

# Project Proposal

Organization	UNIDO (Universal Intervention and Development Organization)																																													
Project Title	Treatment and Management of Acute Malnutrition in Vulnerable IDPs and Host Communities in Mayendit and Leer Counties, Unity State																																													
Fund Code	SSD-15/HSS10/SA2/N/NGO/575																																													
Cluster	<b>Primary cluster</b>		<b>Sub cluster</b>																																											
	NUTRITION		None																																											
Project Allocation	2nd Round Standard Allocation	Allocation Category Type																																												
Project budget in US\$	200,237.98	Planned project duration	6 months																																											
Planned Start Date	15/08/2015	Planned End Date	29/02/2016																																											
OPS Details	OPS Code	SSD-15/H/72534/R	OPS Budget	0.00																																										
	OPS Project Ranking		OPS Gender Marker																																											
Project Summary	<p>This project will seek to support the existence of 12 OTPs and 8 TSFPs in Mayendit County, Unity State, in order to continue with the scale up access to high quality treatment of acute malnutrition among pregnant and lactating women and children boys and Girls under the age of 5 years thus avoiding start up costs. In addition, the treatment sites will provide women and caretakers of young children (boys and Girls) both Fathers and Mothers with counseling and support of optimal IYCF practices services. Capacity building of 24 facility based Nutrition staff in IMAM and IYCF to improve emergency response plans, ensure high quality services, sustainability and increased awareness and coverage of the project will also be done. As part of analysis and monitoring of the emergency nutrition response, the project will undertake 1 KAP survey. Direct beneficiaries of the project include PLWs, B &amp; Gs under the age of 5 years, who are affected by acute malnutrition, Host community members, Disabled community members, and flood affected population. Beneficiaries will be admitted according to nutritional status, regardless of sex. Monthly reports will apply SADD principle to ensure access by both gender. Measures to prevent GBV in Mayendit will be taken into account amongst them will be equal participation of M,W,B &amp; G in project implementation, Equal chances in terms of staffing and equal chances to M,W,B &amp; G in views during project design. Additional direct beneficiaries include 20 facility-based and 20 community-based health workers, who will receive training and supervision in IMAM and IYCF. The project will ensure one half of the community based health workers and one third of the facility based health workers receiving capacity building are women, to ensure gender equity. Direct beneficiaries include 750 host community members and 750 internally displaced people. The project will ensure that host communities, IDPs and Flood affected population women , Men ,Boys and Girls have equal access to quality services, to ensure greater coverage and reduce the risk of exacerbating conflict. UNIDO's primary focus is to provide training on Integrated Management of Acute Malnutrition (IMAM), which promotes the identification and treatment of SAM &amp; MAM in line with the Government of South Sudan (GoSS) ministry of health (MoH) guidelines and SPHERE standards .Currently Mayendit is not accessible by road during rainy season but during dry season it can be accessed via Rumbek-Warrap road. However as a result of the sporadic attacks ,the road is prone to dangers /attacks from bandits and looters thus UNIDO resolves in using air transport for efficient service delivery. The project will be implemented on a DO NO HARM principle to avoid contributing to conflict and inequity.</p>																																													
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>1500</td> <td>2368</td> <td>7790</td> <td>7618</td> <td>19,276</td> </tr> <tr> <td colspan="6"><b>Total beneficiaries include the following:</b></td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>7790</td> <td>7618</td> <td>15408</td> </tr> <tr> <td>People in Host Communities</td> <td>1000</td> <td>200</td> <td>125</td> <td>125</td> <td>1450</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>3668</td> <td>0</td> <td>0</td> <td>3668</td> </tr> <tr> <td>Internally Displaced People</td> <td>355</td> <td>355</td> <td>300</td> <td>340</td> <td>1350</td> </tr> </tbody> </table>					Men	Women	Boys	Girls	Total	Beneficiary Summary	1500	2368	7790	7618	19,276	<b>Total beneficiaries include the following:</b>						Children under 5	0	0	7790	7618	15408	People in Host Communities	1000	200	125	125	1450	Pregnant and Lactating Women	0	3668	0	0	3668	Internally Displaced People	355	355	300	340	1350
