Project Proposal

Organization	MEDAIR (MEDAIR)			
Project Title	Provision of integrated and emergency nutrition services to vulnerable communities in Renk county and throughout South Sudan according to needs.			
Fund Code	SSD-15/SA1/N/INGO/345			
Primary Cluster	NUTRITION		Secondary Cluster	None
Project Allocation	1st Round Standard Allocation		Allocation Category Type	Frontline services
Project budget in US$	401,394.98		Planned project duration	6 months
Planned Start Date	01/02/2015		Planned End Date	31/07/2015
OPS Details	OPS Code	SSD-15/H/72978	OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	
Project Summary	This project aims to reduce morbidity and mortality due to severe and moderate acute malnutrition in vulnerable and/or displaced populations by improving the availability, utilization and quality of essential preventative and curative nutrition services for boys/ girls under five and pregnant and lactating women. The project includes a mobile rapid response nutrition component. Over a period of 3 month, the team sets-up the CMAM package, train local capacity and hand-over to a longer term partner identified beforehand. This team is part of a well-established multi-sector emergency response team that has been responding to acute emergencies across South Sudan for more than 10 years. Medair is purchasing plumpynut, plumpysup, F100/F75 and other nutrition supplies in order to always have buffer stock available and respond quickly to emergencies identified. In some cases, agreements with UNICEF and WFP are signed later for ongoing supplies. On the other hand, the Renk multisectoral nutrition integrated project is a continuation. The intervention recently expanded to cover nutrition needs above emergency level for boys, girls under 5 and PLW. Medair already has an MoU with the local authorities and is in the process of reviewing it for the new year. The project will continue to improve delivery of CMAM services. In this security challenging/unstable environment, special attention will be given to social behavior change with the implementation of cascade groups. SMART and KPC surveys will take place to evaluate performance and progress on IYCF, health and hygiene behavior. Specific needs like TB and Kala Azar men, women, boys and girls will continue to be taken into consideration and be admitted into the nutrition program when identified. Besides this proposal, another nutrition project is being set up in Leer which will include the whole CMAM package.			

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	525	21085	28250	28250	**78,110**
Total beneficiaries include the following:					

