

Requesting Organization :	International Medical Corps UK			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :	Provision of timely, integrated lifesaving nutrition response to conflict, most affected and vulnerable populations (children 0-59 months, pregnant & lactating women) in Malakal PoC and Akobo East counties of South Sudan.			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/N/INGO/825	
Cluster :		Project Budget in US\$:	286,871.75	
Planned project duration :	6 months	Priority:		
Planned Start Date :	01/02/2016	Planned End Date :	31/07/2016	
Actual Start Date:	01/02/2016	Actual End Date:	31/07/2016	
Project Summary :	<p>International Medical Corps UK, through the CHF funds, will continue to provide lifesaving nutrition services, to the most affected populations in Upper Nile (Malakal PoC-IDPs) and Jonglei state (Akobo East). Most (80%) of the population targeted by this project are IDPs, dependent on humanitarian assistance, that includes nutrition rehabilitation. In Populations in the proposed sites continue to have high cases of acute malnutrition of above 15% GAM rates, that is considered as critical nutrition situation as per WHO classification. International Medical Corps conducted anthropometric and mortality surveys in Malakal PoC in August 2015 that showed a GAM rate of 18.9% (14.9↔23.7 95% CI). In May 2015 International Medical Corps conducted a SMART survey in Akobo East that indicated GAM rates of 22.1% (17.4↔27.6% 95% CI), SAM rates 6.3% (4.3↔9.2 95% CI). In October 2015 International Medical Corps participated in a rapid response mission to Nyilwak in Panyikang County where for a period of about 7 months there were no nutrition interventions due to insecurity. During the assessment 868 children were screened and data indicated that 0.5% children were SAM and MAM 2.5%, although this does show poor nutrition status, the situation might worsen, during dry season, coupled with lack of medical services in the county, hence nutrition rehabilitation is essential. Since October 2015, there has been improved accessibility in Upper Nile and through CHF support, International Medical Corps will increase coverage to these areas.</p> <p>Therapeutic nutrition interventions will include provision of treatment for children 0-59 months and pregnant and lactating women with acute malnutrition. International Medical Corps UK will also implement preventive measures to alleviate suffering caused by acute malnutrition, through increasing awareness, encouraging adoption of IYCF, health seeking behavior and hygiene practices, most especially among caregivers and household members. Mother support groups will be supported to reach more caregivers/mothers.</p> <p>Strengthening nutrition surveillance systems is critical in all the project areas. IMC UK, with its already established Nutrition surveillance team, will undertake nutrition assessments, which will timely provide nutrition situation analysis, to support in quick decision making and early interventions.</p> <p>Strengthening the national team capacity to be able to implement nutrition therapeutic lifesaving interventions, training on IYCF, management of acute malnutrition, conducting of nutrition assessment (early detection of cases) and advocacy for intervention. IMC UK is an independent affiliate of International Medical Corps (IMC), with which it shares the same name and charitable objectives and mission. IMC UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. IMC will be performing services under any agreement that results from this proposal under the supervision of IMC UK.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
640	11,326	9,884	10,708	32,558

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	9,884	10,708	20,592
Internally Displaced People	308	5,437	4,744	5,140	15,629
People in Host Communities	332	5,889	5,140	5,568	16,929
Pregnant and Lactating Women	0	8,716	0	0	8,716

Indirect Beneficiaries :

The indirect beneficiaries will be mainly mothers, caregivers that are not directly receiving the nutrition services, but involved in social behavior change activities mainly on Infant and Young Child feeding program, members in the mother support groups will reach 5-10 households with IYCF and hygiene messages targeting mothers not in the Mother support group. Men during the social gatherings, most especially at the health facilities. During mass immunization campaign the project will reach more children 6-59 months and screen them.

Catchment Population:

The CHF funding will be utilized in Akobo East and Malakal PoC. Children 0-59 months, pregnant and lactating women will be the target group.

Akobo East projected population 79,064

Malakal PoC has a population of 47791 registration done by IOM in September 2015

Link with allocation strategy :

International Medical Corps through CHF funding, will implement nutrition interventions in line with the nutrition cluster 2016 strategy as follows;