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Indirect Beneficiaries	700-Men 1300-Women & 600-IDPs	Catchment Population	53783 Approximately as this is based on the last census done in South Sudan (2008)																																											
Link with the Allocation Strategy	<p>This project will contribute to the overall objective of the CHF allocation strategy to address life-threatening needs caused by severe and moderate acute malnutrition in areas where the GAM rates are above the emergency threshold of 15%. It links directly to the strategic objectives outlined in the 2015 SRP for South Sudan. UNIDO works in one of the 3 conflict affected states classified to be high severity scores in southern areas of Unity State and assigned to be among the high priority designation by the IPC Nutrition cluster. It is important to show accountability to the affected populations by providing necessary life threatening needs and psycho social support to nutrition stakeholders. The principle of DO NO HARM is one of UNIDO core values and will therefore; maximize the funds granted by CHF towards the betterment of the affected communities and will value this through transparent and accountable implementation. Its presence on ground and able expertise make UNIDO eligible for the funding. The Strategic Response Plan (SRP) for 2015 encompasses three strategic objectives: saving lives and alleviating suffering through multi-sectoral assistance; protecting the rights of the most vulnerable, including freedom of movement; and improving self-reliance and coping capacities by protecting, restoring and promoting livelihoods. UNIDO is adhering to all the aforementioned. UNIDO also envisages towards Provision of high-impact nutrition Intervention services to children under 5 years (boys and girls), pregnant and lactating women, Men and other vulnerable groups in the hard-to-reach and conflict affected County of Mayendit,( Tutnyang',Rubkuay,Thaker,Leah,Pabuong,Dabluai,Kuok,Luom,Madol,Jaguar,Mayendit,Bhor,Malkuer payams) in Unity State by December 2015. This will be done mainly through Treatment of acute malnutrition in children U5 years Boys and Girls, Pregnant &amp; Lactating Women and other vulnerable groups both Men and Women with focus on strengthening linkages of programme activities for SAM and MAM. The above having been mentioned, if funded UNIDO will ensure adequate service is delivered to its beneficiaries. UNIDO will continue to be an active member of the SAG and other task forces (NIWG, IYCF and CMAM) at nutrition cluster level to ensure good coordination and quality programming. Through setting up the community IYCF Male support groups, the project will be providing access to integrated programs preventing under nutrition for at least 30 per cent of girls (946) and boys (868) aged 0-59 months, and 1234 pregnant and lactating women, older people women and Men and other vulnerable groups Through the KAP survey; barrier analyses and ongoing IMAM monitoring, the project will ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response UNIDO will maintain its active participation in the Nutrition Cluster meetings both at the state and National levels where ideas and project updates are shared on monthly basis. UNIDO will encourage active participation of the local community including Women, Men, Boys &amp; Girls in the implementation of the proposed project.. The cost per beneficiary is very reasonable considering the strategy to work jointly with MOH in service delivery. Overall because the project is to be implemented in multi payams, the organizations overhead costs have significantly been reduced. UNIDO's current nutrition staff who are to implement the grant are highly competent and will bring out the value for money. Again this project will be implemented in conjunction with UNIDO's WASH, FSL, EDUCATION, PROTECTION and primary health care projects in the same areas thus really breaking any route underlying causes for malnutrition. With a need to be Environmental friendly, UNIDO will ensure proper disposal of Plump nut sachets and boxes as well as an effective hand washing practice in the both the community and at the HFs.</p>																																													
Sub-Grants to Implementing Partners			Other funding Secured For the Same Project (to date)																																											
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	JAMES NINREW KEAH	EXECUTIVE DIRECTOR	0927394926	ninrewk@gmail.com																																										
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## BACKGROUND INFORMATION

