

Requesting Organization :	International Medical Corps					
Allocation Type :	Allocation standard 2					
Primary Cluster	Sub Cluster	Percentage				
Nutrition		100				
		100				
Project Title :	Emergency nutrition services for conflict-affected populations in Vakaga prefecture of CAR					
Allocation Type Category :						
OPS Details						
Project Code :		Fund Project Code :	CAR-15/HCF10/9/NUT/INGO/1276			
Cluster :		Project Budget in US\$:	373,765.16			
Planned project duration :	6 months	Priority:				
Planned Start Date :	15/09/2015	Planned End Date :	15/03/2016			
Actual Start Date:	15/09/2015	Actual End Date:	15/03/2016			
Project Summary :	<p>IMC, with the support of CHF, plans to utilize additional funding to respond to the humanitarian crisis in the northeastern Vakaga prefecture. According to recent MUAC screenings conducted by IMC across 15 sites in May, 20% of the over 7,000 children screened were identified with either SAM or MAM, and in need of treatment. Given the remote location of these sites, insecurity, and the lack of government or NGO presence, International Medical Corps is one of 2 iNGOs providing assistance to the population in the region, and the only providing health and nutrition support. In addition, programming for 2015-2016 focuses primarily on strengthening primary health care services, with little to no nutrition services available in a number of the sites across the region. CHF funding would be used to reinforce prevention and treatment services at identified health centers to complement existing health services and provide services in response to the growing nutrition crisis in the region.</p>					
Direct beneficiaries :						
	Men	Women	Boys	Girls	Total	
	0	148	1,546	1,659	3,353	
Other Beneficiaries :						
	Beneficiary name	Men	Women	Boys	Girls	Total
	Host Communities	0	148	1,546	1,659	3,353
Indirect Beneficiaries :						
Catchment Population:						
Link with allocation strategy :						
<p>Through this project, International Medical Corps for VAKAGA, will implement activities as highlighted by Nutrition cluster focusing on the 3 priorities for this allocation: 1) Ensure equitable access to life-saving interventions to treat malnutrition in 70% of the vulnerable population in IDP and host community sites; IMC will support 19 health facilities within VAKAGA prefecture. 2) prevent further deterioration of the nutritional status of at least 80% of the vulnerable population with blanket feeding, IYCF promotion and micronutrient supplementation, and improved integration with WASH, food security and health sectors; In Vakaga, EU and OFDA support IMC to improve health conditions in 19 supported health facilities, Nutrition program to support management of SAM will be benefit to provide a full package of services to affected population during this harvest period. 3) Improve access to nutritional supplies to ensure better coordination for nutritional response. Activities proposed under this action would complement existing health programming and fill in the gaps in nutrition response, primarily through supporting MAM and SAM treatment (and transport of supplies) as well as IYCF promotion. In Vakaga, WFP and Unicef support IMC with nutrition supplies to treat MAM and SAM cases, this project will improve chain supplies and quality of services delivered in 19 health facilities for Vakaga province. International Medical Corps will ensure that nutrition and health services are sustained in the Vakaga area through the capacity building of the MOH and supporting community ownership of activities. Throughout the implementation period, International Medical Corps will collaborate with the MOH, through trainings, continued engagement of staff in project activities and advocacy to enhance staffing in the region. International Medical Corps will work with the community to raise awareness levels and strengthen their capacity to respond to nutritional shocks and prevent malnutrition. The project will adopt a phased transition strategy and conduct a mid-point assessment, in collaboration with the MOH, to determine whether ongoing external support is needed in the region.</p>						

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Frantz Mesidor	Country Director	fmesidor@internationalmedicalcorps.org	75 79 53 50
Timothee MUTIMA SHELUBALE	Program Director	tmutima@InternationalMedicalCorps.org	75 27 01 62
Seife TEMERE	Nutrition and Food Security Manager	stemere@InternationalMedicalCorps.org	75 18 16 75

BACKGROUND**1. Humanitarian context analysis**

A 2014 UNICEF SMART survey reported a 3.5% SAM and 5.4% MAM prevalence in the Vakaga and the region is listed under OCHA's priority list for the country. Additionally, the results of the SMART survey have classified Vakaga as an emergency situation, and the prefecture is among the priority prefectures for the nutrition cluster. Despite the need, there is limited Ministry of Health (MOH) and NGO presence in the area and limited nutrition programming to prevent, detect and treat malnutrition. Due to the heavy presence of armed actors, the situation in the region remains volatile, with little to no infrastructure or health actor presence to respond to any deterioration in malnutrition among the population. CHF funding will bridge this gap through the prevention and treatment of malnutrition in children under 5 and pregnant and lactating women, which will improve overall access to comprehensive health care in a region that is underserved and vulnerable to nutrition shocks. The population of Vakaga has systematically experienced negative effects related to their health and well-being during the ongoing conflict. Accessibility to primary health service was seriously impacted in terms of availability and supply chain. Health facilities in the region sustained physical damage, looting of medical drugs and supplies, and loss of skilled health providers. Increasing numbers of population fleeing conflicts find weak health services characterized by lack of skilled professionals, including health providers and MOH officials, leaving a vacuum of skilled health care providers and health system leadership. Without them, local health providers, most of whom had minimal training, struggle today to provide basic health services, such as treatment for malaria or severe diarrhea, let alone comprehensive or advanced care. With regard to economic opportunities and livelihoods, the Vakaga region has experienced decreased prospects due to the closure of the Chadian border since 2014, which hampered cross-border trade, the basis of livelihoods for many families. In particular, communities in this region close to the Chadian and Sudanese border find themselves without any protection from local government, and the presence of dangerous armed factions such as the FACA and Janjaweed, as well as the Peuhl herders. Those close to the border can only travel 5 km outside of town due to this insecurity, a restriction that negatively impacts livelihoods and health seeking behavior. The conflict's effects on livelihoods and free movement further diminish people's financial and physical access to health care, while situations of displacement and lack of ability to produce or buy adequate and appropriate food contributed increase their vulnerability to morbidities, including acute malnutrition. In these types of complex and conflict situations, vulnerable populations such as pregnant women and children less than 5 years are often at an increased risk of acute malnutrition. The absence of local health authorities to adequately respond to and treat malnutrition is further compounded by a lack of uptake of preventative activities, which include healthy feeding and hygienic practices, including exclusive breastfeeding. This deleterious dynamic leaves vulnerable populations, such as children less than 5 years and pregnant and breastfeeding women, without the necessary services to prevent, respond and treat malnutrition and prevent any further deterioration. CHF funding will expand and improve current nutrition programs supported by International Medical Corps and increase access and availability to a full package of preventative and curative nutrition services as well as equip communities with the ability to identify malnutrition and promote long-term healthy feeding practices. Through capacity building with the MOH, the project aims to strengthen the MOH's ability to provide these services to ensure longterm access and availability.