Indirect Beneficiaries		Catchment Population	
Link with the Allocation Strategy	This project will contribute to the overall objective of the CHF allocation strategy to address life-threatening needs due to severe and moderate acute malnutrition in areas where the GAM rates are above the emergency threshold of 15%. It links directly to the strategic objectives outlined in the 2015 SRP for South Sudan. Obj 1: Medair will implement comprehensive nutrition programmes through TSFP, OTP, SC, IYCF service provision including active case finding and defaulter tracing. This will be done through the mobile emergency response team as well as in Renk County where a multisectoral project is already in place. The emergency response team is typically setting up of the needed elements of CMAM during an initial period of 3 months during which staff are recruited and trained before handing the whole project over to a pre-identified partner. It also includes health, WASH and NFI components and seeks to implement integrated approaches especially with health and WASH. Obj 2: All nutrition interventions sites are integrated into the existing health services (usually supported by Medair vs. other partners), and additional outreach sites are set up as needed for coverage. Behaviour change communication activities addressing IYCF in emergencies messages including early, exclusive and continued breastfeeding will also be included as part of the above interventions. It will be implemented in supported facilities but also within cascade groups at the community level(where applicable). BSFP services may also be implemented if needs are identified. Obj 3: Medair has capacity to provide rapid MUAC assessment in any given area with its mobile emergency response team and will conduct SMART and KPC surveys in Renk County. Medair will continue to be an active member of the SAG and other task forces (NIWG, IYCF and CMAM) at nutrition cluster level to ensure good coordination and quality programming.		
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	South Sudan is expected to have a population of 12 million people in 2015. It is projected that half of the population will need humanitarian assistance due to on-going conflict and a protracted peace process. Chronic under-nutrition with frequent nutritional emergencies among vulnerable groups such as boys, girls and pregnant or lactating mothers (PLW) has been prevalent for many years in South Sudan. High rates of childhood diseases such as diarrhoea, malaria and acute respiratory infections (ARI), poor immunisation rates, lack of adequate water and sanitation infrastructure, and poor infant feeding practices are contributory factors to high rates of acute malnutrition in this population. The expected deterioration in food availability combined with exacerbating factors such as increasing market prices--especially in Upper Nile (WFP yearly review), reduced access to health, WASH and nutrition services caused by displacement and damage to health facilities are many of the reasons identified by the humanitarian community in South Sudan to urgently upscale current activities and implement rapid response interventions to meet the many unmet needs. The conflict creates sudden population displacements which require quick deployment to assess, coordinate and set up nutrition interventions. These are best addressed by already functioning nutrition emergency teams. Moreover, with a mobile conflict and fluctuating access and target areas, it is frequently difficult for longer term partners to launch and ramp up nutrition interventions rapidly. Meetings with different stake holders at field level always take place to improve understanding of the local political context and ensure activities are conflict sensitive. Renk, Geiger and Jelhak Payams in Renk County (where Medair is implementing nutrition activities) are currently hosting around 26,000 IDPs living either within recently developed IDP sites (e.g. Wonthow) or former returnee sites (e.g. Abayouk, Payuer) or within the host communities (IRNA, OCHA, October 2014). Renk County is currently held by the government however with Renk town being one of the strategic areas in this conflict the security situation needs to be closely monitored.
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)	Malnutrition in boys, girls under 5 and Pregnant and Lactating Women has spiked since the onset of the conflict and out of 30 SMART surveys conducted in 2014 so far, 20 counties had Global Acute Malnutrition (GAM) rates measured above the emergency threshold of 15% for boys and girls under 5 years old (Nutrition Cluster, SMART survey database for 2014). As mention above, this critical nutrition context, adds up to the conflict and sudden population displacements which require quick nutrition response. In this situation the emergency team can be deployed for a period of 3 months to help integrate nutrition services in the health facilities while the partner is preparing to continue supporting already implemented activities. After more than 10 years of existence, Medair nutrition emergency response team has adapted its interventions to best respond to a gap in services which combine immediate emergency while ensuring comprehensive provision of nutrition services. Provision of the full CMAM package : TSFP, OTP, SC, IYCF including active case finding and defaulter tracking as part of the emergency response is unique in South Sudan. It means that partners taking over have already all staff trained, including the community and promotion component Those interventions can take place in any of the 10 States but as the highest needs are in Upper Nile, Jonglei and Unity, this is where the most responses are expected to take place. In Renk, Medair conducted a SMART survey in August 2014 targeting boys and girls under 5. It revealed GAM and SAM rates of 16.7% and 2.9% in the host communities and GAM and SAM rates of 9.1% and 2.1% in the IDP sites where Medair is already providing integrated nutrition services with health and WASH. A nutrition response to the host population has started by Medair and is planned to continue in 2015. The survey also indicated low coverage rates--below 50% which needs to continue to be addressed in 2015. Using a cut off of 21cm, PLWs are less affected with an estimated GAM rate of around 3.3% in the host population and only 1% in the IDPs. However, using a MUAC cut-off of 23cm the estimate increases to 9.3% and 7.9% for host and IDPs respectively, revealing a higher number of PLWs at risk and highlighting the vulnerability of the group to small changes in the environment. This is especially true in regard of women headed household. As an example, during a focus group discussion on gender analysis in the IDP camp in Abayok, a woman explained how she was cumulating man and woman responsibilities since her husband had been away from home and the struggle it was. With recurrent attacks/shellings in Renk town, regular population movements are taking place and therefore programme activities will need to be flexible.
3. Description Of Beneficiaries	Girls and boys under the age of 5 and pregnant and lactating women (PLW) with severe or moderate acute malnutrition will be the main beneficiaries for the

