Project Proposal

Organization	MEDAIR (MEDAIR)			
Project Title	Provision of integrated and emergency nutrition services to vulnerable communities in Renk and Leer Counties as well as conflict affected and high burden States throughout South Sudan			
Fund Code	SSD-15/HSS10/SA2/N/INGO/514			
Cluster	**Primary cluster**	**Sub cluster**		
	NUTRITION	None		
Project Allocation	2nd Round Standard Allocation		Allocation Category Type	Frontline services
Project budget in US$	405,000.00		Planned project duration	6 months
Planned Start Date	01/08/2015		Planned End Date	31/01/2016
OPS Details	OPS Code		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 displaced populations and acutely vulnerable host communities by improving the availability, utilization and quality of essential preventative and curative nutrition services for boys and girls under five and pregnant and lactating women (PLW). Medair will respond in locations where the IPC classification of nutrition needs is serious or critical (phase 3 or 4).

In Renk County Medair will continue to provide the full integrated CMAM programme including IYCF, micronutrient supplementation, active case finding and defaulter tracking in up to 6 locations. It also includes a Stabilization Centre for the management of SAM with complications. Medair has been working in Renk County since 2011 and continues to fill a critical gap as the only nutrition service provider. The nutrition project in Renk is part of a wider multisectoral response which also includes health and WASH services.

Medair has been working in Leer County since February 2015, implementing CMAM/IYCF in 7 sites (Bou, Dindin, Adok, Guat and Leah Payams), and giving technical support to NNGO UNIDO with the implementation of TSFP in a further 8 locations in Mayendit North. Whilst full-scale nutrition programming in the County is currently suspended due to insecurity, Medair has commenced a phased re-establishment of critical life-saving services, adopting and elaborating on the Rapid Response Task Forces recommended approach for re-establishing a nutrition response in conflict affected areas which sets out a 3 phased return strategy. Currently in Phase 1, Medair is utilizing last minute window of opportunity day trips to deliver High Energy Biscuits provided by the core pipeline supply chain for children under 5. Medair is also delivering Emergency Health Backpacks and other essential survival items and remains prepared to move into a Phase 2/3 return as soon as the context permits. Meanwhile, plans and initial coordination to assist with the influx of South Unity IDPs in other parts of the State, including Bentiu PoC are being explored.

Through this project Medair will also maintain its nutrition Emergency Response Team (ERT) which operates mainly in the 3 conflict affected states, but can respond as appropriate to an emergency in any state. After doing an initial assessment, Medair intervenes in places where GAM rates are above emergency levels and a gap in nutrition services is identified. Over a flexible 3 month period the team sets up the full integrated CMAM package including IYCF-E, conducts training and hands-over to a longer term partner identified beforehand. Medair's nutrition ERT forms part of a well-established multi-sector team that has been responding to acute emergencies across South Sudan for more than 10 years. Medair purchases buffer stocks of essential supplies (including PlumpyNut, PlumpySup, F100/F75) to enable a quick response once an emergency is identified.

Given the impact of the social and care environment on nutrition,, special attention will continue to be given to behavior change. It includes the implementation of mother cascade groups appropriate to the context and addressing behaviors including IYCF, health and hygiene. SMART and KPC surveys will take place to evaluate performance and progress on IYCF and health and hygiene behaviours. Specific needs such as HIV-AIDs, TB and Kala Azar, as well as the needs of men, women, boys and girls and the elderly will continue to be taken into consideration and will be admitted into the nutrition programme when identified.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	1052	11543	7160	7340	**27,095**
Total beneficiaries include the following:					
Internally Displaced People	789	8657	5370	5505	20321
People in Host Communities	263	2886	1790	1835	6774
Pregnant and Lactating Women	0	5614	0	0	5614

Indirect Beneficiaries	Mothers of children in feeding programmes	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 level of need is serious or critical (IPC Phase 3 or 4).
Cluster Objective 1: Medair will implement comprehensive integrated nutrition programmes through TSFPs, OTPs, SC, micronutrient supplementation and IYCF service provision including active case finding and defaulter tracing to children 6-59 months, PLW and vulnerable individuals. Medair will continue to provide integrated CMAM services in Renk County where a multisectoral project is already in place, in Leer County where a phased re-establishment of critical life-saving services is currently underway and through the Juba-based nutrition emergency response team (ERT) who will respond to nutrition emergencies as they present.