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

The outlook for 2015 is of great concern with 2.1 million people projected to be in Crisis or Emergency at Start of Harvest period between August and September 2015 (May IPC 2015). In Unity State, 550,000 people are likely to face severe food insecurity (IPC Phases 3 and 4) in May-July. This is deterioration from about 420,000 people in April 2014. This severely food insecure population was expected to fall slightly to 440,000 with the expectation of a normal start of green harvests in August 2015, however, given the new spate of fighting that started at the time the IPC analysis was being completed this projection is very unlikely (May IPC) This consequently puts nutrition at the top notch if malnutrition related deaths are to be managed. The March 2015 FSNMS report, estimated that 46 per cent of population in Unity had poor and borderline consumption. Many households (76%) were spending more than three quarters of their income on purchasing food in

local markets The overall nutrition situation remaining dire between August to September 2015. According to the South Sudan 2008 Population Census, the selected county had the following population numbers: Mayendit 53,783 Acute malnutrition in the selected county is highest in periods between August and September (As per our clinical data in the HFs), which is the post-harvest period and is caused by multiple causes due to intermittent food insecurity situations, floods, returnees, disease and conflicts. Persons especially children boys and girls under 5 suffering from deficiencies of micronutrients have problems with food utilization due to impaired digestive systems and therefore have limited absorption capacity leading to complex chronic malnutrition status. As per UNIDO reports to the cluster from the 12 OTP sites, it shows that there are 800 new SAM cases <5 boys and girls in Mayendit and 1200 new MAM cases. UNIDO is among organizations implementing nutrition (OTP, TSFP & IYCF) in Mayendit county. In January 2015 UNIDO conducted a rapid assessment together with Medair, a technical team comprising of staff from various background (health, nutrition,) and with experience in conducting rapid assessment. The assessment was carried out in Southern Mayendit and used qualitative data collection tools such focus group discussions (FGDs), key informant interviews (KIIs), and safety audits and transects walk/observation to gather information on the population needs and existing service provision gaps. As a result we have an MOU with Medair on technical capacity building in Mayendit & logistical assistance to better deliver services. Infant and Young Child Feeding (IYCF) practices are rated low with UNICEF estimating IYCF practices at below 45%. According to the National Bureau of statistics the poverty incidence in Unity State was at 68.4% making it one of the poorest states in the country and the most affected are the Pregnant & Lactating women and children both boys and girls <5. Men are also affected indirectly. No recent SMART surveys results were available for this area during the April 2015 IPC analysis due to insecurity challenges the aforementioned activity is yet to be done. The previous nutrition surveys and FSNMS round 14 had recorded significant improvements from the September 2014 situation from GAM rate of 16.9% to 14.1% in Mayendit in December 2014 analysis. Current FSNMS Round 15 reported state-wide GAM rates of 19% indicating Critical nutrition situation in Unity. IDPs and returnees have limited access to adequate nutrition services, and clean and safe water and the most affected out of these are the PLW and children boys and girls <5 who can't access health centers so as to be provided with micro nutrient supplementation and screening. CHF funding to UNIDO would also increase the pool of humanitarian actors with mobile rapid response capacity in South Sudan.

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

UNIDO in partnership with the following agencies participated in the RRM exercise which was conducted between 23rd and 27th July 2015 in Dablual payam.  
i. Universal intervention and development organization (UNIDO)  
ii. UNICEF  
iii. World food program (WFP)  
iv. Samaritan's purse  
Since the break out of war in south Sudan on 15th December 2013, Unity state at large has experienced one of the worst war between the two warring parties. This war has forced thousands to flee their homes to either POCs in Bentiu and Juba or even to as far as the neighboring countries. All the IDPs are integrated into the community with no IDP camp. Dablual payam alone reports a high influx of IDPs (no available data as of now) coming from the peripheral payams and counties. There are reports of a high number of death casualties from the fighting. Others have been left permanently disabled due to injuries sustained. The situation is even made worse due to lack of medical and Nutrition attention in the payam and the county at large. The present turmoil in Mayendit and its environs could not allow for proper assessment but GAM rates in the neighboring area of Koch at 23.1% and estimate figures of 12% GAM for Leer from Med Air informed IP's decision to come up with an acceptable estimate to calculate the caseloads. However, Mayendit County has been significantly affected by the intensified conflict in Southern Unity State from May 2015 onwards. The entire population is currently displaced into the bush and swampy areas, with nutrition programming disrupted. As the ongoing insecurity continues to erode what little coping mechanisms remain for the population of Mayendit, 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). UNIDO seeks to continue serving the community to eradicate malnutrition related deaths.

**3. Description Of Beneficiaries**

The proposed project seeks to directly benefit 7790 Under 5 Boys, 7618 Under 5 Girls, 2368 Women and 1500 Men. Catchment Population to be reached is approximately 53783 individuals as we can not quite ascertain the exact figures due to the displacement caused by the recent wars. Indirectly, we will reach 700 Men, 1300 Women and 600 IDPs with the services here in.

**4. Grant Request Justification.**

UNIDO is the lead agency implementing health/ primary health care in Mayendit County where it already has existing structures for health and also nutrition sites. Due to its presence in the area for long, No much cost will be incurred for setting up/start-up cost. However, some structures were affected by the recent conflict and may need some rehabilitation for quality service delivery and safe storage of nutrition supplies. In all 12 Payams, in addition to Nutrition and health services, UNIDO is also implementing WASH, protection, FSL and education programs. The NGO is thus better placed to serve and meet the population's needs as the different components are integrated. UNIDO has had existence in these counties since 2004 hence has a good understanding of the geographical area and movement of Host Communities in the phase of shocks such as conflicts. UNIDO has an existing PCA with UNICEF for SAM supplies and FLA with WFP for TSFP supplies. These will enable the organization to timely request for supplies to respond to the nutrition emergency needs in the mentioned counties. Despite the fact that UNIDO is a national NGO, it has a proven technical capacity for offering nutrition services to the needy conflict affected population. UNIDO has qualified technical personnel and adequately trained local personnel's who provide quality service delivery to the communities living in these areas. UNIDO employs local staffs both men and women for purposes of continuity and sustainability of the program even during shocks such as conflict where International staff would otherwise leave. Throughout its operation in these areas, UNIDO has continually created good working relations with the local authorities and the community thus creating a sense of ownership for the programs and also active participation in program activities. UNIDO has the human technical expertise and financial accountability policy to maximize the under served nutrition services of young children boys & Girls, Pregnant and Lactating Women and also Men who had been experiencing acute malnutrition in the mentioned Counties. UNIDO will exert more efforts cooperate with other implementing agencies in the areas since this intervention is not a standalone activity and will show strong commitment to its core values as well as to project implementation strategies. Capacity building to the CHD and health workers (male and female) through trainings and on job training is ongoing as a way of providing sustainability in the program and ownership. In the TSFP we will also target children who are in cattle camps since our field nutrition team noted that during movement of cattle for greener pastures, the men take with them children so that they can milk the cows since in the Nuer culture adult men cannot milk cows; in these camps these children mostly boys rarely get a balanced diet and adequate food. In order to reduce the above high malnutrition rates, UNIDO intends to implement the Village Nutrition Center that will focus mainly on nutrition awareness at the community level this will include IYCF practices

