

<b>Requesting Organization :</b>	Universal Network for Knowledge and Empowerment Agency			
<b>Allocation Type :</b>	2nd Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
NUTRITION		100.00		
		<b>100</b>		
<b>Project Title :</b>	Provision of Community Nutrition Services to IDPs and host community in Nasir County Upper Nile State			
<b>Allocation Type Category :</b>	Frontline services			
<b>OPS Details</b>				
<b>Project Code :</b>	SSD-16/H/89519	<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/N/NGO/3481	
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	355,573.09	
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	2	
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	28/02/2017	
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	28/02/2017	
<b>Project Summary :</b>	<p>UNKEA aims to provide Community Nutrition Services to IDPs, host community in Nasir County of Upper Nile State. The project will focus on CMAM package, treatment of Severe Acute Malnourished (SAM) children (under-5), treatment of Moderately Acute Malnourished (MAM) Children (under-5), plan to increase access to integrated program preventing under-nutrition through IYCF, provision of vitamin A supplementation for girls, boys and Women, Deworming of children aged 12 – 59 months, training of Health workers on CMAM package, IYCF, and preventive services (deworming, Vitamin A and micro nutrient). UNKEA will also conduct Post harvest nutrition SMART Survey. UNKEA will implement this project in existing 11 OTPs and 3 new OTP sites (Kier, Riang, Wanding) existing 11 TSFP sites, and 3 new TSFP sites (Kier, Riang, Wanding) and existing 2 SC respectively. The project aim to target 37582 as direct beneficiary and 750 as indirect beneficiaries which include IDPs, host community, returnees, children under five (boys and girls) pregnant and lactating women, women and men as below;</p> <ul style="list-style-type: none"> <li>- 15,040 children screened</li> <li>- 2647 SAM children (under-5) admitted for treatment</li> <li>- 6722 MAM Children (under-5) admitted for the treatment</li> <li>- 4,554 PLW screened and caretakers of children 0-23 months in IYCF promotion</li> <li>- 3,500 children (under -5) reached with Vitamin A supplementation</li> <li>- 3,000 children (12 -59 months) dewormed</li> <li>- 24 CNVs recruited</li> <li>- 1500 PLW reached through individual counseling</li> <li>- 40 health workers trained in CMAM and IYCF package</li> <li>- 2 SC supported</li> <li>- 14 OTPs New and Existing supported</li> <li>- 2 management staff trained on IYCF</li> <li>- 2 Rounds of Nutrition Supplies transported</li> <li>- 100 SAM children treated with medical complication</li> <li>- 5005 PLW and Care takers reached with IYCF interventions</li> <li>- 1 SMART survey conducted</li> <li>- 2 staff trained on M &amp; E</li> </ul> <p>UNKEA will carry out nutrition activities like Admission and treatment for SAM and MAM, Community screening and referral of girls/boys under five years for SAM and MAM in all sites, Provision of preventive services (deworming, Vitamin A micro nutrient) to under five children (boys and girls) in all UNKEA project sites, Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and at community level to woman and men, boys and girls, Skills training of community nutrition workers (Women and men) on community management of MAM, SAM and IYCF promotion, training of community nutrition volunteers (women peer groups, home health promoters, teachers as well as traditional, religious and political leaders on prevention, control of malnutrition including ongoing community social mobilizations and Sensitization.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
498	6,075	15,479	15,530	37,582

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	15,479	15,530	31,009
Pregnant and Lactating Women	0	1,549	0	0	1,549
Internally Displaced People	232	1,954	0	0	2,186
People in Host Communities	266	2,572	0	0	2,838

**Indirect Beneficiaries :**

750

**Catchment Population:**

Riang:Under five=248  
PLW =1548

Riang is a Payam in Ulang county bordering Nasir.This community indirectly benefits from the nutrition services in Nasir county.

**Link with allocation strategy :**

To save lives and alleviate suffering through safe access to services and resources with dignity, UNKEA will deliver quality life saving management of acute malnutrition for the most vulnerable and at risk for at least 70% of SAM and 75% of MAM in girls and boys 6-59 months, and 60% PLW to IDPs and host community. UNKEA will mitigate the threat of acute malnutrition through routine screenings in all OTPs sites, conduct massive community screening, referral of boys and girls for admissions and treat those with severe and moderate acute malnutrition. Also UNKEA will ensure enhanced needs analysis of nutrition situation and robust monitoring and coordination of response by conducting one post harvest SMART surveys, carry out daily nutrition surveillance, perform weekly and timely monthly reporting, coordinate with partners and engage in assessments like Rapid Respond Missions. To ensure communities are protected, capable and prepared to cope with significant threats, UNKEA will increase access to integrated program preventing under-nutrition by bringing in sectors like food security and livelihood, Health and WASH to address the underlying causes of malnutrition hence prevention of under nutrition. Also UNKEA will renew 40 IYCF mother support groups for the IYCF promotion. UNKEA will ensure that all eligible children visiting the health facility receive measles vaccination alongside vitamin A supplement and deworming. This can be achieved by getting the support of the CHD, stakeholders, local leaders, religious leaders, women and men including IDPs through expansion of activities to reach the most vulnerable and unreached people in Nasir county.