	supported services of this project. However, specific vulnerable groups will continue to be included in the nutrition program; such as is currently the case in Renk where patients (men, women, girls and boys) with TB or Kala Azar are included in the nutrition programme. The patients are identified as they come to seek care in the health facility. They are treated and referred to the nutrition site integrated in the clinic. Throughout 2014, the number of those patients increased from one to 7 as the word spread in the communities that treatment including nutrition support was provided. The project will continue to address the needs of IDPs in Abayouk and Wonthow camp which include people of different tribes (including Nuers and Dinkas) as well as the host population to prevent potential tensions between the different groups. Regarding IYCF interventions, mothers of children under 2 will be targeted at health facilities but also in the community where cascade groups are implemented. Focus groups discussions with men and women of different ages and tribes have already started to take place to identify gender roles and responsibilities in the different communities. In the health facilities local female and male health and nutrition workers are employed and trained to deliver nutrition services. As a member of HAP-I, Medair seeks to provide public information to the beneficiaries about the programmes provided through local government, community outreach and facility based awareness and health promotion activities. Medair consults with local authorities, community leaders, CHD and health and nutrition staff regarding decisions to commence, adapt or complete programmes. Emergency Response Team assessments include key informant interviews and group discussions within communities. In static sites, Medair uses household surveys to assess programme coverage and post exit interviews are used at the facility level for monitoring the quality of service provision. Every staff member joining to work with Medair in South Sudan gets an orientation on the Code of Conduct and has to sign it, together with a "Summary of Minimum Standards for the Protection of Women and Children Against Sexual Abuse and Exploitation" which form part of the National and International Staff Guidelines. Medair has Fraud and Misconduct Notification Guidelines.
4. Grant Request Justification.	Medair seeks to address the gap in providing preventive and curative care for acute malnutrition in vulnerable girls and boys and PLWs in order to prevent unnecessary illness and death. Medair operates mobile emergency response nutrition teams to conduct nutrition assessments and establish emergency nutrition services in any of the 10 states of South Sudan where malnutrition rates are above the 15% GAM emergency threshold. Medair nutrition teams have the capacity to act as "First Responders" in a given emergency location following a needs assessment as well as scale-up this first response in the absence of another partner. It includes recruiting and capacity building staff until another longer term partner is able to oversee and continue providing nutrition services (generally after a period of 3 months). In 2015 Medair plans to slightly increase its mobile response capacity with employing a clinical officer to join the mobile nutrition team to increase capacity for the treatment of children with severe acute malnutrition with complications. Medair works in close cooperation with the Nutrition cluster and other partners. Medair has a warehouse with emergency stock and supplies in Juba which can be quickly mobilized to support its emergency response in the country. Recent performance includes setting-up and handing over nutrition services in Ganyiel/Panyijar County to IRC, as well as set-up in Pariang County with planned handover to CARE. In Renk County, Medair has been providing nutrition services to girls and boys under the age of 5 and PLWs in IDP sites and following SMART survey results above emergency levels is expanding nutrition services to include more host communities in 2015. Medair provides Community Based Management of Acute Malnutrition (CMAM) services including screening for malnutrition, treatment of boys, girls under 5 and PLW with severe and moderate acute malnutrition. It also includes IYCF (Infant Young Child Feeding) behaviour change interventions aimed at implementing the Care Group Model approach. Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. During nutrition related interventions Medair trains health and nutrition workers in appropriate packaging waste management. Health and nutrition promotion is also directed at environmental issues. In the last emergency nutrition response, care takers of children enrolled in the programmes were asked to bring the empty sachet of RUTF before receiving the following rations. During interventions, relevant staff are trained in universal HIV/AIDS precautions. Nutrition staff are made aware of the potential of HIV in children who fail to respond to nutritional therapy once other identifiable causes have been eliminated. Patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre. All boys, girls and PLW are treated with equity and the project seeks to prevent potential tensions between different tribal groups. Medair's emergency response programme was co-funded by ECHO in 2014 and Medair is currently in the process of developing a new funding proposal to ECHO for 2015. The programme in Renk County is co-funded by OFDA. This CHF allocation will enable Medair to continue responding to emerging nutrition emergency response needs throughout the first half of 2015 as well as continue to provide nutrition support to IDPs and vulnerable host communities in Renk County. Besides this proposal, another nutrition project is being set up in Leer which will include the whole CMAM package. Support (supervision and logistics) will be given to UNIDO in CMAM package implementation in Mayendit
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	The nutrition emergency response team (ERT) is a fraction of a bigger team which includes health, WASH and NFI. Assessments made, even if sector specific are looking at the bigger picture in term of needs. As much as possible, the responses are multi sectorial. The ERT also brings some flexibility in term of covering gaps in set projects. As an example, after the SMART survey results reaching emergency level in Renk and the decision to expand the nutrition services to the host population, a nutritionist from the ERT went to support the team in the set up phase. Moreover, the 2 multi sectorial existing Medair project (Renk and in Maban/refugee camp) were initially set up by the ERT and then handed over to a longer term team and became a Medair fixed site. Moreover, the nutrition ERT staff have reached a greater expertise than staff on set sites and their advices and input are sought to inform technical or strategic decisions for other nutrition project in the country. This expertise also contributes to the nutrition cluster and a nutritionist is an active member of the technical working group updating the MAM guidelines.

LOGICAL FRAMEWORK

Overall project objective	To reduce morbidity and mortality due to severe and moderate acute malnutrition in vulnerable and/or displaced populations by improving the availability, utilisation and quality of essential preventative and curative nutrition services for boys and girls under five and pregnant and lactating women.

