

<b>Requesting Organization :</b>	Universal Intervention and Development Organization			
<b>Allocation Type :</b>	1st Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
NUTRITION		100.00		
		<b>100</b>		
<b>Project Title :</b>	Emergency Nutrition services for disaster affected populations i.e (IDPs ,Host community ,Disabled ) U5s & ,PLWs in 12 payams in Mayendit County & 4 payams In panyijar (Duong,Nyaduong,Ketith and Mer isalnds )in Unity State ,South Sudan.			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA1/N/NGO/736	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	296,116.58	
<b>Planned project duration :</b>	5 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/03/2016	<b>Planned End Date :</b>	31/07/2016	
<b>Actual Start Date:</b>	01/03/2016	<b>Actual End Date:</b>	31/07/2016	
<b>Project Summary :</b>	<p>Recent years have seen UNIDO continuously operate 12 OTP centers and 8 TSFP centers with coverage in all 12 Payam in Mayendit County. However, sporadic conflicts witnessed in these areas continued to uproot and displace households, preventing many from planting as it's their main source of Food and forcing them to sell off assets and livestock for food. Renewed fighting which began in April 2015 worsened the situation by destroying available systems for addressing causes of malnutrition. UNIDO being the Health and Nutrition lead agency in Mayendit County together with other Humanitarian actors had as a result found it difficult to operate in the area due to insecurity. This is evidenced by an attempt by UNICEF to conduct an RRM in Dablual payam , Northern Mayendit which was unsuccessful in July &amp; December 2015 . Health and nutrition service coverage is further hindered by geographical constraints and poor infrastructure affecting transportation of supplies. The internal and external conflicts resulted to displacement of people as most of the community members sought refuge in the neighboring Panyijar county .The influx of IDPs in Panyijar increased tensions and raised the level of vulnerability among county residents in competition for scarce resources. This is why UNIDO through the Nutrition cluster followed beneficiaries and we continue giving them the Nutrition services while in Greater Nyal .This proposed 2016 project will continue to address, respond and scale up nutrition needs by targeting IDPs (Children U5 boys and Girls, PLW above 18years and Men) and host communities of Kertith, Nyadong and Duong PHCUs in Nyal &amp; Host community in Mayendit County . The project is designed to provide both preventive (In Nyal ) and curative services( In mayendit and nyal locations). Treatment of severe acute malnutrition (SAM) will be provided by UNIDO to prevent children under five from malnutrition related death. Treatment of moderate acute malnutrition (MAM) will be done in Nyal with the aim of improving the health of children under 5 Boys &amp; Girls ,and pregnant and lactating women (PLWs), thereby reducing the prevalence of severe acute malnutrition. UNIDO is grateful to the support by nutrition Cluster lead to ensure we treat MAM cases in locations where IRC is not reaching out around Nyal. A mobile Clinic has already been set up by UNIDO in Kertith .We are operational in the 3 PHCUs previously under SOH and once funded we are planning to expand to unreached payams (Yuk and Majak Payams) where the community is cut off from humanitarian services .Awareness campaigns on topics including IYCF, HIV awareness and hygiene promotion will be provided to Nyal and Mayendit communities. UNIDO which has presence in both Nyal &amp;Mayendit under Education, Child Protection and FSL sectors will work closely with CHDs to ensure that the community of Nyal and Mayendit receive the needed services. UNICEF and WFP will provide food rations towards treatment of SAM and MAM in children and PLW in Panyijar and Mayendit county of Unity State. Children under 5 boys and Girls, and PLWs, as well as other vulnerable groups, will be screened in the community and referred accordingly. To avoid duplication of activities with already existing IPs in Panyijar County ,this project is specifically meant to scale up the delivery of the nutrition care services in Mer Islands Kertith, Nyadong and Duong PHCUs which have been hugely affected by the increasing case load caused by the continuous influx of the IDPs from Mayendit, Koch and leer counties into the area. The reserve fund received continues to support UNIDO in re establishment of services in the greater mayendit county and this fund will complement the ongoing project well.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
3,000	5,300	2,860	3,640	14,800

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	1,000	1,300	1,430	1,870	5,600
Internally Displaced People	2,000	1,328	500	500	4,328
Children under 5	0	0	1,200	1,372	2,572
Pregnant and Lactating Women	0	2,300	0	0	2,300

**Indirect Beneficiaries :****Catchment Population:****Link with allocation strategy :**

In line with the 2016 HRP allocation strategic objectives : save lives and alleviate suffering through safe access to services with dignity, and ensuring communities are capable and prepared to cope with significant threats ,this proposed UNIDO project will continue to support existence & expansion of nutrition services in emergency stricken areas in 12 fixed nutrition sites in Mayendit & 4 sites in Panyijar Counties to cater for beneficiaries in the mobile clinic in Kertith & Mer in 1,2 3 in Nyal and static services at Nyadong & Duong PHCUs where UNIDO commenced interventions in September 2015 after Sign Of Hope failed to continue delivering services .The operation areas are accessible at the moment making implementation feasible. In Mayendit UNIDO is re establishing and re equipping the sites to enable smooth continuity in service delivery. Generally this will help provide access to integrated programs preventing under nutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups. Needs analysis and reporting will be carried out in collaboration with the community leaders and churches in the area. The community leaders and the churches will be the key players for information sharing and identification of community workers. This relates to Nutrition objective #3, which states: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response. The activities to be conducted will best demonstrate value for money throughout the implementation period and UNIDO having been present in Nyal with other different sectors will make Nutrition integration smoother. UNIDO seeks to optimize the resources available to maximize reach and impact for the fund .

