activity 1.1.3: provide in-service training for workers on the vulnerability of targeted affected populations (children and PLW) and on gender, trauma, GBV sensitivity, the risk of patients in the IDP context and the referral pathway for GBV survivors	2017				X	X							
Activity 1.1.4: engage affected populations (PLW/caregivers of U5 children) in nutrition intervention design and planning, and in monitoring by conducting patient feedback sessions on program satisfaction, informing affected populations on the complaint mechanism and process.	2017			X	X	X	X	X	X				
Activity 1.1.5: admit children into TSFP for MAM treatment;	2017			X	X	X	X	X	X				
Activity 1.1.6: admit children into OTP for SAM treatment including malaria testing;	2017			X	X	X	X	X	X				
Activity 1.1.7: identify malnourished PLW ensuring IDP and women headed HHs are reached;	2017			X	X	X	X	X	X				
Activity 1.1.8: admit PLW into TSFP for treatment of MAM;	2017			X	X	X	X	X	X				
Activity 1.1.9: provide iron folate to PLW enrolled TSFP treatment of MAM.	2017			X	X	X	X	X	X				
Activity 1.2.1: screen malnourished U5 girls / boys ensuring IDP, women headed households are reached and refer SAM and MAM cases for treatment.	2017			X	X	X	X	X	X				
Activity 1.2.2: provide Vitamin A supplementation to children U5 years through nutrition screening, routine and dry season immunization campaigns;	2017			X	X	X	X	X	X				
Activity 1.2.3: provide de worming treatment to children 12-59 months through nutrition screening, routine and dry season immunization campaigns.	2017			X	X	X	X	X	X				
Activity 1.2.4: provide in-service training of nutrition and health workers on delivery of IYCF, nutrition and WASH messages	2017			X	X	X	X	X	X				

Activity 1.2.5: deliver IYCF-E, nutrition and WASH messages to educate men and women ensuring vulnerable PLW with children 0-23 months are reached through outreaches routinely at OTP and TSFP centers;	2017			X	X	X	X	X	X				
Activity 1.2.6: provide IYCF - E interventions to PLW and caretakers of children 0-23 months;	2017			X	X	X	X	X	X				
Activity 1.2.7: mobilize and train mother to mother support groups on IYCF, nutrition and WASH messages, and integrate men in awareness raising.	2017			X	X	X	X						
Activity 1.2.8: conduct SMART surveys in areas prioritized with GAM and SAM above emergency thresholds;	2017				X	X							
Activity 1.2.9: conduct monitoring and prepare regular monthly and quarterly reports that analyze and report results of SAM, MAM and IYCF program data on a monthly basis to nutrition cluster partners and humanitarian actors, including analysis of impacts on affected populations.	2017			X	X	X	X	X	X				
Activity 1.3.1: deliver nutrition services integrated with health services, from shared facilities, and utilizing common transport and equipment and deliver health, WASH and nutrition education through community outreaches and from static nutrition sites;	2017			X	X	X	X	X					
Activity 1.3.2: community nutrition workers deliver health, WASH and nutrition education through community outreaches.	2017			X	X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

The project will be implemented in collaboration with local authorities, host community leaders, and the leaders of IDPs to ensure their inclusion in program decision-making. These structures will participate in planning, implementing and monitoring the delivery of all emergency nutrition services. CMA will work actively to engage the local leaders, to mobilize communities to receive nutrition services and engage groups of IDPs by conducting monthly meetings to report on nutrition programming and to obtain feedback from local populations. Nutrition outreaches to IDP populations and women headed households will be conducted throughout the duration of the project to ensure that these populations are included in planning nutrition services and are able to access the facilities delivering nutrition services. Additional promotion and awareness on IYCF and WASH messages will be carried out to ensure care-takers of children 6-23 months can access these services. The structures noted above will be engaged for the purpose of ensuring accountability for project delivery and improving nutrition outcomes.

Further, the project will promote community-based strategies and practices among affected populations to provide protection for the most vulnerable community members (children and PLW, especially IDPs). The project will engage men and women leaders of affected populations to take responsibility for the maintenance and protection of nutrition stores and facilities, and for mobilizing protection so that disadvantaged and vulnerable populations have access to nutrition services.

