

Requesting Organization :	International Rescue Committee				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
NUTRITION		100.00			
		100			
Project Title :	Emergency integrated nutrition interventions for the vulnerable populations of Panyijar County, Unity State, South Sudan				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/N/INGO/704		
Cluster :		Project Budget in US\$:	252,256.00		
Planned project duration :	3 months	Priority:			
Planned Start Date :	01/02/2016	Planned End Date :	30/04/2016		
Actual Start Date:	01/02/2016	Actual End Date:	30/04/2016		
Project Summary :	<p>The emergency nutrition programming in Panyijar will provide integrated nutrition interventions for acute malnutrition through the community based management of acute malnutrition (CMAM approach targeting boys and girls under the age of five and pregnant and lactating women (PLWs). The project aims to further contribute to reduction of maternal and child mortality due to acute malnutrition in the targeted population and scale up of vitamin A supplementation and de-worming , as well as promotion of optimal infant and young child feeding (IYCF) practices. The project responds to the increased need for coordination in the county among the humanitarian and county partners as well as for nutrition surveillance to ensure that an appropriate response is provided. To ensure quality of services, formal training and ongoing field support visits will take place throughout the project cycle. Community participation and mobilization will be key in ensuring early detection and improved coverage of the nutrition services in the targeted areas. The proposed project will complement existing nutrition programming supported by other donors and UN Agencies (in kind supplies). Transportation and preposition of the supplies will be a key objective of the project in order to reach a maximum number of beneficiaries following the escalation of fighting leading to the crisis and mass displacement in May 2015 that led to an influx of IDPs (18,559 registered individuals by UN-WFP by mid-September). Gender mainstreaming will be regularly monitored and training sites will facilitate female safety and encourage free participation as they are key in addressing the causes of malnutrition.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
100	857	2,067	2,152	5,176	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,067	2,152	4,219
Internally Displaced People	35	300	724	753	1,812
People in Host Communities	65	557	1,343	1,399	3,364
Pregnant and Lactating Women	0	857	0	0	857
Indirect Beneficiaries :					
Indirect beneficiaries include parents, care takers and siblings who live in the County but are not directly targeted under this action. Indirect beneficiaries will benefit from the project through living in a healthier neighborhood.					
Catchment Population:					
The overall population of Panyijar County is of 76,099 dwellers with an estimated IDP population of over 40,000 individuals. An estimated 22,498 population of under 5 and 6,207 PLWs are in need of nutrition services. 5,176 beneficiaries will be targeted under this action.					
Link with allocation strategy :					

The IRC South Sudan will align itself with cluster objectives through the provision of life-saving nutrition services to the affected and vulnerable populations. The proposed interventions include provision of services for the treatment of SAM and MAM among children under the age of five and PLWs, vitamin A supplementation and de-worming, promotion of optimal infant and young child feeding (IYCF) practices and nutrition surveillance. The interventions aim to improve access to quality of available nutrition services that meet the needs of the vulnerable populations. Capacity building and on-job training of both facility and community staff (health and nutrition) will be reinforced to ensure that direct response for treatment of acute malnutrition cases is adequate and to scale up interventions in all payams in Panyijar County targeting malnutrition among vulnerable communities. The program will engage with the communities to ensure participation, sustainability, accountability and transparency. The IRC will invest in a nutrition assessment to assess the prevalence of acute malnutrition and coverage of nutrition interventions in Panyijar County and design programs aimed at addressing the needs of the affected communities.