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

UNIDO will complement on the previous existing nutrition interventions in Mayendit county implemented by well trained staff and CNVs. This project is a continuation of UNIDO's ongoing nutrition support to host community & IDPs in Mayendit County and will help UNIDO to continue responding to nutrition emergency response needs throughout the remainder of 2015. UNIDO's CHF Reserve allocation expired end of July 2015. Given the close link between malnutrition and other illnesses and infections, UNIDO will continue to integrate nutrition programming with Health, FSL, and Education and WASH activities to strengthen the response. Access to basic services for women, Men and Boys and Girls remain inadequate, therefore UNIDO nutrition team will continue with the close multi sectoral link as mentioned above to address these challenges

**LOGICAL FRAMEWORK**

**Overall project objective**

Provision of high-impact nutrition Intervention services to children under 5 years (boys and girls) pregnant and lactating women, Host community and Disabled persons and other vulnerable groups in the hard-to-reach and conflict affected County of Mayendit (Bhor, Tutnyang, Rubkuay, Thaker, Leah, Kuok, Jaguar, Dablual, Malkuer payams) in Unity State by December 2015.

**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	60
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	20
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** Increase coverage of quality lifesaving management of acute malnutrition for 1408 boys and 1466 girls 0-59 months and 2368 PLW in Mayendit County by 60%

**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) Security permit,

**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			720	500	1220



			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			1600	1600	3200
	<b>Means of Verification:</b>	OTPs Register, TSFP Registers, Monthly report					
Indicator 2.1.2	NUTRITION	[Frontline services] [Prevention] Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		2368			2368
	<b>Means of Verification:</b>	Health facilities register, Monthly report and quarterly report					
Indicator 2.1.3	NUTRITION	Number of Under 5s being screened at community and Facility level					4620
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each site					
Indicator 2.1.4	NUTRITION	Number of Children Under 5 boys and Girls dewormed					4000
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each project					
Indicator 2.1.5	NUTRITION	Community members and caregivers – provided Nutrition, Health and IYCF education in the facilities and at community level in Mayendit North and South.					1500
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each project					
Indicator 2.1.6	NUTRITION	Community Nutrition Volunteers given a refresher training on prevention, identification and referral of acute malnutrition cases to HFs in Mayendit					60
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each site					
Indicator 2.1.7	NUTRITION	Number of active individuals engaged in Mother to Mother Support Groups activities					50
	<b>Means of Verification:</b>	Monthly Qualitative and quantitative report from each site					
Indicator 2.1.8	NUTRITION	[Frontline services] [Prevention] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	20	30			50
	<b>Means of Verification:</b>	Project records/Reports, attendance sheets, IEC materials distributed					

### Activities

Activity 2.1.1	Organize regular community-based MUAC screening, case identification and referrals of children under 5 years.
Activity 2.1.2	Provide Vitamin A supplementation to children under 5 that are not in the nutrition programme.
Activity 2.1.3	Provide Dewormers to children under 5 that are not in the nutrition programme.
Activity 2.1.4	Provide Iron Supplementation to Pregnant and lactating women
Activity 2.1.5	Provide regular Health education (IYCF, Nutrition, Health, HIV-AIDS, and Hygiene and child care practices) in all nutrition sites for mothers and caregivers during each visit and Community (Community leaders, prominent people, women and children) health education sessions before MUAC screening exercises.
Activity 2.1.6	Identify and train 30 Community Volunteers to conduct health/nutrition/HIV-AIDS/Hygiene and child care practices as well as conduct regular nutrition screening and referral of children under 5 boys and girls
Activity 2.1.7	Coordinate the already existing Mother-to-Mother support groups in each site to facilitate open discussions and demonstrations
Activity 2.1.8	Continuous Monitoring of nutrition trend is well identified through surveys and assessments therefore will be ongoing