**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
JAMES KEAH NINREW	EXECUTIVE DIRECTOR	ed@unidosouthsudan.org	0955118160
THOMAS MANYOL	PROGRAMME COORDINATOR	riekthomasmanyol@gmail.com	0955060734
NZAYWA JOY	NUTRITION MANAGER	jnzaywa@gmail.com	0955659766

**BACKGROUND****1. Humanitarian context analysis**

The nutrition situation in South Sudan remains precarious with about 3.2 million people being nutritionally insecure .An estimated 229,344 children under 5 Boys & Girls are severely malnourished and a further 417,909 moderately malnourished .Global Acute malnutrition is still above the emergency threshold in the 3 conflict affected states . An IRNA assessment in Nyal town between 9 – 11th September 2015 by IRC highlighted large gaps to be addressed with a rapid scaling up of WASH activities, gaps in health services including psycho social and clinical GBV services, and the need for monitoring the nutrition situation here in .UNIDO has since intervened in Nyal providing Health and Nutrition services to boost IRCs interventions as the caseloads are pretty high. With an estimated 100,000 IDPs in the county, the need is still overwhelming for the existing IPs on ground In Nyal , UNIDOs OTP data, showed that from September to October 2015, 910 (M: 302 F:598 ) children under 5 Boys &Girls have been screened and more than 300 enrolled into the OTP programme in all the 4 sites . Nutrition assessment using MUAC was conducted in Mer Islands 1,2 and 3 in December 2015 where 724 children U5 boys &Girls were screened (18%) cases were SAM, 188 (36%) were MAM, and no edema was found. This is just one of the 4 sites in Nyal where UNIDO is supporting. There will be collaboration with the SMoH, WFP and UNICEF to provide nutrition services that responds to the emergency levels of malnutrition and the huge number of IDPs in the project areas. This will save lives by providing critically needed outpatient therapeutic care programming (OTP) to children under5 Boys& Girls, PLWs, and other special cases with disabilities or severe medical conditions. Community-based nutrition programming (including outreach, follow-up home visits, and health and nutrition education) complemented by community-based health work activities being implemented in the same project area will be used for maximum coverage and timely early case detection .The food security situation in Unity State is extremely concerning "Very Critical "as per December IPC .An estimated 30,000 people are experiencing "catastrophic" levels of food insecurity (IPC 5) ,290,000 people are considered in "emergency" (IPC 4) and 420,000 "crisis"(IPC 3) . Conflict continues to cause displacements ,drive food and insecurity and limit humanitarian access /assistance in Unity ,which is currently hosting 576,167 IDPs (OCHA Humanitarian Snapshot 8 October ) .With this nutrition is directly affected and we can only pray for better days ahead as Peace is implemented.An Inter agency assessment in Mayendit town between 15 -17 September 2015 highlighted lack of food at household level, destruction of the PHCC, lack of drugs and nutrition services. The assessment recommended distribution of NFI kits, general food distribution, and re-establishment of primary health care services integrated with nutrition programmes among others thus the need for SA1 request to continue addressing the aforementioned. The GAM rates at 24% suffice to say it was alarming. Due to insecurity it has been difficult to conduct a SMART survey over the months .Nonetheless, Samaritan Purse finally conducted a SMART survey in the south in December and they are yet to share the results so as to compare the proxy GAMs .UNICEF is also planning RRM in Dablual , Thaker and Jaguar in December in which UNIDO hopes to participate as the lead in Mayendit. In October 2015 Medair ERT & UNIDO went back to the south and re established the services and as we speak the situation is stable in Mayendit South

## **2. Needs assessment**

Malnutrition level in Unity state is particularly high with Mayendit county having a proxy GAM rate of 30.0% (Dec IPC ) . Unity state at large has experienced one of the worst wars between the two warring parties. This war has forced thousands to flee their homes to either POCs in Bentiu and Juba or even to as far as the neighboring countries let alone counties close by i.e Panyijar. Most of the IDPs are integrated into the community with less food to cater for the entire household.. The neighboring Panyijar County alone reports a high influx of IDPs (100,257 IDPs according to UNHCR report of October 2015 ) coming from the peripheral payams and counties and a proxy GAM of 24.2% making the two counties malnutrition status to be critical at IPC 4 &IPC 3 . UNIDO in partnership with UNICEF & WFP has in the past participated in RRM exercise which was conducted in October 2015 in Mayendit South where Health and Nutrition gaps were given priority .There are reports of a high number of death casualties from the fighting. Others have been left permanently disabled due to injuries sustained. The situation is even made worse due to lack of enough medical and Nutrition attention in the payam and the county at large. UNIDO has since then gone is and re established services with the reserve allocation funds in the South. The present turmoil in Mayendit North and its environs could not allow for proper Representative assessments but GAM rates in the neighboring area of Koch were reported at 30.0% (Dec IPC) and this informed IP's decision to come up with an acceptable estimate to calculate the caseloads. However, Mayendit County has been significantly affected by the intensified conflict in Southern Unity State from May 2015 on-wards. The entire population which was displaced into the bush and swampy areas is slowly returning, with nutrition programming disrupted resulting in acute malnutrition. There is an urgent concern that GAM rates are once again to go far above emergency levels and far beyond the May 2015 IPC nutrition map projection for May-July 2015 (projected as serious) especially as we approach the lean season .UNIDO seeks to continue serving the community to eradicate malnutrition related deaths. This is majorly through re establishment of the infrastructure and the assets lost during the fighting.