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
ECHO	828,018.00
DFID	1,489,316.00
	2,317,334.00

Organization focal point :

Name	Title	Email	Phone
Ronal Paul Veilleux	Country Director	Ronald.PaulVeilleux@Rescue.org	+211920535000
Laura Brambilla	Grants Coordinator	Laura.brambilla@rescue.org	+211920550007

BACKGROUND

1. Humanitarian context analysis

Acute malnutrition in South Sudan has been chronically high as a result of unsustainable livelihoods, limited health care services and social support mechanisms for maternal and child care which is highly attributed to years of conflict. The situation has also been exacerbated by the recent conflict in Greater Upper Nile (Unity, Upper Nile and Jonglei States), erratic rainfall patterns which have resulted in high food prices, depleted livelihood options and limited humanitarian access. An estimated 34% of the population is currently classified as severely food and nutrition insecure and are unable to meet their food needs. This is a significant increase in food and nutrition insecurity compared to the same period last year. Recent assessments estimated that 30,000 people in Unity State alone are at risk of famine unless immediate humanitarian assistance is rendered. The period August-September typically marks the start of green harvest and reflects an improving food security situation from the peak lean season; this will likely not be the case this year due to effects of the inconsistent rain patterns and the conflict making the vulnerable groups more susceptible to malnutrition. This situation, if not rectified, will result in a high burden of malnutrition especially among the most vulnerable groups (U5 and women).

The IRC conducted a SMART survey in Apr-May 2015 in Panyijar which estimated GAM/SAM prevalence at 24.2% and 7.2% respectively, well above the emergency threshold according to WHO. The crude mortality rate and U5 mortality rate were 2.56 and 2.69 respectively which also reflects a critical situation. A rapid needs assessment conducted in July 2015, after the May crisis in Greater Upper Nile, estimated a GAM of 31.1% and SAM of 12.5%. The situation has further deteriorated due to continuous conflict, a poor farming season and erratic rainfall for the 2015 farming season. The SMART survey identified a number of malnutrition aggravating factors, including HHs food insecurity with adverse coping strategies adopted by most HHs, poor WASH practice, which had a strong correlation with the number of children who were reported to have suffered from water borne diseases in the two weeks prior to the survey. The survey also showed a correlation between children who were sick and a higher likelihood of developing malnutrition. This becomes a vicious cycle which is further worsened when the HH food sources are limited and the health care services, including WASH, are not adequate. The survey also identified a low level of measles immunization (41.4%) and vitamin A supplementation (45.6%), which may increase child morbidity. Measles is significantly associated with increased mortality among children suffering from acute malnutrition, which requires immediate strengthening of integration of the nutrition interventions into the existing primary health care services and scale up of joint vaccination and vitamin supplementation campaigns. This will be done at the HFs, during community outreaches and nutrition screening points. Children with severe acute malnutrition (SAM) are ten times more likely to die than the well nourished ones, and children with moderate acute malnutrition (MAM) are more than twice as likely to die; hence there is the need to provide lifesaving care for the treatment of acute malnutrition coupled with preventive interventions.

The nutrition situation in Panyijar will have adverse effects on the well being of U5 and women as the primary caretakers of the families. There is the need to continue provision of lifesaving emergency nutrition care for the community and include joint and strong collaboration with nutrition sensitive interventions that will address the immediate and underlying causes of malnutrition.

2. Needs assessment

3. Description Of Beneficiaries

A total of 5,176 beneficiaries will be targeted for the proposed actions; this will include 857 women of reproductive age, 100 men, 2,067 boys and 2,152 girls below the age of five. Targeted activities include the management of both SAM and MAM, promotion of infant and young child feeding practices including vitamin A supplementation, de-worming, nutrition surveillance and coordination of actions. Beneficiaries of the proposed project will be identified from their targeted Boma or villages through various mechanisms including community consultations and active case finding through screening and groups discussions. For children with SAM/MAM, the identification mechanism will follow the national protocol and will be done at two levels - at the community level through mass or active screening using MUAC (Mid Upper Arm Circumference) screening and bilateral pitting oedema detection with appropriate referrals and at the health facility level using MUAC, weight for height expressed in z-score and checking for bilateral pitting oedema. Admission to SC (Stabilization Center), OTP (Out Patient Therapeutic Program) and TFSP (Targeted Supplementary Feeding Program) will be children aged 6-59 months with weight for height <-2 z-score, and/or MUAC <125mm, and/or presence of bilateral pitting oedema. Those with medical complications and/or with poor appetite and/or with severe oedema will start their treatment in the Stabilization Center (SC). Pregnant and lactating women will also be admitted in the TFSP if they meet the admission criteria based on MUAC. Additional beneficiaries for IYCF (Infant and Young Child Feeding) activities are the members of the community (mostly women of reproductive age, girls, TBA (Traditional Birth Attendants), community leaders and men) reached through the community sensitization and education sessions on optimal infant and young children feeding and nutrition education.

