

Project Proposal

Organization	HCO (Hold the Child Organisation)						
Project Title	Provision of integrated lifesaving nutrition services in Jonglei						
Fund Code	SSD-15/HSS10/SA2/N/NGO/586						
Cluster	Primary cluster		Sub cluster				
	NUTRITION		None				
Project Allocation	2nd Round Standard Allocation	Allocation Category Type	Frontline services				
Project budget in US\$	174,699.48	Planned project duration	6 months				
Planned Start Date	03/08/2015	Planned End Date	02/02/2016				
OPS Details	OPS Code	SSD-15/H/72904/R	OPS Budget				
	OPS Project Ranking		OPS Gender Marker				
Project Summary	The implementation of "provision of integrated lifesaving nutrition services in Jonglei" project in the highly vulnerable and food insecure Fangak county. The project will deliver lifesaving therapeutic and supplementary feeding services for boys and girls under 5 years, and PLWs, which will be coupled with promotion of optimal infant feeding practices in Old fangak center, Toch, Wanghot, Nyantuat, Wenglel, Nyalual, and Pulita. \$ 174,699.48 will contribute to reduce morbidity and mortality for 5,265 girls and boys under-fives and 1,000 PLW due to acute malnutrition in IDP and host communities of Fangak county during the second half of 2015.						
Direct beneficiaries		Men	Women	Boys	Girls	Total	
	Beneficiary Summary	300	1450	2665	2610	7,025	
	Total beneficiaries include the following:						
	Children under 5	0	0	2665	2610	5275	
	Pregnant and Lactating Women	0	1000	0	0	1000	
Other	300	450	0	0	750		
Indirect Beneficiaries	5,200 women and care takers and 10,000 community members	Catchment Population	About 80,000 Including both IDP and Host communities				
Link with the Allocation Strategy	<p>The Implementation of this project will target 4 IDP hosting locations in Fangak one of the highly vulnerable counties based on the "combined heat map, MYR 2015, Pg 7"; and IPC classification. The project will provide front-line services to conflict affected and displaced boys and girls through 3 major outcomes;</p> <ul style="list-style-type: none"> • Outcome 1: Improved nutrition status and reduced nutrition related morbidity for at least 5,275 of children (2,665 boys and 2,610 girls) under 5 in IDP hot spots in Fangak • Outcome 2: Improved infant and young child feeding practices among catchment communities of Bor town (Malou, Tibek, Akoybang, Jareweng) and Fangak (Old fangak, Toch, Wanchot, Nyantuat, Wenglel, Nyalual and Pulita • Outcome 3: Increased quality of data on malnutrition status of boys and girls <5 and PLWs among catchment communities, and strengthened referrals between supplementary and therapeutic feeding programs. <p>With reference to our operational experience in the implementation areas, activities and targets proposed under the listed key outcomes are feasible during the approaching rainy season in a period of 6 months within the limited available resources and Hold the Child is able to immediately execute the implementation process.</p> <p>This project therefore directly contributes to the standards allocation strategy</p>						
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)		Source	US\$			
			UNICEF	120,000.00			
			WFP	25,000.00			
				145,000.00			
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BACKGROUND INFORMATION	
<p>1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>Malnutrition has been a chronic concern in the under served communities of Jonglei state with persistent elevated levels of Global Acute malnutrition (GAM) exceeding the emergency threshold of 15%. Studies indicate that these high rates are attributed to sub optimal infant and young child feeding practices (IYCF) among children, chronic food insecurity, increased seasonal incidences of diseases like malaria and diarrhea, access constraints to health and nutrition services, poor water, hygiene and sanitation (WASH) and social services.</p> <p>Jonglei state being one of the worst hit states during this crisis, the Nutrition cluster HNO characterizes Fangak (IPC Emergency level) among the vulnerable counties in need of assistance. As the situation remains unpredictable the past 2 months have witnessed new arrivals of IDPs due to the displacements associated with the renewed fighting episodes in Unity and Upper Nile states. IDPs are being hosted in safe heavens of Fangak i.e. Pulita and minimal movements in Nyalual, Old fangak, Toch among others. Old fangak which hosts over 25,791 IDPs (Local authorities), Keew 16,031 IDPs (IRNA, June 2015), Nyalual 28,000 IDPs (NPA coordinated assessment, Feb 2015), Toch 20,539 IDPs (Solidarities. Rapid needs Assessment, March 2015), Juibor 22,723 IDPs (based on local authorities). During the IRNA assessment, nutrition data at the Keew PHCC was indicated a proxy GAM rates of 28.3% and 11.5% were recorded among children under five and PLWs respectively. The high proxy GAM rates show worrying nutrition status both among the under-fives and PLWs in reference to the WHO standards.</p> <p>A rapid Needs Assessment during the week of 20th April 2015 (an exhaustive MUAC Screening) in 14 villages in Old Fangak showed that SAM rates peaked at 4.7% with 15.7% GAM in the hard to reach villages of Chotbora, Mulic, Galam, Wangchot, Tegualth, Wangmok. It was observed that villages closer to Old Fangak town where the current program covers, the rates decreased to a proxy SAM of 3.9% and GAM of 16%. The above describe a needy situation, Hold the Child has embarked on weekly Program outreaches in the outskirts Old fangak linked to the 3 fixed sites of Old fangak, Wangchot, Nyalual; Newly opened OTP/TSFP in Toch that is currently undertaking a Rapid MUAC screening, while areas like Nyalual, keew remain without service coverage.</p> <p>Insecurity threats and rumours restrict access of many patients to the available basic services, especially women, girls and children. Men have joined the armed forces leaving women to maintain households, an estimate of 60% households are now women headed. Food insecurity, reduced immunity and crowded conditions of IDPs, underscores the degrees of vulnerability, reports indicate that morbidly caseloads are dominated by IDPs. Our nutrition program has noted that Boys are at a much higher risk of acute malnutrition than their girls' counter parts, community follow-ups in our supported communities of Fangak (Nyalual, old fangak center, Toch, Wenglel, Wangchot) indicate that alongside the intermittent general food distribution, people feed on leaves and other plantations for survival due to failure to resume farming</p> <p>Fangak being a flood prone area, as it witnesses its' share of the annual flood, there will be more local displacements that will have additional impact on the IDP populations that will further deteriorate the nutrition status of boys and girls, pregnant and lactating women. This explains the need for additional support to reduce the malnutrition burden and avert the possible nutrition related morbidity and mortality of under 5s among IDP settlements.</p>
<p>2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was</p>	<p>This 4 areas target areas (ie Nyalual, Toch, Old fangak and Pulita) have had rapid needs assessment which are detailed as follows; NPA coordinated rapid needs assessment on Toch on 24 – 25 February 2015 indicated about 23,990 IDPs (Pending registration and verification). The team observed constrained food supplies and some PEM cases were seen, there is not nutrition program servicing these communities and new fangak since the spark of the crisis. The team did not have a nutritionist and so no proximal figures were captured during the assessment visit.</p>