The Nutrition Assistant as leader of the PHCC based nutrition program will be responsible for organizing and coordinating the engagement of the targeted communities. This person will report to CMA's County Nutritionist and Nutrition Coordinator on each monthly meeting or more frequently if required so that community feedback is available for management decision making. Further, the Nutrition Coordinator will regularly (at least once per quarter) visit and supervise the nutrition program, and during these supervisory visits, the Nutrition Coordinator will conduct meetings with local leaders of host and IDP communities, and local authorities to ensure robust monitoring, and effective implementation of the complaints mechanism so as to achieve effective accountability to the populations being served.

To adhere to the principles of "Do-No-Harm", the project will strive to deliver services in a balanced manner so that IDP and host community populations and all persons regardless of ethnicity will have equal access to nutrition services. To achieve this balance, CMA will implement a strong program of awareness promotion so that as far as feasible all who need nutrition services will have access to them.

Implementation Plan

CMA will implement the CHF funded nutrition activities in full integration with health services, and with the participation of local community-based groups and local authorities. No other NGOs or contractors will be subcontract to deliver this project.

The project will be headed by the Country Director and a Medical Program Manager, experienced in delivering nutrition services in the context of conflict in South Sudan. The Medical Program Manager will hold the responsibility for overseeing the field teams and ensure effective integration in the delivery of health and nutrition activities at both static facilities and the nutrition outreaches. The Medical Program Manager will work with the Nutrition Coordinator to deliver field activities and control the locations where personnel are assigned in order to ensure sufficient personnel that are gender-balanced will be located where most needed and ensure that they are provided with the requisite OTP, TSFP inputs and other supplies and equipment etc.

Each site nutrition team will be comprised of Nutrition Assistant and community-based nutrition workers and support personnel and supported by the County Nutritionist. These personnel positions will be filled by South Sudanese nationals. The County Nutritionist and facility-based Nutrition Assistant will lead in delivery of both static and outreach nutrition services, and supervise community-based nutrition workers and support personnel of static facilities and those implementing nutrition outreaches. At the community level, positions will be targeted to be filled by skilled women national personnel in order to achieve gender balance on the nutrition services delivery teams. CMA will ensure the nutrition teams are mobilized along with health teams so they have capacity to reach IDPs in locations cut-off by floods and/or conflict.

A Supply Chain Manager will be responsible for procuring and delivering all supplies necessary to maintain the program and ensure that required building materials and supplies are procured and delivered to the sites where required in order to complete the repairs and maintenance of stores and nutrition facilities, and to mobilize the outreach teams.

CMA has gained experience working in the nutrition sector in collaboration with MEDAIR and ACF, and through the UNICEF PCA assistance and participation in the Nutrition Cluster. It has become familiar with and able to apply the protocols, policies, strategies and practices directed by government in the nutrition sector. The features that are important for coordination with other operating on the nutrition sector will be:
(1) Ensuring that either through case-finding outreaches, screening surveys, and nutrition outreaches to unreached locations, the project will reach the populations most vulnerable in the current emergency, and to implement the outreach services to special at-risk populations with no access to nutrition services;

(2) Ensuring this project is delivering services in complement to other county and state level humanitarian services providers, and to make focused effort to reach populations not otherwise served;
(3) Ensuring the nutrition inputs are pre-positioned and available throughout the emergency.

At the national level, CMA will coordinate with other nutrition service stakeholders ensuring an adequate exchange of knowledge and information on present and emerging nutrition crisis with peer organizations and networking bodies specifically, the Nutrition Cluster, UN agencies (UNICEF, WFP, UNOCHA, UNDP) and donor agencies (CHF, RRF, IMA/World Bank) through meetings, participating in committees and sharing of annual reports and lessons learned. Similarly, the project will endeavor to link the described nutrition services with emergency preparedness and response through effective utilization of EWARN.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
County Health Department	Overall supervision of delivery of health and nutrition services. Linking agencies delivering nutrition services in Fangak County and coordinating distribution of nutrition coverage, surveillance, planning, and distribution of nutrition supplies.
County Health Forum	Planning and reporting response to health and nutrition crisis, determining and filling gaps, especially monitoring SAM, detecting and filling gaps in coverage of nutrition services.
UNICEF	Funding partner for OTP supplies, and delivery of IYCF, Vitamin A and deworming.
WFP	Funding partner for TSFP supplies.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

