Project Proposal

Organization	ACF - USA (ACF - USA)		
Project Title	Prevention and treatment of acute malnutrition for children under 5 and pregnant and lactating mothers		
Fund Code	SSD-15/SA1/N/INGO/368		
Cluster	**Primary cluster**: NUTRITION	**Sub cluster**: None	
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services
Project budget in US$	299,861.07	Planned project duration	6 months
Planned Start Date	01/01/2015	Planned End Date	30/06/2015
OPS Details	OPS Code: SSD-15/H/73041	OPS Budget	0.00
	OPS Project Ranking:	OPS Gender Marker	

Project Summary

There are two main components of this proposed project: 1) Treatment of children suffering from Severe Acute Malnutrition (SAM;) and Moderate Acute Malnutrition (MAM) to prevent the health of these children from further deteriorating; 2) Prevention of malnutrition through health and nutrition education, Infant Yong Child Feeding (IYCF) practices, and community mobilization. As much as possible the community approach will be used to organize regular MUAC screening, case identification and referrals of children < 5 years, while also providing regular health education (IYCF, Nutrition, Health, HIV-AIDS, and Hygiene and child care practices) in all nutrition sites for mothers and caregivers during each visit.

The children <5, boys and girls with SAM & MAM from both host and IDP/returnees' communities in the catchment area will be treated through the programme by providing therapeutic treatment in NBeG, Warrap Counties and in conflict affected areas. Treatment targets directly children <5 without discrimination between boys and girls. Variations of numbers between the 2 groups will be monitored to ensure immediate action is taken when large gaps are noticed.

Prevention activities will take into account the different needs for women, men, boys and girls from the initial stage of the needs assessment design, considering gender balance in the assessment interview and ensuring that questions are tailored according to the group. The project design involves/considers representation of men and women from the community and community leaders.

Through the initial community awareness sessions, ACF will encourage both men and women to attend and further explain the importance of having both genders involved. Though health education sessions are carried out every day in all ACF sites, usually men are the minority. To encourage male caregivers to attend, ACF will provide separate, tailored health/nutrition education to each group.

Additionally, ACF will continue with its Nutrition Emergency Team (NET) in the 3 conflict-affected states of Jonglei, Upper Nile and Unity. This team is designed to achieve a rapid response addressing severe acute malnutrition and provide life-saving support.The objectives of the ACF NET intervention are twofold: cases of severe acute malnutrition are identified, and treated in existing health structures or directly if none exist, so that mortality and morbidity due to malnutrition are prevented, and the local capacities of treatment are built, in order to increase the chance of sustainability of the nutrition program. These interventions will target groups and/or areas with overall high levels of acute malnutrition (above 15% GAM and 2% SAM) and the presence of aggravating factors including high mortality rates, heightened food insecurity and epidemics linked to under-nutrition. The NET has developed a detailed trigger criteria - including Nutrition Cluster and OWG prioritized locations - which informs which locations will be targeted for an inital Rapid Needs Assessment and a full emergency deployment.

ACF-USA will be implementing the nutrition project in Warrap state Gogrial West county, Payams Alek, Alek North, Alek South, Alek west & Riuo.
In NBG ACF will be implementing in Aweil East County, Aweil Centre, Maluabaai, Madhol, Baac, Yargot, Mangartongrialdit, Mangok, Wunlang and Wunlang/Manyiel Payams.
The project implementation modalities in Jonglei, Unity & Upper Nile States are emergency rapid responses, however ACF is already implementation OTPs & SC's in Twic East County, Panyagor Payam & Ayod County in Jiech.
ACF will continue assessing more nutritionally vulnerable hard to reach areas with no or limited partners on ground in the three conflict affected states & based on the cluster priorities & will implement full CMAM package.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	7440	29260	34470	32198	**103,368**
Total beneficiaries include the following:					
People in Host Communities	6512	26223	31789	29724	94248
Internally Displaced People	3037	928	2474	2681	9120

Indirect Beneficiaries		Catchment Population	

Link with the Allocation Strategy

To support the nutrition cluster agreed priorities and objectives, ACF will focus on the following approaches:

Treatment:
Provision of nutrition service through 18 Out-patient Therapeutic Programme (OTP), 3 stabilization centers (SC) and 23 Targeted Supplementary Feeding Programme (TSFP). The Programme will use IM-SAM guidelines and SPHERE standards for its programming and in measuring its performance.

Children admitted in the SC will receive specific nutritional and medical treatment for complications as well as systematic treatment, medical follow up, health and nutrition education. Once the beneficiary's medical complications are treated and appetite has returned the beneficiary will continue treatment in the OTP.

Beneficiaries admitted in the OTP will receive weekly RUTF rations, nutritional follow up, nutrition and health promotion as well as systematic treatment.

TSFP will provide treatment for children who are moderately malnourished. The TSFP provides bi-weekly rations (RUSF/ CSB) to the beneficiaries as well as nutritional follow up and systematic treatment.

Screening:
ACF will conduct screening in the nutrition centres as well as conduct active case finding in the OTP/TSFP catchment area (10 km radius) in collaboration with community nutrition volunteers (CNV). Screening and active case finding contributes to the early detection of acutely malnourished children. The community will be mobilized to detect and refer malnourished children to the nutrition centres. ACF will increase the number of CNVs, involve community leaders, traditional healers and secondary school children at community level to strengthen screening and overall community mobilization activities.

