

| | | |
|-----------------------------------|--|-------------------|
| Requesting Organization : | Relief International | |
| Allocation Type : | 2nd Round Standard Allocation | |
| Primary Cluster | Sub Cluster | Percentage |
| NUTRITION | | 100.00 |
| | | 100 |
| Project Title : | Emergency Nutrition Assistance for Longechuk | |
| Allocation Type Category : | Frontline services | |

OPS Details

| | | | |
|-----------------------------------|----------------|---------------------------------|------------------------------|
| Project Code : | SSD-16/H/89522 | Fund Project Code : | SSD-16/HSS10/SA2/N/INGO/3573 |
| Cluster : | Nutrition | Project Budget in US\$: | 288,000.00 |
| Planned project duration : | 6 months | Priority: | 2 |
| Planned Start Date : | 01/10/2016 | Planned End Date : | 31/03/2017 |
| Actual Start Date: | 01/10/2016 | Actual End Date: | 31/03/2017 |

| | |
|--------------------------|---|
| Project Summary : | <p>The existing nutrition services in Longechuk are inadequate to meet the growing needs of IDPs and the extremely vulnerable host community population. According to RI's SMART survey carried out in June 2016, the prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) stood at 27.9% (23.8 - 32.2; 95% CI) and 10.8% (8.1 - 14.3).</p> <p>Longechuk was classified as highly vulnerable (high critical with access constraints) by the 2016 Nutrition Cluster Response Plan and, more recently, the April 2016 integrated food security phase classification (IPC) forecasted 'crisis' levels of food insecurity in Longechuk from May to July 2016. Longechuk's IPC for acute malnutrition was also classified as 'critical' and is likely to deteriorate. With GAM prevalence above the emergency threshold, there are numerous underlying factors aggravating malnutrition, including poor food security, poor infant and young child feeding (IYCF) practices, and limited access to existing health and nutrition services due to insecurity/access constraints.</p> <p>There is an urgent need to improve access to stabilization center (SC) services for children with SAM with complications and expand the reach and coverage of out-patient therapeutic programs (OTP) and targeted supplementary feeding programs (TSFP). In addition, IYCF activities require further support, especially because vulnerable young children, pregnant and lactating women (PLW) in the county have specific nutritional requirements that have proven challenging to meet in the context of crisis.</p> <p>The purpose of this project is to reach children under 5, PLW, older people and other vulnerable groups in remote villages of Longechuk and in areas which are not covered by ongoing nutrition programming. The project will focus on saving lives and reducing the existing burden of SAM and MAM in order to prevent malnutrition in children 6- 59 months and PLW. Targeted locations include Mathiang Jongjith Warweng and Geulkuk payams; funding will also ensure routine programming at all existing OTPs, SCs, and TSFP sites continues without interruption. Finally, lead mothers will also benefit from capacity building activities as part of the IYCF component.</p> |
|--------------------------|---|

Direct beneficiaries :

| Men | Women | Boys | Girls | Total |
|-----|--------|--------|--------|--------|
| 0 | 16,427 | 14,690 | 19,521 | 50,638 |

Other Beneficiaries :

| Beneficiary name | Men | Women | Boys | Girls | Total |
|------------------------------|-----|--------|--------|--------|--------|
| People in Host Communities | 0 | 11,180 | 0 | 0 | 11,180 |
| Internally Displaced People | 0 | 1,525 | 0 | 0 | 1,525 |
| Pregnant and Lactating Women | 0 | 3,722 | 0 | 0 | 3,722 |
| Children under 5 | 0 | 0 | 14,660 | 19,490 | 34,150 |

Indirect Beneficiaries :

RI estimates that an additional 10% of total population, or 12,000, will benefit in addition to the direct beneficiaries. Indirect beneficiaries will include:

- The household members of lead mothers on basic nutrition, important infant and young child feeding practices
- Caretakers / other siblings of malnourished children through education on basic nutrition and diet diversity

Catchment Population:

Longechuk County is home to over 10,000 IDP households and a host population of over 110,000 people. Following the peace agreement reached between government and opposition forces in August 2015, Longechuk has received an influx of returnees from Gambella Refugee Camp in Ethiopia. Additional returnees are expected in 2016. RI's program targets 50,577 direct beneficiaries in all payams within the county.

RI estimates that approximately 20% of children screened will be enrolled in malnutrition treatment (MAM or SAM). In other words, a total of 14,678 children will be screened and 1,599 children will enroll in SAM (SC/OTP) treatment and 1,000 in MAM (TSFP) treatment.

Link with allocation strategy :

RI's proposed program will respond to and address the complex needs of returnees, IDPs, and host community members in Longechuk. Current programming is not adequate to support the full range of urgently-needed services. The funds requested for CHF programming will be essential to ensure life-saving nutrition activities and services continue. In addition, RI's proposed activities have been designed to ensure they strongly support CHF objectives and nutrition cluster priorities for South Sudan in 2016.

CHF funding will be used to address the immediate lifesaving and quality nutrition care needs of targeted communities in the geographic area including the IDPs. The justification of the proposed project needs is based on the evidence and RI's knowledge, expertise, and experience of the geographic areas, previous and current programming, needs assessment reports conducted by cluster and other agencies. In all, RI will position itself in line with the findings and recommendation of the cluster need analysis and response plan, the general strategic objectives and cluster specific objectives and output. To achieve this objective, RI will work towards the following expected results.

- Deliver and increase access to quality and effective community and facility-based therapeutic and supplementary nutrition services, and treatment of severe and moderate acute malnutrition among children under five and pregnant, lactating women, older people and other vulnerable people in target areas.
- Increase coverage of the targeted population for under nutrition prevention through micronutrient supplementation, dissemination of key nutrition and IYCF messages, and community screening.
- Increase institutional capacity to conduct nutritional assessments and design/implement a full range of nutrition interventions including building capacity for nutritional emergency response and preparedness.