2. Needs assessment

Information from a general assessment conducted by International Medical Corps under OFDA funding demonstrated that the situation of IDPs is putting pressure on resources, including the food availability. According to information gathered by Triangle GH, a French-based INGO operating in Vakaga, in April 2014, 43.3% of households surveyed had an acceptable Food Consumption Score. As such, many households (including host populations) were using negative coping strategies such as reductions in the number of meals eaten per day. Focus group discussions conducted by International Medical Corps in December 2014 found that over 90% of the people reported food shortages and cited coping mechanisms such as decreased food consumption and quantities, engaging in daily labour/trade, and migrating to other places for work. These strategies put at risk the nutritional status of vulnerable populations such as pregnant/lactating women and children less than 5 years. Methodology and basic findings of International Medical Corps' assessments are attached under the "Documents" section. International Medical Corps' current nutrition programming includes screening and referrals as well as supporting 19 treatment facilities across the region. The program has screened nearly 30,000 children under 5 and admitted 2,783 into a supplementary feeding program, 739 into an outpatient therapeutic program and 120 into an inpatient therapeutic program. Data from International Medical Corps' current nutrition programming in the Vakaga indicates that although the distribution of malnutrition and admissions into supplementary and inpatient therapeutic programs are relatively equal across sexes, girls have nearly a double rate of default in outpatient programs than boys. Other program data from International Medical Corps has shown that although IYCF and other healthy feeding practices and behaviors have been introduced in the area, these have not yet translated into concrete and long-term behavior change, so risky hygiene and feeding practices continue to contribute to the prevalence of malnutrition. Throughout this project, International Medical Corps for VAKAGA, will implement activities as highlighted by the Nutrition cluster focusing on the 3 priorities for this allocation: 1) Ensure equitable access to life-saving interventions to treat malnutrition in 70% of the vulnerable population in IDP and host community sites; IMC will support 19 health facilities within VAKAGA prefecture. 2) Prevent further deterioration of the nutritional status of at least 80% of the vulnerable population with blanket feeding, IYCF promotion and micronutrient supplementation, and improved integration with WASH, food security and health sectors; In VAKAGA, EU and OFDA support IMC to improve health conditions in 19 supported health facilities, Nutrition program to support management of SAM will be benefit to provide a full package of services to affected population during this harvest period. 3) Improve access to nutritional supplies to ensure better coordination for nutritional response. Activities proposed under this action would complement existing health programming and fill in the gaps in nutrition response, primarily through supporting MAM and SAM treatment (and transport of supplies) as well as IYCF promotion. In VAKAGA, WFP and UNICEF support IMC with nutrition supplies to treat MAM and SAM cases, this project will improve chain supplies and quality of services delivered in 19 health facilities for VAKAGA province. International Medical Corps will conduct a SQUEAC survey to evaluate access and coverage of the proposed nutrition program in addition to beneficiary feedback. An OFDA-funded LQAS survey will measure nutrition related knowledge and practices that will complement SQUEAC findings.

3. Description Of Beneficiaries

This action is designed to directly benefit children under five and pregnant and lactating women, through prevention and treatment services. In addition, mothers and caretakers of these groups will also be targeted in the intervention. More specifically, an estimated 148 pregnant and lactating women, 1,546 boys and 1,659 girls in the Vakaga region will benefit from nutrition prevention and treatment activities. Beneficiaries were determined on the base of vulnerability to the nutrition crises, and all those meeting the criteria for treatment regardless of status, ethnicity, religion, etc. will receive support from the program. The caseload was calculated using monthly admission trends.

4. Grant Request Justification

IMC through CHF will cover the gap in nutrition programming (prevention and response) for the population in Vakaga prefecture, at increased risk of malnutrition due to lack of livelihoods, insecurity, and limited resources for response of moderate and severe acute malnutrition. Current programming focuses on the transition of health facilities from emergency response to more sustainable programming under the MOH transition plan, but only covers activities in the minimum package of services (paquet minimum d'activités) which will not respond to the nutrition crisis that will be faced in the region. Activities under CHF will fill the gap in this much-needed response and address the prevention and treatment of acute malnutrition to reduce morbidity and mortality in the region.

5. Complementarity

International Medical Corps is the only other health actor in the Vakaga region aside from the MOH, which faces challenges due to insufficient number of health workers at all levels, lack of resources and inconsistent training and supervision. Under the EC Bekou Trust and OFDA, International Medical Corp's activities in the Vakaga focus on health center rehabilitation, nutrition screening and supporting 19 malnutrition treatment facilities. Although Triangle, an INGO based in France, implements food security activities, the scope of the program does not include malnutrition. CHF funding will provide treatment and prevention activities in an effort to the reduce SAM and MAM cases in the area, thus complementing current programming working to strengthen health actors and structures and decrease food insecurity among the population.

LOGICAL FRAMEWORK

Overall project objective

Contribute to the emergency response for the conflict affected population of CAR

Nutrition		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 Obj 1 : Assurer un accès équitable à des interventions permettant de sauver des vies en traitant la malnutrition aiguë dans au moins 70 % des populations vulnérables (filles et garçons moins de cinq ans, femmes enceintes et les femmes allaitantes) dans les sites de déplacés internes et dans les communautés hôtes et autres vulnérables.	Objectif 3 SRP-2015 : Augmenter l'accès aux services de base et moyens de subsistance des hommes et des femmes vulnérables	100
<p>Contribution to Cluster/Sector Objectives : Through this project, International Medical Corps for VAKAGA, will implement activities as highlighted by Nutrition cluster focusing on the 3 priorities for this allocation: 1) Ensure equitable access to life-saving interventions to treat malnutrition in 70% of the vulnerable population in IDP and host community sites; IMC will support 19 health facilities within VAKAGA prefecture. 2) Prevent further deterioration of the nutritional status of at least 80% of the vulnerable population with blanket feeding, IYCF promotion and micronutrient supplementation, and improved integration with WASH, food security and health sectors; In VAKAGA, EU and OFDA support IMC to improve health conditions in 19 supported health facilities, Nutrition program to support management of SAM will be benefit to provide a full package of services to affected population during this harvest period. 3) Improve access to nutritional supplies to ensure better coordination for nutritional response. Activities proposed under this action would complement existing health programming and fill in the gaps in nutrition response, primarily through supporting MAM and SAM treatment (and transport of supplies) as well as IYCF promotion. In VAKAGA, WFP and UNICEF support IMC with nutrition supplies to treat MAM and SAM cases, this project will improve chain supplies and quality of services delivered in 19 health facilities for VAKAGA province.</p>		
Outcome 1		
Increase the program coverage and quality of the therapeutic service delivery among children under five and pregnant and lactating women in VAKAGA prefecture		
Output 1.1		
Description		
19 Health facilities are implementing CMAM, IYCF, and MN supplementation in VAKAGA		
Assumptions & Risks		
<p>The program has been designed with the following assumptions:</p> <ol style="list-style-type: none"> 1) The security situation remains stable enough to operate including through remote management procedure. 2) Access to implementation sites is possible, especially during the rainy season, through flight (UNHAS or Charter) and motorbike/ bicycle accesses (roads during the rainy season maybe passable by these modes of transport when motor vehicles cannot pass.) 3) MOH focal points and community agents (health workers) who are involved in implementation are reliable and motivated. 4) The MOH and CAR government continues to welcome International Medical Corps as a health and nutrition partners. 5) UN Humanitarian Air service remains operational, supplementing access to every remote sites in all seasons, for supply chain, monitoring, and evaluation. 6) Nutritional inputs are available through WFP and UNICEF. <p>Disruptions in supplies and insecurity in the region are the two main risks that may affect programming in the Vakaga. Seasonal variations can affect access and supply chains leading into the program area, however International Medical Corps will mitigate this risk by creating buffer stocks in the project site. Although security in the area is volatile, International Medical Corps will train community health workers to assume activities in the absence of project staff and will establish mechanisms to effectively provide remote support.</p>		
Activities		
Activity 1.1.1		
Recruitment of project staff, project launch workshop, and establishing 19 TSFP and 19 OTP sites and 4 SC.		
Activity 1.1.2		
Conduct community-wide screening of under 5 children and pregnant and lactating women, including those under the age of 18, for admission to TSFP and OTP as per national protocol.		
Activity 1.1.3		
Support effective linkages and interrelationship between stages of TSFP, OTP, and SC through technical support and joint supervision with MOH		
Activity 1.1.4		
Conduct health education at distribution points regarding: hygiene/sanitation and food preparation; cause/signs of malnutrition, immunization and family planning as well as counseling in optimal breast/complementary feeding especially targeting pregnant and lactating women, including those under the age of 18.		
Activity 1.1.5		
Provide de-worming and vitamin A supplementation for children aged 6-59 months		
Activity 1.1.6		
Direct support and supervision provided by field-based Nutritionist, with assistance from the Field Manager, in addition to weekly reporting by Nutrition Assistant that will be shared with Nutrition Program Manager on a monthly basis and then incorporated to the nutrition database		
Activity 1.1.7		
SQUEAC survey will be conducted to measure program coverage, access to CMAM services and causes of malnutrition as well as beneficiary feedback.		
Activity 1.1.8		
Nutrition Assistant and Nutrition Nurses will monitor the progress of children bi-weekly in supplementary feeding programs, weekly in outpatient programs and daily in inpatient program until the child reaches a normal weight or in the case of inpatient, until the child is discharged		
Indicators		