Data from our Health ,WASH and FSL departments continue to inform Nutrition department of great need for integration between the departments in terms of service delivery as all the aforementioned are in a way or the other interlinked with Nutrition and affect the malnutrition status of beneficiaries .We will complement each other and ensure we look through departmental program data to monitor the trends of malnutrition as we have done in the past .Monthly reports from our existing OTP and TSFP sites continue to show great need for continuity of this service delivery with over 1600 SAM cases having been treated and discharged as cured in our 16 sites .A SMART survey conducted by Samaritan Purse in December 2015 after 7 months of not being on ground is still to be validated .This will give us the current proxy as we look into proper programming .

In Nyal, where most of UNIDOs beneficiaries form Northern Mayendit sought refuge we seek to deliver OTP services to the host and IDPs who are integrated into the community .We will work with IRC (The lead agency in Panyijar & Sign Of Hope ) to ensure we reach out to all vulnerable populations .UNIDO being a strong local NGO is well versed and placed to implement where INGOs cannot reach owing to the fact that we have qualified local staff who are familiar with the Counties we envisage to work in .Over and above it all, we are dedicated to continue with maximum service delivery to Mayednit and Panyijar communities as we also diversify to other locations .

## **3. Description Of Beneficiaries**

This allocation seeks to directly reach out to 14,800 beneficiaries .Out of this 1672 Boys & 2128 Girls U5s , 1400 Host community ,1500 PLWs & 1300 men will be reached in Mayendit .

In Nyal , 1188 Boys & 1512 Girls U5s will be targeted for SAM , 1500 PLWs will be reached in IYCF messages ,2000 will be given Micro nutrient supplements while 7000 Men will be indirectly reached through education sessions.

## **4. Grant Request Justification**

UNIDO has been active in South Sudan for over 10 years and in Unity State since 2009 supporting health, nutrition, WASH, Education, Child Protection and food security interventions, in Leer, Mayendit, Koch and Panyijar Counties. Currently UNIDO nutrition department supports 12 nutrition sites in Mayendit County and 4 in Panyijar. UNIDO is the lead agency implementing health/ primary health care in Mayendit County where it already has existing structures for health and nutrition sites and recently in Nyal. Due to its presence in the area for long, No much cost will be incurred for setting up/start-up cost. Some structures were affected by the recent May conflict and rehabilitation is underway for quality service delivery and safe storage of nutrition supplies especially in Southern & Northern Mayendit. UNIDO is thus better placed to serve and meet the population's needs as the different components are integrated. UNIDO has a good understanding of the geographical area and movement of Host Communities in the phase of shocks such as conflicts.. UNIDO has an existing PCA with UNICEF for SAM supplies. These will enable the organization to timely request for supplies to respond to the nutrition emergency needs in the mentioned counties. Despite the fact that UNIDO is a strong national NGO, it has a proven technical capacity adequate for offering nutrition services to the needy in the conflict affected regions. UNIDO has employed local staffs both men and women for purposes of continuity and sustainability of the program even during shocks such as conflict where International staff would otherwise evacuate the areas. Throughout its operation in these areas, UNIDO has continually created good working relations with the local authorities and the community thus creating a sense of ownership for the programs and also active participation in program activities. UNIDO has the human technical expertise and financial accountability policy to maximize service delivery to the undeserved young children boys & Girls, Pregnant and Lactating Women and also Men who had been experiencing acute malnutrition in the mentioned Counties.. UNIDO will exert more efforts cooperate with implementing agencies in the areas since this intervention is not a standalone activity and will show strong commitment to its core values as well as to project implementation strategies. Capacity building to the CHD and health workers (male and female) through training's and on job training is ongoing as a way of providing sustainability in the program and ownership. UNIDO will uphold the CHF mandate which looks at providing resources in support of most critical Life saving elements of the humanitarian operation in the counties of Koch, Leer, Mayendit and Panyijjar in southern Unity focusing primarily on the HRP objective of saving lives and alleviating suffering through multi-sectoral assistance. UNIDO is however still in talks with WFP over the FLA for Mayendit North as we are the lead agency and have been treating Moderate Acute malnutrition in Mayendit before May 2015 conflict erupted .UNIDO is working with the assumption that we will be given the FLA to continue serving the beneficiaries as lack of MAM programme will cause a risk towards eradication of Malnutrition related deaths .