- Needs; treatment of children aged 0-59 months (Boys & Girls) and pregnant and lactating women with acute malnutrition, through in-patient therapeutic programs (Stabilization care unit), Outpatient therapeutic programs (OTP), and Targeted supplementary feeding programs (TSFP).
- Prevention of malnutrition will be prioritized, especially on strategies to implement Infant and Young Child feeding programs through the well-established mother support groups, in addition, water, sanitation and hygiene practices will be emphasized as well. The prevention strategy will involve men, women and adolescents (female & male). Through this program International Medical Corps UK will scale up the nutrition activities in Panyikang County and Wau Shilluk that for about 7 months in 2015 was cut off due to insecurity, fortunately International Medical Corps has resumed operations in Wau Shilluk and intends to resume in Panyikang County. International Medical Corps UK has a nutrition surveillance team, which in 2015, did conduct SMART surveys and an IYCF assessment in Akobo East, Wau Shilluk and supported the MoH in Mvolo County in conducting a SMART survey. Through this dynamic team and support from CHF, IMC UK will be able to provide prevalence of acute malnutrition among children aged 6-59, pregnant and lactating women that will enable timely decision making in management and prevention of malnutrition by all stakeholders. International Medical Corps is in discussion with Help Age international to conduct a nutrition assessment among the elderly in Akobo East and later in Malakal PoC, using newly launched methodology RAM-OP by Help Age International. This will better inform the nutrition status among the elderly hence baseline for advocacy and startup of nutrition emergency project among the elderly. Supplies management; International Medical Corps UK will work closely with UNICEF and WFP to ensure that supplies for management of acute malnutrition cases are adequate and available on the ground to timely treat all cases identified. CHF funds will help support in the transportation of the supplies that in most cases is done using chartered flights due to poor roads and insecurity hindering road transportation, hence reliable means of transport remains air, using hired cargo flights that are indeed costly.

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
Golam Azam	Country Director	gazam@internationalmedicalcorps.org	0927000112
Mbuto Samuel	Nutrition coordinator	smbuto@internationalmedicalcorps.org	0927000124
Mera	Program Director	meftaiha@InternationalMedicalCorps.org	0927000257

BACKGROUND**1. Humanitarian context analysis**

Malakal PoC

International Medical Corps UK has been providing nutrition services in Malakal PoC since February 2014. Last year in August to September 2015 there was marked increase of new IDP arrivals in the PoC from Wau Shilluk and other surrounding areas, main reason for new arrivals was to access humanitarian support following lack of access to humanitarian organization to deliver lifesaving support to IDPs outside Malakal PoC, due to the ongoing conflicts. Now Malakal PoC has a total of 47,791, an increase from the previous population of 28,717 in early 2015. This increase in population has increased the need for nutrition interventions in terms of skilled and experienced personnel, more supplies, and scaling up to reach all the population.

International Medical Corps conducted an anthropometric and mortality SMART survey in August 2015 (lean period) that indicated a GAM rate of 18.9% (14.9↔23.7 95% CI) while the SAM was 4.6% (3.2↔ 6.4, 95% C.I.), this was classified as critical nutrition situation as per WHO. This calls for a continuation of nutrition services, as well as integration with other services to reduce acute malnutrition. International Medical Corps runs health, GBV, Mental Health and reproductive health in the PoC. Strong coordination within the PoC will streamline referral linkages and advocacy for better services. The population still depends entirely on humanitarian assistance and is not able to move outside the PoC.

Wau Shilluk IDPs

International Medical Corps UK took over the nutrition program from MSF-Spain in January 2015, providing management of acute malnutrition OTP, TSFP and IYCF services. However in April the fighting intensified in areas surrounding Wau-Shilluk and Malakal in an attempt by the warring parties to overtake Malakal town and the airport. Since the start of the conflict, Malakal town has changed hands 19 times. This led to reduced accessibility to Wau Shilluk; lack of fuel for boat operations due to dysfunctional market and trade; staffing became difficult due to ethnic tensions; the health facility lacked essential medicines; poor sanitation; and there was a lack of clean, safe drinking water. General food distribution stopped for 5 months (April to August 2015), combined with the other concerns, this forced most of the population, especially women and children, to move to Malakal PoC starting August 2015. The current population is 26,600 compared to early 2015 when it was about 40,000 IDPs. In the beginning of October the government and opposition agreed to provide security and access to humanitarian services in Wau Shilluk, thus International Medical Corps has been able to recruit nutrition staff from Wau Shilluk, that are based there providing services at the health posts.

Recent anthropometric and mortality SMART survey, carried out in December 2015, by International Medical Corps UK indicated GAM rate 11.2% (8.0↔15.5 95% CI), SAM rate of 1.7% (0.7↔4.2 95% CI) GAM rate is above 10% that is classified as serious nutrition situation as per WHO classifications. This nutrition situation might worsen, especially during the lean period, which calls for support to nutrition services and working closely with other actors in WASH, Health and Food security & Livelihoods sectors.

Akobo East, Jonglei state.