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Nombre de garçons et filles de 6 à 59 mois et femmes enceintes et allaitantes dépisté pour de la malnutrition aiguë dans la communauté		600	2,450	2,550	5,600
Means of Verification : nutrition screening report							
Indicator 1.1.10	Nutrition	Taux d'abandon MAS (normes SPHERE> 15%)					31
Means of Verification : monthly nutrition report							
Indicator 1.1.2	Nutrition	Nb d'enfants de 6 à 59 mois ayant été supplémentés en vitamine A (ref SRP 2.1)			2,450	2,550	5,000
Means of Verification : nutrition screening report							
Indicator 1.1.3	Nutrition	Nb d'enfants de 6 à 59 mois atteints de malnutrition aiguë modérée (MAM) traités dans des programmes de supplémentation alimentaire (ref SRP 1.2)			1,546	1,609	3,155
Means of Verification : monthly nutrition report							
Indicator 1.1.4	Nutrition	Taux guérison MAM (normes SPHERE> 75%)					2,247
Means of Verification : monthly nutrition report							
Indicator 1.1.5	Nutrition	Taux de mortalité MAM					4
Means of Verification : monthly nutrition report							
Indicator 1.1.6	Nutrition	Taux d'abandon MAM					36
Means of Verification : monthly nutrition report							
Indicator 1.1.7	Nutrition	Nb d'enfants de 6 à 59 mois ciblés atteints de malnutrition aiguë sévère (MAS) admis pour des soins thérapeutiques (ref SRP 1.1)			324	338	662
Means of Verification : monthly nutrition report							
Indicator 1.1.8	Nutrition	Taux guérison MAS (normes SPHERE> 75%)					496
Means of Verification : monthly nutrition report							
Indicator 1.1.9	Nutrition	Taux de mortalité MAS (normes SPHERE <10%)					11
Means of Verification : monthly nutrition report							
Outcome 2							
Improved knowledge and skills of Haute kotto MoH staff and IMC staff in the management of SAM and MAM. The capacity of health facilities (Biro hospital, health centers and health posts) enhanced and further developed to provide in-patient referral and outpatient care as per the national protocol for the treatment of acute malnutrition.							
Output 2.1							
Description							
Develop the capacity of two local counterparts, the community and MOH to implement preventive and curative nutritional activities.							
Assumptions & Risks							
The program has been designed with the following assumptions: 1) The security situation remains stable enough to operate including through remote management procedure. 2) Access to implementation sites is possible, especially during the rainy season, through flight (UNHAS or Charter) and motorbike/ bicycle accesses (roads during the rainy season maybe passable by these modes of transport when motor vehicles cannot pass.) 3) MOH focal points and community agents (health workers) who are involved in implementation are reliable and motivated. 4) The MOH and CAR government continues to welcome International Medical Corps as a health and nutrition partners. 5) UN Humanitarian Air service remains operational, supplementing access to every remote sites in all seasons, for supply chain, monitoring, and evaluation. 6) Nutritional inputs are available through WFP and UNICEF.							
Disruptions in supplies and insecurity in the region are the two main risks that may affect programming in the Vakaga. Seasonal variations can affect access and supply chains leading into the program area, however International Medical Corps will mitigate this risk by creating buffer stocks in the project site. Although security in the area is volatile, International Medical Corps will train community health workers to assume activities in the absence of project staff and will establish mechanisms to effectively provide remote support.							
Activities							
Activity 2.1.1							
Conduct IYCF training to MoH staff, CHWs and IMC staff							
Activity 2.1.2							
Train community health works and peer groups on village level screening, active case finding, home visits for non-responders and defaulter tracing as well as health and nutrition promotion. In addition, CHWs will deliver messages on the importance of IYCF to pregnant and lactating women and other women/girls in the household, including grandmothers.							
Activity 2.1.3							
Conduct community mobilization and group discussions, including one specifically for girls, women, pregnant and lactating women and grandmothers, to assess knowledge and raise awareness on malnutrition, breastfeeding and complementary feed preparation							