4. Grant Request Justification

In Panyijar County, the IRC is the main agency implementing emergency nutrition activities to respond to the high level of acute malnutrition in the areas. The IRC has been present in Panyijar for over twenty years and has well-established links with the local community in the target areas and understanding of the needs of the affected communities. This is crucial to develop interventions that are responsive to the needs of the local communities and help to mitigate further potential barriers to access services. The proposed action is a continuation of the emergency response already in place and will build on and complement the IRC's ongoing FSL, Nutrition, Health and WASH interventions, and build on other humanitarian actors' successes. In Panyijar County, the IRC has an ongoing grant funded by DFID for the treatment of acute malnutrition as part of an Integrated Community Case Management intervention aimed at reducing child morbidity and mortality through the treatment of malaria, pneumonia, diarrhea and acute malnutrition. Funding to complement the OTP component funded by DFID will be sourced from ECHO and CHF to respond to the emergency health and nutrition needs through the provision of comprehensive basic health services and treatment of severe and moderate acute malnutrition. The IRC has been supporting ten OTP/TSFP sites in Greater Ganyiel since December 2013, while six in Greater Nyal since September 2014. The activities under this action will build on the IRC's experience and developed strategies in reaching those in need of nutrition assistance through improved community mobilization, coordination and engagement strategies, leadership and logistic support, while delivering quality nutrition services to support the scale up and expand available services.

Since emergencies are often characterized by a high prevalence of acute malnutrition and micronutrient deficiencies, which lead to increased risk of death in particular among vulnerable groups. Women, girls, boys and men face different risks in relation to deterioration in their nutritional status during emergency situations. Their vulnerabilities are related both to their different nutritional requirements and to socio-cultural factors related to gender. The IRC nutrition programming will continue to take into account gender issues at all stages of the project cycle. The gender issues have been factored and considered during all stages of the project by placing greater emphasis on appropriate nutrition programming to enable women to continue caring for their infants and young children, access services and benefit from emergency interventions. The proposed intervention is built in such way that equal chance is given to boys and girls below the age of 5 and suffering for acute malnutrition to access and benefit from the program. In addition, because of their vulnerability, pregnant women and lactating mothers will be identified for TSFP and specific IYCF activities. Progress and achievements will be measured toward gender-based indicators in terms of number reached and accessing services. Through integration with other nutrition sensitive intervention such as food security and livelihood sectors, while selecting beneficiaries for support women and caretakers will be given first priority. At the same time, protection issues will be mainstreamed and considered to ensure that beneficiaries are protected from harm and that services are easily accessible. The nutrition sector will continue to collaborate with Protection and Child Protection sectors in all the program areas. The services will be provided during day time and beneficiaries' opinions and concerns will be analyzed when they arise.

5. Complementarity

During the implementation of this project, the IRC will work closely with other sectors such as Health, WASH and FSL. The IRC is already supporting the health facilities where the nutrition department shall work to incorporate Vitamin A supplementation with the National Immunization Days and existing EPI (Expanded Program of Immunization) outreaches. In the OTPs, hygiene and sanitation messages shall be disseminated alongside nutrition key messages and, lastly, in Panyijar County the IRC will also implement FSL interventions where the caretakers of malnourished children can be targeted as beneficiaries for the improvement of their livelihoods and nutrition security. Nutrition services will be supported through funding from ECHO, DFID and in-kind supplies from UNICEF and WFP. The CHF funding is intended to cover gaps in project implementation in Panyijar County. The project will continue beyond the three months funded by CHF through funding from DFID and ECHO (funding amounts indicated in the proposal).