Sub-Grants to Implementing Partners :

| Partner Name | Partner Type | Budget in US\$ |
|--------------|--------------|----------------|
| | | |

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

| Other Funding Source | Other Funding Amount |
|----------------------|----------------------|
| | |

Organization focal point :

| Name | Title | Email | Phone |
|-----------------|--------------------|-------------------------|----------------------|
| Emily Johnson | Grants Coordinator | emily.johnson@gmail.com | : +211 956 775 984 |
| Ricardo Vieitez | Country Director | ricardo.vieitez@ri.org | +211 (0) 921 493 088 |

BACKGROUND**1. Humanitarian context analysis**

The situation in Longechuk has continued to worsen due to restriction of humanitarian access, as a result of seasonal rains and flooding, which also negatively impacts crop production. Limited and inconsistent humanitarian assistance in combination with disruptions to agricultural production has a direct effect on nutrition and its related problems. Pregnant and lactating women (PLW) and children under five years of age in Longechuk continue to be the most vulnerable to severe acute malnutrition.

In May 2016, a rapid SMART nutrition survey conducted by Relief International revealed a global acute malnutrition (GAM) rate of 27.9% (23.9 - 32.3) and a severe acute malnutrition (SAM) rate of 10.8 percent and MAM of 17.1 percent. The nutritional situation is likely worse in areas which were not able to be accessed due to flooding, insecurity and distance.

RI is currently the only agency on the ground in Longechuk for both health and nutrition. It serves thousands of beneficiaries, through ten-supported OTP centers and two SCs. There is a need to expand SC, OTP, TSFP and IYCF support and promotion services to all the 12 primary health care (PHC) facilities and to strengthen referral services in order to improve coverage and ensure the utilization of services by mothers and young girls, who are usually burdened with caring for the family, PWL, older people, people with special needs and thus least likely to travel very far to access services.

RI therefore proposes to scale-up nutritional services in Longechuk. Existing nutrition services are inadequate to meet the needs of a growing demand of returnees and the host community population. Insecurity is also still a main concern especially in Longechuk which may put the host community in dire need of nutritional support. Vulnerable young children, pregnant and lactating women, disabled and elderly people in the counties have specific nutritional requirements that provide major challenges to be met in the context of the crisis.

2. Needs assessment

Longechuk County continues to serve as an important transit area in the greater Upper Nile region. Due to its proximity to the frontline and the Ethiopia border, Longechuk supports over 10,000 internally displaced persons (IDPs) from neighboring counties in Upper Nile as well as a growing number of returnees from Gambella, Ethiopia. Despite its importance to the displaced and returnee population, humanitarian access remains limited and inconsistent due to seasonal flooding, insecurity, and poor road networks. Following the outbreak of conflict in December 2013, many agencies were forced to close programming and evacuate staff as a result of insecurity.

Throughout 2015 and 2016, RI conducted several needs assessments in Longechuk, including a qualitative morbidity, mortality, and infant and young child feeding (IYCF) assessment (March 2016) and a pre-harvest rapid SMART survey (June 2015).

RI's SMART survey revealed that GAM prevalence has increased by nearly 150 percent from 18.9 percent in June 2015 to 27.9 in June 2016. SAM prevalence also rose to 10.8 percent (from 7.1 percent in June 2015). Routine nutrition screening data collected by RI during active and passive screening exercises from November 2015 to March 2016 revealed prevailing GAM levels of approximately 25 percent in Longechuk, nearly double the WHO threshold for a critical emergency. Figures from RI's SMART survey conducted in June 2016 indicate there has been a sharp deterioration in the nutrition situation over the last year in comparison to results from RI's SMART survey carried out in June 2015.

Most households do not have sufficient food or the capacity to purchase food, which has resulted in poor food consumption at household level. In addition, poor sanitation as evidenced by the rampant open defecation practices and poor hygiene, especially in hand washing, are among the key underlying factors for the high prevalence of under nutrition related diseases among children in the county.

In addition to food insecurity and WASH gaps, complementary feeding practices and poor dietary diversity were cited as major underlying causes of malnutrition in Longechuk. Poor food consumption at household level due to food insecurity and limited capacity to purchase foods given high market prices, poor sanitation (rampant open defecation practices), and poor hygiene (especially in hand washing) were additional underlying factors affecting the nutritional status of the children in the County. Findings from this survey revealed a crude mortality rate (CMR) higher than the emergency threshold for sub-Saharan African Countries 2.00 (1.48-2.70) with diarrhoea and malaria being among the major causes of death.

3. Description Of Beneficiaries

RI's proposed activities will target the conflict affected population, including IDPs, returnees, and host communities, in Longechuk. Beneficiaries will be from all age groups but the majority will be women and children (an estimated 60 percent of the total population and target group comprises this demographic). Activities will therefore focus on children and mothers through the provision of integrated basic PHC services. Through outreach activities, RI will aim to reach the most vulnerable (e.g. individuals who are disabled or constrained by mobility).

RI aims to reach 1,599 children with SAM. RI estimates that approximately 160 children will have medical complications and will be treated at in-patient facilities. The remainder will be treated at out-patient facilities. RI calculated beneficiaries for stabilization center and out-patient admissions by multiplying 94,932 (Longechuk's total population) by 20 percent (estimated population under five) and 10.8 percent SAM prevalence. RI is assuming incidence of 2.6 and coverage rate of 60%, which amounts to an annual total of 3,199 cases. Over a six month period, RI projects to treat 1,599.

RI also aims to reach 1000 children and 500 PLW with MAM. This estimation is based on monthly averages and current caseload.

4. Grant Request Justification

This project will target the most vulnerable in the proposed areas of intervention (e.g. children under five, PLW, the elderly, and households located in remote, hard-to-reach villages of Longechuk. RI will also prioritize areas not covered by other humanitarian agencies and not supported with funding from the CHF 2016 first allocation. Using the CHF funding, this project will aim to increase access to high-quality and effective community and facility-based therapeutic and supplementary nutrition services; and to improve the treatment and management of severe and moderate acute malnutrition among children under five and pregnant, lactating women, older vulnerable grounds.