Activity 2.1.4							
Conduct quarterly review meetings to discuss project achievements, best practices and to enhance joint problem solving among stakeholders.							
Activity 2.1.5							
provide monthly SFP, OTP and MUAC screening reports and share for MOH and donors							
Activity 2.1.6							
Conduct a final workshop at the end of the project period to officially hand over project activates to MOH							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	#Conduct IYCF and CMAM training to MoH staff, CHWs and IMC staff					2
Means of Verification : nutrition training report							
Indicator 2.1.2	Nutrition	At least 30 MoH staff and 19 IMC staff received refresher training and supported as needed and able to manage acute malnutrition according to the national protocol					1
Means of Verification : training reports							
Indicator 2.1.3	Nutrition	# peer group trained and able to screen, identify and refer cases of MAM and SAM					6
Means of Verification : nutrition training report							
Indicator 2.1.4	Nutrition	Nombre de travailleurs de la santé formés à CMAM	17	8			25
Means of Verification : nutrition training report							
Indicator 2.1.5	Nutrition	Nb de rapports nutritionnels complets (ref SRP 3.1)					6
Means of Verification : monthly nutrition report							
Indicator 2.1.6	Nutrition	# de rapport d'analyse de la situation nutritionnelle (rapport trimestriel) (ref SRP 3.2)					1
Means of Verification : SQUEAC assessment report							
Outcome 3							
Strengthen coordination between all relevant organizations, MoH, WFP, UNICEF and IMC with special emphasis on the provision of SFP and OTP/SC supplies and medicines at health center and health post levels for an effective supply chain.							
Output 3.1							
Description							
Treatment items will be adequately supplied by WFP and UNICEF. UNICEF is supplying therapeutic food (Plumpy'Nut, F100 and F75) while WFP will supply plumpy' Sup, CSB+ and Oil.							
Assumptions & Risks							
The program has been designed with the following assumptions: 1) The security situation remains stable enough to operate including through remote management procedure. 2) Access to implementation sites is possible, especially during the rainy season, through flight (UNHAS or Charter) and motorbike/ bicycle accesses (roads during the rainy season maybe passable by these modes of transport when motor vehicles cannot pass.) 3) MOH focal points and community agents (health workers) who are involved in implementation are reliable and motivated. 4) The MOH and CAR government continues to welcome International Medical Corps as a health and nutrition partners. 5) UN Humanitarian Air service remains operational, supplementing access to every remote sites in all seasons, for supply chain, monitoring, and evaluation. 6) Nutritional inputs are available through WFP and UNICEF.							
Disruptions in supplies and insecurity in the region are the two main risks that may affect programming in the Vakaga. Seasonal variations can affect access and supply chains leading into the program area, however International Medical Corps will mitigate this risk by creating buffer stocks in the project site. Although security in the area is volatile, International Medical Corps will train community health workers to assume activities in the absence of project staff and will establish mechanisms to effectively provide remote support.							
Activities							
Activity 3.1.1							
Transportation of therapeutic food (RUTF) and the necessary supplementary food (CSB+) and oil and other supplies to the district and each health facilities							
Activity 3.1.2							
Purchase of essential drugs and other non-food items required for OTP/SC admitted children and deliver to each health facilities							
Activity 3.1.3							
Insure proper warehouse/stock management and provide monthly stock consumption report.							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of supplies distributed by type (e.g., medical kits, equipment, consumables)					6
Means of Verification : monthly nutrition report							
Indicator 3.1.2	Nutrition	Number of people trained, by sex, in the use and proper disposal of medical equipment and consumables					2
Means of Verification : quarterly nutrition report							
Indicator 3.1.3	Nutrition	Number and percentage of health facilities, supported by CHF fund, out of stock of selected essential medicines and tracer products for more than one week					6
Means of Verification : monthly nutrition report							
Indicator 3.1.4	Nutrition	Nb d'enquêtes SMART effectués					1
Means of Verification :							
Additional Targets :							

M & R

Monitoring & Reporting plan

Throughout the project, a Nutritionist will be based on site and offer direct supervision of and support to activities and staff with the assistance of the Field Manager. Joint supervision with the MOH will also be conducted. CHWs will conduct daily follow up with caregivers and children to monitor progress and will report weekly to the Nutrition Assistant. The Nutrition Assistant and Nutrition Nurses will monitor the progress of children bi-weekly in supplementary feeding programs, weekly in outpatient programs and daily in inpatient program until the child reaches a normal weight or in the case of inpatient, until the child is discharged. The Nutrition Officer will report to the Nutrition Manager on a monthly basis and these data will be incorporated into the central nutrition database. A SQUEAC survey will be conducted, which will also have a component to measure beneficiary feedback. In addition, an OFDA-sponsored LQAS survey will measure nutrition related knowledge and practices that will complement the SQUEAC findings. The monitoring plan will include data collection processes on all services and indicators, regular reporting and information sharing and training results. As with all of International Medical Corps' country programs, the IMC headquarters (HQ) plays a role in monitoring all field program activities. Designated staff will visit the sites at regular intervals and progress will be reported in monitoring and evaluation reports. Field staff is trained to gather information for reporting and analysis by sector. Quality of reporting is monitored quarterly by expatriate and national M&E staff, including checking compliance against US Government, UNICEF, Sphere Project, WFP, WHO and line ministry standards. A work plan, designed specifically for this program, will be used as part of the quarterly monitoring, to provide analysis for course correction if needed. Other monitoring tools and techniques utilized by International Medical Corps include: (1) Regular data quality checks done through unannounced visits by the IMC M&E manager; (2) Monitoring and Evaluation of project implementation will include a response to increasing training needs for additional staff. Senior management team will meet on a monthly basis, compare achievements against set indicators and resources, identify and discuss issues requiring program modifications, and take actions to mitigate potential problems; (3) The assessment of ongoing need will incorporate monitoring and evaluation components.

Activitydescription	Year												
		1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Recruitment of project staff, project launch workshop, and establishing 19 TSFP and 19 OTP sites and 4 SC.	2015									X			
	2016												
Activity 1.1.2: Conduct community-wide screening of under 5 children and pregnant and lactating women, including those under the age of 18, for admission to TSFP and OTP as per national protocol.	2015									X			
	2016												
Activity 1.1.3: Support effective linkages and interrelationship between stages of TSFP, OTP, and SC through technical support and joint supervision with MOH	2015									X	X	X	X
	2016	X	X										
Activity 1.1.4: Conduct health education at distribution points regarding: hygiene/sanitation and food preparation; cause/signs of malnutrition, immunization and family planning as well as counseling in optimal breast/complementary feeding especially targeting pregnant and lactating women, including those under the age of 18.	2015									X	X	X	X
	2016	X	X										
Activity 1.1.5: Provide de-worming and vitamin A supplementation for children aged 6-59 months	2015									X	X	X	X
	2016	X	X										
Activity 1.1.6: Direct support and supervision provided by field-based Nutritionist, with assistance from the Field Manager, in addition to weekly reporting by Nutrition Assistant that will be shared with Nutrition Program Manager on a monthly basis and then incorporated to the nutrition database	2015									X	X	X	X
	2016	X	X										
Activity 1.1.7: SQUEAC survey will be conducted to measure program coverage, access to CMAM services and causes of malnutrition as well as beneficiary feedback.	2015												X
	2016												