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	40
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
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	40

Outcome 1	Increased access to quality lifesaving nutrition services for people in acute emergency situations.	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Boys/girls under 5 and PLW affected by malnutrition are provided with quality preventive and curative nutrition services (CMAM package).	Nutrition supplies are available through the core pipelines, Nutrition workers are available in local communities, Ministry of Health and Government support are provided to allow activities to be carried out. Security allows presence of staff and transport of supplies to ensure continuity of nutrition services.

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			690	690	1380
	Means of Verification:	Emergency response assessment and Intervention reports, Monthly nutrition reports					
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			1566	1566	3132
	Means of Verification:	Emergency response assessment and Intervention reports, Monthly nutrition reports					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment		1500			1500
	Means of Verification:	Emergency response assessment and Intervention reports, Monthly nutrition reports					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment]Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			552	552	1104
	Means of Verification:	Monthly nutrition reports					

Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)			1252	1252	2504
	Means of Verification:	Monthly nutrition reports					
Indicator 1.1.6	NUTRITION	[Frontline services] [Treatment] Performanceof SAM program - Overall SAM program death rate (SPHERE standards < 10%)			68	68	136
	Means of Verification:	Monthly Nutrition Reports					
Indicator 1.1.7	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)			102	102	204
	Means of Verification:	Monthly Nutrition Report					
Indicator 1.1.8	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program death rate (SPHERE standards)			45	45	90
	Means of Verification:	Monthly Nutrition Report					
Indicator 1.1.9	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)			233	233	466
	Means of Verification:	Monthly Nutrition Reports					
Indicator 1.1.10	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	6	3			9
	Means of Verification:	Intervention reports					

Activities

Activity 1.1.1	Optimise community outreach and referral for CMAM services through MUAC screening (ERT and fixed site)
Activity 1.1.2	Strengthen existing CMAM service provision and expand coverage of CMAM services including recruitment, capacity building, supervision and supplies. (ERT and fixed sites)
Activity 1.1.3	Train local female and male nutrition workers (mostly on the job) to diagnose and treat acute malnutrition and/or refer to relevant service (OTP or SC) and carry out defaulter tracing (ERT and fixed sites)
Activity 1.1.4	Conduct health and nutrition assessments in priority locations to identify needs and gaps for short term Medair interventions while identifying existing partners on ground (ERT)

Outcome 2	Increased good nutrition knowledge and attitude on the best IYCF practices for mothers and care takers	
Code	**Description**	**Assumptions & Risks**
Output 2.1	PLW and care takers of boys and girls under 2 are reached with lifesaving health, hygiene and nutrition messages or part of a cascade group.	Ministry of Health and Government support are provided to allow activities to be carried out. Security allows presence of staff and freedom of movement to reach the communities. Communities are supportive of the cascade group/incentive based intervention.

Indicators

Code	**Cluster**	**Indicator**	**End Cycle Beneficiaries**				**End-Cycle Target**
			Men	**Women**	**Boys**	**Girls**	
Indicator 2.1.1	NUTRITION	[Frontline services] [Prevention]Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	525	21085			21610
	Means of Verification:	Emergency response assessment and Intervention reports, Monthly cascade group reports					

Activities

Activity 2.1.1	Initiate/continue health, IYCF and hygiene messages in nutrition sites (Fixed and ERT)
Activity 2.1.2	Organize Volunteers/Promoters meeting every other week to gather feedback from previous weeks and teach message for the following 2 weeks. (fixed site)
Activity 2.1.3	Organize promoters to spread IYCF messages in the communities (ERT)

Outcome 3	Increased nutrition situation analysis and coordinated response	
Code	**Description**	**Assumptions & Risks**
Output 3.1	Targeted nutrition intervention locations are assessed and/or surveyed	Ministry of Health and Government support are provided to allow activities to be carried out. Security allows presence of staff and freedom of movement to reach the communities. Enumerators are available on ground.

Indicators

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
	Means of Verification:	Preliminary results and final survey report					
Indicator 3.1.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community		21085	28250	28250	77585
	Means of Verification:	Preliminary results and final survey report					

Activities

Activity 3.1.1	Plan and organize a SMART survey in Renk
Activity 3.1.2	MUAC screening to boys, girls and PLW are conducted in ERT locations
Activity 3.1.3	Coordination/collaboration with partners and nutrition cluster is taking place before, during and after assessment and intervention.