Cluster Objective 2: Except for a few exceptions, all nutrition interventions are integrated into existing health services (either Medair or other partners) and additional outreach sites are set up as needed for coverage. Preventative measures addressing social and care environment will continue to take place with BCC activities for PLW and care takers addressing IYCF practices at facility as well as community level.

Cluster Objective 3: Medair will conduct pre-harvest SMART surveys (April/July window) in all set projects as well as KPC surveys to evaluate IYCF behavior change. Representative or exhaustive MUAC screening will continue to take place in Renk county and during ERT assessments to identify nutrition needs following recent population displacements or gaps in nutrition services. Medair will continue to be an active member of the Nutrition Cluster as part of the Strategic Advisory Group and other taskforces (NIWG, IYCF and CMAM) to ensure good coordination and quality programming.

Sub-Grants to Implementing Partners

Other funding Secured For the Same Project (to date)

Source	US$
ECHO	140,000.00
EOMET	51,000.00
	191,000.00

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	In April 2015, the IPC projected that 4.6 million people in South Sudan were severely food insecure (phase 3 and 4), with Upper Nile and Unity representing two of the most affected states. Chronic under-nutrition with frequent nutritional emergencies among vulnerable groups such as boys, girls and pregnant and lactating women (PLW) has been prevalent for many years in South Sudan. High rates of childhood diseases such as diarrhoea, malaria and acute respiratory infection (ARI), poor immunization rates, lack of adequate water and sanitation infrastructure, and poor infant feeding practices are aggravating factors to high rates of acute malnutrition in this population. The expected deterioration in food availability combined with exacerbating factors such as conflicts, increasing market prices, reduced access to health, WASH and nutrition services due to displacement and damage to existing facilities point to an urgent need to continue responding and adjusting to the context with scaling up of nutrition services. The ongoing conflict continues to create sudden and unpredictable population displacements which require quick deployments to assess, coordinate and set up nutrition interventions. These needs are best addressed by already functioning nutrition emergency response 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. In Renk County, the conflict between SPLA and SPLA(IO) forces has continued with near monthly clashes involving heavy mortar fire and shelling causing extensive destruction. It is difficult to specify which people in Renk County are now displaced, as most have been on the run in the past year and have suffered significant losses. Both Leer and Mayendit Counties have continued to experience heavy fighting from February 2014 onwards, resulting in mass displacement of the host population and many lives lost. The on-going conflict has further interrupted an already weak public health care system. The absence of effective public health services leaves the counties at significant risk of high rates of communicable diseases (evidenced by a measles outbreak in Renk in November 2014), worsening malnutrition (evidenced in Leer in 2014 and since the ongoing conflict), and unnecessary deaths as a consequence. Meetings with different stakeholders at field level continue to take place to improve understanding of the local political context and to ensure planned activities are appropriate to the context and conflict sensitive.
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)	Renk County continues to host highly vulnerable conflict affected people, including both host communities and IDPs living within IDP sites (e.g. Wonthow), former returnee sites (e.g. Abayok) and dispersed within the host communities. The preliminary results of a SMART survey conducted by Medair in Renk County in June 2015 showed a GAM rate of 17.8%, i.e. above the emergency threshold. In Leer County, SMART surveys took place every 3 months after a GAM rate of 34,1% in June 2014. The severity of the nutrition situation has improved since then and the latest SMART survey conducted in March 2015 (pre lean season) showed a GAM rate of 12%. However, Leer county has been significantly impacted by the intensification of the conflict in Southern Unity State from May 2015 onwards. The entire population is currently displaced into the bush and swamp areas, with nutrition programming completely disrupted. As the ongoing insecurity continues to erode what little coping mechanisms remain for the population of Leer, there is an urgent concern that GAM rates are once again far above emergency levels and far beyond the May 2015 IPC nutrition map projection for May-July 2015 (projected as serious) . Due to the security situation, the Medair SMART survey planned for June 2015 could not take place. As mentioned above, the ongoing conflict continues to create sudden and unpredictable population displacements which require quick deployments to assess, coordinate and set up nutrition interventions. In this situation, Medair's emergency response team can be deployed over a flexible 3 month period to help integrate nutrition services in the health facilities while the partner is preparing to continue supporting already implemented activities. The team operates mainly in the 3 conflict affected states, intervening after the initial assessment is done, in locations where GAM rates are above emergency levels and a gap in nutrition services is identified. The team sets up the full integrated CMAM package including IYCF-E, conducts training and hands-over to a longer term partner identified beforehand. Medair's nutrition ERT forms part of a well-established multi-sector team that has been responding to acute emergencies across South Sudan for more than 10 years.
