

## Project Proposal

Organization	World Relief (World Relief)																																							
Project Title	Community Based Nutrition Support for 8,118 Beneficiaries in Koch County																																							
Fund Code	SSD-15/SA1/N/INGO/338																																							
Primary Cluster	NUTRITION	Secondary Cluster	None																																					
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services																																					
Project budget in US\$	199,999.96	Planned project duration	6 months																																					
Planned Start Date	02/02/2015	Planned End Date	03/08/2015																																					
OPS Details	OPS Code	SSD-15/H/73039	OPS Budget	0.00																																				
	OPS Project Ranking		OPS Gender Marker																																					
Project Summary	<p>World Relief operates 8 outpatient therapeutic feeding centers and 8 targeted supplementary feeding centers in 7 Payam with coverage in all 8 Payam in Koch County, largely funded by OFDA and a 2014 CHF grant project. This current project will expand to 3 new OTP sites that will complement the other funding streams, in the bomas of Gap, Lablab, and Gany. Throughout 2014, conflict has continued to uproot and displace households, preventing many from planting and forcing them to sell off assets and livestock for food, and breaking down the functionality of markets. The fighting which began in Juba on December 15th 2013 spread to Unity in January and the months have worsened the situation by destroying not only houses and other assets, but the available systems for addressing causes of malnutrition. Health care and nutrition service coverage is further hindered by geographical constraints and poor transportation infrastructure. The internal and external conflicts always result to displacement of people thus increasing tensions and raised the level of vulnerability among county residents in competition for scarce resources. This project will address and respond to nutrition needs by targeting the IDPs, and host communities of Koch county, by expanding to a larger geographical coverage and reinforcing the current OTP sites and Stabilization Centers. The project is designed to provide both preventive and curative services. Treatment of severe acute malnutrition (SAM) is provided to prevent children under five from death. Treatment of moderate acute malnutrition (MAM) aims to improve the health of children under five and pregnant and lactating women (PLWs), thereby reducing the prevalence of severe acute malnutrition. Awareness campaigns on topics including IYCF and hygiene promotion will be provided to the community. World Relief works closely with CHDs to ensure that the community of Koch receive the needed services. UNICEF and WFP will provide food rations towards treatment of SAM and MAM in children and PLW in Koch county of Unity State. Children under five, and PLWs, as well as other vulnerable groups, will be screened in the community. Those found to be malnourished will be referred to OTP/TSFP for nutritional and medical assessment. Beneficiaries enrolled in the OTP or TSFP programs will be given bracelets to keep regardless of whether they are transferred to different components of the nutrition intervention or not. This CHF funding will cover the three new sites not funded under OFDA as well as covering some gaps in the staffing needs to manage the OFDA supported roles (eg. SFP coordinator and nutrition program officer).</p>																																							
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>50</td> <td>1110</td> <td>3340</td> <td>3618</td> <td>8,118</td> </tr> <tr> <td colspan="6"><b>Total beneficiaries include the following:</b></td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>2894</td> <td>2672</td> <td>5566</td> </tr> <tr> <td>Internally Displaced People</td> <td>50</td> <td>111</td> <td>724</td> <td>666</td> <td>1551</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>999</td> <td>0</td> <td>0</td> <td>999</td> </tr> </tbody> </table>					Men	Women	Boys	Girls	Total	Beneficiary Summary	50	1110	3340	3618	8,118	<b>Total beneficiaries include the following:</b>						Children under 5	0	0	2894	2672	5566	Internally Displaced People	50	111	724	666	1551	Pregnant and Lactating Women	0	999	0	0	999
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Indirect Beneficiaries	Catchment Population																																							
Link with the Allocation Strategy	<p>The project will expand nutrition activities from 8 fixed nutrition sites to include mobile in areas where there are no nutrition sites, thus expanding coverage. There will be collaboration with the SMOH, WFP and UNICEF to provide services that respond to the emergency levels of malnutrition and the growing number of IDPs in the project areas. These life-saving interventions will provide critically needed outpatient therapeutic care programming (OTP) and targeted supplementary feeding (TSF) programming to children under five, PLWs, older people and other special cases such as disabilities and cases with compounding medical conditions. (This will relate to cluster objective # 1 and 2). Nutrition objective #1 states: Deliver quality, life-saving, management of acute malnutrition for at least 60% SAM cases (for Koch, a total of 2646) and 60% MAM cases (for Koch, a tentative total of 4362) in all define vulnerable girls and boys, PLWs (a total of 1110), older people and other vulnerable groups living in the malnutrition high burden states. Nutrition objective #2 states: Provide access to integrated programs preventing under nutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups. Needs analysis and reporting will be carried out in collaboration with the community leaders and churches in the area. The community leaders and the churches will be the key players for information sharing and identification of community workers. This relates to Nutrition objective #3, which states: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response.</p>																																							
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)		<table border="1"> <thead> <tr> <th>Source</th> <th>US\$</th> </tr> </thead> <tbody> <tr> <td>OFDA</td> <td>600,000.00</td> </tr> <tr> <td></td> <td>600,000.00</td> </tr> </tbody> </table>		Source	US\$	OFDA	600,000.00		600,000.00																														
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## BACKGROUND INFORMATION