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 Optimise community outreach and referral for CMAM services through MUAC screening (ERT and fixed site)	2015		X	X	X	X	X	X					
Activity 1.1.2 Strengthen existing CMAM service provision and expand coverage of CMAM services including recruitment, capacity building, supervision and supplies. (ERT and fixed sites)	2015		X	X	X	X	X	X					
Activity 1.1.3 Train local female and male nutrition workers (mostly on the job) to diagnose and treat acute malnutrition and/or refer to relevant service (OTP or SC) and carry out defaulter tracing (ERT and fixed sites)	2015		X	X	X	X	X	X					
Activity 1.1.4 Conduct health and nutrition assessments in priority locations to identify needs and gaps for short term Medair interventions while identifying existing partners on ground (ERT)	2015		X	X	X	X	X	X					
Activity 2.1.1 Initiate/continue health, IYCF and hygiene messages in nutrition sites (Fixed and ERT)	2015		X	X	X	X	X	X					
Activity 2.1.2 Organize Volunteers/Promoters meeting every other week to gather feedback from previous weeks and teach message for the following 2 weeks. (fixed site)	2015		X	X	X	X	X	X					
Activity 2.1.3 Organize promoters to spread IYCF messages in the communities (ERT)	2015		X	X	X	X	X	X					
Activity 3.1.1 Plan and organize a SMART survey in Renk	2015							X					
Activity 3.1.2 MUAC screening to boys, girls and PLW are conducted in ERT locations	2015		X	X	X	X	X	X					
Activity 3.1.3 Coordination/collaboration with partners and nutrition cluster is taking place before, during and after assessment and intervention.	2015		X	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 .

Before each assessment and intervention, the ERT writes a ToR that is reviewed and agreed by the project manager as well as the sector advisor(s) before the team leaves for the field. The ERT team will also meet with the project manager and advisor to clarify objective and iron out any issues. At field level, tally sheets and IRNA questionnaires are used to record MUAC and collect relevant information. Every team going to the field includes at least one manager who is responsible for the quality and accuracy of reporting. Upon return and within 5 working days, a report following the ToR requirement is written, reviewed and sent to the cluster and partners involved. On the manager level, a weekly meeting between advisor and project manager is taking place to evaluate responses and potential sites for future intervention. As soon as the intervention is set up, relevant weekly and monthly reports are written by Managers, reviewed by the project manager and sent to the nutrition cluster. For fixed site, weekly data collection sheet are filled at field nutrition sites and collected/computerized for the above cluster reports. A monitoring and evaluation plan is in place with the indicator's definition, baseline, target, data needed, source of data, data collection method, frequency of data collection, the person responsible for the data collection, the one responsible for the analysis, the frequency of reporting and reporting format and deadline. This document is written at the beginning of the project and is owned by the project manager and followed up quarterly by the nutrition advisor. Moreover, a monthly internal report is done with all indicators and targets to evaluate progress of the project. Quick description of key activities, plan for the following month, challenges and mitigation are also part of this report. It is used to monitor and adjust focus of the attention on the least performing indicators.

OTHER INFORMATION

Accountability to Affected Populations

As a member of HAP-I, Medair seeks to provide public information to the beneficiaries about the programmes provided through local government, community outreach and facility based awareness and health promotion activities. Medair consults with local authorities, community leaders, CHD and health and nutrition staff regarding decisions to commence, adapt or complete programmes. ERT assessments include key informant interviews and Focus Group Discussion among community groups. In static sites, Medair uses household surveys to assess programme coverage and post exit interviews are used at the facility level for monitoring the quality of service provision. Regular meetings with the community key members is also taking place. Focus group discussions are conducted separating men and women but also tribes as to identify differences and include it in the implementation and throughout the project. Every staff member joining to work with Medair in South Sudan gets an orientation on the Code of Conduct and has to sign upon it, together with a "Summary of Minimum Standards for the Protection of Women and Children Against Sexual Abuse and Exploitation" which form part of the National and International Staff Guidelines.