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 of this project. Other vulnerable groups, such as those affected by chronic diseases including HIV-IDs, Kala Azar or tuberculosis are also eligible for admission into the TSFP programme. In Renk County for example, Kala Azar patients are identified as they come to seek care in the health facilities, they receive treatment and are then referred/admitted to the nutrition sites which are integrated with the clinics. There is currently no protocol in existence in South Sudan for treatment of malnutrition for the elderly, however, the CMAM guidelines are due to be updated. In the meantime, malnourished elderly persons will be eligible for admission into the programme, community leaders and the Care Group Model will be used to identify who among the community needs assistance. Medair will ensure that entrances to facilities, including consulting spaces are accessible to those with mobility impairment and that nutrition staff assist those patients first and help them to move around the clinics as necessary. All data collected will be disaggregated by gender which enables close monitoring of targeted services. Nutrition outreach workers will be trained to also focus on children with disabilities with malnutrition and facilitate their access to the nutrition services. The project will continue to address the needs of both IDPs and host communities, as well as ensuring access to services for people of different tribes to contribute towards preventing 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 group discussions with men and women of different ages and tribes will continue to take place to identify gender roles and responsibilities in the different communities.
4. Grant Request Justification.	Medair seeks to address the immediate and longer term gap by providing preventive and curative care for acute malnutrition in vulnerable girls and boys under 5 and PLWs while actively seeking to capacity build long term actors. With the volatile context in the 3 conflict affected states, Medair has learnt to remain flexible in its nutrition/multisectoral approach to respond as best as possible to the changing environment. In Renk county where sporadic and intense shelling is common, a nutrition mobile team was added to reach pockets of populations constantly moving, leaving a village empty from one week to the next. As the only nutrition partner in the county and without secondary health care services available, Medair also set up a SC. In such a context, IYCF-E saves lives and a new comprehensive strategy for behavior change is being initiated in the nutrition sites and in the communities. Over the years, the ERT has evolved to not only address emergency nutrition needs but to also take into consideration the chronic aspect of the crisis. This is achieved by setting up and integrating the full CMAM package (when security allows) into the existing health facility which strengthened health services. It ensures children admitted are followed up until they are cured and that CMAM services continue once the intervention is completed .This is achieved by working alongside and capacity building the health/nutrition partner for a few months and involves not only case management but also stock management, IYCF-E, community screening and reporting. To respond without delays, Medair purchases some of the RUSF and RUTF which are stored and readily available for the ERT in a warehouse in Juba. Recent performance includes the set-up of integrated CMAM services in a health facility operated by CMA in Juibor (Jonglei State). Following the intense conflict in Southern Unity, the area has seen an influx of IDPs. Medair's response included NFI distribution, as well as advocacy to WFP to initiate GFD and BSFP which was later implemented. Medair is also facilitating discussions between CMA (health actor) and WFP/UNICEF to get the relevant agreements and ensure nutrition supplies are available to continue nutrition services before Medair leaves. In Leer, Medair managed a rapid set up and developed a good understanding of the context by working in close collaboration with NNGO UNIDO. The good coordination included the signature of an MoU where Medair committed to give technical and equipment (not financial) support to UNIDO for the setting up of integrated TSFP in 8 of their health facilities in Mayendit county. Whilst full-scale nutrition programming in South Unity is currently suspended due to insecurity, Medair has commenced a phased re-establishment of critical life-saving services, adopting the Nutrition Cluster recommended approach for re-establishing the nutrition response in Southern Unity. Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. Medair trains nutrition workers in appropriate packaging waste management. In the last ERT response, care takers were asked to bring the empty sachets of RUTF before receiving further rations. Relevant staff are also trained in universal HIV/AIDS precautions and 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. The project seeks to prevent potential tensions between different tribal groups. Medair's CHF Round 1 nutrition allocation expires at the end of July 2015, this Round 2 CHF allocation will enable Medair to fill a funding gap from other donors and to continue responding to emerging nutrition emergency response needs throughout the remainder of 2015 as well as continue to provide nutrition support
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	This project is a continuation of Medair's ongoing nutrition support to IDPs and vulnerable host communities in Renk and Leer Counties and will enable Medair to continue responding to emerging nutrition emergency response needs throughout the remainder of 2015. Medair's CHF Round 1 nutrition allocation expires at the end of July 2015. Given the close link between malnutrition and other illnesses and infections, Medair seeks to integrate nutrition programming with health and WASH activities to strengthen the response. For example, in Renk County, Medair fill a critical gap in the provision of multi-sectoral support across the health, nutrition and WASH sectors. The nutrition emergency response team (ERT) is one part of a broader team which includes health, WASH and NFI. Assessments made, even if sector specific, consider the bigger picture in terms of needs and as much as possible planned responses are multi sectorial.