In Akobo, International Medical Corps continued to implement nutrition interventions in 10 sites (3 integrated at the health facility and 7 operated as nutrition outreach sites. Between January and October 2015, 1,083 children 6-59 months with SAM, 1,083 with MAM and 2,071 PLW with MAM were enrolled in the nutrition program and treated. Additionally, 115 support groups with over 1,600 mothers continued to educate other mothers on IYCF and hygiene. Results of the nutrition SMART survey conducted by IMC in May 2015 in Akobo East county indicated a GAM rate of 22.1% and SAM rate of 6.3%. The rates are only slightly lower than the rates reported during the same period in 2014 (GAM

2. Needs assessment

The nutrition situation in Akobo East is critical, based on the SMART survey conducted in May 2015, it showed GAM rate of 22.1% and SAM rate of 6.3%. Malakal PoC, SMART survey conducted in August 2015, showed GAM rate of 18.9% and SAM rate of 4.6% pointing to as well critical nutrition situation according to WHO classifications. Both results providing recommendation on the need to continue providing treatment of acute malnutrition and strengthen prevention interventions, especially increasing awareness on Infant and Young Child feeding practices, child care and hygiene practices.

3. Description Of Beneficiaries

Screening and Management of acute malnutrition: Target group- children aged 0-59 months (boys and girls) and pregnant and lactating women

Prevention: Target group women and men, most especially women in the reproductive age.

Strengthening nutrition surveillance; Target group for the SMART survey Children aged 6-59 months will be eligible for anthropometric measurement, while those aged 0-23 months will be considered for Infant and Young Child feeding practice assessment, through interviewing the caregivers present during the time of the assessment. During the SMART survey, the nutrition situation of the pregnant and lactating women will be assessed by measuring MUAC.

4. Grant Request Justification

International Medical Corps UK is well positioned to deliver as per the nutrition cluster strategy due to the following enabling factors; This project will target children (boys & girls) aged 0-59 months, pregnant and lactating women with acute malnutrition. The project will not discriminate against any child or woman due to any disability or inability, but rather all will receive equal services. If special attention is required by any beneficiary, International Medical Corps nutrition staff will refer the cases for specialized services as per the need. Established community nutrition volunteers structure will provide a platform for informing the beneficiaries on the program project life span, what the intended results are and how the community members (male& female) will participate in achieving the desired results. In case of shortfalls, such as breaks in the supply pipeline, information will be shared through this structure. Nutrition services will be conducted in a manner that ensures safety, dignity and no harm to the beneficiaries, confidentiality will be maintained, delivery of services will be situated in areas that do not endanger beneficiaries security.

International Medical Corps already has existing staff and the program is ongoing; however more staffs need to be recruited to strengthen the IYCF component. There is already an established field base in both locations proposed, with cars and boats to ease transportation. Communication is all set in both areas; staffs are able to send timely reports. In both locations International Medical Corps has international nutrition managers that are dedicated to training the national team to be able to continue providing emergency nutrition services in case they are evacuated due to any insecurity risks. A dedicated logistic team based in Juba and in the field will support quick procurement of supplies and dispatch timely consignments, while the field will facilitate implementation.

International Medical Corps has also been able to secure other funding through ECHO and OFDA, while WFP and UNICEF will provide supplies in kind and some additional funds.

International Medical Corps, through its implementation, considers gender mainstreaming as an important aspect, ensuring that there is gender equity, that boys, girls, men and women are fully involved in the nutrition program, advocacy to include them in other projects is key during implementation. The monitoring and evaluation process is built in such a way that data collection is segregated as per different gender; this is to help inform better the trends of malnutrition of different gender, hence able to provide specific interventions to the more affected gender group

5. Complementarity

CHF funding is essential to continuation of the nutrition program in the priority areas (Akobo East and Malakal PoC) complementing funds from other donors to completely cover the expenditures involved during implementation. This is well demonstrated in the budget, only covering some percentage not 100%. The project is as well designed in a manner that the activities will complement each other, more than one activity will be conducted in the same area, same time to reduce the implementation cost. The outputs of this project will as well complement other projects as WASH, FSL in reduction and prevention of malnutrition

LOGICAL FRAMEWORK

Overall project objective

Contribute to reduction of mortality, morbidity and impacts of poor growth development, due to malnutrition, through management of SAM and MAM & Provision of support to IYCF in emergencies, Micronutrient supplementation, and nutrition surveillance.

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	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	10

Contribution to Cluster/Sector Objectives : International Medical Corps UK through this project will contribute to the cluster objectives on the following ways;

Provide Management for acute malnutrition cases

IMC will be able to continue providing treatment to children aged 6-59 months, with severe and moderate acute malnutrition. Through the community nutrition volunteers' network screening will be done on a weekly basis, and mass/mop-up screening on a quarterly basis.