At the same time, RI will work to address capacity gaps of health and nutrition workers at various levels of Upper Nile through routine trainings in Longechuk. The community and health and nutrition workforce have limited skills and knowledge on how to mitigate health and nutritional problems. RI – through its current presence and local and global expertise – will focus on increasing access to services and improving the overall capacity of health workers and volunteers to both prevent and treat malnutrition using the community management of acute malnutrition (CMAM) approach.

In the local context, the static clinic-based malnutrition treatment model is insufficient to meet the complex needs. RI therefore will strive to cover all Payams in proposed areas of intervention through outreach services. The proposed project will enable RI to undertake facility and community-based nutrition screening in order to identify vulnerable individuals for malnutrition (including both severe and moderate acute malnutrition). In addition, proposed activities will strive to support the management and referral of severe and moderate acute malnutrition in children, pregnant and lactating women and the nutritionally vulnerable; to reduce defaulter rates; and to increase access and coverage of the program for mothers by decreasing the walking period and waiting period often required for static-based services. Lastly, OTP services will be provided in three PHCUs and 2 outreach sites in Longechuk County to ensure optimal geographic coverage. With a goal of increasing service uptake, all nutrition centers will be fully integrated with existing health facilities. To promote integration and project synergies, health staff will also be involved in OTP outreach activities.

5. Complementarity

RI has been working in Upper Nile over the last seven years, implementing life-saving health, nutrition and FSL programming. RI always seeks to promote and support program integration in order to maximize outcome and impact. Complementarity is achieved by integrating different projects, fostering synergies, and encouraging staff in different sectors to understand the dynamism and how projects complement each other. In Longechuk, RI had explored linkages between FSL, WASH and health programming and seeks to further support this integration through the proposed WASH intervention.

LOGICAL FRAMEWORK

Overall project objective

To increase access and deliver quality lifesaving management of severe and moderate acute malnutrition for 60 percent of children under five and pregnant and lactating women, and to provide access to integrated services to prevent under nutrition for at least 30 percent of girls and boys aged 0-59 months, pregnant and lactating women and other vulnerable groups, including increasing institutional capacity to conduct nutritional assessments and analysis in order to respond to nutritional emergencies in a timely manner.

| NUTRITION | | |
|---|---|--------------------------|
| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
| CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk | HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity | 100 |
| <p>Contribution to Cluster/Sector Objectives : RI's proposed program is linked with the 2016 Nutrition Cluster first allocation strategy. Activities primarily support the second cluster priority, "Management of SAM and MAM; provision of support to IYCF in emergencies; micronutrient supplementation; nutrition surveillance." According to the Nutrition Cluster, 80 percent of counties in the conflict-affected and high-burden states are classified at critical levels of GAM. The increased acute malnutrition rates are largely due to displacement, poor IYCF practices, the disruption of nutrition services as a result of insecurity and conflict. PLWs, young children, and elderly women and men are particularly vulnerable to malnutrition, as are IDPs. RI's proposed program is therefore also aligned with the fifth cluster priorities, "Filling gaps in core pipelines of supplies" in Longechuk and the conflict-affected areas of Maban.</p> | | |
| Outcome 1 | | |
| Improved un-restricted and non-discriminatory access to comprehensive nutrition treatment services for women, men, girls, boys and vulnerable groups including ethnic minorities, returnees/IDPs/refugees. | | |
| Output 1.1 | | |
| Description | | |
| 50,577 vulnerable people have improved access to nutrition treatment programs | | |
| Assumptions & Risks | | |
| Sustained and secure access. No significant displacement occurs within the target area There will be consistent supply of drugs, equipment and medical supplies. | | |
| Activities | | |
| Activity 1.1.1 | | |
| Strengthen referral systems in order to ensure children with severe acute malnutrition (SAM) with medical complications are admitted to stabilization centres (Mathiang, Udier) Facilities: Malual, Pamach, Chotbora, Malual, Jangok, Watber, Jongith, Warweng, Belwang | | |
| Activity 1.1.2 | | |
| Conduct screening for children between 6-59 months and PLWs to identify with malnutrition cases Facilities: Malual, Pamach, Chotbora, Malual, Udier, Jangok, Watber, Jongith, Warweng, Belwang | | |
| Activity 1.1.3 | | |
| Strengthen/establish Out-patient Therapeutic Program (OTP) Facilities: Mathiang (existing), Jongjith (existing), Warweng (existing), and Geulkuk (new) | | |
| Activity 1.1.4 | | |
| Admit children (under-5) & PLW for the treatment of MAM Facilities: Chot-bora (existing), Jongith (existing), Malual (existing) and Geulkuk (new) | | |
| Activity 1.1.5 | | |
| Strengthen/Establish TSFP sites Facilities: Jongith, Malualual, (existing) and Geulkuk (new) | | |
| Activity 1.1.6 | | |
| Raise awareness among mothers to exclusively breastfeeding for infants age 0 to 6 months Facilities: Mathiang, Jongjith, Warweng, and Geulkuk | | |
| Activity 1.1.7 | | |
| Admit and treat children (under-5) with severe acute malnutrition (SAM) but without medical complication to Outpatient Therapeutic Program (OTP) Facilities: Malual, Pamach, Chotbora, Malual, Udier, Jangok, Watber, Jongith, Warweng, Belwang | | |
| Activity 1.1.8 | | |
| Supplement micronutrient vitamins and minerals to children 6-59 months - Facilities: Malual, Pamach, Chotbora, Malual, Udier, Jangok, Watber, Jongith, Warweng, Belwang | | |
| Activity 1.1.9 | | |
| Support mobile clinic and outreach Facilities: Mathiang | | |
| Activity 1.1.10 | | |
| Provide routine monitoring support to accessible CMAM sites through supervisory checklists and quality monitoring assessments | | |
| Indicators | | |