<p><b>1. Humanitarian context analysis.</b> Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>The humanitarian situation remains critical in Koch County as vulnerable groups continue to suffer from the effects of conflict, insecurity, and absence of development in the region. WR's December 2013 SMART nutrition survey in Koch county suggested a Global Acute Malnutrition (GAM) rate of 10.3 % which falls in the "serious" (7.3 - 14.4) WHO threshold (WHO multicenter growth Reference group 2006). The confidence interval approaches the WHO emergency threshold of 15% indicating a need for continued nutritional intervention in the area. The survey found a SAM of 2.4% which is lower than the 4% level which has been used in the context of South Sudan to trigger emergency, however, the situation has changed since then with conflict which has caused mass displacement and insecurity and program delays. WR's OTP data, showed that from August to October 2014, 3,500 (M: 1667 F: 1833) children under five have been enrolled into the project. Nutrition assessment using MUAC was conducted in one of the areas far from nutrition center. 127 children were screened, 21 (16.5%) cases were SAM, 57 (44.8%) were MAM, and no edema was found. The project will expand nutrition activities from 8 nutrition fixed site to include mobile in areas where there are no nutrition sites. There will be collaboration with the SMOH, WFP and UNICEF to provide nutrition services that responds to the emergency levels of malnutrition and the growing number of IDPs in the project areas. This will save lives by providing critically needed outpatient therapeutic care programming (OTP) and targeted supplementary feeding (TSFP) to children under five, PLWs, and other special cases with disabilities or severe medical conditions. Community-based nutrition programming (including outreach, follow-up home visits, and health and nutrition education) complemented by community-based health work activities being implemented in the same project area will be used for maximum coverage, timely early case detection and management. The project will use the available monitoring tools that include data collection in weekly, monthly and quarterly reports by health and nutrition teams, regular meetings with project officers, ongoing discussions with community members, staff meeting minutes, and conducting focus group discussions to beneficiaries and other key informants. Standard indicators for selective feeding programs such as discharge, default, death, referral rates, average weight gain and length of stay will be calculated on a monthly basis and will be compared with SPHERE standards. Beneficiaries enrolled in the OTP or TSFP programs will be given bracelets to keep regardless of whether they are transferred to different components of the nutrition intervention or not, enabling the program to track and follow up beneficiaries. A ration card is given to the caretaker as well. Supervisors review registers for appropriate admission and discharge, medical treatment, and RUTF. The nutrition team will also ensure that appropriate action is taken on children whose condition remains static or deteriorates by conducting home visits and referral where necessary. Involvement of the CHD in the daily and weekly updates as well as capacity building through weekly, monthly and quarterly meetings will be conducted. Issues that need further policy direction are identified and shared with the SMOH and relevant government policy structures. Regular measurements (anthropometric) to monitor the status of children under the program. Weight, height and MUAC will be measured on admission and according to national SAM and MAM guidelines. Children identified as severely malnourished with medical complications will be referred to a nutrition center. In addition to this, appropriate treatments (de-worming, Vitamin A, antibiotics, anti-malarial, measles vaccination, iron and folic acid) as needed will be administered to beneficiaries as per nutrition protocol of South Sudan.</p>
<p><b>2. Needs assessment.</b> Explain the</p>	<p>This project targets 8118 individuals, (50 men, 1110 women, 3340 boys, and 3618 girls) in Koch County, Unity State. Most of these individuals are located in three</p>

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. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

bomas (Gap, Lablab, and Gany) that currently do not have a standing nutrition program, necessitating that individuals walk longer distances to reach the services. With brief trainings, there would be enough capacity within the communities to have community nutrition volunteers, and likely CMAM coordinators from the area; but there is a human resource gap for the nutrition project officer that would likely need to be recruited from outside the state. WR has just finished a SMART survey of all of Koch County (dates Dec 12-22nd), and is planning to use that information as a baseline point of comparison as it is more up-to-date than the Dec 2013 SMART Survey. The results are yet to be finalized, but the observed GAM was approximately 16%, which is about 6% higher than the survey conducted at the same time last year. The number of beneficiaries was calculated by means of triangulating data from the June IRNA, other RRM, and ongoing MUAC screening and nutrition monitoring in the current established OTPs that WR runs within Koch county, plus mobile team outreaches. All conversations surrounding nutrition are planned in coordination with the local MoH staff, and they were the ones who originally called for exploration of Gap and Lablab.

**3. Description Of Beneficiaries**

This project will admit 8,118 direct beneficiaries (M: 3564.F: 4554) through provision of a supplementary feeding program to save lives of children under five PLW and other vulnerable groups. These groups will be identified through screening of children and PLW in the community. Children under five with acute malnutrition (Boys: 1,371, Girls: 1,275 and other vulnerable: 20) will be admitted in OTP. A TSFP program will target Boys (2,247) and Girls (2,065) aged 0-59 months, pregnant and lactating women, (1,110) and other vulnerable groups (30, Boys 18, Girls 12). In order to prevent under nutrition. The project will deworm children under five already enroll in the program (Boys: 3, 618, Girls: 3,340). The project is expected to provide counseling to men and women on IYCF (Women: 2,535 Men, 634). In order to provide quality service to the community the project will train health care workers on CMAM protocol (Men: 20 Women: 20). Children <5 and PLWs will be screened in the community for malnutrition (Boys 10,400, Girls 9,600, and PLWs 3000). In order to bring behavior change in the community this project will conduct community awareness on specific topics such hygiene promotion and other health related topics that will be attended by women: (3,500) and men: (1,500).