LOGICAL FRAMEWORK

Overall project objective	To reduce morbidity and mortality due to acute malnutrition in displaced populations and acutely vulnerable host communities by improving the availability, utilization 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	50
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	30

2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response	SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods	20

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 preventative and curative nutrition services (CMAM package).	Nutrition supplies are available through the core pipelines. Nutrition workers are available in local communities. MoH and Government support are provided to allow activities to be carried out. Security allow 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			391	424	815
	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			1152	1248	2400
	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		500			500
	Means of Verification:	Emergency response assessment and intervention reports. Monthly nutrition reports.					
Indicator 1.1.4	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	52	43			95
	Means of Verification:	Intervention reports.					
Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment]Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			293	318	611
	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%)			39	42	81
	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%)			59	64	123
	Means of Verification:	Monthly nutrition reports.					
Indicator 1.1.8	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)			864	936	1800
	Means of Verification:	Monthly nutrition reports.					
Indicator 1.1.9	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program death rate (SPHERE standards)			35	37	72
	Means of Verification:	Monthly nutrition reports.					
Indicator 1.1.10	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)			173	187	360
	Means of Verification:	Monthly nutrition reports.					

Activities

Activity 1.1.1	Optimise community outreach and referral for CMAM services through MUAC screening (ERT and fixed sites)
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	Support and establish programmes for the treatment of SAM and MAM in children 0-59 months and PLW
Activity 1.1.4	Train local female and male nutrition workers 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 1.1.5	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)
Activity 1.1.6	Provision of micronutrient powders to children 6 – 23 months (fixed locations only)

Outcome 2	Increased nutritional knowledge and attitudes regarding healthy 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	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	1000	5614			6614
	Means of Verification:	Emergency response assessment and intervention reports. Monthly cascade group reports.					

Activities

Activity 2.1.1	Initiate/continue communication of health, IYCF and hygiene messages in nutrition sites (ERT and fixed sites)
Activity 2.1.2	Organise Volunteers/Promoters meeting every other week to gather feedback from previous weeks and teach message for the following 2 weeks (fixed sites)
Activity 2.1.3	Organise 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 the 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					2
	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		11500	7160	7340	26000
	Means of Verification:	Preliminary results and final survey report					

Activities

Activity 3.1.1	MUAC screening of boys, girls 6-59 months and PLW are conducted in ERT locations
Activity 3.1.2	Coordinate/collaborate with partners and nutrition cluster before, during and after assessment and interventions