**Outcome 3** Increased nutrition situation analysis and coordinated response

**Code** **Description** **Assumptions & Risks**

**Output 3.1** nutrition intervention locations are assessed and/or surveyed. Security permits

### Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	KAP survey undertaken					1
	<b>Means of Verification:</b>	Activity Reports availed from the field.					
Indicator 3.1.2	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken					0
	<b>Means of Verification:</b>						

### Activities

Activity 3.1.1	Coordinate/collaborate with partners and nutrition cluster before, during and after assessment and interventions
Activity 3.1.2	Consistent Monitoring and Evaluation of Project Activities is done
Activity 3.1.3	Conduct a KAP survey in the larger Mayendit

### 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 Conduct a five day CMAM training for 24 Community volunteers in Mayendit.	2015										X	
		2016												
Activity 1.1.2 Conduct a 2 day refresher training for 30 male and female NEWs/Nutrition Assistants on management of SAM & MAM	2015										X			
		2016												
Activity 1.1.3 Conduct monthly mass MUAC screening for case identification for 12 existing OTPs sites	2015									X	X	X	X	X

	2016	X	X																			
Activity 1.1.4 Conduct weekly defaulter tracing and screening of children	2015											X	X	X	X	X						
	2016																					
Activity 1.1.5 Purchase bicycles for CNVs to enable them conduct community mobilization	2015											X										
	2016																					
Activity 1.1.6 Conduct HIV awareness/mobilization campaign on prevention of mother to child transmission of HIV & AIDS and BCC	2015												X								X	
	2016																					
Activity 1.1.7 Conduct: monthly dialogues with men and male caregivers to promote their participation in child care; monthly review and planning and feedback meetings with CNVs and care group leaders; quarterly joint support supervision (with UNICEF, cluster and other partners).	2015											X	X	X	X	X						
	2016	X	X																			
Activity 2.1.1 Organize regular community-based MUAC screening, case identification and referrals of children under 5 years.	2015											X	X	X	X	X						
	2016	X	X																			
Activity 2.1.2 Provide Vitamin A supplementation to children under 5 that are not in the nutrition programme.	2015											X	X	X	X	X						
	2016	X	X																			
Activity 2.1.3 Provide Dewormers to children under 5 that are not in the nutrition programme.	2015											X	X	X	X	X						
	2016	X	X																			
Activity 2.1.4 Provide Iron Supplementation to Pregnant and lactating women	2015											X	X	X	X	X						
	2016	X	X																			
Activity 2.1.5 Provide regular Health education (IYCF, Nutrition, Health, HIV-AIDS, and Hygiene and child care practices) in all nutrition sites for mothers and caregivers during each visit and Community (Community leaders, prominent people, women and children) health education sessions before MUAC screening exercises.	2015											X	X	X	X	X						
	2016																					
Activity 2.1.6 Identify and train 30 Community Volunteers to conduct health/nutrition/HIV-AIDS/Hygiene and child care practices as well as conduct regular nutrition screening and referral of children under 5 boys and girls	2015												X								X	
	2016		X																			
Activity 2.1.7 Coordinate the already existing Mother-to-Mother support groups in each site to facilitate open discussions and demonstrations	2015											X	X	X	X	X						
	2016	X	X																			
Activity 2.1.8 Continuous Monitoring of nutrition trend is well identified through surveys and assessments therefore will be ongoing	2015											X	X	X	X	X						
	2016	X	X																			
Activity 1.1.8 Procurement of Protective gears((Gumboots,caps) for the NEWs to prevent them from the harsh weather during community Outreach activities .	2015											X	X	X	X	X						
	2016	X	X																			
Activity 1.2.1 Initiate/continue communication of health, IYCF and hygiene messages in Health Facilities	2015											X	X	X	X	X						
	2016	X	X																			
Activity 1.2.2 Engage IYCF counselors in promotion of health messages in twelve payams for five months targeting 400 caregivers in the payams	2015											X	X	X	X	X						
	2016	X	X																			
Activity 3.1.1 Coordinate/collaborate with partners and nutrition cluster before, during and after assessment and interventions	2015											X	X	X	X	X						
	2016	X	X																			
Activity 3.1.2 Consistent Monitoring and Evaluation of Project Activities is done	2015											X	X	X	X	X						
	2016	X	X																			
Activity 3.1.3 Conduct a KAP survey in the larger Mayendit	2015												X									
	2016																					