**4. Grant Request Justification.**

World Relief has been active in South Sudan for over 10 years and in Unity State since 2003 supporting health, nutrition and food security interventions, in Mayom, Abienhnom and Koch Counties. Currently World Relief supports 8 nutrition sites in Koch County. World Relief has developed strong working relationships with existing government structures. Due to good relationships with the government counterparts and the community members, World Relief is considered as the key contributor of humanitarian assistance in Koch County. With the recent concept of Health Pool Fund of one implementing partner per county World Relief is the implementing partner in Koch County. World Relief works in partnership with Koch County Health Department to provide primary health care services in 5 health facilities supported by the Health Pooled Fund in year one with the addition of 2 health facilities in year two bringing the total health facilities to 7 covering 7 out of eight Payam in Koch. One Payam is not cover because it is closer to another Payam covered. Additionally, World Relief has recently been given the mandate to scale up Koch PHCC to Koch County Hospital. Provision of both health and nutrition services in Koch County make World Relief the best suited for this project.

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

#### LOGICAL FRAMEWORK

**Overall project objective**

To reduce morbidity and mortality in the vulnerable targeted population by treating children under five with SAM (Total: 2,666, Boys: 1,371, Girls: 1,275, Other Vulnerable: 20) and MAM (Total: 5,452, Boys: 2,247, Girls: 2,065 PLWs: 1,110, Other Vulnerable: 30).

#### 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 five years old and other vulnerable groups are admitted in nutrition program.	
Code	Description	Assumptions & Risks
Output 1.1	Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment ( Boys:1371, Girls 1275)	Security permit, teams are able to reach remote areas not in the regular OTP locations.

#### Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			1371	1275	2646
	<b>Means of Verification:</b>	nutrition site data					
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			6	7	13
	<b>Means of Verification:</b>	nutrition weekly/monthly data					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)			19	20	39
	<b>Means of Verification:</b>	nutrition site data					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program non-recovered rate			35	38	73
	<b>Means of Verification:</b>	nutrition site data					
Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			1371	1275	2646
	<b>Means of Verification:</b>	Admission records from various locations; monthly reports					
Indicator 1.1.6	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			1371	1275	2646
	<b>Means of Verification:</b>	weekly/monthly nutrition site data					

#### Activities

Activity 1.1.1	Screen children under five (boys and girls) in the community for malnutrition and refer severely malnourished case to OTP program
Activity 1.1.2	Conduct awareness education to care takers of children admitted in SAM program
Activity 1.1.3	Advise care takers on IYCF and family food in general on balance diet
Activity 1.1.4	Monitor the beneficiaries admitted in SAM program through taking of weight and height. While monitoring, advise care takers on symptoms to be monitoring at home, such as whether there is consistent weight gain.

Activity 1.1.5	Provide Vit A to children admitted in SAM program						
Activity 1.1.6	Launch SAM activities at three new OTP sites: Gap, Lablab, and Gany						
<b>Output 1.2</b>	Number and percentage of children 6-59 months enrolled in Targated supplementation feeding program, Target Total: 4370 Boys: 2072 Girls: 2098	Security permit movement to conducting activities					
<b>Indicators</b>							
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			2272	2098	4370
		<b>Means of Verification:</b> weekly/monthly sites data					
<b>Output 1.3</b>	Number of boys ( 10,400) and girls (9600) 6-59 and months and PLW ( 3000) screened for acute malnutrition in a community	security permits so that supplies are delivered to sites; children respond positively to treatment such that there is no ground for accusations of mistreatment					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	NUTRITION	[Frontline services] [Treatment] Estimated number of girls and boys (6-59) reached by supplementary feeding (RUSF)			2272	2098	4370
		<b>Means of Verification:</b> weekly/monthly site report					
Indicator 1.3.2	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			3461	3547	7008
		<b>Means of Verification:</b> weekly/monthly site data					
Indicator 1.3.3	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)			2090	2272	4362
		<b>Means of Verification:</b> nutrition weekly/monthly data					
Indicator 1.3.4	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program death rate (SPHERE standards)			12	11	23
		<b>Means of Verification:</b> nutrition weekly/monthly data					
Indicator 1.3.5	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)			22	29	51
		<b>Means of Verification:</b> nutrition site data					
Indicator 1.3.6	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall SAM program non-recovered rate			27	29	56
		<b>Means of Verification:</b> nutrition site data					
Indicator 1.3.7	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			2272	2098	4370
		<b>Means of Verification:</b> weekly/monthly sites data, supervision visits report, key informant report					
<b>Activities</b>							
Activity 1.3.1	Conduct education awareness to care takers on nutrition and health topics, including general family food patterns for a balanced diet.						
Activity 1.3.2	Admit boys and girls, PLW and other vulnerable groups in MAM program						
Activity 1.3.3	Provide RUSF to children under five (boys and girls), PLW and other vulnerable groups admitted in MAM program						
Activity 1.3.4	Monitor the beneficiaries admitted in MAM program through taking of weight and height. Advise care takers of admitted children on feeding patterns, nutritious local food and food preparation.						
Activity 1.3.5	Advise care takers on IYCF patterns for a balanced diet in infants and young children.						
Activity 1.3.6	Screen children under five (boys and girls) for malnutrition and refer those moderately malnourished for placement in MAM program						
Activity 1.3.7	provide Vit A to children admitted in MAM program						
Activity 1.3.8	Provide RUTF to children under five (boys and girls) and other vulnerable groups admitted in OTP program						
Activity 1.3.9	Launch MAM monitoring, enrollment and distribution activities at three new OTP sites in Gap, Lablab, and Gany						