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 sites)	2015								X	X	X	X	X
	2016	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
	2016	X											
Activity 1.1.3 Support and establish programmes for the treatment of SAM and MAM in children 0-59 months and PLW	2015								X	X	X	X	X
	2016	X											
Activity 1.1.4 Train local female and male nutrition workers 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
	2016	X											
Activity 1.1.5 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
	2016	X											
Activity 2.1.1 Initiate/continue communication of health, IYCF and hygiene messages in nutrition sites (ERT and fixed sites)	2015								X	X	X	X	X
	2016	X											
Activity 2.1.2 Organise Volunteers/Promoters meeting every other week to gather feedback from previous weeks and teach message for the following 2 weeks (fixed sites)	2015								X	X	X	X	X
	2016	X											
Activity 2.1.3 Organise Promoters to spread IYCF messages in the communities (ERT)	2015								X	X	X	X	X
	2016	X											
Activity 3.1.1 MUAC screening of boys, girls 6-59 months and PLW are conducted in ERT locations	2015								X	X	X	X	X
	2016	X											
Activity 3.1.2 Coordinate/collaborate with partners and nutrition cluster before, during and after assessment and interventions	2015								X	X	X	X	X
	2016	X											
Activity 1.1.6 Provision of micronutrient powders to children 6 – 23 months (fixed locations only)	2015								X	X	X	X	X
	2016	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 .

For fixed sites as well as for the ERT, weekly data collection sheets are filled out at field nutrition sites and collected/computerized for inclusion in monthly cluster reports. A monitoring and evaluation plan is in place which includes information on: the definition of indicators, baseline and targets, data needed, sources of data, data collection method, frequency of data collection, the person responsible for the data collection, the person 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 on a quarterly basis by the nutrition advisor. Moreover, a monthly internal report is submitted from field level to main support base, with an update on all indicators and targets to evaluate the progress of the project. The reports include a brief description of key activities, an outline of plans for the following month, as well as challenges and mitigation strategies. The reports are used to monitor and adjust the focus of attention towards the indicators performing least favorably.

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 also meets with the project manager and advisor to clarify objectives and iron out any issues. At field level, tally sheets and IRNA questionnaires are used to record MUAC and collect relevant information. Upon return and within 5 working days, a report following the ToR requirements is written, reviewed and sent to the cluster and partners involved. On the manager level, a weekly meeting between advisor and project manager takes place to evaluate responses and potential sites for future interventions. As soon as the intervention is set up, relevant weekly and monthly reports are written by sector managers, reviewed by the project manager and sent to the nutrition cluster.

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. Emergency Response Team assessments include key informant interviews and group discussions within communities. 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 working with Medair in South Sudan receives 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 also has Fraud and Misconduct Notification Guidelines in place.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	Medair nutrition interventions will provide emergency nutrition services in locations where the IPC classification of nutrition needs is serious or critical (phase 3 or 4). Medair will directly implement the programme activities without sub-granting other entities, though a contractor may be recruited to support the SMART survey in Renk. Upon arrival in a location and throughout the intervention, Medair works with the local community to ensure both men and women have equal access to employment with Medair as well as services. Medair has support bases, staff and resources in place to successfully implement the activities, given adequate funding. In all responses and activities, Medair liaises and coordinates with national, state, county and local government officials and authorities. Medair also liaises with Unicef and WFP to acquire nutrition supplies which support our activities. Coordination with other partners and the nutrition cluster will continue to take place at all stages of the intervention. The objective pursued in all projects is to deliver the whole CMAM package in a defined geographical area, as opposed to separating the different components between partners within the same location. This approach increases the efficiency of the project since all components are closely linked and it is crucial 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. Medair will continue to closely coordinate with other partners on ground to avoid duplication; this particularly takes place at the time of writing PCA/FLAs with UNICEF and WFP but also in finding ways to find systems to avoid double registration in different nutrition sites (only admitting children from specific villages) and regular meetings with partners. For the emergency response team, close collaboration will take place with handover partners who will continue implementing the nutrition activities once Medair exit. To ensure a smooth transition and clear responsibilities of the 2 partners, a Memorandum of Understanding is signed by both parties, which includes details around role division during the period and exit criteria for Medair. Medair staff will work in collaboration and coordination with the County Health Departments in all interventions to improve the local emergency response capacity. Medair also works in partnership with other local NGOs and international NGOs within the same area of emergency to ensure gaps are filled and there is no overlap of services. Medair purchases buffer stocks of essential supplies (including PlumpyNut, PlumpySup, CSB, F100/F75) to enable a quick response once an emergency is identified.