Activity 1.1.8: Nutrition Assistant and Nutrition Nurses will monitor the progress of children bi-weekly in supplementary feeding programs, weekly in outpatient programs and daily in inpatient program until the child reaches a normal weight or in the case of inpatient, until the child is discharged	2015									X	X	X	X
	2016	X	X										
Activity 2.1.1: Conduct IYCF training to MoH staff, CHWs and IMC staff	2015										X		X
	2016												
Activity 2.1.2: Train community health works and peer groups on village level screening, active case finding, home visits for non-responders and defaulter tracing as well as health and nutrition promotion. In addition, CHWs will deliver messages on the importance of IYCF to pregnant and lactating women and other women/girls in the household, including grandmothers.	2015									X		X	
	2016	X											
Activity 2.1.3: Conduct community mobilization and group discussions, including one specifically for girls, women, pregnant and lactating women and grandmothers, to assess knowledge and raise awareness on malnutrition, breastfeeding and complementary feed preparation	2015									X	X	X	X
	2016	X	X										
Activity 2.1.4: Conduct quarterly review meetings to discuss project achievements, best practices and to enhance joint problem solving among stakeholders.	2015									X			
	2016	X											
Activity 2.1.5: provide monthly SFP, OTP and MUAC screening reports and share for MOH and donors	2015									X	X	X	X
	2016	X	X										
Activity 2.1.6: Conduct a final workshop at the end of the project period to officially hand over project activities to MOH	2015												
	2016		X										
Activity 3.1.1: Transportation of therapeutic food (RUTF) and the necessary supplementary food (CSB+) and oil and other supplies to the district and each health facilities	2015									X	X	X	X
	2016	X	X										
Activity 3.1.2: Purchase of essential drugs and other non-food items required for OTP/SC admitted children and deliver to each health facilities	2015									X			
	2016												
Activity 3.1.3: Insure proper warehouse/stock management and provide monthly stock consumption report.	2015									X	X	X	X
	2016	X	X										

OTHER INFO

Accountability to Affected Populations

International Medical Corps solicits feedback from the targeted community through a variety of channels, including the COGES and CHWs for health programming. In addition, International Medical Corps project managers regularly make trip to field sites, meeting with health facility staff and stakeholders of the project to gain an understanding of how the progress is going. As an international humanitarian organization, IMC also requires all its staff to read and sign off on the Code of Conduct, aimed at protecting beneficiary populations and improving accountability in program implementation.

IMC supports health facility management committees (COGES) and village health committees (CVSSP) at supported health facility sites, who are engaged in disease surveillance. The village health committees represent the population by encompassing leaders from different sub-populations (eg. youth associations, women's groups, church leaders, etc.). Though both committees participate in epidemiological surveillance, the health facility management committees also support the daily functioning of the health facilities – eg. managing human resources, receiving drugs donations from IMC. The village health committees, composed of various leaders in the village, are responsible for identifying, analysing, and mobilizing responses to health problems in their communities. They can also help to monitor and evaluate the functioning of the health facilities. The committees hold monthly meetings, and IMC aims to meet with them on a quarterly basis.

Implementation Plan

Direct project implementation monitoring – field level: IMC expatriate field staff are responsible for ensuring the close monitoring of program implementation and completion of activities, identifying challenges and arranging contingency measures as appropriate. Monitoring the implementation of the project is done by the Project Manager on a daily basis. S/he ensures that the project work plan and monthly activities and targets set by the Program Department are followed.

Supervision visits: Members of the Senior Management Team conduct monitoring and supervision visits to all field sites on a monthly basis to ensure projects are implemented according to donor-agreed work plans and targets. These visits also provide an opportunity to hold discussions with the local MoH representatives on the improvement of services to beneficiaries and to meet with the local community to ensure good collaboration, participation, and that project implementation is meeting beneficiary expectations.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
International Red Cross (IRC)	The IRC has a delegation office in Birao that monitors health, nutrition and security in the region but does not conduct activities. International Medical Corps will share and exchange information regarding nutrition to better inform programming and the SQUEAC assessment.

Triangle	Triangle conducts food security activities in the region and does not focus on malnutrition, however International Medical Corps will share information regarding malnutrition to better inform their programming.
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Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

International Medical Corps makes active efforts to mainstream gender considerations in all aspects of its programming, from hiring staff, working to ensure gender balance in community-based structure and compiling sex-disaggregated data to monitor outcomes as they affect men and women. In addition, interventions will empower mothers with improved knowledge and resources to prevent malnutrition or seek treatment for children with SAM or MAM. Targeting PLW will also help to reduce complications in childbirth and promote improved health outcomes for women.

Protection Mainstreaming

In addition to prioritizing the safety, dignity, and security of beneficiaries, all activities will be aimed at fostering equity. International Medical Corps will work to initiate and encourage appropriate actions to identify and respond to malnutrition as well as promote IYCF in an effort to improve women and children's health. All children, regardless of gender, and PLW will have access to the services provided by this project. CHWs and staff will also engage in active case finding, in an effort to identify malnourished children, regardless of gender, and PLWs that may not have the means to reach mobile or standalone clinics. In addition, CHWs will conduct home visits for non-responders and defaulter tracing. One of the components of the SQUEAC survey will seek to measure feedback from beneficiaries.

Country Specific Information

Safety and Security

Due to the lack of government presence and international forces, insecurity across the Vakaga region remains volatile and can disrupt activities. International Medical Corps has comprehensive safety protocols followed by staff and provides training CHWs to assume basic activities if staff is unavailable.

Access

Physical access to the sites is not a challenge, as IMC has maintained a presence for the past years in the area. However, many program sites are remote and are accessible only by roads in poor condition. As such, International Medical Corps will use light transportation, such as motorcycles, to reach these areas and continue to reach pregnant and lactating women and children less than 5 years as well as any monitoring and evaluation activities. The primary challenge in access, however, is the level of insecurity in the Vakaga region which can disrupt activities. International Medical will train CHWs to resume basic activities, which include nutrition activities as well as monitoring activities, if staff is unavailable due to security or inaccessibility.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nutrition & Food Security Manager	D	1	5578.13	6	30%	10,040.63
	<i>S/he will responsible of coordinating nutrition and food security program aspect to technical support, data analyses and providing Nutrition training. This person will also ensure that actively participating and presenting IMC activates in nutrition and food security cluster. providing donor reports according to the time frame.</i>						
1.2	Nutritionist	D	1	5000	6	100%	30,000.00
	<i>S/he will be based in the field and responsible for the implementation of the CMAM program in the field. He/She will be also be responsible for weekly and monthly reports</i>						
1.3	Nutrition Officer	D	1	559.68	6	10%	335.81
	<i>will supervise and monitor nutrition activities and needs, then promote community participation and fulfil the tasks in collaboration S/he with other IMC international and national staffs, community health committees while ensuring maximum community participation in the delivery of these services.</i>						
1.4	Logistics Officer	S	1	645.87	6	10%	387.52
	<i>S/he will assist Bangui logistic department with logistical and operational matters, giving support to the program. This includes: procurement, warehouse management, fuel and vehicle monitoring and the maintenance of the site office</i>						
1.5	Finance Assistant	S	1	578.36	6	10%	347.02
	<i>S/he will be responsible cash transactions</i>						
1.6	Human Resource officer	S	1	645.87	6	10%	387.52
	<i>S/he will be responsible for staffing, recruitment, working in accordance with local law, procedures and codes of conduct that are followed and look after the welfare of the staff</i>						
1.7	M&E assistant	S	1	451.78	6	10%	271.07