**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
Simon Bhan Chuol	Executive Director	unkea.southsudan@gmail.com	+211 955 295 774
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**BACKGROUND****1. Humanitarian context analysis**

Since the latest conflict erupted in South Sudan in December 2013, more than 2.3 million people have been forced to flee their homes and 3.9 million (approximately one third of the population) do not have enough to eat. All humanitarian actors struggle to respond to these acute needs against a context of chronic poverty, ongoing conflict and insecurity, limited infrastructure and a significant funding shortfall, Nasir is among the most hit areas and still in dire needs of nutrition services. This has led to increased humanitarian needs as hundreds of people were displaced and this has been made worse by cattle raiders, inter-clan fights and floods as of current. Nasir County have 252,644 by mid 2015 and predicted to have 257,177 by mid 2016, a total of 15,086 households (HHs) of IDPs who were assessed and registered with a total population 131,259 individuals, mostly women and children (SRRC, Nasir, and January 2014). Until date, population movements continues to Nasir county and its surrounding payams in Upper Nile and others crosses the border to Ethiopia causing the exact population in Nasir to be unknown. UNKEA is covering 9 payams out of 13 payams which include Nasir, Kiechkon, Mading, Roam, Jikmir, Kurengke, Kierwan, Dinker and Maker but Mandeng payam currently hosts most of the IDPS and the returnees from Ethiopia and neighboring counties. The recent fighting in July 2016 and June 2015 in some parts of Upper Nile has increased the number of IDPS seeking shelter in Nasir county especially Mandeng and Jikmir payams. In a recent visit to Mandeng, the ROSS reported that about three quarters (3/4) of the IDPs from Malakal, Ulang and Nasir town have settled in Mandeng and Jikmir in Nasir county. The pressure of hunger is so huge on the host community leading to lack of basic nutrition services, Clean Water, Non Food Items (NFIs), food and shelter. Besides war, floods of July and August 2016 have destroyed gardens and will lead to limited food production. This is going to worsen the food security situation making more people food insecure and suffers from Malnutrition. The number of food insecure people in Nasir County according to the 20th -21st May IRNA projected it to be 25,200 people. Therefore with the impact of the recent fighting in Malakal, Nasir and other counties within Upper Nile state plus recent inflation rates, UNKEA strongly believes that malnutrition situation is on rise or gone higher than critical and as seen that Food shortages are highest in Nasir making boys and girls <5 and Pregnant and Lactating Women more prone to severe acute malnutrition. As the malnutrition situation in Nasir was found by UNKEA SMART Survey in May 2016 as 21.8% GAM and SAM prevalence rate was 3.4%. Now the situation is believe to be worsening among IDPs who own nothing and limited intake of fortified foods especially among children under five years (Boys and Girls). The host community which bears the burden of the IDPs is likely to face similar food insecurity. As UNKEA is the ONLY prominent National NGO providing Nutrition services in Nasir County is calling for this fund to continue providing community Nutrition services and work hard to reduce the rising Malnutrition rates to acceptable level.

## **2. Needs assessment**

The nutrition situation in Nasir still remains unpredictable even though the peace deal was signed. There is still some fighting been witnessed in the county which is added by cattle raiders causing population displacement, leaving foods behind and other sources of livelihood. The needs of this Nasir community had gone high due to current inflation in the country where prices of foods in the market has gone high and the traders could not easily access dollars for buying foods from neighboring countries hence low foods in the market. Also, there has been increasing communication gaps which is experienced all the past months of 2016. There has been reports on pockets of inaccessible payams like Rieng, Wanding and Kier where UNKEA intends to reach particularly in this SA allocation. In addition also there is limited / NO presence of other NGO for Nutrition activities hence the population is still in dire need of humanitarian services especially Nutrition / Health.

## **3. Description Of Beneficiaries**

The beneficiaries will be IDPs and host community, people with special needs, disable people, special needy adolescence and HIV people will be given high consideration, this includes children under five, pregnant and lactating women in the same context the project will also advocate for men involvement in IYCF as well as those seeking protection.