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)

Rapid Assessment Report Toch Fangak County, Jonglei State on 21st March 2015; Solidarities. This indicated that there are about 5,700 conflict affected and 7,000 flood affected IDPs in and around Toch area. The PHCU serving Toch is under staffed and no nutrition supplies, there was ready figures on the status of malnutrition at the time of reporting.

Keew, IRNA Report for Keew, Pulita Payam, Fangak County on 16-18th June 2015, indicated that over 15,000 IDPs (from 2014 up to mid-June 2015) fled to and arrived in Keew and its surroundings. Nutrition status in Keew among the IDPs is dire. A sample of children under five and PLWs were screened by MUAC for acute malnutrition. Nutrition data at the Keew PHCC was also reviewed to understand malnutrition trends. Proxy GAM rates of 28.3% and 11.5% were recorded among children under five and PLWs respectively. The high proxy GAM rates show worrying nutrition status both among the under-fives and PLWs in reference to the WHO standards.

3. Description Of Beneficiaries

This project will deliver integrated lifesaving nutrition services to 5,265 children <5, 1450 women and 300 others among the vulnerable IDPs with their strained host populations in Old fangak, Toch, Wanghot, Nyantuat, Wenglel, Nyalual, and Pulita where;

- 810 boys and 815 girls 6-59 months will be treated from both non complicated and complicated acute severe malnutrition;
- 1,840 boys and 1,820 girls 6-59 months be treated from moderate acute malnutrition
- 2,600 boys and 2,600 girls (6-59 months) administered with Vitamin A supplementation
- 1,625 SAM cases cross referred to MAM with the program
- 487 women (PLWS) treated from acute malnutrition
- 20 mother-mother support groups engaged with optimal IYCF promotion
- 1,450 women and 300 men and youths reached with optimal IYCF messages
- 12 additional nutrition staffs (8 Male and 4 Female) are recruited and trained in the new locations of Wenglel, Nyalual, and Pulita, and 25 Nutrition and health worker and equipped with knowledge and skills to deliver quality nutrition in fangak
- Children under 5s (boys and girls), and PLWs targeted for the treatment intervention will identified through both outreach and facility based MUAC screening with in the catchment population of the targeted areas; Boy and girls 6-59 targeted for vitamin A supplementation and 24-59 months for deworming will include all children with the accessible catchment areas.