<b>Outcome 2</b>	Capacities of health workers (men and women) are built..						
Code	Description	Assumptions & Risks					
<b>Output 2.1</b>	Number of health care workers (men 20 and women 20) trained on CMAM protocol	security situation permit movement of staffs to come for training; staff are not hired out by other organizations to do different jobs					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	20	20			40
		<b>Means of Verification:</b> training report					

<b>Activities</b>							
Activity 2.1.1	Conduct training to 20 men and 20 women on IM-SAM protocol						
<b>Output 2.2</b>	Number of boys( 10,400) and girls (9600) 6-59 and months and PLW (3000) screened for acute malnutrition in a community.	Security situation permit movement of staff to conduct screening in the communities; and therapeutic food is available such that families see the benefits of going to screenings.					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment		1110			1110
<b>Means of Verification:</b>		Admission Record books					
Indicator 2.2.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community		5000	8400	7400	20800
<b>Means of Verification:</b>		Admission numbers from OTP sites; monthly reports					
<b>Activities</b>							
Activity 2.2.1	Conduct screening in the community to girls and boys (6-59 months). and PLW and refer malnourish cases to nutrition centers						

<b>Outcome 3</b>	Improved knowledge of nutrition conditions and community awareness of how to prevent malnutrition						
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>					
<b>Output 3.1</b>	More data available about nutrition conditions via vigorous SMART surveys	Security situation permit free movement so that the communities come for the service and that WR can access remote areas; community members continue to allow outsiders to conduct surveys for interventions					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken					1
<b>Means of Verification:</b>		security permits					
<b>Activities</b>							
Activity 3.1.1	Conduct pre harvest SMART survey in Koch county						

<b>Output 3.2</b>	More families have better knowledge of infant and young child feeding habits	People are open to learning and changing behaviour even in high stress situations					
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.2.1	NUTRITION	[Frontline services] [Prevention]Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	859	2168			3027
<b>Means of Verification:</b>		Supervision report, attendance during IYCF meeting, number of IYFC group formed					
Indicator 3.2.2	NUTRITION	Number of mothers who practice exclusive breast feeding (EBF) for 0-6months					220
<b>Means of Verification:</b>		KAPC survey before and after the IYCF trainings					
<b>Activities</b>							
Activity 3.2.1	Form mothers group of 50 members (men 15, women 35) in 11 nutrition sites						
Activity 3.2.2	Conduct education on IYCF to the community at large						
Activity 3.2.3	Conduct mothers group meetings at nutrition sites						

<b>WORK PLAN</b>														
Project workplan for activities defined in the Logical framework	<b>Activity Description (Month)</b>	<b>Year</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
	Activity 2.2.1 Conduct screening in the community to girls and boys (6-59 months). and PLW and refer malnourish cases to nutrition centers	2015		X	X	X	X	X	X					