## **4. Grant Request Justification**

The current CHF funding ended 31st July 2016 and UNKEA runs nutrition program in 9 payams along health facilities. When the crises started on 15th December many National and international NGOs either scaled down or withdrew from Nasir County. Currently UNKEA is the only National NGO providing Nutrition and health activities to population in 9 payams of Nasir county namely; Nasir, Jikmir, Kiechkon, Kuerengke, Mading, Kierwan, Maker, Dinkar and Roam payams and UNKEA would wish to take three (3) more payams of kier, Rieng and Wanding to bring 14 OTPs sites and 14 TSFP s sites in the of SR2 2016. As seen in UNKEA SMART Survey that displacement of people due to the war increases the malnutrition rates for Children under five (Boys and girls) and pregnant and lactating women (PLW). Therefore, UNKEA will face a huge case load due to high population movements in regard to recent fighting in Upper Nile State and the current inflation in the county will mean food shortages and, also the current pronounce peace on round table will trigger return of populations from surrounding counties / Ethiopia to Nasir. The population movement due to current floods is likely to compromise program outcome like cure rates and the defaulter rates. There are also other factors that need to be taken into consideration like insecurity, increase morbidity and disease outbreaks like malaria, Pneumonia, diarrhea, economic crisis (inflation) which is likely to worsen the malnutrition among children in Nasir County and GAM rate may increase higher than 21.8%. UNKEA currently is the only active humanitarian agency in Nutrition activities and is submitting this proposal to continue CMAM activities in the 12 mentioned payams for the management of SAM and MAM cases, carryout IYCF activities, to be able to open mobile outreach activities base on the life saving nutrition interventions in areas outside UNKEA coverage like Makak and Vitamin A supplement will be given alongside Measles vaccinations as well as deworming services. Also UNKEA will face the reality of taking RRM in collaboration with partners like UNICEF, WFP and others to reach unreached population in Nasir County. Thus this funding is requested to support UNKEA accelerate response initiative (ARI), to continue preposition of therapeutic / supplementary foods in both safe and inaccessible areas due to rains, reduce morbidity and mortality due to severe acute malnutrition in children under five, pregnant and lactating women among the vulnerable IDPs and host communities through 2 SC, 14 OTPs sites and 14 TSFP sites as well as through the renewed 40 mother to mother support groups for IYCF which contain 400 women. At the same time, the fund will be used to adapt guidance on life saving nutrition interventions and expansion of nutrition services in high insecurity conflict payams of Nasir County as well as to support the transportation of nutrition supplies to far facilities, nutrition technical refresher trainings, community level awareness campaigns, Community MUAC screenings, treatment, prevention and management of acute malnutrition. With UNKEA 14 year's presence and working experiences in Nasir County, there is a strong community's trust and support, acceptability and involvement making programs intervention cost effective and sustainable. Working with community nutrition volunteers has been an added value to the success of our programs. UNKEA has viable working relationship with its partners such as UNICEF, WFP, Nutrition Cluster, SMOH, CHD, Nile Hope and ADRA in supporting the health care system in Nasir County. UNKEA will continuously utilize information from the access working group to guide programming and consult partners for long term funding for sustainability. But should these funds not be there, the 21.8%.GAM rate is likely to go higher and worse

## **5. Complementarity**

Since UNKEA have submitted to renew its PCA with UNICEF for one year ( July 2016 to July 2017 and has gone half way in the amendment process. Also WFP has asked UNKEA for addendum of its FLA for one year ( Sept 2016 to Sept 2017) and this process is on going now. UNKEA have all there staffs functioning in the field until date. Also UNKEA have some good buffer stock for in kind Nutrition supply / Commodities (RUFT) for the management of SAM cases and have functional Nutrition equipments from UNICEF which can compliment the budget from CHF SA2 funding in 2016.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

Provide life saving management of acute malnutrition and access to integrated preventive programs and enhance needs analysis.

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	85
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	10
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	5

**Contribution to Cluster/Sector Objectives :** The project will focus on the Management of SAM and MAM, provide IYCF services to 0 – 23 months, Vitamin A supplementation, Deworming, Nutrition screening, surveys, surveillance and situation monitoring. All these can be achieved through optimizing community outreach and referrals of children under five and PLW for admission in OTPs and TSFP, integration of CMAM into PHCUs/PHCCs, formation of mobile and outreach team to strengthen active case finding, monthly nutrition response monitoring including 5Ws, as well as nutrition assessment and surveillance among the IDPs and host community in Nasir County. This project will strengthen the existing services being provided by UNKEA in 2016 SA1. The project will engage staff and community nutrition volunteers (CNV) in prevention of Malnutrition by adopting an integrated approach, and work as a team with Health, WASH and FSL. The project will ensure that staffs are trained on CMAM and IYCF package, surveillance and SMART surveys. One post-harvest SMART survey will be conducted, results validated and shared with partners and MOH. Also monitoring and evaluation will be a major component of the project together with timely reporting, coordination meetings with other partners in the nutrition cluster will be attended as well lessons, experiences and challenges will be shared.

**Outcome 1**

Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk; at least 70% of SAM and 75% of MAM cases for girls and boys 6-59 months, 60% PLW cases among the IDPs and host community in Nasir county

**Output 1.1**

**Description**

Conduct nutrition screenings and surveillance to provide time critical information for identification of areas of urgent need, or deterioration in the nutritional situation, and for identification of cases of acute malnutrition for referral for lifesaving treatment.

**Assumptions & Risks**

If security prevails and parents, guidance and care takers bring children to facility

**Activities**

**Activity 1.1.1**

Nutrition Screening, surveillance and referral of children under five(Boys and girls) pregnant and lactating women for SAM and MAM management in all sites

**Activity 1.1.2**

Management of children under five (boys and girls) with severe acute malnutrition through inpatient and outpatient

**Activity 1.1.3**

Management of children under five (Boys and girls) plus PLW for MAM through outpatient

**Activity 1.1.4**

Recruitment of staff for New OTP /TSFP and renew Nutrition volunteers for all the sites

**Activity 1.1.5**

Conduct refresher training on CMAM package and training on IYCF intervention

**Activity 1.1.6**

Conduct at least one outreach / mobile OTP to reach far communities

**Activity 1.1.7**

Transportation of nutrition supplies

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			1,323	1,324	2,647

**Means of Verification :** weekly and monthly reports

Indicator 1.1.2	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			3,361	3,361	6,722
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**Means of Verification :** Weekly and monthly report