| Indicators | | | | | | | |
|---|-----------|---|-------------------------|-------|-------|-------|-----------|
| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.1.1 | NUTRITION | Frontline services # of children screened in the community | | | 7,192 | 7,486 | 14,678 |
| Means of Verification : PHCC & mobile clinics records | | | | | | | |
| Indicator 1.1.10 | NUTRITION | Proportion of sites where nutrition quality indicators are within SPHERE minimum standards for MAM (cure rate, death rate, recovery rate) - Cure rate (>75%) - Death rate(<3%) - Defaulter rate (<15%) - Recovery rate (>75%) | | | | | 100 |
| Means of Verification : TSFP reports, patient cards, facility records | | | | | | | |
| Indicator 1.1.11 | NUTRITION | Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) | | | 490 | 510 | 1,000 |
| Means of Verification : TSFP reports, patient cards, facility records | | | | | | | |
| Indicator 1.1.12 | NUTRITION | Frontline services # PLWs with acute malnutrition newly admitted for treatment | | 500 | | | 500 |
| Means of Verification : TSFP reports, facility records, patient cards | | | | | | | |
| Indicator 1.1.2 | NUTRITION | Frontline services # of nutrition sites - No of OTP sites (new and existing) | | | | | 4 |
| Means of Verification : PHCC & Mobile clinics records | | | | | | | |
| Indicator 1.1.3 | NUTRITION | Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing) | | | | | 3 |
| Means of Verification : PHCC & Mobile clinics records | | | | | | | |
| Indicator 1.1.4 | NUTRITION | Frontline services # of children (under-5) admitted for the treatment of SAM | | | 783 | 816 | 1,599 |
| Means of Verification : PHCC & Mobile clinics records | | | | | | | |
| Indicator 1.1.5 | NUTRITION | Number women who receive exclusive breast feeding messages (IYCF) | | | | | 7,234 |
| Means of Verification : PHCC & Mobile clinics records | | | | | | | |
| Indicator 1.1.6 | NUTRITION | # of PLW screened for malnutrition in the community | | | | | 3,222 |
| Means of Verification : RI reports, screening reports, OTP/SC records | | | | | | | |
| Indicator 1.1.7 | NUTRITION | # of children with SAM without medical complications admitted to SC | | | | | 1,439 |
| Means of Verification : RI reports, SC/OTP records | | | | | | | |
| Indicator 1.1.8 | NUTRITION | # of children with SAM with medical complications admitted to SC | | | | | 160 |
| Means of Verification : SC reports, RI reports | | | | | | | |
| Indicator 1.1.9 | NUTRITION | Proportion of sites where nutrition quality indicators are within SPHERE minimum standards for SAM (cure rate, death rate, recovery rate) - Cure rate (>75%) - Death rate(<5%) - Defaulter rate (<15%) - Recovery rate (>75%) | | | | | 100 |
| Means of Verification : OTP reports, SC reports, monitoring visits | | | | | | | |
| Additional Targets : # of PLW screened in the community: 3,222 # of children (under-5) and PLW treated for MAM: Men: 0, Women: 500, Boys: 490, Girls: 510, Total 1500 # of people benefitting from mobile clinics and outreach: Men: 0, Women: 5971, Boys: 7468, Girls: 12004, Total: 25,443 # of children 6-59 months receiving Supplement micronutrient vitamins and minerals: Men: 0, Women: 0, Boys: 420, Girls: 900, Total: 1320 | | | | | | | |
| M & R | | | | | | | |
| Monitoring & Reporting plan | | | | | | | |

RI has developed a rigorous M&E framework and information management system for interventions. This toolkit has been adapted to the context, is equipped with reporting formats and data collection tools for various activities, and relies on an integrated system of traditional monitoring tools (comprising data collection on inputs, outputs, and outcomes, and community based participatory monitoring mechanisms). Data will be disaggregated by sex and age wherever possible. Meetings will be facilitated in a participatory manner to ensure equal voice of all groups, including marginalized and vulnerable populations. Feedback will be both qualitative and quantitative and will include methods such as ranking and scoring matrices.

Weekly reporting: RI will continue to report weekly case admissions and screening figures to UNICEF at the state and national level.
Monitoring: Project work plans to be used to guides by national staff at all RI target areas. These plans will form the basis of progress monitoring throughout the program period.

Field Visits: Expatriate field visits to RI target sites are critical to monitor the quality and integrity of RI's programs in remote program locations at a minimum monthly basis. RI has three expatriate staff based in Longechuk all of whom provide routine oversight to program activities. Senior staff from Juba will also continue to provide oversight, project / implementation reviews, and course correction discussions.

| Workplan | | | | | | | | | | | | | |
|--|------|---|---|---|---|---|---|---|---|---|----|----|----|
| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Activity 1.1.1: Strengthen referral systems in order to ensure children with severe acute malnutrition (SAM) with medical complications are admitted to stabilization centres (Mathiang, Udier) Facilities: Malual, Pamach, Chotbora, Malual, Jangok, Watber, Jongith, Warweng, Belwang | 2016 | | | | | | | | | | X | X | X |
| | 2017 | X | X | X | | | | | | | | | |
| Activity 1.1.10: Provide routine monitoring support to accessible CMAM sites through supervisory checklists and quality monitoring assessments | 2016 | | | | | | | | | | X | X | |
| | 2017 | X | X | X | | | | | | | | | |
| Activity 1.1.2: Conduct screening for children between 6-59 months and PLWs to identify with malnutrition cases Facilities: Malual, Pamach, Chotbora, Malual, Udier, Jangok, Watber, Jongith, Warweng, Belwang | 2016 | | | | | | | | | | X | X | X |
| | 2017 | X | X | X | | | | | | | | | |
| Activity 1.1.3: Strengthen/establish Out-patient Therapeutic Program (OTP) Facilities: Mathiang (existing), Jongjith (exisiting), Warweng (existing), and Geulkuk (new) | 2016 | | | | | | | | | | X | X | X |
| | 2017 | X | X | X | | | | | | | | | |
| Activity 1.1.4: Admit children (under-5) & PLW for the treatment of MAM Facilities: Chot-bora (exisiting), Jongith (existing), Malual (existing) and Geulkuk (new) | 2016 | | | | | | | | | | X | X | X |
| | 2017 | X | X | X | | | | | | | | | |
| Activity 1.1.5: Strengthen/Establish TSFP sites Facilities: Jongith, Malualual, (exisiting) and Geulkuk (new) | 2016 | | | | | | | | | | X | X | X |
| | 2017 | X | X | X | | | | | | | | | |
| Activity 1.1.6: Raise awareness among mothers to exclusively breastfeeding for infants age 0 to 6 months Facilities: Mathiang, Jongjith, Warweng, and Geulkuk | 2016 | | | | | | | | | | X | X | X |
| | 2017 | X | X | X | | | | | | | | | |
| Activity 1.1.7: Admit and treat children (under-5) with severe acute malnutrition (SAM) but without medical complication to Outpatient Therapeutic Program (OTP) Facilities: Malual, Pamach, Chotbora, Malual, Udier, Jangok, Watber, Jongith, Warweng, Belwang | 2016 | | | | | | | | | | X | X | X |
| | 2017 | X | X | X | | | | | | | | | |
| Activity 1.1.8: Supplement micronutrient vitamins and minerals to children 6-59 months - Facilities: Malual, Pamach, Chotbora, Malual, Udier, Jangok, Watber, Jongith, Warweng, Belwang | 2016 | | | | | | | | | | X | X | X |
| | 2017 | X | X | X | | | | | | | | | |
| Activity 1.1.9: Support mobile clinic and outreach Facilities: Mathaing | 2016 | | | | | | | | | | X | X | X |
| | 2017 | X | X | X | | | | | | | | | |