Nutrition treatment sites will generate and fill the follow up forms, which will be used by the CNVs to follow up absent, defaulter and non-respondents cases at household level and ensure mothers/caregivers return back to the program and complete treatment phase. Referral mechanisms will be strengthened from one nutrition site to another depending either on improvement or deterioration of the child, pregnant and lactating women, while undergoing treatment. IMC UK will as well scale up the nutrition activities aimed at increasing the coverage for SAM and MAM cases, in terms of timely services delivery, opening new sites near the population, effective community mobilization using the CNV and local leaders' platforms. At OTP level IMC will ensure that children get systematic treatment, including vitamin A supplementation. Health Workers will be trained and be supervised to adhere to the GoSS MoH IMSAM guideline and MAM guidelines. Sharpening furthers their skills and knowledge in management of SAM (in- patient and out- patient) and MAM cases

Prevention for acute malnutrition

IYCF mother support groups have already been established in all proposed intervention areas (115 in Akobo East and 65 Malakal PoC). IMC UK will strengthen the mother support group activities, and in the new areas additional groups will be established. IYCF counseling cards and hygiene charts will be provided to each support group consisting of 15 mothers, as well as sitting mats, to create a conducive environment for sharing experiences. International Medical Corps has already acquired Nutributer that will be used for prevention of malnutrition in Akobo East funded by Food For Peace USAID., This will be of great support to complement cluster objectives.

Capacity & emergency preparedness

IMC UK will strengthen the emergency nutrition preparedness team. This team consists of CHD staff, MoH nutrition staff and CNVs. Refresher training on rapid MUAC screening will be done, as well as how to analyze the data, advocacy for appropriate actions, based on the severity of malnutrition. MoH and IMC nutrition staff will receive refresher trainings on anthropometric data collection methodologies, to ensure accuracy and reduce measurement bias, while carrying out nutrition assessments in these locations.

Outcome 1

Increased availability, access and utilization of quality acute malnutrition treatment services, among children 6-59 months, pregnant and lactating women.

Output 1.1

Description

20,592 Children (9,884 boys & 10,708 girls) aged 6-59 months, 8,716 pregnant lactating women screened using MUAC at community and facility level for acute malnutrition and referred to appropriate nutrition treatment sites.

Assumptions & Risks

Assumptions:
 Supplies are adequate and prepositioned timely
 International Medical Corps UK has access to the sites for activities to continue nutrition services implementation
 Security situation improves
 Funds are adequate to support the activities
 Risks
 Insecurity and limited access due to poor infrastructure and population movement increasing operational cost.
 Inadequate funding
 Looting and interruption of supplies delivery due to access and insecurity
 Political sensitivity around assessment, use and sharing of nutrition data and information
 Increased morbidity and disease outbreaks contributing to high malnutrition burden
 Economic crisis i.e. inflation

Activities

Activity 1.1.1

Improved early identification and referrals of SAM and MAM cases among children under-five and other vulnerable groups.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of children screened in the community			9,884	10,708	20,592

Means of Verification : Weekly/monthly cluster reports

Output 1.2

Description

Strengthened and improved coverage of service delivery points for SAM and MAM management for under-five and other vulnerable groups.
 Treat SAM cases children 1152 (599 girls &553 boys) MAM cases children 3370 (1752 girls &1618 boys) PLW 1540

Assumptions & Risks

Assumptions
 Supplies are adequate and prepositioned timely
 International Medical Corps UK has access to the sites for activities to continue nutrition services implementation
 Security situation improves
 Funds are adequate to support the activities
 Risks
 Insecurity and limited access due to poor infrastructure and population movements increasing operational cost.
 Inadequate funding
 Looting and interruption of supplies delivery due to access and insecurity
 Political sensitivity around assessment, use and sharing of nutrition data and information
 Increased morbidity and disease outbreaks contributing to high malnutrition burden
 Economic crisis i.e. inflation

Activities

Activity 1.2.1

Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.

Activity 1.2.2

Provide therapeutic and medical treatment to boys and girls aged 0-59 months with Severe Acute Malnutrition with medical complication stabilization Center

Activity 1.2.3

Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.

Activity 1.2.4

Support timely prepositioning of nutrition supplies to project sites

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			553	599	1,152

Means of Verification : Monthly cluster reports

Indicator 1.2.2	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					15
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Means of Verification : Monthly Cluster reports, Weekly reports

Indicator 1.2.3	NUTRITION	Frontline services # of nutrition sites - No of stabilisation centres supported (new and existing)					1
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Means of Verification : Monthly cluster reports