Indicator 1.1.3	NUTRITION	Frontline services # of children screened in the community			7,520	7,520	15,040
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<b>Means of Verification</b> : Monthly screening reports							
Indicator 1.1.4	NUTRITION	Frontline services # of nutrition sites - No of stabilisation centres supported (new and existing)					2
<b>Means of Verification</b> : Monthly reports							
Indicator 1.1.5	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					14
<b>Means of Verification</b> : Monthly reports							
Indicator 1.1.6	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)					14
<b>Means of Verification</b> : Monthly reports							
Indicator 1.1.7	NUTRITION	Frontline services # of staff Trained on IYCF interventions					2
<b>Means of Verification</b> : Training evidence or certificate from training body							
Indicator 1.1.8	NUTRITION	Frontline services # of Chattered flights to preposition Nutrition Supply directly to field locations					2
<b>Means of Verification</b> : Waybills / flight documents indicating quantities of supplies be prepositioned to respective filed location							
Indicator 1.1.9	NUTRITION	Frontline services # of under five children with SAM newly admitted to SC					100
<b>Means of Verification</b> : Weekly and Monthly reports							
<b>Outcome 2</b>							
Provide increased access to integrated program preventing under-nutrition for the most vulnerable and at risk; through IYCF for at least 60% PLW, 90% vitamin A and dew arming coverage for girls and boys aged 0-59 months and 40% PLW among IDPS and host community in Nasir county							
<b>Output 2.1</b>							
<b>Description</b>							
Strengthen IYCF activities in host community, IDPs and in returnees villages of Nasir county i.e support, promote early, exclusive and continued breastfeeding, provision of counseling in secluded areas							
<b>Assumptions &amp; Risks</b>							
If Security prevail and Funding secured for both existing and new locations							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Formation of 40 mother to mother support groups							
<b>Activity 2.1.2</b>							
Conduct individual and group counseling sessions							
<b>Activity 2.1.3</b>							
Construct secluded areas for counseling and breastfeeding							
<b>Activity 2.1.4</b>							
Conduct continuous social mobilization, education on Nutrition and IYCF services							
<b>Activity 2.1.5</b>							
Conduct continuous Vitamin A supplementation for Children 6 - 59 months (Boys and Girls)							
<b>Activity 2.1.6</b>							
Conduct de-worming of children 12 -59 months ( Boys and girls)							
<b>Activity 2.1.7</b>							
Carry out continuous micro Nutrient supplementation (MNP)							
<b>Activity 2.1.8</b>							
Provide refresher training on IYCF, Vitamin A supplementation and deworming plus monthly timely reporting							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 2.1.1	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	451	4,554			5,005
<b>Means of Verification</b> : Monthly reports							
Indicator 2.1.2	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			1,750	1,750	3,500
<b>Means of Verification</b> : Monthly reports							
Indicator 2.1.3	NUTRITION	Frontline services # of children (12 -59 months) dewormed			1,500	1,500	3,000

<b>Means of Verification</b> : Monthly reports							
Indicator 2.1.4	NUTRITION	Frontline services # of functional mother-to-mother support groups				40	
<b>Means of Verification</b> : Monthly reports							
Indicator 2.1.5	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	35	5		40	
<b>Means of Verification</b> : Training reports							
Indicator 2.1.6	NUTRITION	Frontline services # of community nutrition volunteers (CNV) formed to promote continuous social mobilization, nutrition education and IYCF activities				18	
<b>Means of Verification</b> : Monthly reports							
Indicator 2.1.7	NUTRITION	Frontline services # of pregnant and lactating women attended individual counseling sessions				1,500	
<b>Means of Verification</b> : Monthly reports							
<b>Outcome 3</b>							
Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses							
<b>Output 3.1</b>							
<b>Description</b>							
Carryout nutritional surveillance to detect areas of urgent need or deterioration in nutritional situation							
<b>Assumptions &amp; Risks</b>							
If funding secured, security prevail and there is access to all payams in Nasir county							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
Conduct post harvest SMART survey							
<b>Activity 3.1.2</b>							
Attend M&E training from Recognized institution							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 3.1.1	NUTRITION	Frontline services # SMART surveys undertaken - Post-harvest					1
<b>Means of Verification</b> : SMART Survey report							
Indicator 3.1.2	NUTRITION	Frontline services # of trained Nutrition managers on M&E					2
<b>Means of Verification</b> : Training evidence (Receipt) from training institution							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							
<p>UNKEA have operational experience in nutrition programs with strong knowledge and skills in data collection, analysis and reporting to both cluster and the donors. UNKEA will ensure weekly and monthly accurate collection of information and compile the results for end of month analysis. This can then be the basis for program evaluation accordingly as per the goal, objectives, and indicators of the program. UNKEA do have at least one SMART survey each year and an orientation planning workshop in order to generate baseline data for the program and ensure that all staffs understand the project targets. UNKEA Individual staff will generate work plan which will link activities to agree upon timelines for monitoring, reporting and measurement of progress against output. UNKEA will continue to build the operational capacity of project staffs both through trainings and on the job training where data recording, data storage, monitoring and reporting in the project cycle management (PCM) is taken a key. The Nutrition Data clerk is responsible for compiling the data into a fair draft which will be reviewed by Field Nutrition Supervisor and Nutrition Manager to ensure correctness, accuracy and consistency before sending to the Nutrition cluster. For better data collection, reporting tools must all the times be in the work sites. UNKEA Nutrition manager will be responsible for the overall planning, supervision, monitoring and reporting of the activities as per the proposal. He will have frequent visits to the field Program sites in order to monitor activities that are running, track changes and make necessary modifications to the program to attain the set objectives. Also in the 1st quarter, the Project Manager will make necessary field visits , make facility supervision and checks to ensure all activities are initiate well, monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This will involve data quality audits in randomly selected project sites as a part of internal project data quality assurance and quality control. UNKEA Nutrition Manager in collaboration with Health and Nutrition Adviser will coordinate the nutrition program, attend the nutrition cluster technical working groups to ensure relevant information is factored into program implementation and share progress reports including lessons learn in the field with all the partners. He will also ensure that the information in logical framework is followed as it provides the basis for monitoring the project indicators while the output indicators measure program records and reports. The Executive Director will have to provide technical support, ensure timely implementation of planed activities and make quarterly field visits. He also attends coordination meetings, share achievements, challenges and information that can be an asset in success of the project as well as meet with other agencies where appropriate. All UNKEA collected data will be stored electronically and manually to ensure its security as part of control and safety measure in Reporting. UNKEA will provide monthly reports, quarter one report and end of Project progress report against work plan, budget and verify that the indicated targets are achieved.</p>							