If need is justified through screening and mobilization, additional mobile or static OTPs will be initiated in areas with high levels of acute malnutrition.

Prevention:
The number of beneficiaries to be targeted for prevention of malnutrition through health, IYCF and nutrition education, community mobilization activities with mothers and continue to expand the Mother to Mother Support Groups (MtMSG) from health facility to community that will involve/engage various community stakeholders (TBA, traditional healers, religious leaders, etc.). The project will continue community sensitization and awareness activities as well as micro-nutrient supplementation/de-worming.

Capacity Building of MoH and nutrition implementing partners will be enhanced and coverage expanded to other States where training needs are identified. ACF will build on the gains it had in the past year and ensure that capacity building does not end on training but will continue through on the job training and mentoring/coaching. This will also include advocacy for Health System Strengthening.

Surveys and assessments will continue to play an important role in monitoring the malnutrition trend not only in ACF-USA operation areas but support for surveys and assessment will be availed where gaps are identified

Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	

Organization focal point contact details

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BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

The project places major emphasis on addressing the prevention and treatment needs of malnourished children, given the current scale of the problem, which has been exacerbated as the humanitarian situation in South Sudan has deteriorated sharply since 15th December 2013, causing large-scale displacements. On top of the existing vulnerabilities, as of 2nd October 2014 an estimated 1.4 million people have been displaced within South Sudan with another 460,800 people fleeing into neighboring countries.

Children are more vulnerable to the effect of food shocks and emergency situations; women are affected as they take the heavy workload to meet the needs of the households and limited access to basic services. Various forms of under nutrition have been prevalent among vulnerable groups in South Sudan for many years including young children, pregnant and lactating mothers in general; Twic East is not an exception. Among factors contributing to this situation: seasonal changes in food security, flash floods, violence and disease burden. The highest prevalence of malnutrition is usually experienced during lean period.

Recurring violence causing displacement and destroying livelihoods, preventing the populations from planting at the right time therefore leads to inadequate food intake that directly affects the nutrition status of the affected population. The 3 conflict affected states have been ranked IPC Phase 3-4 with the projection of further deterioration if conflict continues.

In NBeG and Warrap, according to pre-harvest nutrition surveys conducted throughout South Sudan in the past 5 to 6 years by different agencies operating in the country, the average GAM rate was always found to be well above the emergency threshold of 15% set by WHO standards. In Aweil East Post-harvest result for 2013 GAM rate: 12.0% and SAM: 0.8%, Gogrial West pre-harvest 2013 GAM 27.5% and SAM 7.1% and Twic FSMS 2014 GAM 21.1 % and SAM 3.6%. Poor child caring practices observed in the past SMART surveys and NCA, low personal hygiene and sanitation practices, limited access to food and basic primary healthcare services and community displacement are some of the contributing factors to the continued high levels of Malnutrition. The two States has been experiencing recurrent flooding. ACF is currently implementing nutrition intervention in the 5 counties (Aweil East, Twic, Gogrial West and Twic East) in the and this project will build on the lessons learned to enhance quality services and expand the coverage of the CMAM interventions, capacity building component, nutrition surveillance system, cluster coordination support and emergency nutrition response. ACF will continue with its projects and will endeavor to work in a coordinated manner with MoH partners, INGO and NGO This project will also strengthen state coordination for capacity building and effective nutrition surveillance. Integration with other sectors within ACF and the other clusters will be strengthened to ensure holistic nutrition response.

2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

The project places major emphasis on addressing the prevention and treatment needs of malnourished children, given the current scale of the problem, which has been exacerbated as the humanitarian situation in South Sudan has deteriorated sharply since 15 Dec. 2013, causing large-scale displacements. On top of the existing vulnerabilities, as of 2 Oct.2014 an estimated 1.4 million people have been displaced within South Sudan with another 460,800 people fleeing into neighboring countries. Children are more vulnerable to the effect of food shocks and emergency situations; women are affected as they take the heavy workload to meet the needs of the households and limited access to basic services. Various forms of under nutrition have been prevalent among vulnerable groups in South Sudan for many years including young children, pregnant and lactating mothers in general; Twic East is not an exception. Among factors contributing to this situation: seasonal changes in food security, flash floods, violence and disease burden. The highest prevalence of malnutrition is usually experienced during lean period.
Recurring violence causing displacement and destroying livelihoods, preventing the populations from planting at the right time therefore leads to inadequate food intake that directly affects the nutrition status of the affected population.
Survey was conducted in Twic East in June 2014 with a GAM rate of 9.2% and SAM 1.5%.The situation falls into the alert level according to WHO classification. While on 2012 pre-harvest, the survey report indicated a GAM rate of 22.6%.
Twic East was ranked as one of the priority area for Nutrition intervention; hence ACF conducted an exploratory visit on the June 2014 to assess the situation. ACF organized community meeting that involved CHD, Commissioner, RRC, local partners, Com. leaders and women representatives to identify urgent needs and how this can be addressed. It was strongly raised that increased cases of malnourished children U5 were reported in the PHCC in Panyagor. ACF was requested to provide the nutritional services to cater for children under 5 and pregnant and lactating mothers. ACF deployed the Nutrition emergency response team to set up the programme on the 7th of October 2014. This programme is projected to take a longer period than it was planned (3 months) as the local partner's capacity is very weak and needing more time for capacity building.
In NBeG and Warrap, according to pre-harvest nutrition surveys conducted throughout South Sudan in the past 5 to 6 years by different agencies operating in the country, the average GAM rate was always found to be well above the emergency threshold of 15% set by WHO standards. In Aweil East Post-harvest result for 2013 GAM rate: 12.0% and SAM: 0.8%, Gogrial West pre-harvest 2013 GAM 27.5% and SAM 7.1% and Twic FSMS 2014 GAM 21.1 % and SAM 3.6%. Poor child caring practices observed in the past SMART surveys and NCA, low personal hygiene and sanitation practices, limited access to food and basic primary healthcare services and community displacement are some of the contributing factors to the continued high levels of Malnutrition. The two States has been experiencing recurrent flooding. ACF is currently implementing nutrition intervention in the 5 counties (Aweil East, Twic, Gogrial West and Twic East) in the and this project will build on the lessons learned to enhance quality services and expand the coverage of the CMAM interventions, capacity building component, nutrition surveillance system, cluster coordination support and emergency nutrition response. ACF will continue with its projects and will endeavor to work in a coordinated manner with MoH partners ,INGO and NGO This project will also strengthen state coordination for capacity building and effective nutrition surveillance. Integration with other sectors within ACF and the other clusters will be strengthened to ensure holistic nutrition response.