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. UNIDO (Leer and Mayendit counties)	Long term NGO actor in the area with good understanding of the context. Health actors in 3 locations in Leer. Medair provides technical support in 8TSFP sites in Northern Mayendit. ERT provided health and nutrition support in Southern Mayendit (before actual conflict).
3. MSF (Leer county)	MSF is supporting the hospital in Leer including the SC as well as treating SAM and MAM.
4. ICRC (Leer county)	Provide GFD and BSFP. Conduct regular SMART surveys, coordinate to share results and avoid duplication of surveys.
5. Nile Hope (Leer county)	Health lead in Leer county, nutrition implemented in 3 clinics where NH is running health services.
6. CMA (Fangak county)	The ERT ongoing response in Jonglei is done in close collaboration with CMA (MoU signed) who will take over the nutrition services when Medair leaves.
7. CHD (all counties where project implementation)	First contact visited as started ERT assessment/intervention, regular meetings in set projects.
8. UNICEF, WFP	PCA and FLAs

Environmental Marker Code	
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	Besides the usual breakdown between boys and girls admitted in the program, monthly analysis of the OTP/TSFP data will continue to identify any gender discrepancies in admissions. As a result, it has previously been identified that significantly more girls were admitted than boys. Focus group discussions with different age groups and divided by gender will be conducted to identify the reasons behind the discrepancy and find solutions to address it . Following the same model as above, gender analysis will continue to identify roles and responsibilities of girls and boys below the age of 14, men and women of 30-40 years old and above 40years old. The outcome of the first FGD in one of the site was that girls are eating last, with the mothers and after grown up men then boys have eaten the premium of the meal. The impact of this cultural behavior will be discussed in care groups and within the community to try to find acceptable solutions.
Protection Mainstreaming	
Safety and Security	
Access	

BUDGET

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
1.1	Programme National Staff	D	45	1647.39	6	13.40%	59,602.57	19,867.00	29,801.00	9,934.57	59,602.57
	All benefits for 45 staff: (1 Clinical Officer, 4 Guard, 1 Health Manager, 2 Health Officer, 2 IYCF Officer, 1 Logistic Assistant, 22 Nutrition Assistant, 1 Nutrition Manager, 1 Nutrition Nurse, 1 Nutrition Officer, 1 Nutrition Outreach Worker, 1 Nutrition Promoter, 1 Programme Assistant - Warehouse, 1 Project Support Officer, 1 SC Nurse, 1 Sr. Monitoring & Evaluation Officer, 1 Technical Monitoring & Evaluation Officer, 1 Administrative Asssistant, 1 Care group officer/Assistant, 1 Water Carrier/Cleaner, 2 Cleaner/Cook, 3 Driver)										
1.2	Programme International Staff	D	14	2949.51	6	19.75%	48,932.37	16,311.00	24,466.00	8,155.37	48,932.37
	All benefits for 14 staff: (1 Health & Nutrition Project Manager, 1 Health Project Manager, 1 Logistics Officer, 1 Monitoring & Evaluation Manager, 2 Nutrition Advisor, 2 Nutrition Manager, 1 Nutrition Project Manager, 2 Programme Funding Manager, 1 Project Support Manager, 2 Projects Coordinator)										
1.3	Support base Nat. staff	S	6	2520.26	6	15.34%	13,917.88	4,639.00	6,959.00	2,319.88	13,917.88
	6 staff (1 Admin & HR Officer, 1 Logistics Assistant, 2 Logistics Officer, 1 Project Support Manager, 1 Finance Officer)										
	Section Total						122,452.82	40,817.00	61,226.00	20,409.82	122,452.82