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Nutrition Screening, surveillance and referral of children under five (Boys and girls) pregnant and lactating women for SAM and MAM management in all sites	2016									X	X	X	X
	2017	X	X										
Activity 1.1.2: Management of children under five (boys and girls) with severe acute malnutrition through inpatient and outpatient	2016									X	X	X	X
	2017	X	X										
Activity 1.1.3: Management of children under five (Boys and girls) plus PLW for MAM through outpatient	2016									X	X	X	X
	2017	X	X										
Activity 1.1.4: Recruitment of staff for New OTP /TSFP and renew Nutrition volunteers for all the sites	2016									X	X		
	2017												
Activity 1.1.5: Conduct refresher training on CMAM package and training on IYCF intervention	2016											X	
	2017	X											
Activity 1.1.6: Conduct at least one outreach / mobile OTP to reach far communities	2016									X	X	X	X
	2017	X	X										
Activity 1.1.7: Transportation of nutrition supplies	2016										X		
	2017	X											
Activity 2.1.1: Formation of 40 mother to mother support groups	2016									X	X		
	2017												
Activity 2.1.2: Conduct individual and group counseling sessions	2016									X	X	X	X
	2017	X	X										
Activity 2.1.3: Construct secluded areas for counseling and breastfeeding	2016										X	X	
	2017												
Activity 2.1.4: Conduct continuous social mobilization, education on Nutrition and IYCF services	2016									X	X	X	X
	2017	X	X										
Activity 2.1.5: Conduct continuous Vitamin A supplementation for Children 6 - 59 months (Boys and Girls)	2016									X	X	X	X
	2017	X	X										
Activity 2.1.6: Conduct de-worming of children 12 -59 months ( Boys and girls)	2016									X	X	X	X
	2017	X	X										
Activity 2.1.7: Carry out continuous micro Nutrient supplementation (MNP)	2016									X	X	X	X
	2017	X	X										
Activity 2.1.8: Provide refresher training on IYCF, Vitamin A supplementation and deworming plus monthly timely reporting	2016											X	
	2017	X											
Activity 3.1.1: Conduct post harvest SMART survey	2016												
	2017	X	X										
Activity 3.1.2: Attend M&E training from Recognized institution	2016												
	2017	X	X										
<b>OTHER INFO</b>													
<b><u>Accountability to Affected Populations</u></b>													

The project design and plan was done through a consultative process, involving needs assessment and discussions with community members to identify their needs and propose solutions. Complaints and feedback received from the previous project were incorporated in the project design and planning. UNKEA will conduct a project inception meeting at the onset of the project to inform the community about the project deliverables and to ensure ownership and accountability. Community dialogue meetings will be conducted on quarterly basis and the community is given a free chance to discuss their views about the project implementation. UNKEA will provide feed back to the community through these community dialogue meetings.

UNKEA will ensure recruitment of the project staff takes the affected population as a priority, if no technical staff are available, then the community will provide the volunteers that carry out voluntary work to support the project. Village nutrition committees will be formed and these will be part of the monitoring and evaluation team of the project. Together with UNKEA, they will conduct periodic monitoring and supervision visits to projects sites and all challenges and lessons learned during the visit are incorporated into the project implementation.