Activity 3.1.1 Conduct pre harvest SMART survey in Koch county	2015				X															
Activity 1.3.1 Conduct education awareness to care takers on nutrition and health topics, including general family food patterns for a balanced diet.	2015		X	X	X	X	X	X												
Activity 1.3.2 Admit boys and girls, PLW and other vulnerable groups in MAM program	2015		X	X	X	X	X	X												
Activity 1.3.3 Provide RUSF to children under five (boys and girls), PLW and other vulnerable groups admitted in MAM program	2015		X	X	X	X	X	X												
Activity 1.3.4 Monitor the beneficiaries admitted in MAM program through taking of weight and height. Advise care takers of admitted children on feeding patterns, nutritious local food and food preparation.	2015		X	X	X	X	X	X												
Activity 1.3.5 Advise care takers on IYCF patterns for a balanced diet in infants and young children.	2015		X	X	X	X	X	X												
Activity 1.3.6 Screen children under five (boys and girls) for malnutrition and refer those moderately malnourished for placement in MAM program	2015		X	X	X	X	X	X												
Activity 1.1.1 Screen children under five (boys and girls) in the community for malnutrition and refer severely malnourished case to OTP program	2015		X	X	X	X	X	X												
Activity 1.1.2 Conduct awareness education to care takers of children admitted in SAM program	2015		X	X	X	X	X	X												
Activity 1.1.3 Advise care takers on IYCF and family food in general on balance diet	2015		X	X	X	X	X	X												
Activity 1.1.4 Monitor the beneficiaries admitted in SAM program through taking of weight and height. While monitoring, advise care takers on symptoms to be monitoring at home, such as whether there is consistent weight gain.	2015		X	X	X	X	X	X												
Activity 2.1.1 Conduct training to 20 men and 20 women on IM-SAM protocol	2015					X														
Activity 1.3.7 provide Vit A to children admitted in MAM program	2015		X	X	X	X	X	X												
Activity 1.1.5 Provide Vit A to children admitted in SAM program	2015		X	X	X	X	X	X												
Activity 1.3.8 Provide RUTF to children under five (boys and girls) and other vulnerable groups admitted in OTP program	2015		X	X	X	X	X	X												
Activity 3.2.1 Form mothers group of 50 members (men 15, women 35) in 11 nutrition sites	2015		X	X	X															
Activity 3.2.2 Conduct education on IYCF to the community at large	2015		X	X	X	X	X	X												
Activity 3.2.3 Conduct mothers group meetings at nutrition sites	2015					X														
Activity 1.1.6 Launch SAM activities at three new OTP sites: Gap, Lablab, and Gany	2015			X	X	X	X	X												
Activity 1.3.9 Launch MAM monitoring, enrollment and distribution activities at three new OTP sites in Gap, Lablab, and Gany	2015			X	X	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 activities include monthly field visits by the Nutrition Program Manager, regular meetings with project implementers and ongoing discussions with community members, collection of data through formal reports, staff meeting minutes, and informal sources (observations, informal conversations and meetings). Standard indicators for selective feeding program such as discharge, default, death, referral rates, average weight gain and length of stay will be calculated on a monthly basis and will be compared with SPHERE minimum standards. The project will implement community screening and referral of severely malnourish under five children to OTP/TSFP for nutritional and medical assessment and decision for admission or referral to Stabilization centre. Beneficiaries enrolled in the OTP or TSFP programs will be given individual Case Number that they will keep regardless of whether they are transferred to different components of the nutrition intervention. This will enable the program to track and follow up on beneficiaries. The case numbers will include a code signifying the component of the program they are first admitted to in order to avoid double counting of beneficiaries when transferred among the different components. The case numbers, along with a minimal amount of information (MUAC and weight gain/loss recorded at every visit, and height is recorded at admission and discharge, and monthly if possible) are kept in registers. A ration card with the case number is given to the care taker as well. Medical, nutritional and follow up information is recorded regularly. Supervisors will review registers for appropriate admission and discharge, medical treatment, and RUTF and supplemental food distribution. Supervisors will also ensure that appropriate action is taken for children whose condition remains static or deteriorates. The project interventions will be evaluated according to input/output and outcomes to assess the impact. Set indicators of this proposal are the basis of impact determination. A pre-harvest nutrition survey will be conducted using SMART methodology to assess the rate of malnutrition and provide recommendation to the program

**OTHER INFORMATION**

Accountability to Affected Populations

The community will be involved in all project activities, consulting with the local officials and town mothers on such decisions as selection of community volunteers, consultation on project activities whether new or ongoing thus making the communities own the project. World Relief listens closely to areas that are identified by the community as needs and then travels with key volunteers to begin assessments (such was recently done in Gap Village), and this collaboration continues throughout implementation. World Relief has appointed village health committees in every area where there is an OTP (as they oversee both health and nutrition activities), and community members are told to direct complaints to these health committee volunteers. WR meets weekly with the SSRRA (and usually the health volunteers are present) to update on the programming and this is where grievances can be aired and worked out. The project will give back to the community services to improve their lives such as education awareness on several topics to provide opportunity to learned from and change their behaviors. Community screening using formatted form will be conducted and severely malnourished children under 5 years, PLW and other vulnerable groups such as the elderly and those with medical conditions will be referred to OTP, TSFP and SC nutrition sites. Half of the nutrition workers will be women to allow close interaction between care takers and the worker; this is so because culturally most care takers are women. The health workers will be provided with quality training in IM-SAM to empower them with the knowledge they require while conducting activities at nutrition sites. The project will target individuals affected directly or indirectly regardless of their sex hence promoting gender equality throughout the project period. World Relief institutionally ascribes to the principles of Do No Harm, and recognizes the need for conflict sensitivity in our programming - we have determined that since those eligible for food are only children who have demonstrated physical need, there is very low chance of exacerbating conflict dynamics. Part of the reason to increase the number of OTP sites (the driving factor for applying for additional CHF money) was to reduce the number of minutes/hours that caretakers would have to walk to the OTP sites in order to receive the nutrition supplements, thus reducing risks and vulnerabilities.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