LOGICAL FRAMEWORK

Overall project objective

The overall project objective is to contribute to the reduction of maternal and child morbidity and mortality due to acute malnutrition in the targeted counties through the provision of quality comprehensive nutrition services including treatment and prevention services, logistical support and advocacy for integrated nutrition intervention.

To achieve the above objective, the IRC intends to align itself with the humanitarian response to the ongoing fragile nutrition crisis in the priority areas, whilst also taking into consideration actions that constitute the focus of the Nutrition Cluster at this very critical period. Under the proposed nutrition intervention, the IRC plans to continue implementing emergency nutrition intervention using the CMAM approach in line with the national and international nutrition policies and strategies. The management of acute malnutrition at each of the supported Primary Health Care Centers or Units (PHCC/PHCUs) will be strengthened through technical and logistics support, which will include on-job coaching and supportive supervision of planned activities using already trained IRC staff. Community empowerment and their involvement in the planned activities will be promoted at village level through community mobilization and sensitization activities. This is to ensure that malnourished children, and pregnant and lactating women are provided with appropriate lifesaving support, timely identification of cases and adequate nutrition services for those in need.

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		50			
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		30			
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		20			
<p>Contribution to Cluster/Sector Objectives : The IRC South Sudan intends to align itself with the strategic response plan for 2016 by ensuring that the implementation strategy will continue to build on the Nutrition Cluster's objective of provision of life saving nutritional services through the treatment of acute malnutrition, integrating nutrition services to programs that aim to prevent under-nutrition and maintaining a robust nutrition needs analysis mechanism to inform programming and coordinate response. The IRC will scale up CMAM/IMAM activities in the most affected areas of Panyijar County. The management of acute malnutrition at each of the supported sites/health facilities will be strengthened through technical support. This will include on-the-job coaching and supportive supervision of planned activities using the IRC and MoH staff (where possible), while community empowerment and their involvement in the planned activities will be promoted at community level through community mobilization and sensitization activities. Preventive interventions will be implemented by the IRC to include IYCF and micro-nutrient supplementation and de-worming. Nutrition assessments, including SMART and SQUEAC, will be conducted by the IRC at the implementation area.</p>							
Outcome 1							
Conflict-affected communities in Greater Nyal and Greater Ganyiel in Panyijar County will have increased access to life-saving emergency nutrition services							
Output 1.1							
Description							
Acutely malnourished children between the age of 6 and 59 months and PLWs receiving nutrition treatment for their conditions through the IRC supported SC, OTP and TSFPs							
Assumptions & Risks							
<ul style="list-style-type: none"> • Insecurity and limited access due to poor infrastructure and population movements. • Looting and interruption of supplies delivery to the field due to road access and insecurity • Supply interruption and pipeline break - The IRC will continue to request in bulk from UNICEF/WFP for pre-positioning. The IRC will deliver few supplies to the community OTPs; much of the nutrition supplies shall be stored in the compound. • Increased morbidity and disease pattern contributing to high malnutrition burden; hence affecting the already targeted resources. The IRC Nutrition department will work in collaboration with other sectors such as Health, FSL and WASH to address the causes. 							
Activities							
Activity 1.1.1							
Support routine screening and mass screening campaign for identification of children and PLWs suffering from acute malnutrition							
Activity 1.1.2							
Support nutrition services in 1 SC, 15 OTP and 15 TSFP in 10 payams of Panyijar County							
Activity 1.1.3							
Support nutrition treatment through provision of RUTF/RUSF and other commodities							
Activity 1.1.4							
Build up the capacity of 90 CNVs on identification, referral, tracing and follow up, of malnourished cases							
Activity 1.1.5							
Support training of 55 Community Nutrition Workers, Nutrition Nurses, Community Nutrition Volunteers and some key members of the community in CMAM							
Activity 1.1.6							
Capacity building of the county health department staff to manage acute malnutrition							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			361	376	737
Means of Verification : OTP/SC registration book, SC/OTP monthly reports, Project progressive reports							
Indicator 1.1.2	NUTRITION	Cure rate for MAM in TSFP > 75%					75
Means of Verification : TSFP periodic report, TSFP registration book							
Indicator 1.1.3	NUTRITION	Cure rate for SAM in OTP > 85% rate					85
Means of Verification : OTP periodic report, OTP registration book							
Indicator 1.1.4	NUTRITION	Death rate among children treated for MAM <3%					3
Means of Verification : TSFP sites periodic report, TSFP registration book and individual follow up card							