Indicator 1.2.4	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)						16
Means of Verification : Monthly Cluster reports								
Indicator 1.2.5	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			1,618	1,752		3,370
Means of Verification : Weekly and Monthly cluster reports								
Outcome 2								
Strengthen and support prevention of undernutrition among boys and girls aged 0-59 months, pregnant and lactating women.								
Output 2.1								
Description								
180 Mother support groups, supported								
Assumptions & Risks								
<p>Assumptions</p> <p>Mothers\caregivers bring children 6-59 months for Vitamin A supplementation</p> <p>Availability of Vitamin A</p> <p>Trained health workers provide the supplements</p> <p>Access and security enable delivery of the service</p> <p>Community Mobilization done</p> <p>Funds are adequate to support the activities</p> <p>Risks</p> <p>Lack of mothers\caregivers participation</p> <p>Lack of Vitamin A</p> <p>Insufficient trained health workers</p> <p>Lack of funds to support mother support groups</p> <p>Insecurity</p>								
Activities								
Activity 2.1.1								
.Increased provision of IYCF messages in nutrition centers and health delivery clinics for all vulnerable groups.								
Activity 2.1.2								
Strengthened capacities of government and partners on IYCF in emergency settings								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 2.1.1	NUTRITION	Frontline services # of functional mother-to-mother support groups					180	
Means of Verification : Monthly Cluster reports								
Indicator 2.1.2	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	20	25			45	
Means of Verification : Training reports & Monthly reports								
Indicator 2.1.3	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	640	26,100			26,740	
Means of Verification : Monthly Cluster meetings								
Output 2.2								
Description								
4,522 children aged 6-59 months (2,171 boys & 2,351 girls) receive Vitamin A supplementation and deworming.								
Assumptions & Risks								
<p>Assumptions</p> <p>Access and security enable delivery of the service</p> <p>Community Mobilization done</p> <p>Funds are adequate to support the activities</p> <p>Risks</p> <p>Lack of mothers\caregivers participation in vitamin A and deworming exercise.</p> <p>Insecurity and lack of access to reach the communities</p>								
Activities								
Activity 2.2.1								

Increased coverage of Vitamin A supplementation among children below the age of five through routine and National Immunization Days (NID)

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			2,117	2,351	4,468

Means of Verification : Monthly cluster reports

Indicator 2.2.2	NUTRITION	Frontline services # of children (12 -59 months) dewormed			1,086	1,175	2,261
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Means of Verification : Monthly cluster reports

Outcome 3

Enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of response

Output 3.1

Description

2 anthropometric and mortality surveys conducted (Malakal PoC and Akobo East) 1 SQUEAC- Akobo East, 1 rapid MUAC assessment for the elderly (RAM-OP)

Assumptions & Risks

Assumptions

International Medical Corps UK has access to the sites for activities

Security situation improves

Funds are adequate to support the activities

Risks

Insecurity and limited access due to poor infrastructure and population movements increasing operational cost.

Inadequate funding

Political sensitivity around the assessments, use and sharing of nutrition data and information

Activities

Activity 3.1.1

Conduct the nutrition assessments

Activity 3.1.2

Improve partners and Government capacities on emergency nutrition assessment, quality assurance and utilization of nutrition information system

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Frontline services # Coverage surveys undertaken					1

Means of Verification : Survey report

Indicator 3.1.2	NUTRITION	Frontline services # of SMART surveys undertaken - Pre-harvest					2
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Means of Verification : SMART survey report

Indicator 3.1.3	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	25	15			40
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Means of Verification : Survey report

Additional Targets :

M & R

Monitoring & Reporting plan

International Medical Corps UK has well established monitoring and evaluation system, at the field level nutrition managers using the developed work plan that will guide implementation of the program. At Juba level Nutrition coordinator, working closely with M & E coordinator will provide technical support to the field teams in regard to data collections, reporting and analysis pointing areas that need extra efforts to improve quality of the services. Using the existing tools (check list, daily, weekly, monthly NIS reporting form, training reports and supplies consumption reports) the nutrition staff will be able to capture information and report appropriately. Program staff will continue receiving on job training on collection of quality data and how to analyze and use the information to cause a positive desired change during implementation period.

Data collected will be disaggregated as per the gender (male, female, girls, boys) analysis will look at how different gender are affected, involvement/participation in the program. The program is already using NIS, cluster reporting forms, and internally CMAM reporting database has been established, field nutrition teams are getting trainings on data entry, quality will be checked by data managers at Juba level before it is shared with relevant stakeholders.

County Health department will be on a monthly basis receive report updates, during monthly meetings, this will ensure that they are involved in decision making and to understand factors affecting/contributing to the program data/results. CHD team members on a quarterly basis will participate in program field visit and provide feedback to the nutrition team in areas that needs improvement.

Nutrition assessments; SMART surveys, SQUEAC and IYCF barrier analysis will be conducted during the lean period, Akobo East and Malakal PoC. This monitoring information will be vital in sharpening program interventions designs.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Improved early identification and referrals of SAM and MAM cases among children under-five and other vulnerable groups.	2016		X	X	X	X	X	X					
Activity 1.2.1: Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.	2016		X	X	X	X	X	X					
Activity 1.2.2: Provide therapeutic and medical treatment to boys and girls aged 0-59 months with Severe Acute Malnutrition with medical complication stabilization Center	2016		X	X	X	X	X	X					
Activity 1.2.3: Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.	2016		X	X	X	X	X	X					
Activity 1.2.4: Support timely repositioning of nutrition supplies to project sites	2016		X	X	X								
Activity 2.1.1: Increased provision of IYCF messages in nutrition centers and health delivery clinics for all vulnerable groups.	2016		X	X	X	X	X	X					
Activity 2.1.2: Strengthened capacities of government and partners on IYCF in emergency settings	2016			X	X	X	X						
Activity 2.2.1: Increased coverage of Vitamin A supplementation among children below the age of five through routine and National Immunization Days (NID)	2016		X	X	X	X	X	X					
Activity 3.1.1: Conduct the nutrition assessments	2016			X	X	X	X	X					
Activity 3.1.2: Improve partners and Government capacities on emergency nutrition assessment, quality assurance and utilization of nutrition information system	2016			X	X	X	X	X					