World Relief will collaborate with the SMOH, WFP and UNICEF to provide nutrition services that responds to the emergency levels of malnutrition and the growing number of IDPs in the project areas. This will be achieved by providing critically needed outpatient therapeutic care programming (OTP), Stabilization Center (SC) and targeted supplementary feeding (TSFP). The community-based nutrition programming (including outreach, follow-up home visits, and health and nutrition education) complements the community-based health work and food security and livelihood activities being implemented by World Relief in the same project area. Community mobilization is the key component of the project for maximum coverage, making the services more accessible to the highest possible proportion of the malnourished population through timely early case detection and management. WR will use its existing systems and community structure, like CMAM coordinators and community nutrition volunteer workers, and will be actively engaged in early case detection and defaulter tracing. The project will encourage active participation from the community. The local community leaders and church leaders will be informed of the project, and be requested to assist in creating awareness about the program, participate in evaluation exercise, and play a significant role in information sharing and identification of community workers. WR will use UNICEF and WFP food commodities to support the program in Koch County, Unity State. During this project, children under 5 years, PLW and vulnerable groups of communities will receive free of charge services and TFSP rations appropriate to their health conditions to avoid falling into severe malnutrition status. World Relief plans to conduct regular measurements (anthropometric) to monitor the status of children under the program. Weight, height and MUAC will be measured on admission and according to national SAM and MAM guideline. Children identified as severely malnourished with medical complications will be referred to nearby SC center. Measles vaccination will be administered if a child has no card or record of measles vaccine. In addition to this, appropriate treatments (de-worming, Vitamin A, antibiotics, anti-malarial, iron and folic acid) as needed will be administered to beneficiaries as per nutrition protocol of South Sudan. As managers of the Humanitarian Hub in Koch we are keenly aware of who is implementing which activities in which areas, and are committed to working in such a way as to avoid

duplication - clearly indicating which areas we are able to provide basic coverage for, and which areas we cannot reach. WR meets daily with the local Ministry of Health and weekly with local authorities, to keep them update on any changes in our planning and to hear feedback from them as well.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. WFP, UNICEF, SMOH, Koch County Health Department	supplies will be from UNICEF and WFP, meeting and consultation on project activities will be with all parties in involve in nutrition and health for referral
2. World Vision	After some initial miscommunication, we have informed WV where the truly hard to reach payrams are, and they are going their because of their expressed desire to establish OTPs

Environmental Marker Code

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

Gender Marker Code

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

Justify Chosen Gender Marker Code

The project is designed to contribute significantly to gender equality. Boys and girls will be admitted into the program. Men and women will be trained as community volunteers without prejudice. The village health committee will be formed and will include men and women representatives. Mothers' groups will be formed which will include men and women. During mass campaign awareness, both men and women will attend the campaign. All activities will include men and women thus significantly contributing to gender equality

Protection Mainstreaming

The protection may include many areas such as: SGBV: Cases of SGBV will be handled in a confidential manner to protect the victims from the society as this is known to be sensitive issues in the society. Children rights: all children have the right to access nutrition services. This includes street children, children without families, children mentally not sound, and children with disabilities will all be admitted in nutrition centers if presented with conditions Unification of families: This may not be the mandate of nutrition sector, but while care takers are at nutrition sites information can be pas to help identify a family or lost child for unification of the family. Through health workers information can be pas to the community concerning the issues. Same information could be pass to the sectors dealing with unification cases for better handling Street children: as much as we try to avoid these cases they exist in the community, especially now with the crises that cause lost of many family members. These children could be identified through health workers and those found with health conditions will be brought for placement in nutrition centers. If such children refer themselves to the center during nutrition activities will be admitted according to the condition of the person

Safety and Security

World Relief has a security person that monitor and advice on security situations accordingly. Collective effort with other actors such as community leaders and UN bodies will be use to monitor the security situation. Formal information will be available whenever necessary to ensure security of the people involved in the project. Other measures will be put in place in case of emergencies such as evacuation. There will constant security briefing to prepare staff on the ground. Security situation of the area will be analyzed on a daily basis as a monitoring system. Priority must be made to finalize construction of a fox hole within the compound, and as much as possible, staff trained how to use their run bags and to know the standard operating procedures.

Access

World Relief follows the rules and regulations set to get access to Koch County. There is constant coordination and collaboration with all partners involved, in order to provide service to community of Koch County. Currently, access via helicopter has been relatively good in and out of Koch County, and an established VSAT has vastly improved communication. World Relief will continue to coordinate using available systems to get access to the areas to providing service to vulnerable community of Koch County, and to slowly make improvements via improved radio communication and eventually some infrastructure improvements such as small feeder roads. There is an airstrip in Jaak Payam (Tharjath) that a fix winged airplane can fly into, while helicopter can be use to reach inside Koch main. The biggest challenge that we plan to address is transportation inside of the county, which is why the motorcycles, cars, and quad bikes that we have or are sending up must be maintained, and why we are even considering training oxen to pull carts; to deliver supplies even should the fuel shortage get worse.