Indicator 1.1.5	NUTRITION	Overall death rate among children treated for SAM <5%						5
Means of Verification : OTP sites periodic report, OTP registration book and individual follow up card								
Indicator 1.1.6	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			527	549		1,076
Means of Verification : TSFP registration book, TSFP monthly reports, Project progressive report								
Output 1.2								
Description								
Enhanced capacity of the affected community (women of reproductive age, children, husband/caretakers, health and nutrition staff) to prevent malnutrition and promote positive behavior in their community								
Assumptions & Risks								
<ul style="list-style-type: none"> • Insecurity and limited access due to poor infrastructure and population movements. • Flooding resulting in poor road network for distribution of nutrition supplies. • Low and limited community participation especially men. • Short funding cycle limiting sustained services delivery 								
Activities								
Activity 1.2.1								
Support community awareness and mobilization sessions on IYCF in the operation areas targeting community leaders, women's groups, traditional healers, CNVs and CBDs, PLWs and others stakeholders								
Activity 1.2.2								
Conduct vitamin A supplementation and de-worming campaign targeting children below the age of 5								
Activity 1.2.3								
Conduct IYCF counseling sessions for the affected mothers during SC/OTP/TSFP days								
Activity 1.2.4								
Form and establish mother to mother support groups in the community								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.2.1	NUTRITION	Frontline services # of functional mother-to-mother support groups					150	
Means of Verification : Weekly and monthly reports, IYCF reports								
Indicator 1.2.2	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	100	857			957	
Means of Verification : Campaign reports, TSFP Reports								
Indicator 1.2.3	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			2,067	2,152	4,219	
Means of Verification : Campaign reports, OTP/TSFP Reports								
Indicator 1.2.4	NUTRITION	Frontline services # of children (12 -59 months) dewormed			3,307	3,442	6,749	
Means of Verification : Campaign reports, OTP/TSFP Reports								
Output 1.3								
Description								
Monitoring and analysis of nutrition situation in the targeted areas improved through maintaining a robust nutrition surveillance system								
Assumptions & Risks								
<ul style="list-style-type: none"> • Political sensitivity around assessment, use and sharing of nutrition data and information. • Insecurity and limited access due to poor infrastructure and population movements. 								
Activities								
Activity 1.3.1								
Conduct training of the nutrition and health staff on nutrition assessments								
Activity 1.3.2								
Provide regular support and updating of the nutrition information system in line with SMOH, UNICEF, WFP and the Nutrition Cluster								
Activity 1.3.3								
Conduct continuous joint monitoring of the nutrition program with key stakeholders to identify gaps in information system and reporting								
Activity 1.3.4								
Strengthen the internal reporting system to ensure effective reporting of nutrition information from the different components of the project								
Activity 1.3.5								
Conduct a SMART Survey								
Indicators								

Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 1.3.1	NUTRITION	Key program staff trained in nutrition surveillance and early warning system					55						
Means of Verification : Training reports													
Indicator 1.3.2	NUTRITION	Joint supportive visits conducted in the target areas by CHD and IRC					1						
Means of Verification : Supervision checklist and supervision report													
Indicator 1.3.3	NUTRITION	Frontline services # of SMART surveys undertaken - Pre-harvest					1						
Means of Verification : Survey report													
Additional Targets :													
M & R													
Monitoring & Reporting plan													
<p>The program will use the existing Nutrition Information System (NIS) developed under the National Nutrition Cluster reporting requirements. Data on routine treatment, referrals and stock levels will be continuously captured using paper based data collection tools and entered into the electronic NIS.</p> <p>Reporting on programmatic progress to the donor and Nutrition Cluster will be done weekly and monthly with treatment and activity data disaggregated by sex and intervention type.</p> <p>This program will also routinely collect best practices, most significant change and success stories from the beneficiaries to evaluate how the program is benefiting the community. From these, knowledge, experiences gained and any identified lessons will be shared for learning purposes.</p>													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Support routine screening and mass screening campaign for identification of children and PLWs suffering from acute malnutrition	2016		X	X	X								
Activity 1.1.2: Support nutrition services in 1 SC, 15 OTP and 15 TSFP in 10 payams of Panyijar County	2016		X	X	X								
Activity 1.1.3: Support nutrition treatment through provision of RUTF/RUSF and other commodities	2016		X	X	X								
Activity 1.1.4: Build up the capacity of 90 CNVs on identification, referral, tracing and follow up, of malnourished cases	2016			X									
Activity 1.1.5: Support training of 55 Community Nutrition Workers, Nutrition Nurses, Community Nutrition Volunteers and some key members of the community in CMAM	2016			X									
Activity 1.1.6: Capacity building of the county health department staff to manage acute malnutrition	2016				X								
Activity 1.2.1: Support community awareness and mobilization sessions on IYCF in the operation areas targeting community leaders, women's groups, traditional healers, CNVs and CBDs, PLWs and others stakeholders	2016		X	X	X								
Activity 1.2.2: Conduct vitamin A supplementation and de-worming campaign targeting children below the age of 5	2016		X	X	X								
Activity 1.2.3: Conduct IYCF counseling sessions for the affected mothers during SC/OTP/TSFP days	2016		X	X	X								
Activity 1.2.4: Form and establish mother to mother support groups in the community	2016			X									
Activity 1.3.1: Conduct training of the nutrition and health staff on nutrition assessments	2016		X										
Activity 1.3.2: Provide regular support and updating of the nutrition information system in line with SMOH, UNICEF, WFP and the Nutrition Cluster	2016		X	X	X								
Activity 1.3.3: Conduct continuous joint monitoring of the nutrition program with key stakeholders to identify gaps in information system and reporting	2016			X									
Activity 1.3.4: Strengthen the internal reporting system to ensure effective reporting of nutrition information from the different components of the project	2016		X	X	X								
Activity 1.3.5: Conduct a SMART Survey	2016				X								
OTHER INFO													
Accountability to Affected Populations													

Nutrition field staff will work and support the existing community networks (community leaders, local administration and volunteers such as Community Based Distributors (CBDs) for community mobilization, sensitization and identification of cases.

At the community level, program site selection and projection, target criteria and mechanism for referral will be discussed and endorsed by the community, while progress of the planned project will be shared with key stakeholders. This will therefore serve as a key entry point of integration with the other sectors and accountability for all activities promoted and supported by the IRC nutrition project.

- The IRC has internal mechanisms to ensure that project staff have the knowledge and skills to implement Accountability to Affected Population (AAP) activities in the project.
- The project design includes regular reviews to reflect changes in the context, risks and people needs and capacity.
- The project integrates consultations of men, women, boys and girls among the beneficiaries, including information-sharing and complaint mechanisms, to express their views on the project implementation.
- The project monitoring and evaluation will involve men, women, boys and girls of the affected populations. The learning from the M&E processes will be fed back into the organizational learning.