OTHER INFO

Accountability to Affected Populations

RI will ensure accountability by:

1. Actively engaging all segment of the community for planning exercises.
2. Balancing both sexes in staff hiring process
3. Actively engaging women groups in project planning, implementation and monitoring exercise.
4. At the commencement of the project, organizing a launching ceremony with all key stake holders to explain the project objectives and scope including setting joint planning and monitoring exercise
5. Regularly and periodically reviewing of projects with key stake holders and strengthening the feedback mechanisms with the beneficiaries

Implementation Plan

Qualified local South Sudanese and/or expatriate staff will be based full-time in all project target areas for direct management, monitoring, and oversight of activities. RI has established offices in South Sudan, including in Juba, Longechuk, Maban, and Pibor, and Pajak / Maiwut. RI's Nutrition Officers, based in Longechuk, will oversee all activities. RI also employs a strong national Nutrition team who will provide monitoring and technical support throughout implementation. The Nutrition Coordinator and Nutrition Officers will be responsible for training staff, carrying out education sessions and campaigns.

Senior project staff will visit the project sites frequently to give technical input and guidance (security allowing). The Country Director, based in Juba, will also visit the project to ensure RI standards are met. Regular monitoring missions, including joint monitoring missions, will be conducted by programs and M&E staff, will help monitor and track progress and achievements in all locations, and coordinate any course corrections as necessary.

Coordination with other Organizations in project area

| Name of the organization | Areas/activities of collaboration and rationale |
|--------------------------|---|
| | |

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Women are playing a vital role both in productive and reproductive activities, though their contribution is overlooked due to the male dominance and patriarchy system in South Sudan, particularly in the context of Longechuk. Women are not represented adequately in any decision making position and there is limited opportunity to accept women in public places and hear their voice. In order to alleviate such problem the project will give attention to improve their engagement in the project implementation process.

The situation in the county is getting worse due to the current violence where high number of women's and children are being displaced and much is expected in the coming period as the area is serving as immigration route to neighboring Ethiopia. The project team will assess the situation and respond for the immediate protection needs for this targeted group in collaboration with elders, church leaders and local authorities in the area and advocate the problem at various levels for issues which are beyond the project scope and mandate. The planned project activities also target children and mothers to be benefited from all components of the project. Specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring, and evaluation. For example, RI will try to ensure that female and male representation will be balanced in community nutrition volunteers, and during recruitment of nutrition staff at various levels. RI will continue to encourage and proactively recruit female staff in the county where the level of literacy and tradition of females working outside the home is low.

RI's nutrition team will work closely with the health staff to ensure that lactating and pregnant women get the required support in line with nutrition counseling, micronutrient supplementation and regular screening for malnutrition. Traditional birth attendants will also be supported through the core activity of disseminating nutrition education and referring malnourished cases to the nearby nutrition center in addition to referring complicated deliveries and high risk pregnancies (women) to the health facilities. The planned YCF activity will be fully implemented by the selected lead mothers from each location that gives opportunities for the mother to get knowledge and skill to promote the recommended nutrition practices. RI will also ensure/recognize the full representation of women groups (women associations) in all project activities which needs community level decision and engagement. RI will provide training for staff on Sexual and Gender Based Violence (SGBV) targeted at identifying potential cases and referring survivors for appropriate treatment and counseling. In light of the potential for increased incidences of SGBV related to potential conflict, insecurity, and mass population movements in 2016, RI will look to increase awareness amongst staff and communities regarding SGBV, with training targeted at appropriate and timely care seeking for rape victims.

Protection Mainstreaming

RI's interventions are closely in line with relevant cluster priorities and approaches, and integrate gender and protection mainstreaming. RI actively works to ensure trainees and beneficiaries compose an equal balance of women and men. Additionally, throughout the project, RI will conduct Sexual and Gender Based Violence (SGBV) training for health staff, community outreach volunteers, and community champions.

Country Specific Information

Safety and Security

RI's Global Security Manager and in-country Operations Manager will continue to monitor the security situation in all target areas. In the case of sustained deterioration in security or access, RI may briefly suspend and in extreme cases relocate activities to more secure areas where similar needs exist, although it is envisioned that the use of remote monitoring and remote area management will ensure the continuity of services. RI has a robust security and evacuation plan in place.