#### **Implementation Plan**

UNKEA will recruit additional nutrition staff to fill the gaps in newly created OTPs and TSFP sites as a scale up of activities. Since UNKEA plan to open additional three new TSFP and three OTPs in the first quarter. UNKEA will provide refresher training to the selected community nutrition Volunteers (CNV), Assistant Nutritionists and the Nutritionists too. With UNICEF support to the SCs and OTPs, UNKEA will provide quality management to SAM cases and use the MAM cases will be managed by support coming from WFP - FLA. Active and passive screenings will be taking place and referral of children with severe complications to the next level of care will be given priority. Vitamin A supplementation and deworming program will be conducted jointly with the health and nutrition teams. The nutrition team will work with, health, WASH and food security and livelihood team to conduct joint community campaigns to provide health and Nutrition education to the community on better food and health practices to promote better health and prevent malnutrition. Immunization of children will be conducted jointly with the health and nutrition teams. UNKEA will work hand in hand with the CHD (MoH) to improve on the Nutrition program for achievement of desired results especially on Vitamin A and Deworming services. Reports will be collected and shared among the health and nutrition teams for harmonization to avoid duplication of results. One post-harvest SMART survey will be conducted to inform nutrition programming and know the Nutrition GAM rate by end of 2016. To create ownership and sustainability of the project, UNKEA will seek and foster effective collaboration coordination with line government ministries and their respective departments at the County level in addition to closely working with other non governments engaged in similar initiatives to share lesson learn. UNKEA will continue to documents its success stories and use to inform programming at all levels of the project management. This project will be delivered under the direct technical guidance and supervision of the Nutrition Manager in collaboration with Health and Nutrition Adviser who will provide the overall project oversight at the direction of the Executive Director.

#### **Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
WFP	Targeted Supplementary Feeding Program for the treatment of Moderate acute malnutrition under five, pregnant and lactating Women. Also WFP will maintain the six TSFP sites including new sites that will be opened in quarter one to increase coverage and success, refresher trainings will be conducted with WFP technical support on the Management of CMAM.
UNICEF	UNICEF is a major partner to UNKEA on management of SAM cases and it has continued support to the population of Nasir County through the provision of Ready to use therapeutic foods (RUTFs) and other equipments. With the current PCA, UNKEA and UNICEF will continue to collaborate in the areas of supplies provision, nutrition assessments and SMART Surveys.
CHD	The CHD will provide support to UNKEA to ensure smooth implementation of the project and it will be part of the project monitoring and evaluation team.

#### **Environment Marker Of The Project**

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

#### **Gender Marker Of The Project**

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

#### **Justify Chosen Gender Marker Code**

Nutrition stills remains a case that has equal effect on women, men, boys and girls. Although, PLW and the under five children are the most vulnerable group, UNKEA still keeps a keen focus to equity in nutrition service provision and will keep focus on implementing the CMAM package including IYCF services where boys and girls, women and men will get equal services regardless of sex and ethnicity.

#### **Protection Mainstreaming**

The treatment centers will not be located near Armed settlements, the environment will be kept clean, latrines will be labeled Female and Male, the beneficiaries will be treated with dignity and impartially. Informed consent will be required in any data collection and all information gathered will be treated with confidentiality

#### **Country Specific Information**

#### **Safety and Security**

Over the last six months, security in Nasir county has been friendly, humanitarian aid agencies could freely reach beneficiaries without security interference or harassment. UNKEA has a security policy in place which guides both national and international staff. It has an evacuation plan for its staff in case security deteriorates.

#### **Access**

UNKEA will expand its coverage through out reach programs in order to reach the hard to reach. It intends to start mobile OTPs to reach the furthest places. All people in need will be granted access to the services



**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Executive Director	S	1	5,850.00	6	20.00	7,020.00
	<i>The Executive Director helps in the provision of overall guidance of the project activities in the due course of project implementation</i> <i>The Executive Director helps in the provision of overall guidance of the project activities in the due course of project implementation</i> <i>The Executive Director helps in the provision of overall guidance of the project activities in the due course of project implementation</i> <i>The Executive Director helps in the provision of overall guidance of the project activities in the due course of project implementation</i>						
1.2	Nutrition Advisor	S	1	3,510.00	6	50.00	10,530.00
	<i>Technical support</i>						
1.3	Nutrition Manager	D	1	2,457.00	6	100.00	14,742.00
	<i>Nutrition manager technical guidance and advises</i>						
1.4	Nutrition Supervisor	D	1	1,404.00	6	100.00	8,424.00
	<i>Nutrition Field supervision and program support</i>						
1.5	Nutrition Supplies Officer	D	1	1,287.00	6	100.00	7,722.00
	<i>Receives all nutrition supplies, Monitor stock, conduct monthly Nutrition updates, prepares reports and monthly supply request and ensures supply stock cards are maintained and balanced basis</i>						
1.6	Finance Manager	S	1	3,510.00	6	20.00	4,212.00
	<i>The finance manager helps in keeping the financial record of the organization</i>						
1.7	Human Resource Manager	S	1	3,510.00	6	20.00	4,212.00
	<i>The human resource also helps in ensuring that all personnel are always present and doing the right work to help the project achieved its activities</i>						
1.8	Accountant	S	1	1,404.00	6	20.00	1,684.80
	<i>The Accountant helps in effecting payments related to the project activities</i>						
1.9	Logistics Officer	S	1	1,404.00	6	16.00	1,347.84
	<i>The Logistics helps in the transporting of supplies from the head office to the field location</i>						
1.10	M & E Manager	S	1	1,755.00	6	20.00	2,106.00
	<i>The M &amp; E helps in monitoring of the project activities</i>						
1.11	Nutritionist	D	2	995.00	6	100.00	11,940.00
	<i>2 SC nutritionists to manage SAM with complications</i>						
1.12	Registrars	D	14	176.00	6	100.00	14,784.00
	<i>To registered the children and screening</i>						
1.13	Community Mobilizers	D	14	176.00	6	100.00	14,784.00
	<i>To Mobilizes the community for nutrition services utilization</i>						
1.14	Store Keepers	D	2	147.00	6	100.00	1,764.00