**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 .

UNIDO shall monitor the project supervised by the Nutrition officers & Nutrition Assistants on ground and the Nutrition Manager based in Juba. This will be technically supported by the Programme Monitoring & Evaluation Manager who will support field teams to establish a detailed monitoring plan which will be used to guide teams in collecting appropriate and timely data. Monitoring tools (indicator tracking template) will include the Departmental Questionnaires, CHF reporting tool, nutrition cluster tool, Programme Tally sheets, and Pictorial evidence especially during HF visits, we will also use FGDs with the Health Workers and the local Authority to collect views on how the project is impacting on their lives. The above mentioned tools will be used during the implementation cycle which will be part of the monitoring components throughout the life cycle of the program. The tools will allow routine nutrition monitoring data to be collected and analyzed in one place and allow for easy disaggregation across time and geographic location. There will also be quarterly joint supervisory visits together with the CHD using the QSC tool in order to see the HFs compliance as per the HSS pillars. The databases and additional monitoring tools such as supervisory checklists, staff appraisals, training reports and post-distribution monitoring reports will feed into an Indicator Performance Tracking Table (IPTT). The IPTT will allow the program to track progress towards results and indicators on a monthly basis throughout the project period. Internal monthly and quarterly reports will provide information to management on the progress of activities and the impact they are having on the communities. Donor reports will also be submitted as per the time line. Activities will be continuously monitored by the project team and will be formally monitored on a routine basis by the Health and Nutrition Project Manager supported by the Monitoring and Evaluation Officer. UNIDO and its stakeholders and actors will entirely take up the role and responsibilities for collecting, recording, reporting, and using information as M&E is a collective duty.

**OTHER INFORMATION**

Accountability to Affected Populations

UNIDO seeks to be accountable to the women, men, boys and girls whose lives it aims to improve, and places this responsibility at the core of its humanitarian policy. As a matter of human rights and meaningful programming ,UNIDO defines Accountability to Affected Populations (AAP) as "an active commitment by the organization to use power responsibly by taking account of, giving account to and being held to account by the people it seeks to assist". By being more accountable to affected populations Men ,Women ,Boys and Girl UNIDO will do this by increasing Mayendit Communities participation and feedback in programme identification, design, delivery and lesson learning . UNIDO seeks to achieve programmes of higher quality, with greater and more sustainable impact. The project will increase the space for Mayendit community to shape their own recovery especially after the recent invasion by government forces and for UNIDO to better deliver against its commitments to stakeholders, including the people UNIDO assists and the resource partners who make assistance possible UNIDO will ensure effective information sharing and communication channels by sharing information about UNIDO programmes in a timely, accessible and inclusive way .This will put Mayendit community in a position to understand and shape decisions that impact their lives. UNIDO is committed to ensure that people receiving support participate in and influence all steps of the programme cycle, including initial assessment, project design, beneficiary selection, implementation, monitoring and evaluations. Systems of community representation must be fair and representative, enabling the most marginalized, vulnerable and affected to have a voice. UNIDO will use FGDs using focus groups as a method of participation gives a voice to those in the community who are unable to speak up in a larger meeting or setting. Mayendit community members will use this format on a recurring basis to gain community input. With attention to their composition, such groups can counter unrepresentative power structures, gender imbalances, and fear of losing assistance when issuing a complaint or other factors that may inhibit free and open speech.

Implementation Plan: Describe how

In view of carrying out the integrated Community management of Acute malnutrition in the larger Mayendit county, SAM & MAM case identification will be carried out

each activity how you plan to implement it and who is carrying out what.

at both community level (HH) and facility level by our trained CHWs and CNVs. UNIDO has been trained and has expertise ready to roll out the new IYCF guidelines in South Sudan which will be more participatory at community level implemented by the existing IYCF counselors spearheaded by the Nutrition Officers trained. As a result of the continuing conflict in Unity state, staff turnover due to displacements is a major concern which is already being looked into. The recruitment process to replace 2 grass root workers has already begun hence all the required staff will be available by the time funds are received. This nutrition project will be directly implemented by UNIDO personnel in close collaboration with the local authority, other IPs and stakeholders. The KAP survey planned for will be sub granted to a consultant for effective implementation. Monthly Monitoring & evaluation and Supervision of the project progress will be central to the success of the project and will be carried out to ensure the quality, effectiveness and service delivery performance. Clear definition of management responsibilities, clear arrangements for coordination of implementation across different stakeholders and IPs, financial management will put be in place to manage the successful implementation of the project arrangements. Monthly management reports in line with project targets, the state of financial resources, and summary of expenditures, shall be compiled. These will result to quarterly programmatic and financial reports detailing progress made in accordance with the project activity implementation requirements. UNIDO nutrition manager and finance manager will ensure that all necessary reports are prepared, compiled and submitted at the end of each quarter. Various tools e.g. observation, review of documentation, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of project success. This will help UNIDO in restructuring the project implementation course (if needful) in order to maximally deliver the project objectives .Above all UNIDO nutrition department will coordinate with its FSL,WASH,HEALTH ,EDUCATION and PROTECTION departments to ensure multi sectoral approach to humanitarian Aid in Mayendit County