Access

RI has had full access in Upper Nile and for the last seven years in Longechuk and Maban to planned project locations and operates with all possible support from local communities and authorities. RI is expecting to receive the same support from local communities and authorities in the future, however if RI is denied permission to work in certain areas, threats are issued against staff, or other circumstances arise that prohibit or limit RI's ability to implement the project, the following measure will be taken immediately:

- RI will communicate with OCHA / CHF immediately on the situation and the proposed mitigation plan;
- RI will engage all possible actors at various levels including local authorities, community leaders, OCHA, UNDSS, clusters, etc. to assist in the negotiation process and secure permission to implement the project activities enabling RI to provide critical humanitarian services to communities most in need;
- In case negotiation processes don't go well or RI is not able to implement activities as planned for any reason, RI will work closely with OCHA / CHF to take mitigating action. One example is if RI was unable to work in a given payam, the project team could utilize available resources to meet the needs of the population in neighboring areas / locations based on needs and gaps. However, RI will follow the guidance given by OCHA / CHF based on the specific situation.

| BUDGET | | | | | | | |
|--|---|-------|----------|-----------|---------------------|------------------|------------|
| Code | Budget Line Description | D / S | Quantity | Unit cost | Duration Recurrence | % charged to CHF | Total Cost |
| Staff and Other Personnel Costs | | | | | | | |
| 1.1 | Country Director | D | 1 | 8,000.00 | 6 | 15.00 | 7,200.00 |
| | <i>RI's country director will provide oversight on the project as part of the larger country portfolio; He/she will dedicate 15% of his/her time.</i> | | | | | | |
| 1.2 | Grants Coordinator | D | 1 | 3,800.00 | 6 | 15.00 | 3,420.00 |
| | <i>Overall coordinator/manager of project, responsible for oversight and supervision of all program and operations aspects, including liaising with partners, engaging government, organizing training programs, and working with other stakeholders. The position will dedicate 15% of his/her time to the project.</i> | | | | | | |
| 1.3 | Country Finance Manager | D | 1 | 6,000.00 | 6 | 15.00 | 5,400.00 |
| | <i>He will provide high level finance management support, including review of all finance reports and donor compliance accountability. He will dedicate 15 % of his time to the project.</i> | | | | | | |
| 1.4 | Deputy Finance Manager - Field Based | D | 1 | 4,000.00 | 6 | 15.00 | 3,600.00 |
| | <i>The deputy finance manager is based in the field sites and provides technical backstopping to field offices. He rotates on the various field offices to ensure compliance with donor regulations.</i> | | | | | | |
| 1.5 | Sr. Operations Manager & Security Coordinator | D | 1 | 6,000.00 | 6 | 15.00 | 5,400.00 |
| | <i>RI's security coordinator and operations manager provides each project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent procurement policies and also over the security of the RI staff , beneficiaries and properties as advice as appropriate. He/she will dedicate 15% of time to the project.</i> | | | | | | |
| 1.6 | Nutrition Coordinator | D | 1 | 5,000.00 | 6 | 25.00 | 7,500.00 |
| | <i>He will provide expertise, technical oversight, and support capacity building for all aspects of the program related to nutrition. The position will dedicate 25% of his/her time to the project.</i> | | | | | | |
| 1.7 | Nutrition officer | D | 1 | 1,300.00 | 6 | 100.00 | 7,800.00 |
| | <i>He will provide expertise, technical oversight, and support capacity building for all aspects of the program related to nutrition. The position will dedicate 100% of his/her time to the project.</i> | | | | | | |
| 1.8 | OTP Supervisor | D | 1 | 850.00 | 6 | 100.00 | 5,100.00 |
| | <i>The OTP Supervisor is responsible for supervising and reporting activities and staff at the static and mobile community-based management of acute malnutrition (CMAM) programming clinic and services. He/she will dedicate 100% of his/her time to the project.</i> | | | | | | |
| 1.9 | OTP Assistants | D | 4 | 400.00 | 6 | 100.00 | 9,600.00 |
| | <i>The four (4) OTP Assistants are responsible in managing, caring for and supporting outpatients. They will dedicate 100% of their time to the project.</i> | | | | | | |
| 1.10 | Community Mobilizers | D | 5 | 350.00 | 6 | 100.00 | 10,500.00 |
| | <i>The five (5) Community Mobilizers will be deployed to engage his / her community on the objectives of the program's nutrition intervention. They will dedicate 100% of their time to the project.</i> | | | | | | |
| 1.11 | OTP Nurses | D | 2 | 650.00 | 6 | 100.00 | 7,800.00 |
| | <i>The two (2) OTP Nurses are responsible for patient registration, keeping the patients' records, make the reports, community mobilization, and managing the nutrition unit as facility in charges. They will dedicate 100% of their time to the project</i> | | | | | | |
| 1.12 | Logistics Officer | D | 2 | 1,100.00 | 6 | 15.00 | 1,980.00 |
| | <i>RI's two (2) Logistics Officer will provide dedicated project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent procurement policies; This person will dedicate 15% of their time to this project, as it is logistics-intensive.</i> | | | | | | |
| 1.13 | Admin/HR officer | D | 1 | 1,600.00 | 6 | 15.00 | 1,440.00 |
| | <i>RI's Admin/HR Officer will provide support on program oversight including on personnel recruitment and human resources matters, along with associated cross-cutting administration for operations and activity implementation in accordance with RI finance, audit, and HR standards; he/she will dedicate 15% of time to the project.</i> | | | | | | |
| 1.14 | Finance officer | D | 2 | 1,600.00 | 6 | 15.00 | 2,880.00 |