	<i>To keep the supplies safe in the store for SC</i>						
1.15	Guards	S	14	147.00	6	50.00	6,174.00
	<i>To safe guard the nutrition supplies in the facilities</i>						
1.16	Cooks	S	6	117.00	6	50.00	2,106.00
	<i>Boiling the milk for the children in facilities</i>						
1.17	Cleaners	D	14	140.00	6	50.00	5,880.00
	<i>To ensure that the facilities is clean</i>						
1.18	Drivers	S	4	468.00	6	20.00	2,246.40
	<i>4 driver 2 in Nasir and 2 in Juba for coordination of project activities</i>						
1.19	Field Accountant	S	1	1,170.00	6	20.00	1,404.00
	<i>For field payment</i>						
1.20	Nutritionist Assistant	D	14	512.00	6	100.00	43,008.00
	<i>To management of SAM/MAM in 14 OTPs</i>						
	<b>Section Total</b>						<b>166,091.04</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Nutrition Supplies	D	0	0.00	6	100.00	0.00
	<i>The supplies will be obtain from UNICEF and WFP ( Plumpy nuts, CSB, CSB++F75 and F100)</i>						
2.2	Nutrition Equipments	D	0	0.00	6	100.00	0.00
	<i>Nutrition Equipment (Weighing Scale,billboard and others ) - UNICEF in-kind</i>						
2.3	Transport of supplies from UNICEF ware house in Juba to Bor Logistic cluster ware house	D	2	6,395.58	2	83.00	21,233.33
	<i>Transport of supplies from UNICEF store to Bor Logistic cluster then finally to UNKEA field site at Mangeng</i>						
2.4	Transport from Airstrip to facility store in each respective location	D	2	2,500.00	2	100.00	10,000.00
	<i>Transport from each respective location Airstrip to facility store</i>						
2.5	Transport from the airstrip to store in fields	D	2	1,500.00	2	100.00	6,000.00
	<i>Loading and Offloading in airstrip</i>						
2.6	Loading and Offloading in airstrip	D	2	700.00	2	100.00	2,800.00
	<i>Offloading and loading from facility store by porters to other facility with no airstrip</i>						
2.7	Handling and Storages	D	2	500.00	2	100.00	2,000.00
	<i>Handling and Storages</i>						
2.8	Building of OTP / TSFPs / secured areas for breastfeeding in 6 locations	D	6	3,800.00	1	100.00	22,800.00
	<i>Putting up local buildings in 6 PHCCs using local materials for use as OTPs / TSFPs and secure areas for breastfeeding and counseling</i>						
2.9	Renovation of OTP in 6 locations	D	6	2,300.00	1	100.00	13,800.00
	<i>Renovating the existing building in 6 sites</i>						
2.10	Training of Community Nutrition Volunteers /County staff / health staff	D	30	45.00	2	100.00	2,700.00

	<i>Training on management of SAM/MAM, promotion IYCF and continuous social mobilization</i>						
2.11	Participants training cost for food / accomundation / transporataion	D	1	275.00	14	100.00	3,850.00
	<i>To Facilitate cost during participants training</i>						
2.12	Monthly Cost for supervision / report collection from all sites	D	1	175.00	14	100.00	2,450.00
	<i>To cover cost of traveling during supervision and report collection</i>						
2.13	Building of central store in Mandeng	D	1	3,045.00	1	100.00	3,045.00
	<i>For storing the nutrition supplies</i>						
2.14	Seminar/workshop for mother to mother support group on IYCF	D	400	5.00	1	100.00	2,000.00
	<i>To mentor mother support participants in order to carry out promotion activities</i>						
	<b>Section Total</b>						<b>92,678.33</b>
<b>Equipment</b>							
3.1	Printing of 40000 Treatment cards	D	1	9,000.00	1	100.00	9,000.00
	<i>Printing of Nutrition treatments cards and registers for OTP, SC, and TSFP services</i>						
3.2	Printing / binding / Lamination of Nutrition Guidelines	D	1	3,000.00	1	100.00	3,000.00
	<i>Printing of Nutrition guidelines for SC/OTP/TSFP use</i>						
3.3	Development of IYCF mataerial	D	1	3,500.00	1	100.00	3,500.00
	<i>For field communication where there is no internet service Development of leaflets / IEC to promote IYCF activities</i>						
3.4	Thuraya and accessories	D	1	1,623.00	1	100.00	1,623.00
	<i>For field use and report gathering from far locations</i>						
3.5	Printing T-shirt and cap for mother support groups and Community nutritin volunteers awareness	D	1	4,450.00	1	100.00	4,450.00
	<i>T-shirt for volunteeers motivation and messages / awareness</i>						
	<b>Section Total</b>						<b>21,573.00</b>
<b>Contractual Services</b>							
4.1	Post harvest SMART Survey	D	1	20,008.29	1	100.00	20,008.29
	<i>The SMART survey will cover Nasir County to collect the Nutrition data</i>						
4.2	Training on Project Monitoring and Evalauation	D	1	1,200.00	2	100.00	2,400.00
	<i>To enable right project implementation and monitoring</i>						
	<b>Section Total</b>						<b>22,408.29</b>
<b>Travel</b>							
5.1	Air travel for Nutrition Manager	D	1	550.00	6	100.00	3,300.00
	<i>This for project supervision and monitoring</i>						
5.2	M & E travel	D	1	550.00	2	100.00	1,100.00
	<i>Monitoring and Evaluation of the activities</i>						
5.3	Executive Director	D	1	550.00	2	50.00	550.00
	<i>Overall supervisions</i>						
5.4	Finance Manager travel	D	1	550.00	6	45.00	1,485.00