Coordination with other Organizations in project area	<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
	1. MEDAIR	Through a signed MOU ,UNIDO and MEDAIR have and still continue to work together in Northern and Southern Mayendit,UNIDO being Technically Supported by the INGO.The main activities in regard to the aforementioned are TSFP ,OTP and IYCF interventions.Strengthening of existing MTMSGs is also key as we seek to better the services to beneficiaries according to the standard Nutrition criteria across board.

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

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

Justify Chosen Gender Marker Code The gender analysis in UNIDOs needs assessment justifies this project in which all activities and all outcomes advance gender equality. The project assists W,G,B or M that have special needs or suffer discrimination equally. Targeted activities aim to reduce the barriers encountered for the targeted group to access and exercise its rights, responsibilities and opportunities. The project focuses all activities on building gender specific services or more equal relations. The analysis identifies rifts or imbalances in male/female relations that generate violence, that undermine the wellbeing of the affected population or that prevent the humanitarian aid of reaching everyone in need. Other than the usual SADD between boys and girls admitted in the program, monthly analysis of the OTP/TSFP/IYCF data will be done to continue identifying any gender discrepancies in admissions and reach. As a result, it has previously been identified that significantly more girls were admitted than boys. Community FGDs with different age and by gender will be conducted to identify the reasons behind the discrepancy and find solutions to address it .UNIDOs Activity implementation and dissemination of findings will also be gender sensitive to avoid bias.

Protection Mainstreaming Man made (War) and natural (Floods) emergencies in South Sudan affect girls, boys, women and men differently; each is susceptible to different risks and each is victimised in different ways. UNIDO's has given priority to the safety and dignity of beneficiaries and considered the principles of Do No Harm in the proposed project.Nutrition dept will work closely with the Child protection dept as we seek to understand these differences and ensure that the project assists the most vulnerable in Mayendit without putting anyone at increased risk. Building a protective environment for Boys, Girls, Men and Women involves understanding the distinct nature and the extent of violence, exploitation and abuse that girls, boys, Men and Women experience. It also involves ensuring that all response activities take into account the different needs, concerns and capacities of girls and boys. UNIDO will in Collaboration with its other departments promote activities that gear towards protection mainstreaming which include and not limited to ,Addressing harmful attitudes, customs and practices ,Encouraging open discussion on child protection issues in the community and broader society, Develop children's life skills, knowledge and participation; Implementing ongoing and effective monitoring, reporting and oversight among others.Children in emergencies may be at particular risk of violence, exploitation and abuse given their level of dependence, their limited ability to protect themselves and their limited and relative power and participation in decision-making processes. Because they have had relatively little experience of life, children are more easily exploited, tricked or coerced than adults. UNIDO through this project will analyse and take into consideration the needs, priorities and capacities of both the female and male population which are far more likely to improve the lives and dignity of those affected by conflict or disaster. The above will support the development of self-protection capacities and assist affected population's to claim their rights.

Safety and Security UNITY state is one of the 3 conflict affected states in South Sudan with sporadic attacks and fighting.The beneficiaries here in have recently experienced dire humanitarian need for assistance across board.UNIDO having been operational in Mayendit for the longest time now understands and is well conversant with the communities needs and measures to take to ensure the safety of the host community and UNIDO staff as well.Though not easy ,UNIDO staff are dedicated to serve the community and as we speak ,the grass root staff i.e The nutrition Assistant is on ground serving the community even in the absence of relocatable staff.UNIDO has a policy that ensures Staff security is Prioritized at any given time.Evacuations (especially for international staff )are planned on need basis by UNIDO through the logistics department in coordination with other IPs in the Area of Operation and the Logs Cluster.Staff contracts signed and witnessed by the Management bind the staff right to Safety.The same procedure will continue to be put in place as we seek to scale up and ensure Treatment and Management of Acute Malnutrition in Vulnerable IDPs and Host Communities in Mayendit County.

Access Mayendit County is accessible by road to the North during the Dry season. The southern Part gets cut off during the rainy season and as a result UNIDO has in the past used canoes and Boats to transport supplies to the South since the Logs cluster had not Green lighted the Airstrip in Mayendit Headquarter for landing and supplies were delivered to the neighboring Leer county which then posed a crisis on serving the southern community. This is however a hurdle past and moving forward UNIDO will continue to use Air transport/Charters to Deliver supplies.Within the North Road transport is used by staff during monitoring and implementation of the activities In areas where vehicles can not access,UNIDO has motorcycles strategically placed to ensure equal and effective coverage of ,services to all beneficiaries alike.Staff have also resolved to walking at times especially during rainy season when some parts in the area get swampy and flooded.