CMA's experience in Fangak County dates back to 2000 implementing health, nutrition, food security and livelihoods, assistance for the blind and reproductive health programming. CMA's experience shows that the drivers of the current malnutrition crisis are economic decline, conflict, insecurity and seasonal flooding. These crisis drivers affect women and men, and boys and girls differently. In consultation with IDP and host community leaders, CMA has gained an understanding of the differential needs of women, men and children. Men have remained mobile, and able to access nutrition services. Most women, girls and boys access nutrition services at considerable risk and often need protection. Women headed households, both IDP and host community, are particularly vulnerable. CMA has designed nutrition program delivery strategies and activities to ensure equality of opportunity to access nutrition services. CMA has also ensured that project personnel are sensitized to gender issues and skilled to apply gender equity principles in their approach to nutrition service delivery. CMA's needs analysis with the participation of men and women of IDP and host communities has enabled gender to be mainstreamed into the planning of project objectives, outcomes, outputs and activities.

Specific measures to identify different needs of men, women, boys and girls and integrate gender into ongoing planning, implementation and monitoring of nutrition service delivery include: (1) training of gender balanced teams of nutrition workers to deliver services with gender sensitivity and always with dignity toward patients; (2) collecting data always disaggregated on the basis of gender; (3) engaging men and women leaders to take responsibility for mobilizing vulnerable populations (IDPs, children, adolescent girls, women) to seek services, and to protect these populations so they have equal opportunity to access facility-based nutrition services; (4) providing nutrition services to men, women, girls and boys without gender bias and conduct outreach to IDP and women headed households to ensure the most vulnerable men, women, boys and girls receive available services; (5) providing gender training and awareness along with nutrition education and WASH messages to men and women of IDP and host communities to raise awareness on the vulnerability of children, girls and women; (6) and engage men and women leaders of host communities and IDPs in planning interventions, monitoring impacts and revising service delivery as required.

Through these measures, CMA will make significant contributions toward gender equality in the delivery of this project.

Protection Mainstreaming

In the current context of the project areas, the main threats to personal safety are the conflict between the armed forces of the government and opposition force (rebels), conflict between host community members and IDPs, and sexual and gender based violence targeting women and adolescent girls. Households headed by women, especially IDP households head by women are particularly vulnerable to SGBV. These threats to personal safety are a direct restriction to accessing nutrition services. The specific measures planned in this project to mainstream protection are:
(1) raising awareness among men, women, boys and girls on the prevalence of SGBV and ensuring all nutrition personnel know the treatment referral pathway for victims of SCBV and the location of health facilities that provide MISP and MHPSS services;
(2) promoting community-based approaches and practices encouraging communities to organize committees empowered to assist vulnerable persons to access nutrition facilities whenever needed;
(3) delivering a balanced approach to static nutrition services and outreach nutrition services so that host communities and IDPs have equal access to the benefits of nutrition services as a measure to reduce/eliminate conflict between IDPs and host communities;
(4) raising awareness among men and women leaders of host and IDP communities on the vulnerability of boys targeted for conscription into armed forces;
(5) engaging community leaders, IDP leaders and local authorities to organize themselves to protect community assets like nutrition stores and facilities from destruction or looting by armed forces, and to advocate for peace between the armed forces and the community.

As part of the integration of nutrition services with health services, CMA will provide the basic package of services for the management and dignified treatment of sexual assault and violence that will include counseling as measures to support victims of SGBV and also to encourage abused women and girls to report exploitation, abuse and SGBV as the first necessary step to stemming SGBV.