	<i>For payment of staff salary</i>						
5.5	Advisor travel to field	D	1	550.0 0	2	50.00	550.00
	<i>For activities supervisions</i>						
5.6	Nutrition Supervisor travel to Juba for training	D	1	550.0 0	2	100.00	1,100.00
	<i>For activities supervisions</i>						
	<b>Section Total</b>						<b>8,085.00</b>
<b>Transfers and Grants to Counterparts</b>							
6.1	Transfer of fund from donor to partners	D	1	475.0 0	2	100.00	950.00
	<i>This is for the fund transfer commission from the donor account to UNKEA account</i>						
6.2	Monthly transactions	D	1	175.0 0	6	100.00	1,050.00
	<i>Transaction for project activities</i>						
	<b>Section Total</b>						<b>2,000.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Vehicle fuel	S	2	450.0 0	6	30.00	1,620.00
	<i>Coordination and it is calculated basing on the current market rate</i>						
7.2	Maintanance of Vehicles;Oils and	S	2	175.0 0	3	30.00	315.00
	<i>Keep the vehicle in good condition,calculated basing on the current market rate</i>						
7.3	Compound generator fuel	S	1	400.0 0	6	28.00	672.00
	<i>Generator running cost calculated basing on the current market rate</i>						
7.4	Telephone bill	S	1	300.0 0	6	30.00	540.00
	<i>Communication</i>						
7.5	Office stationaries	S	1	400.0 0	6	30.00	720.00
	<i>Day to day office use and documentation Juba and Field</i>						
7.6	Printing paper A4 Size for Nutririton monthly reporting	D	1	480.0 0	6	100.00	2,880.00
	<i>For Nutrition monthly reporting</i>						
7.7	Internet	S	2	968.0 0	6	29.00	3,368.64
	<i>Communication</i>						
7.8	Office rent	S	1	5,300 .00	6	20.00	6,360.00
	<i>For Juba and Field</i>						
7.9	Staff compound maintainance	D	1	500.0 0	6	100.00	3,000.00

	<i>For staff accommodation in field</i>			
	<b>Section Total</b>			<b>19,475.64</b>
<b>SubTotal</b>		577.00		<b>332,311.30</b>
Direct				275,672.62
Support				56,638.68
<b>PSC Cost</b>				
PSC Cost Percent				7.00
PSC Amount				23,261.79
<b>Total Cost</b>				<b>355,573.09</b>
<b>Grand Total CHF Cost</b>				<b>355,573.09</b>

**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 -> Luakpiny/Nasir	100	498	6,075	15,479	15,530	37,582	Activity 1.1.1 : Nutrition Screening, surveillance and referral of children under five(Boys and girls) pregnant and lactating women for SAM and MAM management in all sites Activity 1.1.2 : Management of children under five (boys and girls) with severe acute malnutrition through inpatient and outpatient Activity 1.1.3 : Management of children under five (Boys and girls) plus PLW for MAM through outpatient Activity 1.1.4 : Recruitment of staff for New OTP /TSFP and renew Nutrition volunteers for all the sites Activity 1.1.5 : Conduct refresher training on CMAM package and training on IYCF intervention Activity 1.1.6 : Conduct at least one outreach / mobile OTP to reach far communities Activity 1.1.7 : Transportation of nutrition supplies  Activity 2.1.1 : Formation of 40 mother to mother support groups Activity 2.1.2 : Conduct individual and group counseling sessions Activity 2.1.3 : Construct secluded areas for counseling and breastfeeding Activity 2.1.4 : Conduct continuous social mobilization, education on Nutrition and IYCF services Activity 2.1.5 : Conduct continuous Vitamin A supplementation for Children 6 - 59 months (Boys and Girls) Activity 2.1.6 : Conduct de-worming of children 12 -59 months ( Boys and girls) Activity 2.1.7 : Carry out continuous micro Nutrient supplementation (MNP) Activity 2.1.8 : Provide refresher training on IYCF, Vitamin A supplementation and deworming plus monthly timely reporting

**Documents**

Category Name	Document Description