Mother support will be led by women to be selected in both IPD and host populations in consultations with local authorities
Women (PLWs), youth and men targeted for IYCF key messages will include all PLWs accessible in the target catchment areas

4. Grant Request Justification.

Under this funding allocation of \$174,699.48 towards the implementation of this project, it will deliver Transport both therapeutic and supplementary nutrition supplies to target sites that are intermittently separated by river streams, provide progressing trainings and maintain nutrition staffs at all the target sites to deliver quality services for the treatment of 810 boys and 815 girls 6-59 months from both non complicated and complicated acute severe malnutrition; 1,840 boys and 1,820 girls 6-59 months from moderate acute malnutrition; 487 women (PLWS) treated from acute malnutrition and administration of Vitamin A for 2,600 boys and 2,600 girls (6-59 months) and deworming of 4,380 (2,200 boys and 2,180 girls), support 20 mother-to-mother support groups that will deliver optimal feeding key messages and support to 1450 women (PLW) in Old fangak, Toch, Wanghot, Nyantuat, Wenglel, Nyalual, and Pulita during the second half of 2015.

The implementation of these lifesaving interventions will improve nutrition status of atleast 5,265 of children (2,655 boys and 2,610 girls) and 1,000 PLWS, improve infant and young child feeding practices among catchment communities increase early identification and referral of acute malnutrition of boys and girls <5 and PLWs, and prompt defaulter tracing among hard to reach pockets of Fangak (Old fangak, Toch, Wanghot, Nyantuat, Wenglel, Nyalual, and Pulita. And contribute to the reduce morbidity and mortality due to acute malnutrition in emergency affected Fangak communities during the second half of 2015

Based on our operations in Fangak since January 2013, we have built a working relations with the target communities, and are conversant with the operational realities. Our progressive nutrition program has built the relevant operational capacity in the area, and our IDP tracking project has also cultivated our relations with IDPs and host communities in the new targeted areas that have high IDP caseloads. These plus our longstanding working with partner on ground and the cluster coordination mechanism both and state and national levels makes Hold the Child most suitable national organisation to undertake the operations as proposed in the this funding applications

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

The implementation of this project will benefit from our existing capacity for CMAM and optimal IYCF promotion on the ground in Fangak County with community support and contacts established by our CCCM/IDP tracking activities and this will enable quick start of the activities in the newly and proposed and plan nutrition sites in Nyalual, Pulita and Wenglel. Field movements and outreaches will be complemented by our logistical capacity build from our nutrition over 2 years' of our nutrition program in the county.

During this project cycle, Hold the Child will too implement education interventions composed of mobile ECD and classrooms which will provide opportunities for rapid MUAC screening and identification of malnourished children and a window to reach women with key child survival messages. Day to day operations, and periodic supervision of this project will complete current going UNICEF support nutrition activities in Old fangak and the County focal point for CCCM/IDP tracking project.

LOGICAL FRAMEWORK

Overall project objective Reduce morbidity and mortality due to acute malnutrition in emergency affected Fangak, during 2015 by providing nutrition services for 5,265 girls and boys under-fives, 1,000 P&LW, and other vulnerable groups through integrated and community based approaches

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 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods	40

Outcome 1	Improved nutrition status and reduced nutrition related morbidities for atleast 5,275 of children (2,665 boys and 2,610 girls) under 5, and 487 PLWs in IDP and host communities of Fangak	
Code	Description	Assumptions & Risks
Output 1.1	Services for the treatment of 810 boys and 815 girls 6-59 months with acute severe malnutrition (both non complicated and complicated) at all the target OTP sites of fangak using SPHERE standards and IMSAM guidelines	continued access to target locations, Stable cluster core pipelines

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Estimated number of girls and boys (6-59) reached by therapeutic feeding supplies (RUTF)			810	815	1625
		Means of Verification: facility registers, project reports					
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			0	0	0
		Means of Verification: Facility registers, project reports					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			0	0	0
		Means of Verification: facility registers, project reports					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)			0	0	0
		Means of Verification: Facility registers, project reports					

Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program non-recovered rate			0	0	0
Means of Verification:		facility registers, project reports					
Activities							
Activity 1.1.1	Maintain operation of 4 OTP sites in Fangak including (Old fangak, Toch, Wanchot, Nyantuat), Open new operation 3 additional OTP sites (Wenglel, Nyalual, and Pulita); and treat 810 boys and 815 girls 6-59 months from severe acute malnutrition (Both Complicated and non Complicated)						
Activity 1.1.2	Open and operate 1 stabilization center in Nyalual						
Output 1.2	Services for the treatment of 1,840 boys and 1,820 girls 6-59 months, and 487 PLW with moderate acute malnutrition at all the target TSFP sites of fangak using SPHERE standards and IMSAM guidelines				Continued access to target community, Stable cluster core pipelines		
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment		487			487
Means of Verification:		Facility registers, supplies inventories, pictures and project reports					
Indicator 1.2.2	NUTRITION	[Frontline services] [Treatment] Estimated number of girls and boys (6-59) reached by supplementary feeding (RUSF)			1840	1820	3660
Means of Verification:		Stock inventories, Facility registers, photos, project reports					
Indicator 1.2.3	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)			0	0	0
Means of Verification:		facility registers, project reports					
Indicator 1.2.4	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)			0	0	0
Means of Verification:		Facility registers, project reports					
Activities							
Activity 1.2.1	Maintain operations of 4 TSFP sites, 4 in Fangak including (Old fangak, Toch, Wangchot, Nyantuat), Open operations of 3 additional TSFP sites (Wenglel, Nyalual, and Pulita), and treat 1,840 boys and 1,820 girls 6-59 months and 487 PLW from Moderate acute malnutrition						
Output 1.3	2,600 boys and 2,600 girls <5 are provided with micronutrient supplementation all target locations in Fangak County based on IMSAM guidelines				Continued access to target locations, positive community participation, stable cluster core pipelines		
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			2600	2600	5200
Means of Verification:		Facility registers, Stock inventories, pictures, project reports					
Activities							
Activity 1.3.1	Provide Vitamin A supplementation for 2,655 boys and 2,610 girls (6-59 months) with in the catchment IDP-host population of the all the target sites in Fangak						
Activity 1.3.2	Provide deworming for 2,200 boys and 2,180 girls (24-59 months) with in the catchment IDP-host population of the all the target sites in Fangak						
Output 1.4	25 Nutrition and health worker and equipped with knowledge and skills to deliver quality nutrition services all the target OTP/TSFP sites of fangak				Continued access to target sites, positive community participation		
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.4.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	15	10			25
Means of Verification:		Attendance sheets, photos, training reports, project reports					
Activities							
Activity 1.4.1	Recruit and train 12 additional nutrition staffs (8 Male and 4 Female) in the new locations of (Wenglel, Nyalual, and Pulita)						
Activity 1.4.2	Provide progressive on site coaching to 25 nutrition staff (male and females) in line with IM SAM guidelines and optimal IYCF promotion across the project targeted sites						
Outcome 2	Improved infant and young child feeding practices among catchment communities of Old fangak, Toch, Wanchot, Nyantuat, Wenglel, Nyalual, and Pulita						
Code	Description		Assumptions & Risks				
Output 2.1	Increased engagement of 20 community based mother support groups on optimal IYCF promotion, and increased coverage of optimal IYCF key messages in the catchment communities of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita				Continued access to target communities, Positive community participation		
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	300	1450		1750
Means of Verification:		IYCF reports				
Activities						
Activity 2.1.1	Train 50 lead women, and format 10 new IYCF MSG in the catchment communities of the new established sites of Wenglel, Nyalual, and Pulita including Toch					
Activity 2.1.2	Continued supportive supervision and mentoring for 10 existing mother support groups among target catchment communities of Old fangak, Wangchot, Nyantuat, and 10 new groups in Wenglel, Nyalual, Pulita and Toch					
Activity 2.1.3	Continued provision of optimal IYCF key messages at all target nutrition sites during health education sessions					

Outcome 3	Increased quality of data on malnutrition status of boys and girls <5 and PLWs, and strengthened referrals between supplementary and therapeutic feeding programs among catchment communities of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita					
Code	Description	Assumptions & Risks				
Output 3.1	Timely MUAC screening, early identification and referral of acute malnutrition of boys and girls <5 and PLWs, and prompt defaulter tracing among hard to reach pockets of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita	Continued aces to target locations, Positive community participation				

Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			810	815	1625
Means of Verification:		Screening tall sheets, admission registers and reports					
Indicator 3.1.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			1840	1820	3660
Means of Verification:		screening tally sheets, Admission registers, project reports					

Activities						
Activity 3.1.1	Conduct monthly rapid assessments MUAC across the target Vulnerable target communities; at the commencement (Wenglel, Nyalual, and Pulita) and scheduled/periodic assessments for in Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita					
Activity 3.1.2	Screen and refer all health care contacts aged 6-59 months with MUAC with in the target locations of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita					