Country Specific Information

Safety and Security

CMA has established safety and security plans for each site where re-locatable personnel are assigned including personnel who work in, or transit through Juba. These plans are based on UNDSS recommendations as well as InterAction's Minimum Operating Security Standards. The purpose of CMA's safety and security plans are to:
(1) Guide the activities and behavior of employees working in project areas and as far as possible help them avoid security risks and preventing them inadvertently putting themselves at risk;
(2) Protect employees in the event of conflict, and as far as possible, define the conditions, responsibilities and operating procedures for safety while working in project areas and when required, to safely evacuate from locations in conflict.

CMA has an officer located in the field who holds primary responsibility for the development and update of security and evacuation plans for each site and for office personnel in Juba. This officer works under the supervision of CMA's South Sudan management team (Country Director and Medical Program Manager) to set overall guidelines and operating procedures for the safety and security of employees and authorized visitors. CMA constantly monitors the security context to ensure full awareness of any potential for conflict fare-up.

All sites including the Juba office site have a common security handbook to guide employees on personal safety, and which provides standard operating procedures for employees and the officers responsible for implementing security practices and executing evacuations. CMA has established county and site specific security and evacuation plans which give details on specific procedures and required practice, and priority secure destinations for the protection and safe evacuation of personnel. These plans are designed to take into account the seasonal changes in plausible escape routes, and site specific variables that impose upon evacuation plans. These plans are reviewed and updated annually or more frequently if factors change substantially. The designated officer is also responsible for verifying that all personnel are trained and prepared for both personal safety and security while working in the field and for evacuation in the case of insecurity and conflict.

Access

Currently, there are no access restrictions on the targeted project locations in Fangak County. CMA has delivered humanitarian programming in Fangak County since 2000, and is experienced in delivering nutrition services from the logistical base-station of Juba. CMA is well known in the community, and by the local authorities. When security challenges do arise, local authorities have been able to intervene so that CMA could continue service delivery. CMA intends to sustain these good relationships recognizing that these relationships are critical to enabling continued operation in the targeted county. Access to all parts of the project target area is by charter air carriers or boat only. CMA has longstanding good partnerships with critical air service providers, specifically AIM Air, MAF and Samaritan's Purse, as well as UNHAS. Delivering this project requires that CMA sustains good operating relationships with these air service providers.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Medical Program Manager	S	1	4,234.20	6	20.00	5,081.04
	Medical Program Manager, South Sudan [Supervise field planning and implementation, supervise field personnel performance, monitor budget utilization, output achievements and compile reports] [fte 20% is based on proportion of this project budget of the total estimated country program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]						
1.2	Nutrition Programme Coordinator, South Sudan	D	1	3,075.00	6	75.00	13,837.50
	Lead field program planning and implementation, supervise field personnel performance, monitor budget utilization, output achievements and compile reports] [75% fte on the project] [cost based on monthly salary and benefits (social security, medical and life insurance cover) plus upkeep while in the field						
1.3	County Nutritionist Fangak	D	1	1,540.80	6	75.00	6,933.60
	Lead in delivering field activities, training health personnel on treatment for SAM and MAM, integrating nutrition into health services, supervise treatments, CNWs and CNVs in delivery of case finding, IYCF practices, promotion of nutrition and WASH messages, 1 Nutritionist / county, (cost based on 75% fte for the project inclusive of monthly salary and benefits (social security, medical and life insurance) plus upkeep while in the field						
1.4	Nutrition Assistants	D	6	571.50	6	75.00	15,430.50
	Nutrition Assistants delivering nutrition services from OTP centers and for outreaches teams including case finding outreaches to IDP populations and PHCUs, follow-up on cases, IYCF promotion, micronutrient distribution and WASH messages (cost based on monthly salary inclusive of benefits and for 1 nutrition assistant for each of 4 OTP centers and 2 for outreach teams where IDPs are concentrated at 75% fte) plus incentives for outreaches and upkeep while in the field						
1.5	Community Nutrition Volunteers / Workers	D	24	227.50	6	100.00	32,760.00
	Community nutrition volunteers / workers deliver nutrition services at field level including case finding, follow-up on cases, support nutrition surveys and monitoring (cost based on salary for volunteers 4 CNVs/CNWs for each of 4 OTP centers and 4 CNVs/CNWs for each of 2 outreach teams where IDPs are concentrated at 100% fte) plus incentives for outreaches						
1.6	Community IYCF Promoters	D	0	323.04	6	75.00	0.00
	Community IYCF Promoters deliver IYCF promotion and WASH messages and refer SAM and MAM cases for treatment (cost based on salary for IYCF promoters 2 for each of 4 OTP centers 4 for outreach teams where IDPs are concentrated at 75% fte)						
1.7	Logistics Assistants	D	7	291.30	6	50.00	6,117.30
	Logistics Assistants support delivery of nutrition services and secure nutrition supplies (cost based on salary inclusive of social security benefits, 1 persons for each of 4 OTP centers IDPs are concentrated at 50% fte)						
1.8	Facility-based Support Personnel (Casuals and Guards)	D	8	199.50	6	75.00	7,182.00
	Support delivery of nutrition services and secure nutrition supplies (cost based on salary inclusive of social security benefits, 2 persons for each of 4 OTP centers where IDPs are concentrated at 75% fte)						
1.9	Country Director, South Sudan	S	1	3,476.60	6	10.00	2,085.96
	Provide overall direction in planning and delivery of the project and supervision of performance in budget utilization and output achievements] [fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]						
1.10	Administrator	S	1	1,039.50	6	10.00	623.70
	Support planning project budgets and preparation of financial reports, monitor and control budget utilization, ensure cash-flow meets the needs of project field activities (fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]						
1.11	M and E Specialist	D	1	3,235.00	6	25.00	4,852.50