## 5. Complementarity

This project is a continuation of UNIDO's ongoing nutrition support to host community & IDPs in Mayendit & Panyijar Counties and will help UNIDO to continue responding to nutrition in emergency needs to Mayendit and Panyijar beneficiaries in the first half of the year 2016. Given the close link between malnutrition and other illnesses and infections, UNIDO will ensure maximum integration of Nutrition programming with Health by participating in NIDs, FSL( Through Kitchen gardening formation), Education (Creating awareness in Temporary Learning Spaces on importance of proper feeding ) and WASH (Promotion of Hygiene practices and benefits of safe water ) activities to strengthen the response. Access to basic services for women, Men and Children Under 5 Boys and Girls remain inadequate, therefore UNIDO nutrition team will continue with the close multi sectoral link as mentioned above to address these challenges . In Nyal ,we will work hand in hand with the existing IPs to avoid duplication of activities and adhere to National Nutrition guidelines to achieve maximum outcomes at the end of the project period .The overall aim is to ensure the current funding complements previous and ongoing nutrition projects implemented by UNIDO in the larger southern unity .

## LOGICAL FRAMEWORK

### Overall project objective

Provision of high-impact nutrition Intervention services to children under 5 years (boys and girls) pregnant and lactating women ,Host community and Disabled persons and other vulnerable groups in the hard-to-reach and conflict affected County of Panyijar in Keitith & Nyal payam (Duong and Nyadong bomas) and Mer islands by July 2016 and continue supporting the Re equipping of nutrition service delivery whose infrastructure and assets were completely destroyed in Mayendit South Counties of Unity state .

## 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	60
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	40

**Contribution to Cluster/Sector Objectives :** This project will contribute to the overall objective of the CERF & CHF SA1 for 2016 allocation strategy to address life-threatening needs due to severe and moderate acute malnutrition in areas where the level of need is serious or critical (IPC Phase 3 or 4). Cluster Objective 1: UNIDO will implement comprehensive nutrition programmes through OTP, and IYCF/IYCF-E service provision including active case finding and defaulter tracing. We will provide services in Mayendit & Panyijar Counties where a multisectoral project is already in place. Cluster Objective 2: All nutrition interventions are integrated into existing health services by UNIDO. Behavior change communication activities addressing IYCF in emergencies messaging including early, exclusive breastfeeding will also be conducted / implemented in all supported facilities but also within MTMSGs in the community level. Cluster Objective 3: UNIDO will conduct Nutrition assessments to best understand the Nutrition status in Panyijar and Mayendit Counties which will later help inform the Nutrition Partners on the current nutrition situation .UNIDO will continue to be an active member of the Strategic Advisory Group and other taskforces (NIWG, IYCF and CMAM) at nutrition cluster level to ensure good coordination and quality programming.

### Outcome 1

Nutrition Quality Life saving services in Panyijar and Mayendit Counties.

### Output 1.1

#### Description

Technical Capacity building of clinical and Nutrition staff towards enhanced treatment of SAM cases for U5s in Panyijar and Mayendit Counties.

#### Assumptions & Risks

Security of staff movement prevails.  
Willingness of local community to receive new nutrition services.  
Political stability