OTHER INFO

Accountability to Affected Populations

This project will promote accountability to the affected population, through providing opportunity to the communities (host & IDPs) to provide feedback on implementation, involve the County health department in field visits, give them chance to meet with beneficiaries and directly get feedback regarding the program. International Medical Corps UK will organize meeting with payam, leaders on a quarterly basis to inform them on program achievement, challenges and seek support in community mobilization and awareness raising on nutrition related matters.

Capacity building of the community nutrition volunteers, nutrition field teams-staff, county health department staff, will be a priority most especially on improving management of acute malnutrition, emergence nutrition preparedness, which includes nutrition assessments. Equality on gender (male, female) participation will be encouraged, most especially the women in the nutrition program will be provided with information that will lead to adoption of healthy practices, influencing a healthy family. Mother support groups will play a key role in involvement of the affected population during infant and young child feeding program, supporting them to make right decision pertaining child care practices. During the nutrition treatment days, mothers will receive explanation, about the program, its importance, the process how the supplies reach them from the donors and how it is important to use the therapeutic supplies for its sole purpose.

Implementation Plan

International Medical Corps UK will implement the proposed intervention directly, working closely with the MoH, nutrition cluster partners at county, state and national level. Most of the nutrition sites are in the health facility, beneficiaries with other medical needs will receive treatment easily.

Security measures will be taken to ensure safety of the beneficiaries, staff during implementation. Security risk assessments will be undertaken before embarking on services provision in an area previously affected by conflict.

Skilled and motivated personnel: IMC has dedicated and competent nutrition team, this is to ensure quality, follow up and timely delivery of services. Where personnel gaps exist, hiring high skilled personnel will cover this.

Nutrition supplies: Through UNICEF PCA and WFP FLA, International Medical Corps UK will be able to request for the supplies for both MAM and SAM. Supplies will be airlifted to Akobo East and Malakal, using hired charter or through logs cluster support. Supplies will be prepositioned during the dry season to avoid supplies pipeline break during rainy season. Nutrition supplies will be provided to the right beneficiaries and provide mothers/caregivers with adequate information on usage. Engaging local leaders and security authority will help mitigate on selling of nutrition supplies.

Effective coordination and representation: International Medical Corps UK is a cluster lead in Akobo East and in Malakal co-cluster lead. The nutrition managers in this areas will continue supporting the CHD and nutrition partners in playing coordination and advocacy role. Sub cluster meetings minutes and updates will be sent to the national cluster coordination team.

Program monitoring: Involving the county health department in field visit, conducting nutrition assessment, collecting credible data and reporting as scheduled will be a priority during implementation of this grant.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Nile Hope	In Akobo East, implementing nutrition and FSL working together will minimize duplication of services and improve coordination
Save the Children International	In Akobo East, implementing nutrition, FSL and Education, working together will minimize duplication, link beneficiaries to FSL and education sector, improving coordination and undertaking of nutrition assessments
Solidarity International	In Malakal PoC, implementing FSL, IMC UK we will link mother support group to FSL interventions.
MSF-Spain	In Malakal PoC, providing treatment to SAM cases with medical complication, IMC UK will refer children with SAM complication cases to MSF Stabilization care unit.

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

This nutrition program is designed to ensure specific nutrition needs of children aged 0-59 months (boys & girls) women (pregnant and lactating) and men in the community are met. Safety, availability of water point, latrines, and shelter at the nutrition feeding centers will be ensured to prevent gender based violence especially to women and girls. Skills and knowledge on IYCF and management of acute malnutrition cases among men and women in the health facility and at community level will be done. The nutrition information; nutrition assessment, reports, data will be disaggregated as per gender boys, girls, men, women) defining the most affected group. Coordination among other sectors (GBV, Education, Health, & FSL) will be put in place. The project will not discriminate against any gender, race, and tribe or based on religious background during implementation, International Medical Corps UK nutrition team will be encouraged to attend GBV training sessions conducted by IMC UK GBV program staff in both Malakal and Akobo East.