	Support Nutrition Program Coordinator designing and implementing SMART surveys and data collection and analysis for monitoring and reporting on outcome results achieved at beneficiary level] [fte 25% of actual time working on this project in a 6 month period - planned 27 days of work] [cost based on monthly salary and benefits (social security, medical and life insurance cover)] plus accommodation and upkeep while in the field						
1.12	Supply Chain Manager and Senior Logistician	S	2	1,690.80	6	20.00	4,057.92
	Procure and deliver supplies, monitor shipments and verify application of supplies, manage the transportation of personnel and delivery of supplies to OTP centers, maintain financial records of procurement and transport of supplies] [fte 20% of actual time working on this project in a 6 month period - 44 days of work [cost based on monthly salary and benefits (social security, medical and life insurance cover)] plus accommodation and upkeep while in the field						
1.13	Senior Accountant	S	1	2,785.10	6	10.00	1,671.06
	[Supervise financial planning, administration and reporting to donors and monitor project budget utilization] [fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]						
1.14	Project Accountant	S	1	1,143.50	6	10.00	686.10
	Maintain monthly financial records on incomes and expenditures of the project and compile reports for review and approval of Finance Manager and Country Director] [fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)]						
1.15	Office Support Personnel and Driver	S	3	485.00	6	10.00	873.00
	Receptionist, Cleaner, Driver support senior personnel complete project management and administrative duties, protect and maintain office equipment and supplies, support delivery of field programs] [fte 10% is based on proportion of this project's budget of the total estimated South Sudan program budget for this period] [cost based on monthly salary and benefits (social security, medical and life insurance cover)						
	Section Total						**102,192.18**
Supplies, Commodities, Materials							
2.1	Nutrition Outpatient Facilities and Nutrition Input Stores	D	2	10,122.00	1	80.00	16,195.20
	Facility for receiving and treating nutrition patients on outpatient basis and for storing nutrition products cost based on basic 2 room structures made of timber and iron sheets and costs inclusive of air charter and ground transport for materials + basic furniture, 2 sites identified for this assistance - Nyadin, Pakan @ 80%						
2.2	Tents for Accommodation of Senior Nutrition Personnel	D	1	2,800.00	1	50.00	1,400.00
	Tent for use by 3 senior nutrition personnel (2 County Nutritionists + Program Coordinator) Tent Length: 4m, Width: 4m, Center Height: 2.4m, Side Height: 1.6m suitable for 1 persons + gear inclusive of procurement and transport to the field						
2.3	Accommodation amenities for 3 senior personnel	D	1	735.00	1	50.00	367.50
	Accommodation amenities for 3 senior personnel, 1 kit / person (kit comprised of bed w mattress, net and pillow $345, 3 sheets $45, 1 blanket at $25, 1 mirror at $15, 2 chairs at $40, metal trunks $65, solar lamps w/accessories @ $200)						
2.4	Tents for Accommodation of Personnel on Outreach Teams	D	6	1,210.00	1	100.00	7,260.00
	Tents for use by teams of nutrition personnel (Nutritionist Assistants + CNWs) suitable for outreaches inclusive mattress, foldable bed, chair, table and solar lamp and procurement and transport to the field						
2.5	Training CNVs/CNWs	D	24	60.00	1	100.00	1,440.00
	Training materials, guides and visual aids etc. for on-the-job training of 24 CNWs / CNVs @ $60 per trainee						
2.6	Community Mobilizing meetings/workshops	D	9	157.00	2	100.00	2,826.00
	Community mobilizing meetings/workshops 9 sites, 1 workshop per quarter per site, refreshments and incentives $157 / workshop						
2.7	Nutrition Supplies - (Deworming, Vitamin A, Iron Folate)	D	1	0.00	1	100.00	0.00
	Supplies for delivery of malnutrition prevention activities (Deworming medicine - 7400 doses, Vitamin A - 8200 doses, Iron Folate - 2000 doses)						
2.8	Transport of Nutrition Supplies Juba to the Field Sites	D	4	4,000.00	1	50.00	8,000.00