Activities							
<b>Activity 1.1.1</b>							
Continuous Capacity building of 48 nutritional staff on CMAM Protocol by the end of the project period.(refresher)							
<b>Activity 1.1.2</b>							
Capacity building of Nutrition and Clinical staff on principles of CMAM and OTPs through an exchange visit session to INGOs on ground for a 2 day practical in their sites.							
<b>Activity 1.1.3</b>							
Capacity building of 24 Nutrition and clinical workers on IYCF practices in both counties.							
<b>Activity 1.1.4</b>							
Printing Of 2000 OTP cards and IEC materials for proper implementation and reporting by the Nutrition extension workers							
<b>Activity 1.1.5</b>							
Purchase of 8 Hand washing stations for purposes of appetite tests in the sites in Mayendit North							
<b>Activity 1.1.6</b>							
continue with re establishment of the 8 Sites in the Northern part of Mayendit as we re equip them for service delivery							
<b>Activity 1.1.7</b>							
community and site screening of 2860 boys and 3640 Girls for admission into the OTP programming ,deworming and Vit A supplementation .							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	6	18			24
<b>Means of Verification</b> : Number of Health care workers trained on IYCF activity registers							
Indicator 1.1.2	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			2,003	2,547	4,550
<b>Means of Verification</b> : Facility activity Reports							
Indicator 1.1.3	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					8
<b>Means of Verification</b> : Activity reports from the field							
Indicator 1.1.4	NUTRITION	Frontline services # of children screened in the community			2,860	3,640	6,500
<b>Means of Verification</b> : tally sheets from screening conducted at both the HF's and the community							
Indicator 1.1.5	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			2,860	3,640	6,500
<b>Means of Verification</b> : tally sheets							
Indicator 1.1.6	NUTRITION	Frontline services # of children (12 -59 months) dewormed			2,000	2,546	4,546
<b>Means of Verification</b> : tally sheets provided							
Outcome 2							
Access to Preventing Malnutrition services improved for under 5s ,PLW and People living with HIV (PLWHIV).							
Output 2.1							
Description							
Strengthening IYCF implementation and prevention of Child health in the community.							
Assumptions & Risks							
Mothers are willing to participate in the IYCF messaging activities. Security prevails to allow effective outreaches							
Activities							
<b>Activity 2.1.1</b>							
Conduct 4 community awareness campaigns on IYCF and de worming reaching out to 6,000 under 5s and 3000 PLW in Both Panyijar and Mayendit Counties							
<b>Activity 2.1.2</b>							
Conduct 2 demonstrations of healthier methods of Food preparation targeting 1500 women and 500 men in the community .							
<b>Activity 2.1.3</b>							
Purchase of 8 baby dummies (Dolls ) for Breastfeeding education sessions.							
<b>Activity 2.1.4</b>							
Continue supporting MTMSGs formation in Mayendit and Panyijar to help scale up sub optimal feding programme							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 2.1.1	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	500	1,500			2,000						
<b>Means of Verification :</b>													
Indicator 2.1.2	NUTRITION	Frontline services # of functional mother-to-mother support groups					4						
<b>Means of Verification :</b>													
<b>Additional Targets :</b>													
<b>M &amp; R</b>													
<b>Monitoring &amp; Reporting plan</b>													
<p>UNIDO will continue monitoring the project supervised by the Nutrition officers &amp; Nutrition Assistants on ground and the Nutrition Manager based in Juba. This will be technically supported by UNIDO's Programme Monitoring &amp; Evaluation specialist who has always supported field teams to establish a detailed monitoring plan which will be used to guide teams in collecting appropriate and timely data. Monitoring tools (indicator tracking template) will include the Departmental Questionnaires, CHF reporting tool, nutrition cluster tool, Programme Tally sheets, and Pictorial evidence especially during HF visits, we will also use FGDs with the beneficiaries ,Health Workers and the local Authority to collect views on how the project is impacting on their lives. The above mentioned tools will be used during the implementation cycle which will be part of the monitoring components throughout the life cycle of the program. The tools will allow routine nutrition monitoring data to be collected and analyzed in one place and allow for easy dissemination across time and geographic location. There will also be monthly joint supervisory visits together with the CHD using the QSC tool in order to see the HFs compliance as per the HSS pillars. The databases and additional monitoring tools such as supervisory checklists, staff appraisals, training reports and post-distribution monitoring reports will feed into an Indicator Performance Tracking Table (IPTT).The IPTT will allow the program to track progress towards results and indicators on a monthly basis throughout the project period. Internal monthly reports will provide information to management on the progress of activities and the impact they are having on the communities. Donor reports will also be submitted as per the time line. Activities will be continuously monitored by the project team and will be formally monitored on a routine basis by the Health and Nutrition Project Manager supported by the Monitoring and Evaluation Officer. UNIDO and its stakeholders and actors will entirely take up the role and responsibilities for collecting, recording, reporting, and using information as M&amp;E is a collective duty as it has been in the previous donor funded projects some of which are ongoing. Involving the local authorities in Monitoring and Evaluation has been practiced in the past and is a participatory activity by both UNIDO ,the CHD staff and the SSRA . This promotes ownership as Security is given by the SSRA especially when doing HH visits and in the end reports are always shared with the CHD for ownership of the project .</p>													
<b>Workplan</b>													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Continuous Capacity building of 48 nutritional staff on CMAM Protocol by the end of the project period.(refresher)	2016				X	X							
Activity 1.1.2: Capacity building of Nutrition and Clinical staff on principles of CMAM and OTPs through an exchange visit session to INGOs on ground for a 2 day practical in their sites.	2016					X							
Activity 1.1.3: Capacity building of 24 Nutrition and clinical workers on IYCF practices in both counties.	2016				X								
Activity 1.1.4: Printing Of 2000 OTP cards and IEC materials for proper implementation and reporting by the Nutrition extension workers	2016			X									
Activity 1.1.5: Purchase of 8 Hand washing stations for purposes of appetite tests in the sites in Mayendit North	2016			X									
Activity 1.1.6: continue with re establishment of the 8 Sites in the Northern part of Mayendit as we re equip them for service delivery	2016			X	X	X							
Activity 1.1.7: community and site screening of 2860 boys and 3640 Girls for admission into the OTP programming ,deworming and Vit A supplementation .	2016			X	X	X	X	X					
Activity 2.1.1: Conduct 4 community awareness campaigns on IYCF and de worming reaching out to 6,000 under 5s and 3000 PLW in Both Panyijar and Mayendit Counties	2016			X									
Activity 2.1.2: Conduct 2 demonstrations of healthier methods of Food preparation targeting 1500 women and 500 men in the community .	2016			X	X	X	X	X					
Activity 2.1.3: Purchase of 8 baby dummies (Dolls ) for Breastfeeding education sessions.	2016			X									
Activity 2.1.4: Continue supporting MTMSGs formation in Mayendit and Panyijar to help scale up sub optimal feeding programme	2016			X	X								
<b>OTHER INFO</b>													
<b>Accountability to Affected Populations</b>													

UNIDO seeks to be accountable to its beneficiaries ,Women & Men above 18years , Children under 5 boys and girls whose lives it aims to improve, and places this responsibility at the core of its humanitarian policy. As a matter of human rights and meaningful programming ,UNIDO defines Accountability to Affected Populations (AAP) as “an active commitment by the organization to use power responsibly by taking account of, giving account to and being held to account by the people it seeks to assist”.