	<i>Will ensure and participate in planning and monitoring of program implementation. S/he will responsible of weekly and monthly's data collection, planning of training activities according to log frame and participate to needs assessment. S/he will assist the Medical Director in field implementation of the program.</i>						
1.8	Procurement Assistant	S	1	629.75	6	10%	377.85
	<i>will be responsible for all manners regard procurement of materials, obtaining price quotes, and facilitating the delivery of materials to field sites.</i>						
1.9	Logistics Assistant	S	1	506.85	6	10%	304.11
	<i>will be responsible for ensuring the functioning of the IMC vehicle fleet in Bangui and support the field sites, and assists with the coordination of supply delivery from Bangui to Vakaga</i>						
1.10	Store keeper	S	1	458.04	6	10%	274.82
	<i>is responsible for warehouse operations activities including shipping and receiving, deliveries, coordinating stock, documenting warehouse transactions, maintaining records, and overseeing storage of IMC inventory.</i>						
1.11	Nutrition Supervisor	D	2	500.52	6	100%	6,006.24
	<i>Will be based in the field, supervise and monitor nutrition activities in all health facilities. Promote community mobilization and supervise community-wide nutritional screening and follow up referral cases to the nearest CMAM sites. Provide weekly and monthly reports.</i>						
1.12	Nutrition Nurses	D	4	500.52	6	100%	12,012.48
	<i>A nutrition nurse will be in charge of medical care of severely malnourished children without medical complication. And with collaboration of nutrition assistant make sure SAM cases are treated according to the national protocol. In addition that they will provide weekly and monthly outpatient therapeutic program (OTP) reports In stabilization centers will ensure the national nutrition protocol is respected AND strictly adhered to, eg admission and discharge criteria be in accord to stabilization centre (SC) protocol. Working with the Medical doctor for proper medical management of the malnourished children and encourage and counsel the mother with difficulties to feed her children. Determine when the children must be transferred to different phases (I, transition, II) according to his nutritional status and health state and fill in the follow-up individual forms (number of meals, weight, height etc)</i>						
1.13	Nutrition Assistants	D	16	400	6	100%	38,400.00
	<i>Nutrition Assistant will be based in each health facilities and in charge of taking anthropometric measurement and supporting health and nutrition education activists and actively participat in community-wide MUAC screening activity.</i>						
1.14	Store Keeper	D	1	400	6	100%	2,400.00
	<i>Will be responsible for warehouse operations activities including shipping and receiving, deliveries, coordinating stock, documenting warehouse transactions, maintaining records, and overseeing storage of IMC inventory, for the Northeast region (Vakaga warehouse).</i>						
1.15	Fringe Benefits International Staff	S	1	14393	1	100%	14,393.00
	<i>International Medical Corps provides benefits such as health, life and disability insurance, social security and retirements plans, foreign workers compensations and emergency medical evacuation to its eligible employees. Eligibility will depend upon the specific requirements of each benefit plan (prior employment (pension eligibility), age and annual salary (life insurance, disability) residence etc. For budgeting purpose estimated rate of fringe benefits is 28%. Actual cost of fringe benefits is charged directly to projects through established methodology following the ratio of total fringe benefits costs in total staff salaries charged.</i>						
1.16	Fringe benefits local staff @30%	D	1	19005	1	100%	19,005.00
	<i>Calculated as 30% of local staff salaries and includes social security benefits, taxes, installation allowance, family allowance and other costs according to local labor laws. Breakdown is as follows: 19% of the salaries International Medical Corps pays for Social Security Scheme and 2% of the salaries International Medical Corps is paying for Institute National for Professional Preparation as requested by local laws. 4% is used for reimbursement of medical benefits and for severance.</i>						
	Section Total						134,943.07
Supplies, Commodities, Materials							
2.1	Support to CHW's	D	38	35	6	100%	7,980.00
	<i>This cost cover CHWs incentive. CHW's are responsible for collaborating with communities, working on MUAC screening, active case finding & referral to the nearest nutrition sites and follow up of default children from the program. They will also organize community sensitization in health and nutrition topics (exclusive breast feeding, personal hygiene and sanitation etc</i>						
2.2	Training IMC Staff & MOH staffs	D	20	70	1	100%	1,400.00
	<i>This includes the costs related to all training (Training IMC staff and MOH staff) organization and cost of stationary materials for trainings, for e.x training manuals, exercise books, aide-memoires, etc. including translation.</i>						
2.3	Community Health Worker Training	D	38	60	1	100%	2,280.00
	<i>This includes the costs related to all training (CHWS) organization and cost of stationary materials for trainings, for e.x training manuals, exercise books, aide-memoires, etc. including translation.</i>						
2.4	Training for peer groups	D	60	10	4	100%	2,400.00
	<i>This includes the costs related to all training (peer groups) organization and cost of stationary materials for trainings, for e.x training manuals, exercise books, aide-memoires, etc. including translation.</i>						