3. Description Of Beneficiaries

Children from 6-59 month with bilateral pitting oedema +/++ or severe wasting z-score <-3 and/or MUAC < 115mm, and appetite test passed, no medical complication, clinically well will be targeted. For admission to SC, children with bilateral pitting oedema +++ or any grade with severe wasting, or SAM with medical complications will be targeted. Infants under 6 months with bilateral pitting oedema or visible wasting will be targeted as well. Targeting for MAM will be 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 one month are included in TSFP. During community mobilization activities all malnourished children and vulnerable households will be identified using the participation of key community figures. Beneficiaries of health promotion activities will be identified through nutrition centres, community public education and promotion sessions, assessments and discussions. Parents will be the main targets of the program but adolescents will also benefit. During nutrition surveillance activities, all children who will be found malnourished or sick will be referred to the appropriate centres. Children under 5 and pregnant and lactating women in areas with high acute malnutrition will be targeted for micro-nutrient supplementation. Whenever possible the vaccination campaign of the SMOH & the supplementation programme will be linked. Training needs assessment will be conducted with participation of MoH and Partners. The county-level / State level MoH and partners Offices will be contacted to select their staff for trainings on CMAM guidelines and IYCF.

4. Grant Request Justification.

ACF has been operational in Warrap and NBeG States since 2005. ACF responds to both chronic and acute needs through an integrated strategy, where nutrition, food security, and water and sanitation activities are reinforced to have a meaningful impact on the communities' resilience.
ACF has well established bases in Wunrok (Twic County), Alek (Gogrial West County) and Malualkon (Aweil East County). ACF has 23 OTCs/TSFP centers and three stabilizations centers (Alek, Aweil East & Aweil Centre).
In 2014 (Jan.-Oct), ACF admitted 8839 children TFP (692 SC & 8147 OTP) and 9544 in the TSFP with the TFP Cured rate of 86.3%, Mortality rate of 0.2%, Defaulter rate 6.3% and Non responder rate of 7.3%. These figures indicate very good CMAM programme performance based on the SPHERE Standard. These results are attributed to the combined efforts of the programme staff and the community nutrition volunteers (CNVs) and more importantly, the beneficiary caretakers and communities that put their trust on the organization and followed the treatment protocols. The preliminary results of the CMAM coverage assessment done in November this year in Twic showed that, the community have good knowledge about malnutrition as well as very good knowledge and perception of ACF Nutrition programme. It was also estimated that the CMAM programme coverage is above 50% exceeding the minimum SHERE standards for coverage in rural areas. ACF scaled up its TSFP activities in the counties by extending TSFP services to all existing OTP sites in collaboration with WFP, i.e. expansion from 9 to 20 TSFP from April 2014. It was also agreed that MSF-B will hand over the SC in Gogrial West to ACF from Dec 2015. ACF took over MSF-B OTP centre in Gogrial on April 2014. ACF will also continue increasing its coverage & engagement in treating acute malnutrition through the CMAM guidelines while strengthen its prevention programs through; IYCF protection and promotion, Mother to Mother Support groups, deworming and micro nutrient supplementation. To ensure continuation of activities in these locations which ranked Phase 3 in the IPC with projection of deterioration if conflict in the neighboring States continues and severe flooding.
ACF is soliciting assistance from CHF. ACF has already secured part of the funds from SDC and UNICEF and it is negotiating with ECHO for a continuation of its support and OFDA for continuation of it's emergency response team in the conflict-affected states. Though generous contributions from the mentioned donors have been received, a sizeable amount of fund is still needed to meet the cost of expansion and treating the estimated target number of vulnerable population in our areas of operation. ACF has also planned to enhance its activities in the counties that had been identified as hot spots/priority location by the nutrition cluster and operation working group. ACF Nutrition emergency team had done 3 deployments to these locations and is looking at more deployments in the coming year depending on the identified needs.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

The proposed project is aimed to compliment ACFs ongoing operation in Warrap, NBeG. ACFs programme is vital to reduce morbidity and mortality of under 5 children. This project will compliment on going projects specially during the1st quarter of the year when ACF is awaiting funding from other donors.