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

Medair will be implementing the project mentioned above without sub-granting other entities. A consultant will be recruited to help support the SMART survey. For the ERT, close collaboration will take place with handover partner who will continue implementing the nutrition activities. To ensure a smooth transition and clear responsibilities of the 2 partners, a Memorandum of Understanding is signed by both parties. It includes role division during the period and exit criteria for Medair. Close collaboration with CHD and other partners present will continue to take place. Coordination with the other partners and the nutrition cluster is taking place at all stages of the interventions. First for the identification of needs and gaps, then meeting with partners interested to do a response and/or the ones on ground. The objective pursued in all project is to deliver the whole CMAM package in a defined geographical area in opposition to separating the different components between partners over the same location. This approach increase efficiency of the project as all components are linked and it is key to be able to adjust one with the other. Moreover it avoids duplication of logistics resources necessary for both partners to cover the same area with transportation and the impact it has on the environment. An example of this approach took place in Leer and Mayendit county (project already funded) in Unity state. After a comprehensive assessment it was identified that UNIDO was providing health and OTP in Mayendit and 3 TSFP in Leer in Nile Hope supported clinics. After discussion with UNIDO it was agreed that Medair will support them (supervision and logistics) as they will now only focus in Mayendit and implement TSFP in the clinic they support. Medair is in discussion with Nile Hope regarding provision of the whole CMAM package in the 5 facilities they support with the objective to hand it over to them once the health services are functioning (year timeframe). In any case, Medair will start up a mobile team to reach areas where there is no partner nor health/nutrition services.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. IMA (Renk county)	OTP and TSFP are implemented in IMA supported clinics.
2. CARE (Pariang county)	OTP, TSFP and SC are implemented in CARE supported clinics.

Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	During nutrition assessments, special needs of men, women, girls and boys are identified. Medair utilizes both men and women from the local communities to staff nutrition facilities and implement interventions. Screening data are disaggregated by gender to ensure that teams identify any differences in admission rates between boys and girls. Focus Group Discussions (FGDs) with men and women of different tribes and age groups are taking place to identify barriers to behaviour change regarding harmful practices. Pregnant and lactating women are preferentially targeted for nutrition services as having increased nutritional needs for themselves which directly impacts the health of the children they bear and raise. Cascade groups will mainly identify mothers and encourage them to apply appropriate IYCF practices. However, following FGDs, the roles of men and their involvement where they are influencers in regards to feeding practices will be further explored and programme approaches adjusted as needed.
Protection Mainstreaming	

Safety and Security	As a consequence of recent hostilities experienced in different parts of South Sudan, emergency response interventions are constrained and require a more robust security management approach like limiting the time that staff members spend in certain locations, being cautious about sending national staff into certain locations, requesting more regular communication and spending more on logistical support to identify safe places for staff members to stay. Medair's security management approach focuses on managing security related risks of programming, including programme support, with the two purposes of enabling Medair to access and serve beneficiaries and to keep staff safe. In situations where the two purposes are conflicting goals, Medair's risk threshold states the organisation's approach to risk and staff safety and security. Medair considers its employees to be its most valuable resource, therefore the security and safety of employees is of primary concern. However, Medair serves extremely vulnerable people in often challenging contexts and the provision of humanitarian assistance inherently involves the risk of exposure to insecurity and violence, including intentional violence against staff. Staff may be exposed to mental trauma, injury, abduction, death or other risks. Medair therefore weighs the anticipated positive impact of the activity against the risks taken by individual staff members and the organisation. Death, injury, abduction or mental trauma are never acceptable consequences of Medair's work. Nevertheless, they are an ever present risk that Medair actively seeks to mitigate. As a responsible employer, Medair takes all reasonable steps to minimise and manage these risks, to ensure staff security and well-being. However, the individual is ultimately responsible for their own safety and all behaviour should be governed by this principle. Medair will always weigh up the benefit for those in need versus the risk to staff safety in risk threshold decision making. The higher the life-saving potential, the more risks Medair is prepared to take, provided staff give informed consent. Medair will withdraw from interventions in the following situations: if NGOs are being targeted, if there is the chance of being caught in cross fire, active fighting making movement high risk, when there are no fall back options/evacuation or relocation possibilities, when Medair feels we are being used/manipulated to only assist one side in a conflict and our neutrality, impartiality and independence are in jeopardy, if Medair is unable to actually reach people with assistance (for example can't get supplies to the location).
Access	Access is challenging due to the ongoing conflict, logistical constraints, the lack of road infrastructure and the impact of the rainy season. Despite this, Medair has been able to secure and maintain access to remote areas with the help of helicopters and charter flights as well as the team's willingness to walk and use canoes in difficult terrain. Securing humanitarian access has become increasingly challenging since the start of the ongoing conflict, with challenges around securing flight clearances and safety assurances among other bureaucratic impediments, deploying national staff from particular ethnic groups to certain areas of the country, and with transiting through certain airports and difficulties in moving money for responses to some field locations. Medair is an active member of the OCHA Access Working Group and ensures prompt reporting of any access constraints experienced by it's staff members and field teams.