**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	Nutrition Manager Staff involved in Project Implementation and reporting to Stakeholders working 100%	D	1	4600	6	50.00%	13,800.00	6,900.00	6,900.00	0.00	13,800.00
1.2	Nutrition Project Officer Technical Staff implementing project activities in the field working 100% on the project 50% funded on UNICEF PCA	D	1	2250	6	100.00%	13,500.00	6,750.00	6,750.00	0.00	13,500.00
1.3	Nutrition Project Assistant Staff implementing project activities supporting the technical staff 100% LOE	D	2	1200	6	100.00%	14,400.00	7,200.00	7,200.00	0.00	14,400.00
1.4	Executive Director Staff responsible for Overall fund accountability and management	S	1	7818	6	10.00%	4,690.80	2,345.40	2,345.40	0.00	4,690.80
1.5	Programs Coordinator Staff supervising project staff	S	1	5600	6	10.00%	3,360.00	1,680.00	1,680.00	0.00	3,360.00
1.6	Finance Manager Staff undertaking financial reports and Budget Control	S	1	7396	6	10.00%	4,437.60	2,218.80	2,218.80	0.00	4,437.60
1.7	M & E Manager Staff undertaking project monitoring and evaluation reporting to stakeholders	S	1	5500	6	10.00%	3,300.00	1,650.00	1,650.00	0.00	3,300.00
1.8	Logistics & Procurement Manager Staff involved in Staff logistics and procurement of project supplies	S	1	3700	6	20.00%	4,440.00	2,220.00	2,220.00	0.00	4,440.00
1.9	Drivers Staff providing logistical support to project activities	S	2	950	6	10.00%	1,140.00	570.00	570.00	0.00	1,140.00
1.10	Staff Medical Insurance	D	1	3986	1	100.00%	3,986.00	1,993.00	1,993.00	0.00	3,986.00



5.4	Air charter to transport Nutrition materials	D	1	5000	4	100.00%	20,000.00	10,000.00	10,000.00	0.00	20,000.00
	5 matrix tons of plumpynut from Juba to Mayendit divided into 4 rotation @ 5000usd										
5.5	Ground transport form Leer Air strip to UNIDO compound in Mayendit warehouse then to 12 facilities	D	1	1600	4	100.00%	6,400.00	3,200.00	3,200.00	0.00	6,400.00
	Vehicle hire to transport plumpynut from air strip to facility @ 1500usd divided into 4 rotation										
<b>Section Total</b>							32,400.00	16,200.00	16,200.00	0.00	32,400.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
<b>Section Total</b>							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	Car Fuel	S	1	1500	6	50.00%	4,500.00	2,250.00	2,250.00	0.00	4,500.00
	50% cost shared on car fuel for juba office										
7.2	Car Repairs and Maintenance	S	1	1500	6	50.00%	4,500.00	2,250.00	2,250.00	0.00	4,500.00
	50% cost shared on car Repairs and maintenance for Juba office										
7.3	Internet Subscription	S	1	600	6	50.00%	1,800.00	900.00	900.00	0.00	1,800.00
	50% cost shared on Internet subscription for Mayendit base										
7.4	Thuraya Phone Airtime	S	1	300	6	50.00%	900.00	450.00	450.00	0.00	900.00
	50% cost shared on thuraya phone airtime										
7.5	Office Rent ( Juba Office )	S	1	3000	6	40.00%	7,200.00	3,600.00	3,600.00	0.00	7,200.00
	10% cost shared on Juba office rent										
7.6	Stationeries	S	1	2500	1	100.00%	2,500.00	1,250.00	1,250.00	0.00	2,500.00
	100% cost charged on project stationeries										
7.7	Electricity - Field Offices	S	1	1000	6	50.00%	3,000.00	1,500.00	1,500.00	0.00	3,000.00
	50% cost shared on Myaendit Generator and powers										
<b>Section Total</b>							24,400.00	12,200.00	12,200.00	0.00	24,400.00

**Sub Total Direct Cost** 187,245.40

**Indirect Programme Support Cost** PSC rate (insert percentage, not to exceed 7 per cent) 5.88%

**Audit Cost** (For NGO, in percent) 1%

**PSC Amount** 11,010.03

Quarterly Budget Details for PSC Amount	2015		2016	Total
	Q3	Q4	Q1	
	5,505.02	5,505.02	0.00	11,010.03

**Total Fund Project Cost** 198,255.43

**Project Locations**

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Unity -> Mayendit	100					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**