Additionally, this project will compliment ACFs ongoing Nutrition Emergency Team (NET) – a mobile team designed to achieve a rapid response addressing severe acute malnutrition and provide life-saving support in high risk, hard to reach areas of the conflict-affected states of Unity, Upper Nile and Jonglei. The intervention is twofold – cases of severe acute malnutrition are identified , and treated in existing health structures or directly if none exist, so that mortality and morbidity linked to

malnutrition are prevented, and the local capacities of treatment are built, in order to increase the change of sustainability of the nutrition program. Currently, NET is intervening in Jiech, Ayod County, Jonglei State and this proposed project will allow for NET to enhance its ongoing activities, while expanding to other locations prioritized byt the Nutrition Cluster and the Operational Working Group.

LOGICAL FRAMEWORK

Overall project objective	Provide quality Integrated Management of Acute Malnutrition services and strengthen existing capacity building, surveillance system and rapid nutrition emergency response for children under in conflict and non- conflict affected populations in NBeG (Aweil East County), Warrap States (Gogrial West County), Jonglei (Twic East) (Jeich, Ayod) and other cluster priority areas.

Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Deliver quality lifesaving management of acute malnutrition for at least 60% per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	50
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	30
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20

Outcome 1	Children under 5, boys and girls with Severe and moderate acute malnutrition from both host and IDP/returnees' communities in the catchment area are admitted and treated in the programme.	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Children under 5 suffering from severe acute malnutrition are admitted in TFP	•ACF interventions are complemented by other interventions, especially in nutrition and health •No major disease outbreaks occur •Security remains stable enough to allow for access •Beneficiaries and caretakers accept the treatment, and awareness and detection activities •Beneficiaries and communities collaborate actively and are motivated •No breakdown in supply pipe-line from the UN agencies •Collaboration with Ministry of Health, is possible and effective •Collaboration with UN Agencies involved (i.e. UNICEF, WFP, FAO) is effective and in-kind input for these agencies are received in a timely manner •Skilled personnel is available and consistent •Good working relations with the Local authorities and RRC officials Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed. Successful implementation of this program assumes consistent supply of RUTF, which is the mainstay in outpatient management of acute severe malnutrition. Experiences in supply chain interruption have adversely affected program performance. In order to mitigate supply pipeline breaks from UNICEF, ACF has begun procuring a buffer stock of RUTF – funded by Food for Peace.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			2336	2156	4492
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 1.1.2	NUTRITION	Number of children suffering from severe acute malnutrition with complications are admitted in the SC					449
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment]Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			1752	1617	3369
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment]Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			399	323	722
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment]Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			1752	1617	3369
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 1.1.6	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)			399	323	722
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 1.1.7	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program non-recovered rate			15	15	30
	Means of Verification:	Monthly Qualitative and quantitative report from each project					

Activities

Activity 1.1.1	Provide therapeutic treatment for children (0-59 moths) with SAM with associated minor medical complications in 3 Stabilization Centers (Malualkon Aweil East, Alek Gogrial West, Wunrok Twic County and in conflict affected areas
Activity 1.1.2	Conduct home visits to MAM children absent in the programme for 2 consecutive weeks (defaulter tracing)
Activity 1.1.3	Organize regular community-based MUAC screening, case identification and referrals of children under 5 years

Code	Description	Assumptions & Risks
Output 1.2	Children under 5 suffering from Moderate acute malnutrition are admitted in TSFP	•ACF interventions are complemented by other interventions, especially in nutrition and health •No major disease outbreaks occur •Security remains stable enough to allow for access •Beneficiaries and caretakers accept the treatment, and awareness and detection activities •Beneficiaries and communities collaborate actively and are motivated •No breakdown in supply pipe-line from the UN agencies •Collaboration with Ministry of Health, is possible and effective •Collaboration with UN Agencies involved (i.e. UNICEF, WFP, FAO) is effective and in-kind input for these agencies are received in a timely manner •Skilled personnel is available and consistent •Good working relations with the Local authorities and RRC officials Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed. Successful implementation of this program assumes consistent supply of RUTF, which is the mainstay in outpatient management of acute severe malnutrition. Experiences in supply chain interruption have adversely affected program performance. In order to mitigate supply pipeline breaks from UNICEF, ACF has begun procuring a buffer stock of RUTF – funded by Food for Peace.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			3498	3228	6726
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 1.2.2	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)			524	484	1008
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 1.2.3	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)			2623	2421	5044
	Means of Verification:	Overall MAM program default rate (SPHERE standards)					