	Transportation of OTP and STFP supplies from Juba Warehouse to the sites in the field (1 caravan flight per site for emergencies 4 sites @ $4,000/flight rtrip @ 50%)						
	Section Total						**37,488.70**
Equipment							
3.1	Equipment - scales, height boards, MUAC tapes	D	0	0.00	1	100.00	0.00
	Equipment - OTP registration cards, scales, height boards, MUAC tapes one kit each for 4 sites (each kit comprises of 1000 OTP cards / site @ $1/card, 2 scales / site @ $80 / scale, 2 height boards / site @ $80 / board, 20 MUAC tapes / site @ $5 / tape, other items $500 / site						
3.2	Equipment for emergency and security communication 4 sites	D	2	1,270.00	1	100.00	2,540.00
	Equipment for emergency and security communication 4 sites Pakan and Nyadin (Thruway, Began, Quack) 1 set/site)						
	Section Total						**2,540.00**
Contractual Services							
4.1	SMART Survey Consultant	D	1	400.00	8	100.00	3,200.00
	SMART Survey Consultant/Trainer fees and subsistence expenses for services of training field personnel, manage SMART surveys and prepare reports (total of 8 days of service in Q1 lean)						
4.2	Training for SMART Surveys	D	4	200.00	1	100.00	800.00
	Transportation, materials and supplies to train 4 personnel (3 Nutrition Assistants + 1 County Nutritionist) on conduct of SMART surveys ($200/person/per training session)						
4.3	Implementing SMART Surveys	D	1	250.00	1	100.00	250.00
	Materials and supplies to conduct SMART Surveys (1 survey at $250/survey)						
	Section Total						**4,250.00**
Travel							
5.1	Boat / Vehicle Hire for Outreach Transportation	D	3	700.00	6	100.00	12,600.00
	Cost of boat / vehicle hire for long distance outreaches - 3 sites targeted for 1 outreach / month. Cost per outreach (boat/vehicle hire for 5 days $300, fuel 100l @ $2 / litre, supplies for outreaches @ $200 / outreach)						
5.2	Charter Travel (Juba-HF) for Nutrition Personnel	D	10	550.00	2	100.00	11,000.00
	UNHAS Flights (Juba-HF) for eligible Nutrition personnel and ground transport for Nutrition Program Coordinator (two round trips each and 2 Nutritionists based on four round trips cost of $275 per passenger to project locations (per person cost per rtrip, 1 round trip/person/quarter at 100%)						
5.3	Accommodation and Upkeep for In-Transit Nutrition Personnel (Team House)	D	3	300.00	2	75.00	1,350.00
	Accommodation and Upkeep for In-Transit Nutrition Personnel per trip for Nutrition Program Coordinator and 2 Nutritionists (per person cost per rtrip, 1 round trip/person/quarter @ $100 per day and 3 days per trip at 75%)						
5.4	Accommodation and Upkeep for In-Transit Technical Support Personnel	D	2	400.00	1	75.00	600.00
	Accommodation and Upkeep for In-Transit Management Personnel per rtrip for M and E Specialist and Supply Chain Manager (per person cost per trip, 1 round trip/person @ $100/day and 4 days / trip at 75%)						
5.5	Travel Visas and Permits for Management Support Personnel	D	2	524.00	1	75.00	786.00
	Visa's, Alien Permits for Technical Support Personnel per person / rtrip (2 personnel 2 rtrips / person)						
5.6	Accommodation and Upkeep for In-Transit Nutrition Personnel (Team House)	D	0	0.00	0	100.00	0.00
	Accommodation and Upkeep for In-Transit Nutrition Personnel per rtrip for Nutrition Program Coordinator and 2 Nutritionists (per person cost per rtrip, 1 round trip/person/quarter @ $100 per day and 3 days per rtrip at 100%)						
5.7	Accommodation and Upkeep for In-Transit Technical Support Personnel	D	0	0.00	0	100.00	0.00