Protection Mainstreaming

The project staff will prevent and minimize any negative effects that might increase vulnerability of the beneficiaries; therefore integrating nutrition activities with other services such as food security will help support the affected population to produce their own food and not to entirely depend on general food distribution. All beneficiaries will be served equally without discrimination, therefore as long as they fit in the nutrition admission criteria as per IMSAM and MAM guidelines, all children of age group from 6-59 months, pregnant and lactating women will benefit from this project.

This project will prioritize safety and dignity of beneficiaries mainly women and girls through linking them to the provision of psych-social and case management services, group psycho-social activities at the women centers management and support by International Medical Corps GBV team. In addition this project will provide access to assistance and services without discrimination of sex or age and also ensuring that most vulnerable groups and groups with special needs are reached and assisted with appropriate confidentiality. This project through advocacy, empowerment of targeted groups as well as use of community based committees to enhance population's ability to reclaim their rights. Increased awareness on consequences of acute malnutrition, importance of early case detection, referral and treatment will enhance utilization of available services for women, girls and boys affected by conflict. The community nutrition volunteers will conduct MUAC screening, refer and provide nutrition information at community level. To build resilience in communities by enhancing the capacity of service providers to support women, men, girls and boys affected by conflict.

Country Specific Information

Safety and Security

At the moment there is relative peace in the two implementation areas, however security measures are in place to ensure safety of the beneficiaries and that of staff. International Medical Corps will work closely with local authorities, UNDSS get security information regarding safety and access to the outreach nutrition sites. Nutrition team will reach the nutrition sites early, provide services to ensure mothers are able to travel back home early. In case of insecurity, leading to suspension of the activities beneficiaries will be informed through their community leaders, the same will be done on return of services.

Access

All the project sites are accessible at the moment, and it is expected that during the dry season, movement will increase, this might increase the caseload as people look for better humanitarian services especially in Malakal PoC. In case of insecurity and no access to some areas, International Medical Corps, has put in place, measures to ensure minimal continuation of services, even if relocatable staff are evacuated, by recruiting local staff as nutrition assistants that can continue treatment with remote support. Most of the nutrition supplies will be prepositioned during this period, when access is good

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Nutrition Coordinator	D	1	11,170.00	6	15%	10,053.00
	<i>Coordinates all nutrition interventions in country. 1 person, total cost includes salary and fringe.</i>						
1.2	Nutritionist (Akobo East & Malakal)	D	2	10,618.00	6	8%	9,556.20
	<i>Implements all nutrition interventions in Akobo East Malakal PoC, Wau Shilluk and Panyikang County. 2 person, total cost includes salary and fringe.</i>						
1.3	Site Manager (Malakal/Akobo East)	D	2	10,609.31	6	8%	9,548.38
	<i>Manages all program interventions in Akobo East & Malakal. 2 person, total cost includes salary and fringe</i>						
1.4	Country Director	S	1	20,010.99	6	3%	3,601.98
	<i>Manages all IMC South Sudan Operations. 1 person, total cost includes salary and fringe.</i>						
1.5	Medical Director	S	1	13,917.92	6	3%	2,505.23
	<i>Supervises technical health and Nutrition program implementation. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.6	Program Director	S	1	14,934.11	6	3%	2,688.14
	<i>Oversees the program implementation, Based in Juba. 1 person, total cost include salary and fringe benefit</i>						
1.7	Program Officer	S	1	10,338.81	6	3%	1,860.99
	<i>Supports implementation of all IMC South Sudan operations. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.8	Finance Director	S	1	15,434.37	6	3%	2,778.19
	<i>Manages all IMC South Sudan finance services. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.9	Finance Mananger	S	2	10,833.60	6	3%	3,900.10
	<i>In charge of finance services covering Akobo East and Malakal. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.10	Senior Logistic Manager	S	1	10,057.87	6	3%	1,810.42
	<i>In charge of logistical operations covering Akobo and Malakal. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.11	Logistic Coordinator	S	1	13,480.81	6	3%	2,426.55
	<i>Manages all IMC South Sudan logistics services. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.12	Logistics Manager	S	1	8,403.57	6	3%	1,512.64
	<i>In charge of logistical operations covering Akobo and Malakal. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.13	Senior HR Manager	S	1	12,560.74	6	3%	2,260.93
	<i>Manages all IMC HR services in South Sudan. Based in Juba. 1 person, total cost includes salary and fringe</i>						
1.14	Security Manager	S	1	13,403.25	6	3%	2,412.59
	<i>Manages all IMC South Sudan security services and staff safety. Based in Juba. 1 person, total cost includes salary and fringe.</i>						
1.15	Depury Nutrition Manager (Juba)	D	1	3,551.00	6	30%	6,391.80
	<i>Support nutrition program implementation. 1 person, total cost includes salary and fringe</i>						