| | | | | | | | |
|---|---|---|-----|-----------|---|--------|------------------|
| | <i>RI's National Finance Officer will provide daily oversight on project finances and finance staff as part of the larger country portfolio, reporting project expenditures and accounts to the finance manager; he/she will dedicate 15% of time to the project.</i> | | | | | | |
| 1.15 | Security Guards | D | 8 | 375.00 | 6 | 15.00 | 2,700.00 |
| | <i>The eight (8) Office/ Guesthouse / Warehouse Guards provide each project site with daily coverage of compound/warehouse security, necessary in the current fluid context , in accordance with RI safety and security procedures. They will dedicate 15% of their time to the project.</i> | | | | | | |
| 1.16 | Cook / Cleaner | D | 4 | 375.00 | 6 | 15.00 | 1,350.00 |
| | <i>The four (4) Cooks / Cleaners will keep the office clean in accordance to RI standards. They will dedicate 15% of their time to the project.</i> | | | | | | |
| 1.17 | Driver | D | 1 | 650.00 | 6 | 15.00 | 585.00 |
| | <i>The one (1) driver provides each project site with daily transport coverage and support in the deliverance of the activities in the field and country office level. They will dedicate 15% of their time to project activities.</i> | | | | | | |
| 1.18 | Security Support | D | 1 | 3,000.00 | 6 | 15.00 | 2,700.00 |
| | <i>Security support consists of an officer, senior officer, and director level program assistance that will backstop and monitor the security situation project at the country level.</i> | | | | | | |
| 1.19 | Reporting and Communication Officer | D | 1 | 3,000.00 | 6 | 15.00 | 2,700.00 |
| | <i>The reporting & communication officer supports the grants coordinator with reporting, donor communication, and project monitoring. He/she will support the project 15% of his/her time.</i> | | | | | | |
| | Section Total | | | | | | 89,655.00 |
| Supplies, Commodities, Materials | | | | | | | |
| 2.1 | Establishment/Rehabilitation of OTPs | D | 4 | 3,000.00 | 1 | 100.00 | 12,000.00 |
| | <i>These funds will be used to preposition supplies to payams and villages for their eventual distribution to the program beneficiaries. These cost include loading and offloading, truck hires, and the temporary storage of the supplies.</i> | | | | | | |
| 2.2 | CMAM training for health and nutrition workers | D | 30 | 30.00 | 2 | 100.00 | 1,800.00 |
| | <i>This covers training costs associated with training health and nutrition volunteers.</i> | | | | | | |
| 2.3 | IYCF Training for lead mothers | D | 120 | 30.00 | 1 | 100.00 | 3,600.00 |
| | <i>This covers training costs associated with training lead mothers.</i> | | | | | | |
| 2.4 | Training for community nutrition volunteers | D | 120 | 30.00 | 1 | 100.00 | 3,600.00 |
| | <i>This covers training costs associated with community nutrition volunteers.</i> | | | | | | |
| 2.5 | Freight, transport, and storage | D | 1 | 9,500.00 | 2 | 100.00 | 19,000.00 |
| | <i>This will support costs for the freight, transport and storage of program supplies (e.g. nutrition supplies and equipment) from Juba to Maban and / or Longechuk. This will be 100% covered by the project.</i> | | | | | | |
| 2.6 | IYCF in-kind support | D | 1 | 8,000.00 | 1 | 100.00 | 8,000.00 |
| | <i>This will support supplies and equipment for the lead mothers, including tea leaves, sugar, and IYCF education resources. All IEC materials will be received in-kind from UNICEF; this does not support IEC materials.</i> | | | | | | |
| 2.7 | Mobile clinics running costs | D | 4 | 770.00 | 6 | 100.00 | 18,480.00 |
| | <i>Specifically, costs for hygiene promotion will support: additional staffing for mobile activities, printing IEC materials for routine outreach activities, basic refresher trainings for community hygiene promoters on how to conduct effective house/community level hygiene promotion sessions, incentives for community hygiene promoters, support for rapid mobile assessments, including KAP baseline and endline. Cost of training community hygiene promoters on how to conduct effective house/community level hygiene promotion sessions in the IDPs and host and communities. Also inclusive of costs associated with the printing training posters and outreach materials, as well as the incentives for CHPs.</i> | | | | | | |
| 2.8 | Supplies for the OTPs | D | 1 | 21,600.00 | 1 | 100.00 | 21,600.00 |
| | <i>This will support costs for the freight, transport and storage of program supplies (e.g. nutrition supplies and equipment) from Juba to Maban and / or Longechuk. This will be 100% covered by the project.</i> | | | | | | |
| 2.9 | Cooking demonstration materials | D | 6 | 200.00 | 6 | 100.00 | 7,200.00 |
| | <i>This includes cooking equipment and supplies so that cooking demonstrations can be carried out at targeted OTPs and SCs by lead mothers.</i> | | | | | | |

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| 2.10 | Mass MUAC and Vit A supplementation | D | 1 | 6,000.00 | 2 | 100.00 | 12,000.00 |
| <i>This will support materials and equipment for the three stabilization centers and the 20 OTPs in Maban and Longechuk.</i> | | | | | | | |
| Section Total | | | | | | | 107,280.00 |
| Equipment | | | | | | | |
| 3.1 | Laptop | D | 2 | 1,400.00 | 1 | 100.00 | 2,800.00 |
| <i>Two laptops will directly support the day-to-day needs of the WASH technical team in Longechuk. Laptop computers will help with data collection and entry needs, reporting, and communication.</i> | | | | | | | |
| Section Total | | | | | | | 2,800.00 |
| Travel | | | | | | | |
| 5.1 | Staff travel (per diem) | D | 6 | 75.00 | 6 | 100.00 | 2,700.00 |
| <i>The budget line will be used to provide per diems and accommodation allowance for the staff working under this program.</i> | | | | | | | |
| 5.2 | Local Flights for Staff Travel - Juba -Longechuk) | D | 4 | 275.00 | 6 | 100.00 | 6,600.00 |
| <i>These funds will be used to cater for the travels for the program staff to and from the field sites.</i> | | | | | | | |
| 5.3 | Travel Expat Staff to Field/Home Return with Visa and Inoculation | D | 1 | 750.00 | 6 | 100.00 | 4,500.00 |
| <i>These funds will cater for the travel of the technical coordinator in charge of the project.</i> | | | | | | | |
| Section Total | | | | | | | 13,800.00 |
| General Operating and Other Direct Costs | | | | | | | |
| 7.1 | Stationary and office materials (Longechuk) | D | 1 | 950.00 | 6 | 50.00 | 2,850.00 |
| <i>These budget will be used to purchase stationery to be used in the field sites where the project is being implemented. "</i> | | | | | | | |
| 7.2 | Office/GH rent and maintenance (Longechuk) | D | 1 | 6,500.00 | 6 | 15.00 | 5,850.00 |
| <i>These funds will be used to source and establish satellite offices in far locations for ease of delivery of program activities and provision of oversight to the ground team.</i> | | | | | | | |
| 7.3 | Utilities for field Offices (Longechuk) | D | 2 | 1,890.00 | 6 | 15.00 | 3,402.00 |
| <i>These funds will be used to pay for water,garbage collection and other services in the field locations of the project.</i> | | | | | | | |
| 7.4 | Communications (Longechuk) | D | 2 | 1,550.00 | 6 | 15.00 | 2,790.00 |
| <i>"The budget will be utilized to buy thuraya airtime and other related communication supplies with the field locations for the purpose of reporting and dissemination of information in a timely manner."</i> | | | | | | | |
| 7.5 | Printing / Photocopying (Longechuk) | D | 2 | 1,600.00 | 6 | 15.00 | 2,880.00 |
| <i>Funds will be used to print and reproduce materials and pamphlets to be used for the program activities in the field sites.</i> | | | | | | | |
| 7.6 | Maintenance and fuel for power generation (Longechuk) | D | 2 | 1,200.00 | 6 | 15.00 | 2,160.00 |
| <i>Funds will be used to procure fuel for use to generate power for use in the offices where the program is being implemented in the day to day running of the office activities.</i> | | | | | | | |
| 7.7 | Postage and Courier | D | 1 | 244.31 | 6 | 15.00 | 219.88 |
| <i>These funds will be used for posting/courier program related materials to/from head office.These include supporting documentations for technical staff whose costs are levied from Headquarters as well as signed agreements.</i> | | | | | | | |
| 7.8 | Juba office/GH rent | D | 1 | 17,300.00 | 6 | 15.00 | 15,570.00 |
| <i>These budget will be utilized to partly finance the rent of the main office in Juba as well as the Guesthouse for the support staff.</i> | | | | | | | |
| 7.9 | Vehicle rental (four wheel and light vehicle) | D | 2 | 1,490.00 | 6 | 15.00 | 2,682.00 |
| <i>"These funds are for renting vehicles for the use of supporting the program activities during the various campaigns and trainings.</i> | | | | | | | |