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 Maintain operation of 4 OTP sites in Fangak including (Old fangak, Toch, Wanchot, Nyantuat), Open new operation 3 additional OTP sites (Wenglel, Nyalual, and Pulita); and treat 810 boys and 815 girls 6-59 months from severe acute malnutrition (Both Complicated and non Complicated)	2015								X	X	X	X	X
		2016	X	X										
	Activity 1.1.2 Open and operate 1 stabilization center in Nyalual	2015								X				
		2016												
	Activity 2.1.1 Train 50 lead women, and format 10 new IYCF MSG in the catchment communities of the new established sites of Wenglel, Nyalual, and Pulita including Toch	2015								X	X			
		2016												
	Activity 1.2.1 Maintain operations of 4 TSFP sites, 4 in Fangak including (Old fangak, Toch, Wangchot, Nyantuat), Open operations of 3 additional TSFP sites (Wenglel, Nyalual, and Pulita), and treat 1,840 boys and 1,820 girls 6-59 months and 487 PLW from Moderate acute malnutrition	2015								X	X	X	X	X
		2016	X	X										
	Activity 1.3.1 Provide Vitamin A supplementation for 2,655 boys and 2,610 girls (6-59 months) with in the catchment IDP-host population of the all the target sites in Fangak	2015								X	X	X	X	X
		2016	X	X										
	Activity 1.3.2 Provide deworming for 2,200 boys and 2,180 girls (24-59 months) with in the catchment IDP-host population of the all the target sites in Fangak	2015								X	X	X	X	X
		2016	X	X										
	Activity 1.4.1 Recruit and train 12 additional nutrition staffs (8 Male and 4 Female) in the new locations of (Wenglel, Nyalual, and Pulita)	2015								X				
		2016												
	Activity 1.4.2 Provide progressive on site coaching to 25 nutrition staff (male and females) in line with IM SAM guidelines and optimal IYCF promotion across the project targeted sites	2015								X	X	X	X	X
		2016	X	X										
	Activity 2.1.2 Continued supportive supervision and mentoring for 10 existing mother support groups among target catchment communities of Old fangak, Wangchot, Nyantuat, and 10 new groups in Wenglel, Nyalual, Pulita and Toch	2015								X	X	X	X	X
		2016	X	X										
	Activity 2.1.3 Continued provision of optimal IYCF key messages at all target nutrition sites during health education sessions	2015								X	X	X	X	X
		2016	X	X										
	Activity 3.1.1 Conduct monthly rapid assessments MUAC across the target Vulnerable target communities; at the commencement (Wenglel, Nyalual, and Pulita) and scheduled/periodic assessments for in Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita	2015								X	X	X	X	X
		2016	X	X										
Activity 3.1.2 Screen and refer all health care contacts aged 6-59 months with MUAC with in the target locations of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita	2015								X	X	X	X	X	
	2016	X	X											

M & R DETAILS

Monitoring & Reporting Plan:
Describe how you will monitor the implementation of each activity.
Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?).
State if, when and how you plan to evaluate your project .

Based on the outlined project outcomes and indicators outlines above (iii), with reference to the project activity plan the following forms the monitoring plan:
i. Report on training sessions including participants, and training schedule will be compiled at every end of each training session by the project officer ,
ii. Children reached with Rapid screening, admissions for OTP and SFP, IYCF counseling, Training sessions will be compiled on a monthly basis by the nutrition assistants; and filled in the standard Nutrition cluster reporting format by the project officer
iii. Field visits by the management team to the project sites will be scheduled regularly after two months to support the teams on ground
iv. Testimonies from the project beneficiaries will be compile at different instances during the project cycle
v. The finance officer will keep track of the project expenditures will posted and Financial reports will be generated and reported based in CHF standards

Monthly field meetings will be organized and the field base in Old fangak to review the progress and identify actions points for the new month in line with the project plans.
These reports will be summarized into one monthly narrative report that will also include the challenges faced in the reporting period. Reports will be submitted to the cluster using the standards cluster reporting tools. Monthly cluster reports (5Ws) will also be completed and regularly shared by the Project officer
Quarterly CHF reports will also be compiled by the project officer along with the programs coordinator with inputs from the monthly reports

OTHER INFORMATION

Accountability to Affected Populations
The implementation this project in the target IDP settlements i.e. Nyalual, Pulita, Toch , Wenglel, Wnagchot, Nyantuat, and Old Fangak center will involve project beneficiary communities at various levels i.e.
• The day to day site activities will be handled by field staff who will recruited and trained from among the beneficiary communities
• All sections of IYCF lead mothers (for mother-mother support groups) will be selected from the target communities through a consultative processes that will first of all refine the criteria with the local authorities and local leaders in each of the target locations, and then identify individuals
• IYCF initiatives will involve sensitization sessions with local leaders and among other community members
• Where village health committees exist, the project will involve such in drawing plans for community mobilization/outreaches
• Monthly coordination meeting with stakeholder will be a continuous practice though the project to capture additional inputs from the beneficiaries into the operation of the project in the subsequent implementation period
• Focused group discussion with women and men on optimal child feeding (IYCF) will be periodically organized by the project in order to capture additional feedback in line with the organization feedback mechanisms, a suggestion box and notice boards based at the field base will be utilized