Outcome 2	Prevention of malnutrition in children under 5 and Pregnant and lactating mothers	
Code	**Description**	**Assumptions & Risks**
Output 2.1	All children under 5 that are screened and not admitted to the Nutrition program receive Vitamin A supplementation and deworming	•ACF interventions are complemented by other interventions, especially in nutrition and health •No major disease outbreaks occur •Security remains stable enough to allow for access •Beneficiaries and caretakers accept the treatment, and awareness and detection activities •Beneficiaries and communities collaborate actively and are motivated •No breakdown in supply pipe-line from the UN agencies •Collaboration with Ministry of Health, is possible and effective •Collaboration with UN Agencies involved (i.e. UNICEF, WFP, FAO) is effective and in-kind input for these agencies are received in a timely manner •Skilled personnel is available and consistent •Good working relations with the Local authorities and RRC officials Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed. Successful implementation of this program assumes consistent supply of RUTF, which is the mainstay in outpatient management of acute severe malnutrition. Experiences in supply chain interruption have adversely affected program performance. In order to mitigate supply pipeline breaks from UNICEF, ACF has begun procuring a buffer stock of RUTF – funded by Food for Peace.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			7800	7200	15000
	Means of Verification:	Number of children Supplemented with Vit.A Monthly Qualitative and quantitative report from each project					
Indicator 2.1.2	NUTRITION	Number of children benefit from screening					25000
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 2.1.3	NUTRITION	Number of children dewormed					15000
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 2.1.4	NUTRITION	[Frontline services] [Prevention]Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		1000			1000
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 2.1.5	NUTRITION	Community members and caregivers – provided Nutrition, Health and IYCF education in the facilities and at community level - Warrap & NBeG					35000

	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 2.1.6	NUTRITION	Community Nutrition Volunteers trained on prevention, identification and referral of acute malnutrition - Warrap & NBeG					550
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 2.1.7	NUTRITION	Number of individuals engaged in Mother to Mother Support Groups activities					150
	Means of Verification:	Monthly Qualitative and quantitative report from each project					
Indicator 2.1.8	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken					3
	Means of Verification:	Monthly Qualitative and quantitative report from each project					

Activities

Activity 2.1.1	Provide Vitamin A supplementation to children under 5 that are not in the nutrition programme.
Activity 2.1.2	Provide Deworming to children under 5 that are not in the nutrition programme.
Activity 2.1.3	Provide Iron Supplementation to Pregnant and lactating women
Activity 2.1.4	Provide regular Health education (IYCF, Nutrition, Health, HIV-AIDS, and Hygiene and child care practices) in all nutrition sites for mothers and caregivers during each visit and Community (Community leaders, prominent people, women and children) health education sessions before MUAC screening exercises.
Activity 2.1.5	Identify and train Community Volunteers to conduct health/nutrition/HIV-AIDS/Hygiene and child care practices as well as conduct regular nutrition screening and referral of children under 5 boys and girls
Activity 2.1.6	Organize Mother-to-Mother support groups in each centre to facilitate open discussions and demonstrations
Activity 2.1.7	Monitor nutrition trend is well identified through surveys and assessments

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Provide therapeutic treatment for children (0-59 moths) with SAM with associated minor medical complications in 3 Stabilization Centers (Malualkon Aweil East, Alek Gogrial West, Wunrok Twic County and in conflict affected areas	2015	X	X	X	X	X	X						
Activity 1.1.2 Conduct home visits to MAM children absent in the programme for 2 consecutive weeks (defaulter tracing)	2015	X	X	X	X	X	X						
Activity 1.1.3 Organize regular community-based MUAC screening, case identification and referrals of children under 5 years	2015	X	X	X	X	X	X						
Activity 2.1.1 Provide Vitamin A supplementation to children under 5 that are not in the nutrition programme.	2015	X	X	X	X	X	X						
Activity 2.1.2 Provide Deworming to children under 5 that are not in the nutrition programme.	2015	X	X	X	X	X	X						
Activity 2.1.3 Provide Iron Supplementation to Pregnant and lactating women	2015	X	X	X	X	X	X						
Activity 2.1.4 Provide regular Health education (IYCF, Nutrition, Health, HIV-AIDS, and Hygiene and child care practices) in all nutrition sites for mothers and caregivers during each visit and Community (Community leaders, prominent people, women and children) health education sessions before MUAC screening exercises.	2015	X	X	X	X	X	X						
Activity 2.1.5 Identify and train Community Volunteers to conduct health/nutrition/HIV-AIDS/Hygiene and child care practices as well as conduct regular nutrition screening and referral of children under 5 boys and girls	2015	X		X	X								
Activity 2.1.6 Organize Mother-to-Mother support groups in each centre to facilitate open discussions and demonstrations	2015	X	X	X	X	X	X						
Activity 2.1.7 Monitor nutrition trend is well identified through surveys and assessments	2015				X	X	X						

M & R DETAILS

Monitoring & Reporting Plan:
Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .

Monitoring of project activities will be done weekly by field staff under the guidance and supervision of the Programme Manager and through periodic visits from the Country Technical Coordinators. ACF will use the standard CMAM tools to capture record and analyse the data collected in monthly basis. For that, an Activity Progress Report (APR) will be prepared and used, including the original work plan, real advances in activity implementation, constraints, indicators, sources of information and staff responsibilities. For quality assurance purposes, technical support on specific program activities will be provided by sector Technical Advisors from HQs.

Tailor made forms will be used by the Field Data Analyst to collect relevant statistical data to feed into ACF database. Qualitative data, human stories, lessons leant and best practices will be documented by the teams and feed into the Project Management Cycle to refine and further contextualize project activities.