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		2016	Quarterly Total
								Q3	Q4	Q1	
2.1	Consumable supplies	D	19	549.44	6	32.40%	20,294.12	6,765.00	10,147.00	3,382.12	20,294.12
	(Medicines, drugs and medical and supplies, OTP, TSFP and PLW cards, Buckets for PLWs, batteries, stationary)										
2.2	Plumpy nut, plumpy supp, soap, mosquito nets	D	10	1105.19	6	13.49%	8,945.41	2,982.00	4,473.00	1,490.41	8,945.41
2.3	Construction materials	D	6	625.89	6	14.46%	3,258.13	1,086.00	1,629.00	543.13	3,258.13

	(Maintenance of stabilisation center, local temporary shelters and clinic sites, supplies for building simple local structure's for OTP and SFP, tools for construction of OTP/TSFP structures, Roofing, storage needed for OTP/TSFP)											
2.4	Furniture, accessories and equipment	D	13	238.96	6	17.47%	3,256.21	1,085.00	1,628.00	543.21	3,256.21
	(Weighing scales and basins, beds and matresses, pallets and shelves for NUT store, MSF Dispensary Tent, cabinets, tables, benches, chairs)											
2.5	Incentives and Casual labour	D	27	748.44	6	14.05%	17,035.24	5,678.00	8,518.00	2,839.24	17,035.24
	(Incentives : care group promoters, gumboots, raincoats, T-shirts, translation and enumarators for survey, casual labour for erecting tents, cleaning, offloading and loading, contruction and rehabilitaion 3 old site Host and 3 new ones, Working at clinic construction, community guard, community cleaner)											
2.6	Incentives and Casual labour	S	2	105	6	15.88%	200.09	67.00	100.00	33.09	200.09
	(Loading and offloading cargo at Office)											
2.7	Transport costs for distribution items to the response sites	D	16	2177.94	6	55.00%	114,995.23	38,331.74	57,497.49	19,166.00	114,995.23
	(Charters for cargo movements, transport of plumpysup, mosquito nets, plumpynut, soap, construction material for clinics)											
2.8	Training and awareness raising	D	36	105.43	6	11.44%	2,605.22	868.00	1,303.00	434.22	2,605.22
	(Care group promoters, items for demonstration of behavior, material for carrying out training : flip charts, notebooks, pens, banners, posters)											
	Section Total						170,589.65	56,862.74	85,295.49	28,431.42	170,589.65

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		2016	Quarterly Total
								Q3	Q4	Q1	
3.1	Household equipment	S	1	80	6	15.88%	76.22	25.00	38.00	13.22	76.22
	For the support base										
3.2	Power - generator , solar systems	D	4	172.64	6	13.48%	558.52	186.00	279.00	93.52	558.52
3.3	Cell phones, thuraya	D	3	32.75	6	15.37%	90.61	30.00	45.00	15.61	90.61
3.4	Camera, printer, scanner, copier	D	2	162.54	6	9.90%	193.10	64.00	97.00	32.10	193.10
	Section Total						918.45	305.00	459.00	154.45	918.45

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		2016	Quarterly Total
								Q3	Q4	Q1	
4.1	Legal fees, survey and evaluations for the project	D	8	655.31	6	10.37%	3,261.87	1,087.00	1,631.00	543.87	3,261.87
4.2	Legal fees, survey and evaluations for the support base	S	1	32	6	15.88%	30.49	10.00	15.00	5.49	30.49
	Section Total						3,292.36	1,097.00	1,646.00	549.36	3,292.36