To ensure accountability to affected populations (Men ,Women ,Children Under 5 Boys and Girl ) UNIDO will do this by increasing support to Mayendit and Panyijar Communities participation and feedback in programme identification, design, delivery and lesson learning . UNIDO seeks to achieve programmes of higher quality, with greater and more sustainable impact. The project will increase the space for Mayendit ad Nyal community to shape their own recovery especially after the recent invasion by government forces and for UNIDO to better deliver against its commitments to stakeholders, including the people UNIDO assists and the resource partners who make assistance possible UNIDO will ensure effective information sharing and communication channels by sharing information about UNIDO programmes in a timely, accessible and inclusive way .This will put Mayendit and Nyal community in a position to understand and shape decisions that impact their lives. UNIDO is committed to ensure that people receiving support participate in and influence all steps of the programme cycle, including initial assessment, project design, beneficiary selection, implementation, monitoring and evaluations. Systems of community representation must be fair and representative, enabling the most marginalized, vulnerable and affected to have a voice. UNIDO will use FGDs using focus groups as a method of participation gives a voice to those in the community who are unable to speak up in a larger meeting or setting. Mayendit and Nyal community members will use this format on a recurring basis to gain community input. With attention to their composition, such groups can counter unrepresentative power structures, gender imbalances, and fear of losing assistance when issuing a complaint or other factors that may inhibit free and open speech.All this will be achieved with A DO NO HARM principle in project implementation.

### **Implementation Plan**

In view of carrying out the integrated Community management of Acute malnutrition in Mayendit and Panyijar, SAM cases identification will be carried out at both community level (HH) and facility level by our trained CHWs, IYCF counselors and CNVs. UNIDO has been trained and has expertise ready to roll out the new IYCF guidelines in South Sudan which will be more participatory at community level implemented by the IYCF counselors already recruited spearheaded by the trained Nutrition Officers . As a result of the continuing conflict in Unity state, staff turnover due to displacements is a major concern which is already being looked into. This nutrition project will be directly implemented by UNIDO nutrition personnel in close collaboration with the local authority, other IPs and stakeholders. Clear definition of management responsibilities, clear arrangements for coordination of implementation across different stakeholders and IPs, financial management will be put in place to manage the successful implementation of the project arrangements. Monthly project implementation reports in line with project targets, the state of financial resources, and summary of expenditures, shall be compiled. These will result to monthly & quarterly programmatic and financial reports detailing progress made in accordance with the project activity implementation requirements by the donor. UNIDO nutrition manager and finance manager will ensure that all necessary reports are prepared, compiled and submitted at the end of each month and quarter. Various tools e.g. observation, review of documentation, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of project success. This will help UNIDO in restructuring and scaling up project implementation course (if needful) in order to maximally deliver the project objectives .Above all UNIDO nutrition department will coordinate with its FSL,WASH,HEALTH ,EDUCATION and PROTECTION departments to ensure multi sectoral approach to humanitarian Aid in Mayendit and Panyjar counties.

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

Name of the organization	Areas/activities of collaboration and rationale

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

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

2b-The principal purpose of the project is to advance gender equality

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

The gender analysis in UNIDOs needs assessment justifies this project in which all activities and all outcomes advance gender equality. The project seeks to assist Women,Children U5 Girls & Boys or Men that have special needs or suffer discrimination equally. Targeted activities aim to reduce the barriers encountered for the targeted group to access and exercise its rights, responsibilities and opportunities. The project focuses all activities on building gender specific services or more equal relations. Other than the usual SADD between Children U5 boys and girls admitted in the program, monthly analysis of the OTP/TSFP/IYCF data will be done to continue identifying any gender discrepancies in admissions and reach. Community FGDs with different age and gender will be conducted to identify the reasons behind the discrepancy and find solutions to address it .UNIDOs Activity implementation and dissemination of findings will also be gender sensitive to avoid bias.

### **Protection Mainstreaming**

Man made (War) and natural (Floods) emergencies in South Sudan affect Children Under 5 girls& boys, women and men differently; each is susceptible to different risks and each is victimized in different ways. UNIDO has given priority to the safety and dignity of beneficiaries and considered the principles of Do No Harm in the proposed project .Nutrition dept will work closely with the Child protection dept as we seek to understand these differences and ensure that the project assists the most vulnerable in Mayendit and Nyal without putting anyone at increased risk. Building a protective environment for Boys, Girls, Men and Women involves understanding the distinct nature and the extent of violence, exploitation and abuse that girls, boys, Men and Women experience. It also involves ensuring that all response activities take into account the different needs, concerns and capacities of Children under 5 girls and boys. UNIDO will in Collaboration with its other departments promote activities that gear towards protection mainstreaming which include and not limited to ;Addressing harmful attitudes, customs and practices ,Encouraging open discussion on child protection issues in the community and broader society, Develop children's life skills, knowledge and participation; Implementing ongoing and effective monitoring, reporting and oversight among others.Children in emergencies may be at particular risk of violence, exploitation and abuse given their level of dependence, their limited ability to protect themselves and their limited and relative power and participation in decision-making processes. Because they have had relatively little experience of life, children are more easily exploited, tricked or coerced than adults. UNIDO through this project will analyze and take into consideration the needs, priorities and capacities of both the female and male population which are far more likely to improve the lives and dignity of those affected by conflict or disaster. The above will support the development of self-protection capacities and assist affected population's to claim their rights