ACF will put in place a simple community feedback mechanism to secure application of good management practices. In order to ensure accountability, the target beneficiaries will be involved at all stages of the project cycle. Community management committees, comprised of representatives from the target communities/villages, will be formed to facilitate BNFs selection, distributions and implementation of project activities in a transparent manner. Local hearing committees will also be responsible for receiving complaints and addressing them or passing them on to ACF where and when these cannot be resolved at the village/community level. ACF field staff will always be available to address complaints on the spot. Handover certificates will be signed with the relevant local authorities where WASH hardware/infrastructure is installed. During hygiene kits distributions, forms will also be signed by BNFs, relevant authorities and ACF

An external evaluation of the overall action will be conducted to evaluate efficiency, effectiveness, sustainability, replicability and relevance, in line with ACF Evaluation Policy.

ACF will comply in a timely manner to all reporting requirements set by donors and the nutrition cluster.

OTHER INFORMATION

Accountability to Affected Populations	On the initial stage of project design, ACF conducts consultation through FGD with community leaders, MoH, RRC with women representatives and youths (G&B). Male caregivers were prioritized in health education session in the facilities while in the community sessions they are combined. Accountability mechanisms geared to manage complaints and feedback have been designed and put in place in all bases. ACF will reinforce and strengthen this mechanism in the next project cycle. ACF will contribute to the nutrition cluster obj. through the CMAM intervention package. Prevention components that will contribute to ensuring that malnutrition incidence are reduced and relapse cases are minimized. The Capacity Building component will contribute to sound technical skills that will enable high standard quality services, and lastly nutrition assessments will guide decision maker to take formative action based on the reliable data.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	ACF is a registered NGO in South Sudan and works in collaboration with the relevant line ministries of the Government of South Sudan, including the South Sudan Rehabilitation and Recovery Commission (RRC) and the Ministry of Labour. At a national level ACF works closely with the Ministry of Health and continues to develop its relationship with the Ministry of Agriculture & Forestry, the Ministry of Water and Irrigation and the Ministry of Regional Cooperation. At the state level, ACF has technical working agreements signed with the respective ministries for all. ACF also participates regularly in government led coordination fora. ACF has a strong working relationship with local level (county, payam and boma) authorities in its areas of operations. ACF also works closely with traditional authorities to identify areas of need and improve the appropriateness and effectiveness of its interventions. Consultation with local authorities takes place at planning, implementation and monitoring and evaluation stages of ACF all programming. ACF has a strong expertise in nutrition surveys and capacity building on CMAM management. It will continue to be a reference/technical support organization for nutrition in its working areas and selected locations around its operation area. ACF will directly implement its nutrition programme following the National guidelines and the SPHERE Standard. ACF field and coordination team will regularly monitor the programme through site visits, collecting observations and comments from beneficiaries, community and the staff implementing the activities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. GOAL	GOAL Twic – Referral of all children screened with SAM to GOAL and GOAL refers children they screened with MAM to ACF. ACF and GOAL clearly divided Twic locations for Community mobilization activities to ensure no overlaps
2. MSF-H	Gogrial – ACF operates in the same hospital where MSF-H provides health services and ACF caters for OTP treatment with health education component. All Malnutrition cases that MSF-H screened are referred to ACF while ACF refer all medical cases to MSF-H
3. MSF-F	Aweil Centre - ACF operates in the same hospital where MSF-F provides health services and ACF caters for Stabilization Centre with health education component. All Malnutrition cases that MSF-F screened are referred to ACF while ACF refer all medical cases to MSF-F
4. IRC	Aweil EAST – 3 ACF Nutrition sites and IRC Health Centres are located in the same locations where cross referral is currently done.