## 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	Q3	
1.1	A1: Country Director County Director oversees nutrition operation in Juba, 5% is charged under CHF allocation	s	1	5300	6	5.00%	1,590.00	795.00	795.00	0.00	1,590.00
1.2	A2: Finance and Grants Manager Grant manager manages the grant at Juba level, 5% of his time charged under CHF allocation	s	1	4680	6	5.00%	1,404.00	702.00	702.00	0.00	1,404.00
1.3	A3: Nurtrition Program Manager Nutrition manager is responsible for all nutrition program (TSF,OTP and BSP) 10% of the time is charged under CHF allocation	s	1	3800	6	10.00%	2,280.00	1,140.00	1,140.00	0.00	2,280.00
1.4	A4: Logistics &&&&&&& Security Manager Will be responsible for commodities and supplies for nutrition	s	1	3450	6	5.00%	1,035.00	517.50	517.50	0.00	1,035.00
1.5	A5: Nutrition Program Coordinator Coordinate nutrition activities	s	1	3750	6	10.00%	2,250.00	1,125.00	1,125.00	0.00	2,250.00
1.6	A6: Intl. Staff benefits Staff benefit that will be involved in nutrition activities	s	1	357	6	100.00%	2,142.00	1,071.00	1,071.00	0.00	2,142.00
1.7	A7: Nutrition SFC Coordinator Supervise and coordinate part of OTP activities	D	1	1900	6	100.00%	11,400.00	5,700.00	5,700.00	0.00	11,400.00
1.8	A8: Nutrition SFC officer Due the number of OTP site there is need to have more than one nutrition officer for effective activities, thus nutrition SFC officer coordinate other part of OTP sites	s	3	1750	6	50.00%	15,750.00	7,875.00	7,875.00	0.00	15,750.00
1.9	A9: Nutrition officer support nutrition coordinator and nutrition officer in day to day nutrition activities	D	1	1450	6	100.00%	8,700.00	4,350.00	4,350.00	0.00	8,700.00
1.10	A10: Nutrition Medical officer supervise and managed OTP children with medical conditions	s	1	2000	6	75.00%	9,000.00	4,500.00	4,500.00	0.00	9,000.00
1.11	A11: CMAM Coordinator (8 nutrition sites) run the day to day activities in OTP centers	s	8	450	6	50.00%	10,800.00	5,400.00	5,400.00	0.00	10,800.00
1.12	A12: Nutrition volunteers ( 5x8 nutrition sites) support CMAM coordinators in daily activites in nutrition senters	D	40	150	6	100.00%	36,000.00	18,000.00	18,000.00	0.00	36,000.00
1.13	A13: Cleaner/water carrier ( 8 nutrition sites) Collect water for beneficiaries at the centers and maintain cleanliness of the center	D	8	100	6	100.00%	4,800.00	2,400.00	2,400.00	0.00	4,800.00
1.14	A14: SFC Guard four of the centers need guard to protect from vandalization	D	4	250	6	100.00%	6,000.00	3,000.00	3,000.00	0.00	6,000.00
1.15	A15: Finance Assistant. -Koch	s	1	580	6	10.00%	348.00	174.00	174.00	0.00	348.00

	finance assistance will be responsible for all financial transaction pertaining nutrition activities in Koch											
1.16	A16: Finance & HR Coordinator-Koch	s	1	1400	6	10.00%	840.00	420.00	420.00	0.00	840.00	
	management of HR and finance in Koch will be carried out by Finance and HR. The cost include salaries. medical insurance											
1.17	A17: WRSS HR Manager-Juba	s	1	1900	6	5.00%	570.00	285.00	285.00	0.00	570.00	
	Advise on recruitments and support Finance and HR Koch on matter pertaining nutrition											
1.18	A18: Logistics Officer- Koch	s	1	1200	6	10.00%	720.00	360.00	360.00	0.00	720.00	
	handle supplies for nutrition in Koch. the cost include salaries and medical insurance											
1.19	A19: WRSS Country Accountant-Juba	s	1	1545	6	5.00%	463.50	231.75	231.75	0.00	463.50	
	provide advise on budget and prepare all papers works as required											
1.20	A20: WRSS Logistics Officer -Juba	s	1	1140	6	5.00%	342.00	171.00	171.00	0.00	342.00	
	handle all commodities that are required for nutrition and make sure they are in the field for activities. This include salaries and medical insurance											
1.21	A21: Logistics/Procurement Assistant-Juba	s	1	700	6	5.00%	210.00	105.00	105.00	0.00	210.00	
	Purchase the required items as per nutrition request. The cost include salaries and medical insurance											
1.22	A22: Administrative Assistant -Juba	s	1	570	6	5.00%	171.00	85.50	85.50	0.00	171.00	
	Responsible for all administrative issues. 5% of the time is allocated to CHF. The cost include salaries and medical insurance											
1.23	A23: Mechanic/driver -Koch	s	1	380	6	10.00%	228.00	114.00	114.00	0.00	228.00	
	Will maintained program vehicles. 5% of the time is allocated to CHF. This includes salaries and medical insurance											
1.24	A24: Driver -Koch	s	1	380	6	10.00%	228.00	114.00	114.00	0.00	228.00	
1.25	A26: 17% Mandatory Nat	s	1	3786.95	6	100.00%	22,721.70	11,361.35	11,360.35	0.00	22,721.70	
	This cost cover social insurance for staffs involved in nutrition activities											
1.26	Program Director	s	1	4000	6	5.00%	1,200.00	600.00	600.00	0.00	1,200.00	
	5% of the time is allocated to CHF											
1.27	WRSS Juba Driver	s	1	360	6	5.00%	108.00	54.00	54.00	0.00	108.00	
	<b>Section Total</b>											
							141,301.20	70,651.10	70,650.10	0.00	141,301.20	