2.5	Drugs for the field	D	1	42900	1	100%	42,900.00
	<i>Will be purchased and provided to health facilities. The cost of these essential drugs is calculated based on population figures (2\$ per person). Drugs will be procured nationally through the MOH's Unite de Cession de Medicaments (UCM), regulated by the government. If UCM does not have the necessary drugs, IMC will purchase from the WHO-sponsored IDA representative in the country, Secours Medicale.</i>						
2.6	Referral to hospitals and health centers	D	1	600	6	100%	3,600.00
	<i>this cost will cover for those severe acute malnourished children with medical complication referral to the hospital and after they cover referral back to the nearest out-patient therapeutic care</i>						
2.7	Nutrition supplies and CHWs toolkits	D	1	2200	2	100%	4,400.00
	<i>provision of nutrition supplies and materials to the health facilities and cover the production cost of basic nutrients necessary for the treatment of acute malnutrition for ex. Blankets, mats, OTP and SFP follow up card, Soaps, national protocol, IEC message laminated, Lamps, Plastic basin etc. IMC purchases essential medicines, which are approved by the WHO. Lead times range from one week to a month, depending on availability in country.</i>						
2.8	Field supplies	D	1	1700	2	100%	3,400.00
	<i>These are expendable and semi-expendable supplies and materials to be used for the day-to-day activities in the health posts. For ex; Reams, Cartridge, file box, cupboards, registries, envelops, notebooks, pens, cartilages etc</i>						
2.9	Education outreach on IYCF	D	1	400	6	100%	2,400.00
	<i>This intervention proposes to promote exclusive breastfeeding for infant and young children until the age of six months old, at which time complementary feeding will be advised. International Medical Corps will train community health workers to conduct counseling, offer practical support to mothers on breastfeeding and complementary feeding, and to assist in solving common problems encountered in the community. Therefore, communications relating to IYCF and behavior change activities will have an important consideration in International Medical Corps nutrition activities. This activity will be integrated into the larger scope of community education activities conducted within in the community by CHWs. Midwives will also sensitize pregnant and lactating during antenatal and postnatal consultations.</i>						
2.10	community-wide nutrition screening	D	1	5000	1	100%	5,000.00
	<i>The mass screening will conduct twice per year. The cost cover essential materials for screening sessions will be procured under this line and monitoring and evaluation of nutritional status of children will conduct monthly.</i>						
2.11	Rehabilitation of nutrition centers	D	19	1000	1	100%	19,000.00
	<i>The 19 health facilities proposed under this program will small repairs and rehabilitate and this including cleaning materials.</i>						
2.12	IEC Materials- Nutritional Materials	D	19	300	1	100%	5,700.00
	<i>This will cover the costs of printing additional IEC materials for the CMAM program as well as IYCF education activity</i>						
2.13	Visibility - Marking and Branding	D	1	3000	1	100%	3,000.00
	<i>This line item will be used to cover costs related to donor and program visibilities such as signposts, uniforms, etc.</i>						
2.14	Support the joint supervision conducted by MoH	D	4	400	1	100%	1,600.00
	<i>The joint supervision will be conducted by MoH staff and IMC each quarter, but given the distance to reach the health centers, there is a need to spend the night on the field. Support will be given to two health officers at the delegation level and two staff at the health district level in terms of per diem when overnight stays are required.</i>						
2.15	Hygiene Maintenance/Supplies	D	4	1300	1	100%	5,200.00
	<i>This line will cover all the expenses for buying hygiene supplies which include soaps and detergents for hospital cleaning and targeted health facilities</i>						
2.16	SQUEAC Survey	D	1	21000	1	100%	21,000.00
	<i>IMC will conduct a SQUAEC survey in Haute kotto prefectures to determine the program coverage, access to CMAM services and causes of malnutrition.</i>						
2.17	Lab Supplies	D	3	1500	1	100%	4,500.00
	<i>Covers all the expenses needed for the basic laboratory examination supplies for patient referred to Bria hospital, doing necessary rapid test such as Para check at all targeted health facility level.</i>						
	Section Total						135,760.00
Equipment							
3.1	Laptops	D	2	1500	1	100%	3,000.00
	<i>Laptops have been proposed for purchase for this program. Due to very harsh environmental condition depreciation rates of this equipment is 100% per year.</i>						
3.2	Copier Machine/Scanner/Printer	D	2	3500	1	100%	7,000.00
	<i>Equipment is needed to copy screening formant, report formats, write reports, enter and analyze data</i>						
3.3	Camera	D	2	500	1	100%	1,000.00

	<i>Camera is needed to provide pictures for reporting activities.</i>							
	Section Total						11,000.00	
Contractual Services								
4.1	Vehicle Rent	D	1	4500	4	100%	18,000.00	
	<i>This will cover the vehicle cost e to be used for the project during the dry season</i>							
4.2	Vehicle fuel	D	400	2	4	100%	3,200.00	
	<i>This will cover fuel cost for rental vehicle</i>							
4.3	Motorbike Rent	D	30	25	2	100%	1,500.00	
	<i>This will cover motorbike cost during the rainy season</i>							
4.4	motorbike fuel	D	250	2	2	100%	1,000.00	
	<i>This will cover the cost of rental motorbike fuel</i>							
4.5	Laborers for Loading & Unloading	D	19	5	6	100%	570.00	
	<i>This will cover nutrition therapeutic and supplementary food supplies to load and unload costs.</i>							
	Section Total						24,270.00	
Travel								
5.1	National Staff Travel Per Diem/Accommodation	D	5	45	6	100%	1,350.00	
	<i>paid in local currency to national staff travelling outside of their duty station for various assigned duties and to monitor the progress of project. The per diem rate is IMC CAR established policy consistently applied to all donors/programs. Per Diem rate for National staff is set up for each site/location with \$15 as the average, and average accommodation cost for local travel is \$30, also depending on location.</i>							
5.2	International airfare and travel Perdiem	D	1.5	2500	1	100%	3,750.00	
	<i>As per IMC policy IMC employees are eligible for paid home leave after one year of continues service where travel includes round trip airfare ticket.</i>							
5.3	Visa/departure taxes/works permits	D	1.5	500	1	100%	750.00	
	<i>Visas, taxes and work permits - This line is requested to cover the cost of visas, taxes, and work permits for expatriate staff traveling to work in CAR.</i>							
5.4	WFP In-Country Flights	D	7.9	200	6	100%	9,480.00	
	<i>Air tickets with WFP are budgeted in order to cover travel arrangements of all staff between Bangui and sites. Noted that in case of security issue or emergency that UNHAS flight was not available, this line budget will be used to rent private flight in order to relocated staff from the field to Bangui or to safe place. It is estimated there will be average of 12 flight trips (round trips) per month across both sites at rate of \$200 during 12 month period.</i>							
	Section Total						15,330.00	
General Operating and Other Direct Costs								
7.1	Guest House/Office -field	D	3	1000	6	20%	3,600.00	
	<i>This line will cover part of the cost of office rent and maintenance costs in the field. Costs cover both office premises and guesthouse for expatriate staff.</i>							
7.2	Guest House/Office -Bangui	S	1	3500	6	10%	2,100.00	
	<i>This line will cover part of the cost of office rent and maintenance costs in Bangui. Costs cover both office premises and guesthouse for expatriate staff.</i>							
7.3	Office Utilities/Supplies - field	D	2	1850	6	10%	2,220.00	
	<i>This line is requested to cover various office supplies and utilities. Communication costs - Includes communications by fax, telephone, mobile/satellite phones, and Internet services between headquarters, field and support offices, donors and partners</i>							
7.4	Office Utilities/Supplies - Bangui	S	1	1500	6	10%	900.00	
	<i>This line is requested to cover various office supplies and utilities. Communication costs - Includes communications by fax, telephone, mobile/satellite phones, and Internet services between headquarters, field and support offices, donors and partners</i>							
7.5	Communications - field	D	3	1250	6	10%	2,250.00	
	<i>Includes communications by fax, telephone, mobile/satellite phones, and Internet services between headquarters, field and support offices, donors and partners.</i>							
7.6	Communications - Bangui	S	1	3800	6	10%	2,280.00	