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.
Hold the Child will directly implementation this project in the vulnerable IDP settlements i.e. Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita through the following modalities
• The Head of program will oversee the implementation of the project, and will work with project officer who will manage the day today running of the project.
• The project officer and CMAM supervisor will also under the rapid training sessions for health workers/nutrition staffs, the Project Officer along with CMAM supervisor draw will monthly plans; and the CMAM supervisor will work with the facility teams on daily basis to ensure proper implementation of schedule activities.
• Services for SAM and MAM and IYCF counselling, and administration dewormers, Vitamin A and Iron & Folate will be undertaken by the nutrition assistants and mobilisers at the facilities/units; with the guidance of with the guidance of the CMAM supervisor and Project officer, these teams will also a adopt outreach schedules some hot spot uncovered areas should they be identified as the access situation improves
• Community mobilisers will conduct MUAC rapid screening in the IDP concentrated areas and the screening report will be drawn by the CMAM supervisor
• The CMAM supervisor will work with IYCF mobilisers/promoters in collaboration with local leaders to support and to mother-mother support groups; prepare demonstration sites and sessions with locally available resources
• Delivery of supplies from UNICEF and WFP to the project sites will be coordinated by the Project officer and the logistics officer
• Monthly reports on OTP/SFP, IYCF will be compiled by the nutrition assistants, CMAM supervisor and verified by the Project officer
• The monitoring and evaluation of the project including performance ranking, reprogramming due to unforeseen realities will be handled by the Head of Programmes and Project officer, who will work in collaboration with the whole field team;
• The finance officer will keep track of the project expenditures

Coordination with other Organizations in project area	Name of the organization	Areas/activities of collaboration and rationale
	1. CMA	CMA delivers Primary health are services in the County. This project will cultivate positive relations to ensure that Pregnant women are supported with Folate
	2. Nile Hope	supports nutrtrion interventions in New fangak, This project will work close then to ensure optimal support in areas where we work in proximity and joint venture will be explored to ensure consistent standardized information on the nutrition status of <5s in the vulnerable communities of Fangak
	3. ACF	ACF works with Hold the Child as Techncial partner since May for the next 3 months in Old fangak area, and the implementation of this project will leverage the joint expertise on ground

Environmental Marker Code
A: Neutral Impact on environment with No mitigation

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

Justify Chosen Gender Marker Code
The project will deliver integrated lifesaving service to boys and girls, and pregnant and lactating women Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita; Project staffing will give and opportunity to male and females, and optimal IYCF inventions ie Mother-to- mother support groups will involve women who are the immediate care takers and key message dissemination efforts will target both male and females

Protection Mainstreaming
This project will undertake a number of measures to mainstream the key protection aspects of the beneficiaries;
• All field recruitments will be done on merit, after a competitive selection from among the beneficiary communities; no external people will take to such communities
• All section of IYCF lead mothers (for mother-mother support groups) will be in consultations with the local leaders among IDP and host communities, to reduce incidence of tension among community members
• The project will deliberated target both women and men with optimal IYCF messaging so as to relived the power imbalance as we drive towards optimal child feeding practices
• Admissions for CMAM will be open to all children identified/diagnosed for Malnutrition in the target catchment areas for each nutrition site under this project.
The project implementation will maximize and build on the existing close collaboration that Hold the Child has with the partners on ground and local authorities

Safety and Security
Fangak is one of the opposition held areas, it has not has significant fighting during this crisis apart from a few exchanges in the northern part; but is subject to any possibilities; Our field base is situated in the south (Old fangak) one of the regional safe heaven. Based on our the team diversity; only indicated communities will be involved with direct implementation of the project
• Prior to movement to the field, notifications about the teams and items moving into the county will be done through our County based team leader
• Only 2 staffs from Equatorial will be involved with day to day operations i.e. project officer, and the CMAM supervisor, these will be appropriately introduced to the local authorities and their movements with between sites will be accompanied by a local team members.
• Visibility initiatives will be maximized to reduce tendencies of attacks our teams
• All our staff will appropriately oriented to our safety standards and be required to observe them at all times.
• and should there be a need for evacuation, The 3 relocatable staff under this project will be part of those to be evacuated through the humanitarian system

Access
Fangak communities are intermittently divided by river streams, and a flood prone areas with likelihoods of having a share of the 2015 annual floods, With this working context, we have maintained our operations in these areas and continuously improved the quality of our interventions through approaches such as:
• Strong partnership with local communities, to enable us to target locations of high grounds with high populations or receive people as the move to due to floods, and such locations are usually accessible by boats in the most parts of the year
• Activity plans that are season sensitive i.e. preposition of supplies in locations that are higher levels
This project is targeting IDP settlements with populations that are on high grounds and are accessible by boats all year round. During the funding cycle hold the Hold the Child will harness working relations with partners on ground to maximize the on the costs of movements with the target areas and to ensure consistent follow-ups with the operations at the project sites. Fangak has been relatively stable since the onset of the crisis and its currently one of the safe havens, the county is served by 3 landable air strips i.e. Old fangak, Juiabor and Toch if one area like old fangak is accessible the 2 options will be explored for landing during the monitoring visits. If there are no accessible points, Hold the Child will work with local authorities and the social networks to remotely continue the operation at a minimal level until the situation improves for direct supervision and support

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	Head of Programs	S	1	2000	6	50.00%	6,000.00	2,000.00	3,000.00	1,000.00	6,000.00
	50% dedication monthly time for project oversight management, follow-up with cluster and CHF team										
1.2	Project officer	D	1	1500	6	100.00%	9,000.00	3,000.00	4,500.00	1,500.00	9,000.00