Environmental Marker Code	A+: Neutral Impact on environment with mitigation or enhancement
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	ACFs project was marked 2a as it is taking into account the different needs for women, men, boys and girls from the initial stage of the needs assessment design, considering gender balance in the assessment interview and ensuring that questions are tailored according to the group. The project design involves/considers representation of men and women from the community and community leaders. Through the initial community awareness sessions, ACF will encourage both men and women to attend and further explain the importance of having both genders involved. Though health education sessions are carried out every day in all ACF sites, usually men are the minority. To encourage male caregivers to attend, ACF will provide separate, tailored health/nutrition education to each group. During the implementation, activities are packaged according to these groups. Nutrition treatment targets directly children under 5 without discrimination between boys and girls. Variations of numbers between the 2 groups will be monitored to ensure immediate action is taken when large gaps are noticed
Protection Mainstreaming	Nutrition staffs are made aware of the potential of HIV & TB in children who fail to respond to nutritional therapy once other identifiable causes have been eliminated. Patients with suspected HIV or TB infections are referred to the nearest voluntary counseling and testing (VCT) centres or Hospitals that provide tuberculosis treatment (like Awil Civil Hospital & Gogrial Health Centre run by MSF). All boys, girls and PLW are treated with equity and the project seeks to prevent potential tensions between different tribal groups.
Safety and Security	Independence from Sudan was won by the SPLA movement after decades long conflict, during which both sides inflicted brutal suffering upon the civilian population. Violence continues, driven by crippling poverty, low education levels, weak and fragile form of government, extremely weak system of law and order. In addition, there are inter- as well as intra-tribal/ethnic conflicts, often triggered by attempts to secure land, water, cattle and/or grazing. The relationship between GOSS and humanitarian actors deteriorated rapidly in December 2013, with the GOSS frustrated at the stance of the international community, represented by UN, to press for negotiations with the rebels. The consequence is that humanitarian actions of UN agencies (Unicef, HCR, WFP, etc.) as well as INGOs have been deliberately tainted with common accusation of supporting the rebels. Hence levels of mistrust have increased against all humanitarian actors, with instructions to police and army units to search humanitarian transports and restrict permission to operate. Unless this deteriorating trend of mistrust against INGOs is checked, it potentially may constrict ACF ability to operate. South Sudan has one of the highest levels of violence against aid workers both in terms of the number of incidents and severity of attacks, criminally motivated. Aid assets are extremely attractive in this impoverished context and occur at air organization residences, offices and field locations. The potential risks for the intervention due to the armed conflict are: • Crossfire incidents (fighting, cattle raids…) • High criminality • Intimidation from armed groups directly against ACF-ES and aid agencies, including assault, detention, carjacking. Even though the situation nowadays seems calm within many of our intervention areas, context monitoring and the relevant security measures are continuously implemented to reduce the risk but the context in South Sudan is likely volatile and may have an impact in our operations. More specifically, ACF has developed remote management plan, based on our strong experience in other volatile contexts, which will be applied in cases of any eventuality that limits access of key technical staff to the project areas due to insecurity, bureaucratic impediments and other factors. Key national staff will be trained on assuming responsibilities in such scenarios. Moreover, ACF will make the necessary procurement arrangements to minimize the risk of inconsistent South Sudan directives on imports and taxations. Additionally, ACF regularly updates our country wide SOPs and produces condensed locality-specific SOPs for our emergency team deployments,
Access	ACF security and logistic personnel will coordinate closely with logistic cluster to ensure that up to date information are gathered in a regular bases to come into an informed decision when deploying the team to conflict affected areas. ACF will also gather other information from different organizations present or had been in the location where ACF plans to respond. National and Local authorities will be contacted to explain ACF's objectives and activities and to solicit their support to gain access.

BUDGET

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
1.1	Salary & Entitlements for Nutrition Coordinator	D	1	8191	6	10.00%	4,914.60	2,457.30	2,457.30	4,914.60
1.2	Salary & Entitlements for Nutrition Deputy Coordinator	D	1	6783	6	10.00%	4,069.80	2,034.90	2,034.90	4,069.80
1.3	Salary & Entitlements for Roving Nutrition Program Manager - Delocalized	D	1	1900	6	25.00%	2,850.00	1,425.00	1,425.00	2,850.00
1.4	Salary & Entitlements for Nutrition Program Manager - Aweil East- Delocalized	D	1	1900	6	35.00%	3,990.00	1,995.00	1,995.00	3,990.00
1.5	Salary & Entitlements for Nutrition Program Manager - Alek - Delocalised	D	1	1900	6	15.00%	1,710.00	855.00	855.00	1,710.00
1.6	National Nutrition Program staff Salary - (Aweil East, Alek, Wunrok)	D	1	23004	6	45.00%	62,110.80	31,055.40	31,055.40	62,110.80
1.7	HR Coordinator	S	1	7063	6	10.00%	4,237.80	4,237.80	0.00	4,237.80
1.8	HR Manager	S	1	5299	6	10.00%	3,179.40	3,179.40	0.00	3,179.40
1.9	Compliance Manager	S	1	5298	6	10.00%	3,178.80	3,178.80	0.00	3,178.80
1.10	Country Director	S	1	7668	6	10.00%	4,600.80	4,600.80	0.00	4,600.80
1.11	Field Coordinator	D	1	7063	6	25.00%	10,594.50	5,297.25	5,297.25	10,594.50
1.12	Finance Manager - Juba	S	1	1722	6	15.00%	1,549.80	1,549.80	0.00	1,549.80
1.13	Capital Finance Assistant - Juba	S	1	751	6	15.00%	675.90	675.90	0.00	675.90
1.14	Achive Clerk-Finance -Juba	S	1	487	6	15.00%	438.30	438.30	0.00	438.30
1.15	HR/Finance Officer - Alek	D	1	1052	6	15.00%	946.80	946.80	0.00	946.80
1.16	HR/Finance Officer - Malualkon	D	1	1150	6	15.00%	1,035.00	0.00	1,035.00	1,035.00
1.17	HR/Finance Officer - Wunrok	S	1	1101	6	15.00%	990.90	990.90	0.00	990.90
1.18	Log Capital/Manager - Juba	S	1	1733	6	15.00%	1,559.70	779.85	779.85	1,559.70
1.19	Procurement Officer - Juba	S	1	1180	6	15.00%	1,062.00	1,062.00	0.00	1,062.00
1.20	Logistics Officer - Alek	D	1	1101	6	15.00%	990.90	495.45	495.45	990.90
1.21	Procurement Officer - Alek	S	1	1101	6	15.00%	990.90	495.45	495.45	990.90
1.22	Drivers - Alek	S	4	420	6	15.00%	1,512.00	1,512.00	0.00	1,512.00
1.23	Logistics Officer - Malualkon wunrok juba	S	3	1101	6	15.00%	2,972.70	2,972.70	0.00	2,972.70
1.24	Drivers - Malualkon wunrok	S	8	437	6	15.00%	3,146.40	1,573.40	1,573.00	3,146.40
1.25	HR Support Juba Alek	S	7	751	6	15.00%	4,731.30	4,731.30	0.00	4,731.30
	Section Total						128,039.10	78,540.50	49,498.60	128,039.10