	<i>Includes communications by fax, telephone, mobile/satellite phones, and Internet services between headquarters, field and support offices, donors and partners.</i>						
7.7	Fuel and Maintenance of Generators - field	D	3	1500	6	15%	4,050.00
	<i>Generators are using both to support field office as well as Health center activities.</i>						
7.8	Fuel and Maintenance of Generators - Bangui	S	1	3520	6	15%	3,168.00
	<i>Generators are using both to support Bangui Office.</i>						
7.9	Security base reinforcement	D	3	1500	6	10%	2,700.00
	<i>IMC routinely trains its staff working in challenging security environment. This line item covers the cost of security issue in the site. Budgeted amount may include cost of airfare, rehabilitation of accommodations, local transport, support supplies and other related costs associated with the security activities. Budget includes also, the cost of flight rental if there are need to relocate staff to another site due to security issue. Based in the previous experience and UNDSS autorisation to flight to site during security issue, this line is budgeted to rent private flight in case if there are security issue in the field and when WFP cannot flight to relocated the staff.</i>						
7.10	Bank Charges and Cash Facilitator Fees	S	1	279	6	10%	167.40
	<i>IMC routinely trains its staff working in challenging security environment. This line item covers the cost of security issue in the site. Budgeted amount may include cost of airfare, rehabilitation of accommodations, local transport, support supplies and other related costs associated with the security activities. Budget includes also, the cost of flight rental if there are need to relocate staff to another site due to security issue. Based in the previous experience and UNDSS autorisation to flight to site during security issue, this line is budgeted to rent private flight in case if there are security issue in the field and when WFP cannot flight to relocated the staff.</i>						
7.11	General Insurance	S	1	1500	6	10%	900.00
	<i>IMC insures project assets and property in the event of property loss, damage, arson attack, fire and theft.</i>						
	Section Total						24,335.40
SubTotal			989.9				345,638.47
Direct							319,380.16
Support							26,258.31
PSC Cost							
PSC Cost Percent							7%
PSC Amount							24,194.69
Total Cost							369,833.16
Audit Cost							3,932.00
Grand Total CHF Cost							373,765.16
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location	Activity Name				

		Men	Women	Boys	Girls	Total	
Vakaga -> Birao	80		118	1,237	1,327	2,682	<p>Activity 1.1.1 : Recruitment of project staff, project launch workshop, and establishing 19 TSFP and 19 OTP sites and 4 SC.</p> <p>Activity 1.1.2 : Conduct community-wide screening of under 5 children and pregnant and lactating women, including those under the age of 18, for admission to TSFP and OTP as per national protocol.</p> <p>Activity 1.1.3 : Support effective linkages and interrelationship between stages of TSFP, OTP, and SC through technical support and joint supervision with MOH</p> <p>Activity 1.1.4 : Conduct health education at distribution points regarding: hygiene/sanitation and food preparation; cause/signs of malnutrition, immunization and family planning as well as counseling in optimal breast/complementary feeding especially targeting pregnant and lactating women, including those under the age of 18.</p> <p>Activity 1.1.5 : Provide de-worming and vitamin A supplementation for children aged 6-59 months</p> <p>Activity 1.1.6 : Direct support and supervision provided by field-based Nutritionist, with assistance from the Field Manager, in addition to weekly reporting by Nutrition Assistant that will be shared with Nutrition Program Manager on a monthly basis and then incorporated to the nutrition database</p> <p>Activity 1.1.7 : SQUEAC survey will be conducted to measure program coverage, access to CMAM services and causes of malnutrition as well as beneficiary feedback.</p> <p>Activity 1.1.8 : Nutrition Assistant and Nutrition Nurses will monitor the progress of children bi-weekly in supplementary feeding programs, weekly in outpatient programs and daily in inpatient program until the child reaches a normal weight or in the case of inpatient, until the child is discharged</p> <p>Activity 2.1.1 : Conduct IYCF training to MoH staff, CHWs and IMC staff</p> <p>Activity 2.1.2 : Train community health works and peer groups on village level screening, active case finding, home visits for non-responders and defaulter tracing as well as health and nutrition promotion. In addition, CHWs will deliver messages on the importance of IYCF to pregnant and lactating women and other women/girls in the household, including grandmothers.</p> <p>Activity 2.1.3 : Conduct community mobilization and group discussions, including one specifically for girls, women, pregnant and lactating women and grandmothers, to assess knowledge and raise awareness on malnutrition, breastfeeding and complementary feed preparation</p> <p>Activity 2.1.4 : Conduct quarterly review meetings to discuss project achievements, best practices and to enhance joint problem solving among stakeholders.</p> <p>Activity 2.1.5 : provide monthly SFP, OTP and MUAC screening reports and share for MOH and donors</p> <p>Activity 2.1.6 : Conduct a final workshop at the end of the project period to officially hand over project activates to MOH</p> <p>Activity 3.1.1 : Transportation of therapeutic food (RUTF) and the necessary supplementary food (CSB+) and oil and other supplies to the district and each health facilities</p> <p>Activity 3.1.3 : Insure proper warehouse/stock management and provide monthly stock consumption report.</p>

Vakaga -> Ouanda-Djallé	20	30	309	332	671	<p>Activity 1.1.1 : Recruitment of project staff, project launch workshop, and establishing 19 TSFP and 19 OTP sites and 4 SC.</p> <p>Activity 1.1.2 : Conduct community-wide screening of under 5 children and pregnant and lactating women, including those under the age of 18, for admission to TSFP and OTP as per national protocol.</p> <p>Activity 1.1.3 : Support effective linkages and interrelationship between stages of TSFP, OTP, and SC through technical support and joint supervision with MOH</p> <p>Activity 1.1.4 : Conduct health education at distribution points regarding: hygiene/sanitation and food preparation; cause/signs of malnutrition, immunization and family planning as well as counseling in optimal breast/complementary feeding especially targeting pregnant and lactating women, including those under the age of 18.</p> <p>Activity 1.1.5 : Provide de-worming and vitamin A supplementation for children aged 6-59 months</p> <p>Activity 1.1.6 : Direct support and supervision provided by field-based Nutritionist, with assistance from the Field Manager, in addition to weekly reporting by Nutrition Assistant that will be shared with Nutrition Program Manager on a monthly basis and then incorporated to the nutrition database</p> <p>Activity 1.1.7 : SQUEAC survey will be conducted to measure program coverage, access to CMAM services and causes of malnutrition as well as beneficiary feedback.</p> <p>Activity 1.1.8 : Nutrition Assistant and Nutrition Nurses will monitor the progress of children bi-weekly in supplementary feeding programs, weekly in outpatient programs and daily in inpatient program until the child reaches a normal weight or in the case of inpatient, until the child is discharged</p> <p>Activity 2.1.1 : Conduct IYCF training to MoH staff, CHWs and IMC staff</p> <p>Activity 2.1.2 : Train community health workers and peer groups on village level screening, active case finding, home visits for non-responders and defaulter tracing as well as health and nutrition promotion. In addition, CHWs will deliver messages on the importance of IYCF to pregnant and lactating women and other women/girls in the household, including grandmothers.</p> <p>Activity 2.1.3 : Conduct community mobilization and group discussions, including one specifically for girls, women, pregnant and lactating women and grandmothers, to assess knowledge and raise awareness on malnutrition, breastfeeding and complementary feed preparation</p> <p>Activity 2.1.4 : Conduct quarterly review meetings to discuss project achievements, best practices and to enhance joint problem solving among stakeholders.</p> <p>Activity 2.1.5 : provide monthly SFP, OTP and MUAC screening reports and share for MOH and donors</p> <p>Activity 2.1.6 : Conduct a final workshop at the end of the project period to officially hand over project activities to MOH</p> <p>Activity 3.1.1 : Transportation of therapeutic food (RUTF) and the necessary supplementary food (CSB+) and oil and other supplies to the district and each health facilities</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	Assessments Conducted by International Medical Corps.docx
Project Supporting Documents	consolidated CHF comments.docx