	100% monthly time dedication for project day to day management, organize and conduct training for filed teams, verify field reports coordinate with partners and local government										
1.3	Finance officer	S	1	1500	6	40.00%	3,600.00	1,200.00	1,800.00	600.00	3,600.00
	40% monthly time dedication for project fiscal tracking, monitoring and generation of fiscal reports										
1.4	Logistics officer	S	1	1500	6	50.00%	4,500.00	1,500.00	2,250.00	750.00	4,500.00
	50% monthly time dedication to ensure prompt delivery of supplies to target locations, reception from core cluster pipelines, ensure track stock inventories										
1.5	Field CMAM Supervisor	D	1	1000	6	100.00%	6,000.00	2,000.00	3,000.00	1,000.00	6,000.00
	100% monthly time dedication for project day to day management, set field plans, supervise filed team compile file projects										
1.6	Nutrition Asistants	D	12	500	5	100.00%	30,000.00	10,000.00	15,000.00	5,000.00	30,000.00
	12 people dedicating 100% of the time to screen and treat malnutrition, keep facility records										
1.7	IYCF Promoters	D	8	320	5	100.00%	12,800.00	2,560.00	7,680.00	2,560.00	12,800.00
	8 people dedicating 100% of the time to hold IYCF counseling sessions at facilities, scheduled and provide continuous support to mother-mother support groups in their catchment areas										
Section Total							71,900.00	22,260.00	37,230.00	12,410.00	71,900.00
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	IEC materials reproduction (Poter and banners for IYCF promotion)	D	12	600	2	100.00%	14,400.00	14,400.00	0.00	0.00	14,400.00
	Materials include cluster recognized posters, banners on identification of malnutrition, IYCF key messages. \$ 600 is estimated to re-print each of the 3 formats of each 4 identified designs. Prints will be done in batches per a quarter										
2.2	Facility registers and admission cards and referral slips	D	8	1493.5	1	100.00%	11,948.00	11,948.00	0.00	0.00	11,948.00
	Include cluster recognized Registers, cards and referral slips. \$ 800 is estimated to re-print registers, \$ 700 is estimated to re-print card and slips, for each of the facilities during the project cycle										
Section Total							26,348.00	26,348.00	0.00	0.00	26,348.00
3 Equipment (please itemize costs of non-consumables to be purchased under the project)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
Section Total							0.00	0	0	0	0.00
4 Contractual Services (please list works and services to be contracted under the project)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
Section Total							0.00	0	0	0	0.00
5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
5.1	Return UNHAS tickets	D	3	400	2	100.00%	2,400.00	800.00	1,200.00	400.00	2,400.00
	Costs for 3 quarterly UNHAS return flights, for effective project supervisions, each at \$400										
5.2	Peridiems	D	3	300	2	100.00%	1,800.00	600.00	900.00	300.00	1,800.00
	Costs for management staff peridiems in the field, monthly estimates at \$300, Visits will cover 7 days each day charged at \$ 40										
Section Total							4,200.00	1,400.00	2,100.00	700.00	4,200.00
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	
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	Establisement of Nyalual center	D	1	2500	1	100.00%	2,500.00	2,500.00	0.00	0.00	2,500.00
	Costs for renting Tukuls and erecting a shelter for observations of children with complicated SAM in Nyalual, block estimate of \$ 2500										
7.2	Training of New Nutrition workers	D	25	20	5	100.00%	2,500.00	2,500.00	0.00	0.00	2,500.00
	Costs for training 25 health workers (nutrition staffs) for 5 days each day charged at \$ 20 per trainee. cost for Learning aids and refreshments. Sessions will cover Key topic in CMAM and IYCF										
7.3	Training of MSGs leaders and composition of groups	D	50	20	5	100.00%	5,000.00	5,000.00	0.00	0.00	5,000.00
	Costs for training 50 lead/model women for 5 days each day charged at \$ 20 per trainee; Costs for Learning aids and refreshments. Sessions will cover Key topics on Optimal IYCF and peer counselling										
7.4	Incentives for MSGs in all the target locations	D	20	485	1	100.00%	9,700.00	4,850.00	4,850.00	0.00	9,700.00
	materials including, T-shirts, bags and utilities for recipe demonstrations, each ground is estimated to utilize materials costing \$ 485										
7.5	Contribution towards utilities for Fangak field	D	1	760	6	50.00%	2,280.00	760.00	1,140.00	380.00	2,280.00