	Accommodation and Upkeep for In-Transit Management Personnel per rtrip for M and E Specialist and Supply Chain Manager (per person cost per rtrip, 1 round trip/person @ $100/day and 4 days / rtrip at 100%)						
5.8	Travel Visas and Permits for Management Support Personnel	D	0	0.00	0	100.00	0.00
	Visa's, Alien Permits for Technical Support Personnel per person / rtrip (2 personnel 2 rtrips / person)						
5.9	International Travel (Nairobi-Juba) for International Technical Personnel	D	0	0.00	0	100.00	0.00
	International Air Travel (Nairobi-Juba) and ground transport for eligible International Management, Technical Support and Health personnel - 2 Technical Support personnel (4 rtrips) @ $640 per person cost per rtrip at 100%)						
	Section Total						**26,336.00**
General Operating and Other Direct Costs							
7.1	Communications Juba Office	S	1	520.00	6	10.00	312.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.2	Communications County Offices and project field sites monthly cost	D	1	1,110.00	6	10.00	666.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.3	Supplies and Equipment: office, and stationaries Juba Office monthly cost	S	1	500.00	6	10.00	300.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.4	Supplies, Stationery and Equipment Replacement: County offices and project sites	D	1	2,280.00	6	10.00	1,368.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.5	Security Services: Juba Office monthly cost	S	1	385.00	6	10.00	231.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.6	Office Rent: Juba Offices monthly cost	S	1	2,900.00	6	10.00	1,740.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.7	Office Utilities: Juba Offices monthly cost	S	1	870.00	6	10.00	522.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.8	Vehicle Running Costs: Juba office monthly cost	S	1	976.30	6	10.00	585.78
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.9	Vehicle Running Costs: County monthly cost	D	1	850.00	6	10.00	510.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.10	Generator Running Costs: Juba Office monthly cost	S	1	660.00	6	10.00	396.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						

7.11	Licence/insurances - vehicles and property Juba Office, monthly cost	S	1	410.00	6	10.00	246.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.12	Licence/insurances - vehicles, radios, Counties and project field sites monthly cost	D	1	880.00	6	10.00	528.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
7.13	Registrations, Professional Services monthly cost	S	1	250.00	6	10.00	150.00
	monthly cost prorated @ 10% based on proportion of this project's budget of the total estimated South Sudan program budget for this period						
	Section Total						**7,554.78**
SubTotal			147.00				**180,361.66**
Direct							160,800.10
Support							19,561.56
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							12,625.32
Total Cost							**192,986.98**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei							
Jonglei -> Fangak	100		2,624	5,373	5,970	13,967	

Documents

Category Name	Document Description
Project Supporting Documents	Nutrition Full Proposal TR1 Comments and CMA Responses (29 Mar 17).docx