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		2016	Quarterly Total
								Q3	Q4	Q1	
5.1	Ground Travel	D	8	101.99	6	14.30%	700.06	233.00	350.00	117.06	700.06
	(taxi to and from airport)										
5.2	Ground Travel	S	2	96.7	6	15.88%	184.27	61.00	92.00	31.27	184.27
	(taxi for support managers)										
5.3	Continental flights	D	46	319.34	6	15.02%	13,238.30	4,413.00	6,619.00	2,206.30	13,238.30
	(for programme staff)										
5.4	Continental flights	S	6	208	6	15.88%	1,189.09	396.00	595.00	198.09	1,189.09
	(for support managers)										
5.5	Intercontinental flights	D	19	123.08	6	12.07%	1,693.56	565.00	847.00	281.56	1,693.56
	(home leave for programme staff)										
5.6	Rental of vehicle/boat, including fuel and maintenance	D	26	591.35	6	12.70%	11,715.83	3,905.00	5,858.00	1,952.83	11,715.83
5.7	Rental of vehicle/boat, including fuel and maintenance	S	33	47.3	6	15.88%	1,487.23	496.00	744.00	247.23	1,487.23
	Section Total						30,208.34	10,069.00	15,105.00	5,034.34	30,208.34

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		2016	Quarterly Total
								Q3	Q4	Q1	
	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		2016	Quarterly Total
								Q3	Q4	Q1	

7.1	Office supplies	D	5	495.85	6	15.06%	2,240.25	747.00	1,120.00	373.25	2,240.25
	(cartridges, stationery, paper, markers, pens, notebooks for the project)										
7.2	Office supplies	S	2	155.15	6	11.79%	219.51	73.00	110.00	36.51	219.51
	(Office stationary, IAWG membership for the supporting staff)										
7.3	Transport for non-beneficiary goods, packaging materials linked to the project	D	9	1527.56	6	14.80%	12,208.26	4,069.00	6,104.00	2,035.26	12,208.26
7.4	Packaging materials, postage & courier service, bank transaction fees	S	2	500	6	15.88%	952.80	318.00	476.00	158.80	952.80
7.5	Communication costs	D	6	673.36	6	11.37%	2,756.20	919.00	1,378.00	459.20	2,756.20
	(phone, internet, satellite communications Airtime, Bgan /thuraya/mobile/V-sat Costs) for the project										
7.6	Communication costs	S	5	163.97	6	15.88%	781.15	260.00	391.00	130.15	781.15
	(phone, internet, satellite communications) for the supporting staff										
7.7	Visibility material	D	6	104.44	6	100.00%	3,759.84	1,253.00	1,880.00	626.84	3,759.84
	(Sign boards, T-shirts, stamps, stickers, billboards)										
7.8	Facility maintenance, and supplies	D	17	640.2	6	15.64%	10,212.98	3,404.00	5,107.00	1,701.98	10,212.98
	(Warehouse maintenance, supplies, generators, water for warehouse, warehouse rent)										
7.9	Facility maintenance, and supplies	S	4	158.34	6	15.88%	603.47	201.00	302.00	100.47	603.47
	(Office, house repairs, electrical repairs, gas, electricity)										
7.10	Office equipment maintenance, security supplies	D	9	174.73	6	12.15%	1,146.40	382.00	573.00	191.40	1,146.40
	(Fencing, torches & batteries for guards in field sites, fox holes sandbags, trunks and pad locks, security Training)										
7.11	Office equipment maintenance, security supplies	S	6	322.93	6	15.88%	1,846.13	615.00	923.00	308.13	1,846.13
	(Fencing, torches & batteries for guards in field sites, fox holes sandbags, trunks and pad locks, security Training)										
7.12	Rent costs for responding sites	D	5	1678.51	6	15.72%	7,915.85	2,639.00	3,958.00	1,318.85	7,915.85
7.13	Office rent for support base	S	1	2784.05	6	15.88%	2,652.64	884.00	1,326.00	442.64	2,652.64
	Section Total						47,295.48	15,764.00	23,648.00	7,883.48	47,295.48

Sub Total Direct Cost	374,757.10
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	1%
PSC Amount	26,233.00

Quarterly Budget Details for PSC Amount

2015		**2016**	**Total**
Q3	Q4	Q1	
8,744.33	13,116.49	4,372.18	26,233.00

Total Fund Project Cost	400,990.10

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei	20					0	
Unity	10					0	
Unity -> Leer	20					0	
Unity -> Mayendit	5					0	
Upper Nile	10					0	
Upper Nile -> Renk	35					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