	base											
	Costs towards utilities at Fangak field base, Monthly charge of 50% of \$ 760 for 6 months											
7.6	Contribution to Juba coordination office	S	1	2200	6	37.00%	4,884.00	1,600.00	2,400.00	884.00	4,884.00	
	Costs towards utilities for Juba coordination office, Monthly charge of 37% of \$ 2,200 for 6 months											
7.7	Contribution to generator Fuel and maintenance in Juba	S	1	1000	6	50.00%	3,000.00	1,000.00	1,500.00	500.00	3,000.00	
	Costs towards Fuel and maintenance in Juba coordination office, Monthly charge of 50 % of \$ 1000 for 6 months											
7.8	Contribution to vehicle running in Juba	S	1	840	6	50.00%	2,520.00	840.00	1,260.00	420.00	2,520.00	
	Costs towards Internet subscription in Juba for project coordination and management, Monthly charge of 50% of \$ 849 for 6 months											
7.9	Project management stationery	D	1	352	6	100.00%	2,112.00	704.00	1,056.00	352.00	2,112.00	
	Costs for project management stationery, Monthly charge of \$ 352 for 6 months											
7.10	Contribution to Internet connection at Juba office	S	1	300	6	30.00%	540.00	180.00	270.00	90.00	540.00	
	Costs towards Internet subscription in Juba for project coordination and management, Monthly charge of 30% of \$ 300 for 6 months											
7.11	Communication air time for Thuraya	D	1	375	6	100.00%	2,250.00	750.00	1,125.00	375.00	2,250.00	
	Costs for airtime for project coordination and management, Monthly estimate of \$ 375 for 6 months											
7.12	Fuel for Boat running in Fangak	D	1	2820	6	100.00%	16,920.00	5,640.00	8,460.00	2,820.00	16,920.00	
	Costs for boat fuel and maintenance in Fangak, monthly estimate of \$ 2,820 for 6 months											
7.13	Charter for supplies deliver to Fangak	D	1	5000	1	100.00%	5,000.00	0.00	5,000.00	0.00	5,000.00	
	Cost for standby chartering of a flight to deliver nutrition supplies to minimize stock-outs in case of delays from Logs cluster schedules. charter at \$ 5,000											
	Section Total						59,206.00	26,324.00	27,061.00	5,821.00	59,206.00	

Sub Total Direct Cost 161,654.00

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

Audit Cost (For NGO, in percent) 1%

PSC Amount 11,315.78

Quarterly Budget Details for PSC Amount	2015		2016	Total
	Q3	Q4	Q1	
	3,773.24	5,656.77	1,885.77	11,315.78

Total Fund Project Cost 172,969.78

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Fangak	100	300	1450	2655	2610	7015	<p>Activity 1.1.1 : Maintain operation of 4 OTP sites in Fangak including (Old fangak, Toch, Wanchot, Nyantuat), Open new operation 3 additional OTP sites (Wenglel, Nyalual, and Pulita); and treat 810 boys and 815 girls 6-59 months from severe acute malnutrition (Both Complicated and non Complicated)</p> <p>Activity 1.1.2 : Open and operate 1 stabilization center in Nyalual</p> <p>Activity 1.2.1 : Maintain operations of 4 TSFP sites, 4 in Fangak including (Old fangak, Toch, Wangchot, Nyantuat), Open operations of 3 additional TSFP sites (Wenglel, Nyalual, and Pulita), and treat 1,840 boys and 1,820 girls 6-59 months and 487 PLW from Moderate acute malnutrition</p> <p>Activity 1.3.1 : Provide Vitamin A supplementation for 2,655 boys and 2,610 girls (6-59 months) with in the catchment IDP-host population of the all the target sites in Fangak</p> <p>Activity 1.3.2 : Provide deworming for 2,200 boys and 2,180 girls (24-59 months) with in the catchment IDP-host population of the all the target sites in Fangak</p> <p>Activity 1.4.1 : Recruit and train 12 additional nutrition staffs (8 Male and 4 Female) in the new locations of (Wenglel, Nyalual, and Pulita)</p> <p>Activity 1.4.2 : Provide progressive on site coaching to 25 nutrition staff (male and females) in line with IM SAM guidelines and optimal IYCF promotion across the project targeted sites</p> <p>Activity 2.1.1 : Train 50 lead women, and format 10 new IYCF MSG in the catchment communities of the new established sites of Wenglel, Nyalual, and Pulita including Toch</p> <p>Activity 2.1.2 : Continued supportive supervision and mentoring for 10 existing mother support groups among target catchment communities of Old fangak, Wangchot, Nyantuat, and 10 new groups in Wenglel, Nyalual, Pulita and Toch</p> <p>Activity 2.1.3 : Continued provision of optimal IYCF key messages at all target nutrition sites during health education sessions</p> <p>Activity 3.1.1 : Conduct monthly rapid assessments MUAC across the target Vulnerable target communities; at the commencement (Wenglel, Nyalual, and Pulita) and scheduled/periodic assessments for in Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita</p> <p>Activity 3.1.2 : Screen and refer all health care contacts aged 6-59 months with MUAC with in the target locations of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita</p>

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