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
2.1	SCs small materials and running cost	D	3	650	6	100.00%	11,700.00	5,850.00	5,850.00	11,700.00
	hygiene/cleaning supplies, weighing basins, plastic tables, chairs, mats,plates, cups, water containers, kitchen untensils, food for SC caregivers, bed sheets etc…									
2.2	OTP/TSFP small materials and running cost	D	23	350	6	75.00%	36,225.00	18,112.50	18,112.50	36,225.00
	hygiene/cleaning supplies, weighing basins, plastic tables, chairs, mats, water containers, RUTF/RUSF containers, metallic boxes, pallets									
2.3	Programme stationery and office supplies	D	1	13700	1	100.00%	13,700.00	6,850.00	6,850.00	13,700.00
	Printing of beneficiary cards, record books, pen, printing papers, printer ink,flip charts,exercise books, file boxes..etc									
2.4	Staff training/community mobilization	D	1	350	6	100.00%	2,100.00	1,050.00	1,050.00	2,100.00
	Training materials; flip charts, pens, exercise books, handout materials, folders, bags, food for participants, venue, transport reimbursements for volunteers									

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015 Q1	2015 Q2	Quarterly Total
2.5	Program transport	D	14	200	4	100.00%	11,200.00	5,600.00	5,600.00	11,200.00
	Transport to training venues of trainings, transport to locations for community mobilization, transport of staff and materials to 23 sites, transport for procument of items in the local markets, transport of beneficiaries to referral point/hospitals/SC									
2.6	SMART Survey training and data collection cost	D	1	18000	1	100.00%	18,000.00	9,000.00	9,000.00	18,000.00
	Enumerators casul payment, training allowance, transport reimbursement, feeding during training, food suring data collection, car hiring for data collection, allowances/per diem of MoH staff and local guides, statineries for data collection, airtime, bags/folders, casual labour to carry anthopometric materials.									
	Section Total						92,925.00	46,462.50	46,462.50	92,925.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
3.1	C1: Laptops	D	4	1500	1	100.00%	6,000.00	6,000.00	0.00	6,000.00
3.2	C4: Communication Equipment	D	1	6000	1	100.00%	6,000.00	6,000.00	0.00	6,000.00
	Satphone will be provided to the team to able them to be contactable.									
	Section Total						12,000.00	12,000.00	0.00	12,000.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
5.1	E1: International Local Road/Air transportation including cargo transportation	S	1	5000	1	100.00%	5,000.00	2,500.00	2,500.00	5,000.00
	It will be spent to send cargo with the supplies and used for the RRT deployment									
5.2	E2: Vehicle rental	S	1	5000	1	100.00%	5,000.00	2,500.00	2,500.00	5,000.00
	Vehicle will be rent in Juba and on the field when possible to move the team									
5.3	E3: Flight travel for staff	S	1	2500	1	100.00%	2,500.00	1,250.00	1,250.00	2,500.00
	Section Total						12,500.00	6,250.00	6,250.00	12,500.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
7.1	G1:WUNROK Base support	S	1	31840	6	8.00%	15,283.20	7,641.60	7,641.60	15,283.20
	G1:WUNROK Vehicle running cost G2 WUNROK Generator running cost G3: WUNROK internet cost G4:WUNROK mobile phone communication cost G5:WUNROK satellite communication cost G6:WUNROK Office Rent G7: WUNROK Office Supplies G8: WUNROK Office Rehab G9: WUNROK Office Equip Maint G10:WUNROK Office Stationary G11: WUNROK Security									
7.2	Juba base support	s	1	53240	6	5.00%	15,972.00	7,986.00	7,986.00	15,972.00
	G12:JUBA Vehicle rental cost G13:JUBA Vehicle fuel cost G14:JUBA Generator maintenance cost G15:JUBA Generator fuel cost G16:JUBA internet cost G17:JUBA mobile phone communication cost G18:JUBA satellite communication cost (for emergency teams) G19:JUBA Office Rent G20:JUBA Office Supplies G21: JUBA Office Rehab G22:JUBA Office Equip Maint G23:JUBA Office Stationary G24JUBA Warehouse Rent G25JUBA Security									
7.3	G26JUBA Banking and Legal fees	S	1	2500	6	5.00%	750.00	375.00	375.00	750.00
	Section Total						32,005.20	16,002.60	16,002.60	32,005.20

Sub Total Direct Cost	277,469.30
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	1%
PSC Amount	19,422.85

Quarterly Budget Details for PSC Amount

2015		Total
Q1	Q2	
9,711.42	9,711.43	19,422.85

Total Fund Project Cost	296,892.15

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei	10			5	5	10	
Northern Bahr el Ghazal -> Aweil Centre	10			5	5	10	
Northern Bahr el Ghazal -> Aweil East	30			15	15	30	
Unity	10			5	5	10	
Upper Nile	10					0	
Warrap -> Gogrial West	30			15	15	30	

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

DOCUMENTS