### **Country Specific Information**

## Safety and Security

UNITY state is one of the 3 conflict affected states in South Sudan with sporadic attacks and fighting. The beneficiaries here in have recently experienced dire humanitarian need for assistance across board. UNIDO having been operational in Mayendit and Nyal for the longest time now with diverse thematic areas and as a result understands and is well conversant with the community's needs and measures to take to ensure the safety of the host community and UNIDO staff is well. Though not easy, UNIDO staff are dedicated to serve the community and as we speak, the grass root staff i.e The nutrition Assistants, CNV and CHWs are on ground serving the community together with reloadable staff. UNIDO has a policy that ensures Staff security is Prioritized at any given time. In case there is need for evacuations (especially for international staff) are planned on need basis by UNIDO through the logistics department in coordination with other IPs in the Area of Operation and the Logs Cluster. Both Mayendit south and Panyijar are now secure for implementation. Mayendit North which has been cut off for close to 7 months now is also accessible with IPs going back to the ground beginning January 2016. UNIDO is among Partners back in the North and re-establishing services therein.

## Access

Mayendit and Panyijar are both accessible by air. The southern Part of Mayendit gets cut off during the rainy season and as a result UNIDO has in the past used canoes and Boats to transport supplies to the South since the Logs cluster had not Green lighted the Airstrip in Mayendit Headquarter for landing and supplies were delivered to the neighboring Leer county which then posed a crisis on serving the southern community. Good news is that now UNHAS has flights to Mayendit headquarter once a week which then makes transportation of staff and cargo more flexible moving forward. During this project implementation period we will use charters to ferry supplies directly to the Areas of operation from Juba. Leer county airstrip has also opened up thus MAYENDIT North supplies can be taken in by road from Leer.

## 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	Nutrition Project Manager 50%	D	1	4,000.00	6	50%	12,000.00
	<i>Nutrition Manager will have 50% LoE for the project implementation the Gross is 4000usd *50%*6months</i>						
1.2	Nutrition Project Officers 100%	D	2	2,500.00	6	100%	30,000.00
	<i>2 Nutrition Officer will be recruited 1 per two counties it will be 100% LoE Gross 2500 *2*6months</i>						
1.3	Nutrition Project Assistants 100%	D	2	1,500.00	6	100%	18,000.00
	<i>2 Nutrition Assistant will be recruited 1 per two counties it will be 100% LoE Gross 1500 *2*6months</i>						
1.4	Nutrition Volunteers 100%	D	48	100.00	6	100%	28,800.00
	<i>18 Nutrition Officer will be recruited the counties it will be 100% LoE Gross 300 *18*6months</i>						
1.5	Executive Directors 15%	S	1	7,818.00	6	10%	4,690.80
	<i>The Executive Director is responsible for accountability of fund and project implementation with the stakeholders the LoE is 15% (15%*7818*6months)</i>						
1.6	Programme Coordinator 15%	S	1	5,600.00	6	10%	3,360.00
	<i>The program Coordinator is responsible for program coordination will have the LoE 15% (15%*5600*6months)</i>						
1.7	Finance manager 15%	S	1	7,396.00	6	10%	4,437.60
	<i>The Finance Manager is responsible for Financial Reporting and budgetary control will have 15% LoE (15%*7396*6months)</i>						
1.8	M & E Manager 15%	S	1	5,500.00	6	10%	3,300.00
	<i>M&amp;E Manager is responsible for preparing Monitoring and Evaluation report to the stakeholders will have 15% LoE (15%*5500*6months)</i>						
1.9	Logistics & Procurement Manager 15%	S	1	4,000.00	6	10%	2,400.00
	<i>Logistics and Procurement Manager is responsible for project supplies procurement and logistical support will have LoE 15% (15%*3700*6months)</i>						
1.10	Human Resources Officer 15%	S	1	2,000.00	6	10%	1,200.00
	<i>Human Resources Officer is responsible for handling personnel and the LoE is 15% (15%*2000*6months)</i>						
1.11	Finance Officer 15%	S	1	3,000.00	6	10%	1,800.00
	<i>Finance Officer is responsible for preparing field financial reports of he project the staff LoE is 15% (15%*3000*6months)</i>						
1.12	Logistics and Procurement Officer 15%	S	1	3,000.00	6	10%	1,800.00
	<i>Logistics and procurement officer will have 15%LoE (15%*3000*6months)</i>						