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	Programme National Staff	D	1	30048	6	40.83%	73,611.59	24,536.59	36,806.00	12,269.00	73,611.59
	All benefits for 6 staff:1 Nutrition Project Manager, 2 Nutritionist, 3 Nutrition Managers (30 Renk, 70% other ERT sites)										
1.2	Programme International Staff	D	1	18769	6	40.83%	45,980.30	15,327.30	22,990.00	7,663.00	45,980.30
	All benefits for 7 staff: 1 Project Manager, 1 Nutrition Manager, 1 ERT Project Coordinator (25% to NUT project), 2 Advisors (15% and 25% to NUT project), 1 Logistics Officer, 1 Programme Support (25% to NUT project) (30% Renk, 70% other ERT sites)										
1.3	Support base National Staff	S	1	87818	6	3.33%	17,546.04	5,849.04	8,773.00	2,924.00	17,546.04
	All benefits for 52 staff: 6 logistics officer, 2 warehouse officer, 6 finance officers, 1 project support manager, 1 facility officer, 12 guards, 16 cooks/cleaners, 5 drivers, 3 HR officers										
1.4	Support base International Staff	S	1	103207	6	3.33%	20,620.76	6,873.76	10,310.00	3,437.00	20,620.76
	All benefits for 10 staff: 1 Logistics Manager, 1 Finance Manager, 1 Country Director, 2 Deputy Country Directors, 1 Base manager, 1 HR manager, 1 Logistician, 1 communications officer, 1 IT officer										
	Section Total						157,758.68	52,586.69	78,879.00	26,293.00	157,758.69

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	Food, blankets, tents	D	1	12378	6	40.83%	30,323.62	10,107.62	15,162.00	5,054.00	30,323.62
	for emergency response field sites										
2.2	Construction materials and tools for nutrition sites	D	1	1783	6	40.83%	4,367.99	1,455.99	2,184.00	728.00	4,367.99
	timber, bamboo, poles, tarpaulin										
2.3	Fuel and furnitures	D	1	2799	6	40.83%	6,856.99	2,285.99	3,428.00	1,143.00	6,856.99
	for nutrition sites										
2.4	Incentives and Casual labour	D	1	9512	6	40.83%	23,302.50	7,767.50	11,651.00	3,884.00	23,302.50
	for nutrition sites										
2.5	Transport costs for materials to the nutrition sites	D	1	8573	6	40.83%	21,002.14	7,001.14	10,501.00	3,500.00	21,002.14
	Air/road/boat										
2.6	Training material for community mobilisation	D	1	538	6	40.83%	1,317.99	438.99	659.00	220.00	1,317.99
	flash cards										
2.7	OTP cards and sleeves for SAM (admission and RUTF)x 500	D	500	3	1	40.66%	609.90	203.30	304.95	101.65	609.90
	for Renk										
2.8	TSFP cards and sleeves for MAM 2000 including the admission and care giver	D	2000	3	1	40.66%	2,439.60	813.20	1,219.80	406.60	2,439.60
	for Renk										
2.9	PLW cards and sleeves 850	D	850	3	1	40.66%	1,036.83	345.61	518.42	172.80	1,036.83
	for Renk										
2.10	Medicines and supplies (mainly for SC, some for OTP and TSFP)	D	1	4000	1	40.66%	1,626.40	542.13	813.20	271.07	1,626.40
	for emergency response team										
2.11	Printing of Cards (OTP, SC, TSFP)	D	1	15000	1	40.66%	6,099.00	3,049.50	2,033.00	1,016.50	6,099.00

	for emergency response team										
2.12	Other consumable supplies (like batteries, pens, paper)	D	1	3000	6	40.66%	7,318.80	2,439.60	3,659.40	1,219.80	7,318.80
	for emergency response team										
	Section Total						106,301.76	36,450.57	52,133.77	17,717.42	106,301.76

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	Household equipment for the support base	S	1	3083	6	3.33%	615.98	204.98	308.00	103.00	615.98
	fridge/stove/washing machine										
3.2	Power generator	D	1	133	6	40.83%	325.82	108.82	163.00	54.00	325.82
	for nutrition sites										
3.3	Communication equipment	D	1	143	6	40.83%	350.32	116.32	175.00	59.00	350.32
	thuraya solar panels and portable solar system, thuraya batteries, cables										
	Section Total						1,292.13	430.12	646.00	216.00	1,292.12

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	Legal fees, survey and evaluations for the support base	S	1	158	6	3.33%	31.57	10.57	16.00	5.00	31.57
	NGO registration fee										
4.2	Consultant for carrying out SMART survey	D	1	15000	1	7.90%	1,185.00	0.00	0.00	1,185.00	1,185.00
	Partial costs for consultant										
	Section Total						1,216.57	10.57	16.00	1,190.00	1,216.57