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|--|------------------------------|---|--------|--------------|---|--------|-------------------|
| 7.10 | Vehicle fuel and maintenance | D | 4 | 1,750 .00 | 6 | 15.00 | 6,300.00 |
| <i>"These funds will be used to purchase fuel for the vehicles as well as maintenance of the vehicles during the project implementation"</i> | | | | | | | |
| 7.11 | Banking charges | D | 1 | 720.0 0 | 6 | 100.00 | 4,320.00 |
| <i>"These will be used to pay for the bank charges-ledger fees as well as swift charges and any other related charges during the cash handling of the funds."</i> | | | | | | | |
| 7.12 | Insurances (Non-Personnel) | D | 1 | 840.0 0 | 1 | 100.00 | 840.00 |
| <i>"This will cover insurance for the vehicles and premises upon which the staff working under the program are using."</i> | | | | | | | |
| 7.13 | Legal Fees | D | 1 | 760.0 0 | 1 | 100.00 | 760.00 |
| <i>These are fees used to pay for legal services during the program duration.</i> | | | | | | | |
| 7.14 | Security Support | D | 1 | 5,000 .00 | 1 | 100.00 | 5,000.00 |
| <i>These are fees used to pay for security training, security upgrades at the field-level (e.g. razor wire), and other security services and costs required during the program duration.</i> | | | | | | | |
| Section Total | | | | | | | 55,623.88 |
| SubTotal | | | 362.00 | | | | 269,158.88 |
| Direct | | | | | | | 269,158.88 |
| Support | | | | | | | |
| PSC Cost | | | | | | | |
| PSC Cost Percent | | | | | | | 7.00 |
| PSC Amount | | | | | | | 18,841.12 |
| Total Cost | | | | | | | 288,000.00 |
| Grand Total CHF Cost | | | | | | | 288,000.00 |

Project Locations

| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
|-------------------------|--|---|--------|--------|--------|--------|--|
| | | Men | Women | Boys | Girls | Total | |
| Upper Nile -> Longochuk | 100 | | 16,427 | 14,690 | 19,521 | 50,638 | <p>Activity 1.1.1 : Strengthen referral systems in order to ensure children with severe acute malnutrition (SAM) with medical complications are admitted to stabilization centres (Mathiang, Udier) Facilities: Malual, Pamach, Chotbora, Malual, Jangok, Watber, Jongith, Warweng, Belwang</p> <p>Activity 1.1.2 : Conduct screening for children between 6-59 months and PLWs to identify with malnutrition cases Facilities: Malual, Pamach, Chotbora, Malual, Udier, Jangok, Watber, Jongith, Warweng, Belwang</p> <p>Activity 1.1.3 : Strengthen/establish Out-patient Therapeutic Program (OTP) Facilities: Mathiang (existing), Jongith (existing), Warweng (existing), and Geulkuk (new)</p> <p>Activity 1.1.4 : Admit children (under-5) & PLW for the treatment of MAM Facilities: Chot-bora (existing), Jongith (existing), Malual (existing) and Geulkuk (new)</p> <p>Activity 1.1.5 : Strengthen/Establish TSFP sites Facilities: Jongith, Malualual, (existing) and Geulkuk (new)</p> <p>Activity 1.1.6 : Raise awareness among mothers to exclusively breastfeeding for infants age 0 to 6 months Facilities: Mathiang, Jongith, Warweng, and Geulkuk</p> <p>Activity 1.1.7 : Admit and treat children (under-5) with severe acute malnutrition (SAM) but without medical complication to Outpatient Therapeutic Program (OTP) Facilities: Malual, Pamach, Chotbora, Malual, Udier, Jangok, Watber, Jongith, Warweng, Belwang</p> <p>Activity 1.1.8 : Supplement micronutrient vitamins and minerals to children 6-59 months - Facilities: Malual, Pamach, Chotbora, Malual, Udier, Jangok, Watber, Jongith, Warweng, Belwang</p> <p>Activity 1.1.9 : Support mobile clinic and outreach Facilities: Mathaing</p> |

Documents

| Category Name | Document Description |
|---------------|----------------------|
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