1.13	Driver 15%	S	1	900.00	6	10%	540.00
	<i>Driver will have 15% LoE (15%*900*6months)</i>						
1.14	Medical Insurance Cover 10%	S	1	8,353.00	1	100%	8,353.00
	<i>The total staff cost is 92216.8*10% for the whole project period</i>						
1.15	NSIF 17% Employer Contribution	S	1	14,200.00	1	100%	14,200.00
	<i>The total staff cost is 92216.8*17% for the whole project period</i>						
	<b>Section Total</b>						<b>134,881.40</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Continuous Capacity building of 48 nutritional staff on CMAM Protocol by the end of the project period.(refresher)	D	48	25.00	4	100%	4,800.00
	<i>4 days training for 48 pp each pp @ 25usd for lunch, break fast, hall hire water and soda</i>						
2.2	Capacity building of Nutrition and Clinical staff on principles of CMAM and OTPs through an exchange visit session to INGOs on ground for a 2 day practical in their sites.	D	24	25.00	4	100%	2,400.00
	<i>4 days training for 24 pp each pp @ 25usd for lunch, break fast, hall hire water and soda</i>						
2.3	Capacity building of 24 Nutrition and clinical workers on IYCF practices in both counties.	D	24	25.00	4	100%	2,400.00
	<i>4 days training for 24 pp each pp @ 25usd for lunch, break fast, hall hire water and soda</i>						
2.4	continue with re establishment of the 8 Sites in the Northern part of Mayendit as we re equip them for service delivery	D	8	3,000.00	1	100%	24,000.00
	<i>The lumpsum cost for local materials, timbers, bags of cement, aggregate, and labour for one sites is 3000usd</i>						
2.5	community and site screening of 2860 boys and 3640 Girls for admission into the OTP programming ,deworming and Vit A supplementation .	D	24	3.00	80	100%	5,760.00
	<i>24CNVs are 3usd for snack and water for the screening exercises and will conduct 80 session.</i>						
2.6	Conduct 4 community awareness campaigns on IYCF and deworming reaching out to 6,000 under 5s and 3000 PLW in Both Panyijar and Mayendit Counties	D	1	1,000.00	4	100%	4,000.00
	<i>public address water and snack are costs 1000usd per each awareness and there shall be 4 awareness raising campaign</i>						
2.7	Conduct 2 demonstrations of healthier methods of Food preparation targeting 1500 women and 500 men in the community .	D	1500	5.00	2	100%	15,000.00
	<i>1500 women are cost 5usd per pp per demonstration</i>						
	<b>Section Total</b>						<b>58,360.00</b>
<b>Equipment</b>							
3.1	Printing Of 2000 OTP cards and IEC materials for proper implementation and reporting by the Nutrition extension workers	D	2000	0.50	1	100%	1,000.00
	<i>1 OTP cards cost 0.5usd</i>						
3.2	Purchase of 8 Hand washing stations for purposes of appetite tests in the sites in Mayendit North	D	8	300.00	1	100%	2,400.00
	<i>one hand washing station cost 300usd</i>						
3.3	Purchase 8 baby dummies (Dolls ) for Breastfeeding education sessions.	D	8	30.00	1	100%	240.00
	<i>1 doll cost 30usd</i>						
3.4	Purchase of 4 Quad bikes	D	4	7,000.00	1	100%	28,000.00
	<i>a quad bike is 7000usd</i>						
3.5	Mosquito nets	D	500	10.00	1	100%	5,000.00
	<i>One LLTN @ 10Usd</i>						
3.6	OTP - SOAP	D	30	32.25	1	100%	967.50

	One Carton of OTP Soap @ 32 usd per box							
	<b>Section Total</b>							<b>37,607.50</b>
<b>Travel</b>								
5.1	Air Charter from Juba to Project location	D	3	6,800.00	1	100%	20,400.00	
5.2	Transportation of Supplies from Airstrip to project sites	D	3	1,500.00	1	100%	4,500.00	
5.3	Flight on UNHAS for supervisory and supportive visit (return)	D	6	200.00	2	100%	2,400.00	
	<b>Section Total</b>							<b>27,300.00</b>
<b>General Operating and Other Direct Costs</b>								
7.1	Vehicle fuel	S	4500	1.00	6	15%	4,050.00	
	<i>Fuel for Quad bikes and Land cruiser</i>							
7.2	Rental of warehouse (, Mayendit and Panyijar)	D	3	500.00	6	100%	9,000.00	
	<i>Warehouses for Mayendit North, Mayendit South and Nyal</i>							
7.3	Stationeries	S	1	1,500.00	6	15%	1,350.00	
	<i>Stationery for Both Field and Juba Nutrition project</i>							
7.4	Thuraya Airtime	S	2	200.00	6	100%	2,400.00	
	<i>Airtime for Thuraya for Nutrition project officers in Mayendit and Nyal</i>							
7.5	Vehicle repairs	S	1	1,000.00	6	15%	900.00	
	<i>R &amp; M for the Quad bikes and Motor Vehicles</i>							
7.6	Office Utilities	S	1	1,200.00	6	15%	1,080.00	
	<i>Office Utilities for Juba Office</i>							
7.7	Project field location maintenance	S	1	1,500.00	6	15%	1,350.00	
	<b>Section Total</b>							<b>20,130.00</b>
<b>SubTotal</b>			8,764.00				<b>278,278.90</b>	
Direct							221,067.50	
Support							57,211.40	
<b>PSC Cost</b>								
PSC Cost Percent							6%	
PSC Amount							17,837.68	
<b>Total Cost</b>							<b>296,116.58</b>	
<b>Grand Total CHF Cost</b>							<b>296,116.58</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	
Unity -> Mayendit	60						
Unity -> Panyijiar	40						

**Documents**

Category Name	Document Description
Budget Documents	SUPPORTING DOCUMENT.docx