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	Ground Travel for project staf	D	1	417	6	40.83%	1,021.57	340.57	511.00	170.00	1,021.57
	Taxi to and from the airport/project sites										
5.2	Ground Travel for support staff	S	1	2613	6	3.33%	522.08	174.08	261.00	87.00	522.08
	Taxi to and from the airport/project sites										
5.3	Continental/Regional flights for project staff	D	1	6775	6	40.83%	16,597.40	5,532.40	8,299.00	2,766.00	16,597.40
	to and from the project sites										
5.4	Continental/Regional flights for support staff	S	1	8633	6	3.33%	1,724.87	575.87	862.00	287.00	1,724.87
	to and from the support base										
5.5	Intercontinental flights for project staff	D	1	1039	6	40.83%	2,545.34	848.34	1,273.00	424.00	2,545.34
	home leave, contract break										
5.6	Rental expenses for vehicle/boat at project sites	D	1	3925	6	40.83%	9,615.47	3,204.47	4,808.00	1,603.00	9,615.47
	including fuel and maintenance										
5.7	Rental expenses for vehicle at the support base	S	1	21501	6	3.33%	4,295.90	1,431.90	2,148.00	716.00	4,295.90
	including fuel and maintenance										
	Section Total						36,322.62	12,107.63	18,162.00	6,053.00	36,322.63

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	Q3	
	Section Total						0.00	0	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	Q3	
7.1	Office supplies for the project	D	1	1342	6	40.83%	3,287.63	1,095.63	1,644.00	548.00	3,287.63
	cartridges, stationary, paper										
7.2	Office supplies for the support base	S	1	4165	6	3.33%	832.17	277.17	416.00	139.00	832.17
	cartridges, stationary, paper										
7.3	Transport for non-beneficiary goods, conference fees, packaging materials	D	1	2749.25	6	40.83%	6,735.11	2,244.11	3,368.00	1,123.00	6,735.11
	for the project										
7.4	Transport for non-beneficiary goods, conference fees, packaging materials	S	1	9728	6	3.33%	1,943.65	647.65	972.00	324.00	1,943.65

	for the support base										
7.5	Communication expenses for the project	D	1	880	6	40.83%	2,155.82	718.82	1,078.00	359.00	2,155.82
	phone credit, internet, satellite subscriptions										
7.6	Communication expenses for the support base	S	1	8814	6	3.33%	1,761.04	586.04	881.00	294.00	1,761.04
	phone credit, internet, satellite subscriptions										
7.7	Visibility material for the project	D	1	167	6	40.83%	409.12	136.12	205.00	68.00	409.12
	Flags, T-shirts, stickers										
7.8	Visibility material for the support base	S	1	367	6	3.33%	73.33	24.33	37.00	12.00	73.33
	Flags, T-shirts, stickers										
7.9	Facility maintenance and supplies	D	1	9112	6	40.83%	22,322.58	7,441.58	11,161.00	3,720.00	22,322.58
	for the project sites										
7.10	Facility maintenance and supplies	S	1	27738	6	3.33%	5,542.05	1,847.05	2,771.00	924.00	5,542.05
	for the support base										
7.11	Office equipment maintenance and security supplies	D	1	325	6	40.83%	796.19	265.19	398.00	133.00	796.19
	for the project sites										
7.12	Office equipment maintenance and security supplies	S	1	11152	6	3.33%	2,228.17	743.17	1,114.00	371.00	2,228.17
	for the support base										
7.13	Rental expenses for project sites	D	1	4500	6	40.83%	11,024.10	3,675.10	5,512.00	1,837.00	11,024.10
	Renk and compounds at temporary sites										
7.14	Rental expenses for support base	S	1	47140	6	3.33%	9,418.57	3,139.57	4,709.00	1,570.00	9,418.57
	in Juba										
	Section Total						68,529.53	22,841.53	34,266.00	11,422.00	68,529.53

Sub Total Direct Cost	371,421.28
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	1%
PSC Amount	25,999.49

Quarterly Budget Details for PSC Amount

2015			**Total**
Q1	Q2	Q3	
8,666.53	12,999.45	4,333.51	25,999.49

Total Fund Project Cost	397,420.77

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Ayod	10					0	
Jonglei -> Canal						0	
Jonglei -> Duk	10					0	
Unity -> Mayom	20					0	
Unity -> Pariang	10					0	
Unity -> Rubkona	20					0	
Upper Nile -> Renk	30					0	

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