Implementation Plan

The project will be implemented as per the above work plan, starting in January 2016. It will be implemented at static OTPs/TSFPs aligned to existing PHCCs and PHCUs and community level in all the supported Payams in the County.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Sign of Hope	Sign of Hope operates a stabilization centre in Nyal where SAM with medical complications shall be referred. The IRC shall refer children identified with SAM and medical complications and/or no appetite to the Sign of Hope run stabilization center in Nyal. Coordination between the IRC and Sign of Hope will be maintained to ensure and foster a functional referral mechanism.
UNIDO	UNIDO operates 5 OTPs sites that are mostly within the islands of Nyal where most of the IDPs from Mayendit, Leer and Koch have settled. The IRC and UNIDO, with the support of WFP, are planning collaborating efforts to provide services for the management of MAM cases in the 5 sites run by UNIDO. In the meantime, children identified with MAM from UNIDO catchment areas will be referred to the closest IRC run TSFP sites.
CHD (County Health Department)	Joint support supervision and community mobilizations/meetings to ensure program quality and ownership.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The IRC nutrition program will continue to take into consideration gender issues at all stages of the project cycle. It will consider vulnerable groups (children under five and pregnant and lactating women) in the targeted implementation sites. Gender equity and integration is considered as a cross-cutting issue in all the IRC programming and, to that end, the project progress and achievement will be measured against gender-based indicators. The proposed nutrition project is built such that equal chance is given to boys and girls below the age of five suffering from acute malnourishment to access and benefit from the program. In addition, pregnant and lactating women will be identified for TSFP and specific IYCF activities. Both men and women from the targeted communities will have equal chances and will be targeted for capacity building activities aimed at improving community understanding of means of preventing acute malnutrition. Their participation in the planned nutrition activities will be promoted within an environment that enables equitable access to information and improves the households' nutrition situation.

Protection Mainstreaming

The project mainly focuses on children under five and PLWs. The IRC has a Protection Team and a Women's Protection & Empowerment Team that handle child and women's protection issues and ensures these categories have safe access to services. The IRC also shall train all its frontline staff in handling beneficiaries with respect and uphold rights of children and women.

Country Specific Information

Safety and Security

The IRC will build on recent investments to strengthen its organizational security and contingency measures with an eye towards business continuity. These measures, to date, have included the recruitment of a highly experienced international security officer. Additional efforts will be made to continue to improve the safety of the IRC staff and assets. The IRC monitors security indicators in the region, and will evacuate staff as necessary. In the case of an evacuation, the IRC will evacuate staff in layers based on the threat level. Non-essential staff will be evacuated first, followed by expats and national re-locatable staff. Program activities will be scaled down according to the level of threat. In the event of an evacuation, activities inside the camp will be reduced to only life-saving activities and ongoing communication with local authorities. The programs will rely on the capacity of the local community, which has been central to the programs, to take ownership of program activities in the event of a significant deterioration of the security situation.

Access

The IRC shall implement the nutrition services in all the targeted Payams in Panyijar County regardless of conflict status for both host communities and IDPs. In rural communities where OTPs/TSFP do not exist, the IRC shall operate mobile/outreach services in order to access all areas.

The IRC does not anticipate access challenges in Panyijar County as the county is relatively accessible through UNHAS flights. The IRC will also capitalize its long standing presence in Panyijar since 1995 to negotiate for localized access.

In the location IRC has strong working relationships with the parties and participates in inter agency discussions to maintain this relationship and sustained access to affected populations. The IRC also works closely with other humanitarian actors, local organizations and groups to ensure programming is complementary, avoids duplication and responds to the needs of affected populations, ensuring community participation and ownership of interventions.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	International Nyal & Ganyliel Based Nutrition Program Staff Salaries	D	2	4,316.85	3	60%	15,540.66
1.2	International Juba Based Nutrition Program Staff Salaries	D	1	11,493.86	3	15%	5,172.24
1.3	Technical Unit - Nutrition	D	1	459.29	11	100%	5,052.19
	<i>11 is the number of days the Technical Unit will be deployed to the field. The Technical Unit is the Nutrition Program staff based in HQ in New York who supports the program.</i>						
1.4	International Field Site Support Staff Salaries	S	2	4,813.17	3	9%	2,573.12
1.5	International Support Staff Salaries - Support Main Office (Juba)	S	20	11,239.81	3	4%	23,603.60
1.6	Nyal National Staff Salaries - Nutrition Program Staff	D	30	814.63	3	45%	32,992.52
1.7	Ganyliel National Staff Salaries - Nutrition Program Staff	D	36	762.42	3	50%	41,170.68
1.8	National Staff Salaries - Juba Main Office	S	55	1,494.02	3	4%	8,627.97
1.9	Nyal National Support Staff Salaries	S	17	858.32	3	6%	2,722.76
1.10	Ganyliel National Support Staff Salaries	S	23	817.84	3	3%	1,517.99
	Section Total						138,973.73
Supplies, Commodities, Materials							
2.1	Community Outreach and Screening/Supervision(Nyal)	D	1	700.00	3	45%	945.00
2.2	OTP/SFP supplies and running cost Nyal	D	6	250.00	3	45%	2,025.00
2.3	Satellite phone airtime (Nyal)	D	1	100.00	3	40%	120.00
2.4	Training in IMAM and IYCF including refresher training (partners and staff) Nyal and Ganyiel	D	85	25.17	2	90%	3,851.01