**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	Q3		
2.1	OTP Cards	D	8	150	1	100.00%	1,200.00	600.00	600.00	0.00	1,200.00	
	Printing of one OTP card will cost 1 USD. These include the cost of the papers and printing. 1200 will print 1200 cards for 8 OTP and the amount was arrived at by getting quotations from different supplies											
2.2	soap	D	8	29	2	100.00%	464.00	232.00	232.00	0.00	464.00	
	the project will purchase soap for hygiene promotion. This amount is arrived at by getting quotations from vendors that will supply the soap											
	<b>Section Total</b>							1,664.00	832.00	832.00	0.00	1,664.00

**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	Q3		
3.1	Computer	D	1	1000	1	100.00%	1,000.00	1,000.00	0.00	0.00	1,000.00	
	<b>Section Total</b>											
							1,000.00	1,000.00	0.00	0.00	1,000.00	

**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	Q3		
4.1	SMART Survey consultant fee	D	1	8000	1	100.00%	8,000.00	8,000.00	0.00	0.00	8,000.00	
	There will be two nutrition SMART survey (pre and post SMART survey, this cost will go for consultant fee (USD 8000 per survey which include travel)											
4.2	SMART survey training and data collection	D	1	10000	1	100.00%	10,000.00	10,000.00	0.00	0.00	10,000.00	
	The cost will go training for two nutrition SMART survey (pre and post SMART survey data collectors). This cost includes training allowance, survey stationeries meals and data											
	<b>Section Total</b>							18,000.00	18,000.00	0.00	0.00	18,000.00

**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	Q3		
5.1	local air travel (staff)	D	2	400	12	50.00%	4,800.00	2,400.00	2,400.00	0.00	4,800.00	
	nutrition manager, nutrition coordinator and country director will travel to the field sites for monitoring and supervision, 12 travels is allocated to CHF											
5.2	Local Non air travel -transport	D	1	1000	6	50.00%	3,000.00	1,500.00	1,500.00	0.00	3,000.00	
	transport within and in the field for supervision and coordination 50% is allocated to CHF											

<b>Section Total</b>								7,800.00	3,900.00	3,900.00	0.00	7,800.00
<b>6 Transfers and Grants to Counterparts</b> (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	Q3		
<b>Section Total</b>							0.00	0	0	0	0.00	
<b>7 General Operating and Other Direct Costs</b> (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	Q3		
7.1	G1: Vehicle maintenance vehicle use for transportation of supplies from main store to nutrition sites and supervision	D	2	500	6	10.00%	600.00	200.00	300.00	100.00	600.00	
7.2	G2: Fuel and Oil consumption fuel and oil for the vihecle	D	1	750	4	10.00%	300.00	100.00	150.00	50.00	300.00	
7.3	G3: Office operation - Koch Field office cost of running the office in Koch 50% is allocated to CHF	D	1	1500	6	20.00%	1,800.00	700.00	900.00	200.00	1,800.00	
7.4	G4: Communications: airtime for nutrition staff (8 sites) Airtime for communication to CMAM coordinators and nutrition staff. 50% is allocated to CHF	D	8	50	6	50.00%	1,200.00	600.00	300.00	300.00	1,200.00	
7.5	G5: Training of CMAM Coordinators training will be provided to health care workers on CMAM protocol. the cost include training allowance, staionnaries	D	8	500	1	50.00%	2,000.00	1,000.00	0.00	1,000.00	2,000.00	
7.6	G6: Community Mobilization & Sensitization community mobilization and awrenness will be conducted to the communities of Koch. The cost include refreshment during mobilization sesion	D	8	100	6	100.00%	4,800.00	2,400.00	1,200.00	1,200.00	4,800.00	
7.7	G7: Training of IYCF (8 centers) each center of 8 is epected to conduct counselling and form mothers group. 100% of the ctivities is allocated to CHF	D	8	200	1	100.00%	1,600.00	1,600.00	0.00	0.00	1,600.00	
7.8	G8: IEC Materials (posters, banners, t-shirts) education materials on IFCY and banners will be produse including T-shirts. 100% of the cost is allocated to CHF	D	1	3000	1	100.00%	3,000.00	0.00	3,000.00	0.00	3,000.00	
<b>Section Total</b>							15,300.00	6,600.00	5,850.00	2,850.00	15,300.00	
<b>Sub Total Direct Cost</b>											185,065.20	
<b>Indirect Programme Support Cost</b> PSC rate (insert percentage, not to exceed 7 per cent)											7%	
<b>Audit Cost</b> (For NGO, in percent)											1%	
<b>PSC Amount</b>											12,954.56	
Quarterly Budget Details for PSC Amount		2015			Total							
		Q1	Q2	Q3								
		6,477.28	6,477.28	0.00	12,954.56							
<b>Total Fund Project Cost</b>											198,019.76	
<b>Project Locations</b>												
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity	
Unity -> Koch	100					50	1110	3340	3618	8118		
<b>Project Locations</b> (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)												
<b>DOCUMENTS</b>												