2.5	CNV and MtMSG Leaders training on IMAM and IYCF; including refresher (Nyal and Ganyiel)	D	115	13.20	2	70%	2,125.20
2.6	Joint field visits/monitoring of IMAM activities (Nyal)	D	5	25.00	1	80%	100.00
2.7	IYCF/BCC Supplies and running costs (Nyal and Ganyiel)	D	18	92.30	2	65%	2,159.82
2.8	Vitamin A and deworming Campaigns	D	2	750.00	2	100%	3,000.00
2.9	Pharmaceuticals (GY)	D	1	34,566.25	1	50%	17,283.13
2.10	Quarterly meetings with staff (NY)	D	1	125.00	1	80%	100.00
2.11	Nutrition mobile team rotation (NY)	D	4	500.00	1	80%	1,600.00
2.12	Casual labor (GY)	D	1	800.00	3	100%	2,400.00
2.13	CBD training on nutrition (GY)	D	1	264.00	25	50%	3,300.00
2.14	Treatment site and waiting area rehabilitation (GY)	D	12	1,165.60	1	20%	2,797.44
2.15	Warehouse rent	D	1	10,000.00	3	10%	3,000.00
Section Total							44,806.60
Contractual Services							
4.1	Charter plane (NY & GY)	D	3	3,150.00	2	50%	9,450.00
4.2	Road transport form Juba/Rumbek (NY & GY)	D	2	2,000.00	2	25%	2,000.00
4.3	SMART Survey (Ganyiel and Nyal)	D	1	25,000.00	1	50%	12,500.00
Section Total							23,950.00
Travel							
5.1	Domestic Nutrition Program Travel	D	7	374.86	2	100%	5,248.04
5.2	Domestic Support Travel	S	4	533.72	4	24%	2,050.34
5.3	VISA/Work Permit Nutrition Program Staff (JU/GY/NY)	D	3	50.00	6	25%	225.00

5.4	VISA/Work Permit Support Staff (JU/GY/NY)	S	22	14.42	6	12%	236.03
5.5	Travel to/from post - International Nutrition Program Staff	D	3	1,500.00	1	25%	1,125.00
5.6	Travel to/from post - International Support Staff	S	5	448.00	1	13%	291.20
Section Total							9,175.61
General Operating and Other Direct Costs							
7.1	Juba Office Supplies	S	1	9,500.00	3	4%	997.50
7.2	Office Supplies - Nyal Field Office	S	1	1,108.00	3	6%	206.75
7.3	Office Supplies -Ganyliel Field Office	S	1	2,604.00	3	3%	210.14
7.4	Juba Main Office Running Expenses	S	1	88,904.76	3	4%	9,335.00
7.5	Nyal Field Office Running Expenses	S	1	20,068.20	3	6%	3,744.73
7.6	Ganyliel Field Office Running Expenses	S	1	53,943.10	3	3%	4,353.21
Section Total							18,847.33
SubTotal			497.00				235,753.27
Direct							175,282.93
Support							60,470.34
PSC Cost							
PSC Cost Percent							7%
PSC Amount							16,502.73
Total Cost							252,256.00
Grand Total CHF Cost							252,256.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Panyijiar	100						
Documents							
Category Name				Document Description			