1.16	Nutrition Data Officer (Juba)	D	1	951.78	6	50%	2,855.34
	<i>Supports management of nutrition data for all sites. 1 person, total cost includes salary and fringe</i>						
1.17	Senior Nutrition Officer (Malakal)	D	1	2,079.94	6	40%	4,991.86
	<i>Support nutrition program implementation. 1 person, total cost includes salary and fringe.</i>						
1.18	Nutrition Officer (Malakal & Akobo East)	D	3	1,268.77	6	45%	10,277.04
	<i>Nutrition program implementation. 3 person, total cost includes salary and fringe.</i>						
1.19	Nutrition Supervisor (Malakal & Akobo East)	D	2	1,095.35	6	75%	9,858.15
	<i>Nutrition program implementation. 2 person, total cost includes salary and fringe.</i>						
1.20	Nutrition Assistant & Stabilization center Nurse assistants (Malakal & Akobo East)	D	31	336.27	6	30%	18,763.87
	<i>Nutrition program implementation. 28 person, total cost includes salary and fringe.</i>						
1.21	Stabilization center Nutrition Nurse (Akobo East)	D	3	1,005.87	6	100%	18,105.66
	<i>Provides directly treatment to children in the SC, 3 persons, total cost includes salary and fringe</i>						
1.22	IYCF Officer (Malakal and Akobo East)	D	3	1,317.56	6	50%	11,858.04
	<i>Implement IYCF activities. 3 person, total cost includes salary and fringe.</i>						
1.23	Nutrition Boat/Car driver (Akobo East and Malakal)	D	3	530.87	6	75%	7,166.75
	<i>Drive vehicles for operations. 3 person, total cost includes salary and fringe</i>						
1.24	Support staff Akobo/Malakal	D	16	783.78	6	30%	22,572.86
	<i>Field support staff supporting program implementation, cost includes salary and fringe</i>						
1.25	Juba support staff	D	1	73,792.40	6	3%	13,282.63
	<i>National finance, HR and logistics staff providing support from IMC Juba main office for program implementation. Total cost includes salary and fringe</i>						
	Section Total						183,039.34
Supplies, Commodities, Materials							
2.1	Nutrition Sites supplies (Equipments, furnitures, ration cards)	D	1	2,000.00	1	100%	2,000.00
	<i>OTP/SC/TSFP equipment/furniture and materials for Malakal and Akobo. Lump sum figure based on supply and equipment needs.</i>						
2.2	Transportation of the supplies & staff to the field (Hiring charters, trucks, Boats)	D	2	7,000.00	1	100%	14,000.00
	<i>Transport supplies to field sites for delivery</i>						
2.3	Training MoH, IMC staff on IYCF & Nutrition surveillance	D	2	1,000.00	1	100%	2,000.00
	<i>CMAM, IYCF and SMART surveys methodology training.</i>						
2.4	Mother support groups support, incentives	D	2	3,000.00	1	100%	6,000.00
	<i>Cost will be used to support mother support groups meetings and incentives</i>						
2.5	Support for Nutrition assessments (SMART, SQUEAC, IYCF assesments)	D	4	750.00	1	100%	3,000.00
	<i>Funds will support training, conducting and allowances for enumerators other related costs</i>						
2.6	Support to CNVs for Mobilization, screening & NIDs (Vit A & deworming)	D	2	1,500.00	1	100%	3,000.00
	<i>To support mobilization, screening conducted by CNVs and CHD staff support</i>						
2.7	Visibility (T shirts, banners and Boards)	D	1	1,000.00	1	100%	1,000.00
	<i>Program and donor visibility materials.</i>						
	Section Total						31,000.00

Equipment							
3.1	Mobile Phone	D	2	75.00	1	100%	150.00
	<i>Procure Mobile Phones for the program staff</i>						
	Section Total						150.00
Travel							
5.1	National Staff Travel per diem	D	5	25.00	1	100%	125.00
	<i>Travel and from duty sites. Calculated at total of 20 days for 6 month period at 12 USD per da</i>						
5.2	National & International Staff Travel accommodation	D	5	200.00	1	100%	1,000.00
	<i>Staff accommodation, 2 days per month for 6 months calculated at 25 USD per day.</i>						
5.3	In country travel - airfare	D	7	400.00	1	100%	2,800.00
	<i>1 round trip per month at 400 USD based on current UNHAS travel cost.</i>						
	Section Total						3,925.00
General Operating and Other Direct Costs							
7.1	Guest House/Office/warehouse Rental & Maintenance (site and Juba)	S	1	56,000.00	6	3%	10,080.00
	<i>Cost of offices, staff houses and warehouse space in Juba, Malakal and Akobo. Calculated monthly. Contribution of 3%.</i>						
7.2	Office utilities and Supplies - sites	D	2	750.00	6	40%	3,600.00
	<i>Office utilities and supplies for Akobo, and Malakal. Calculated monthly for 6 months</i>						
7.3	Office utilities and Supplies - Juba	S	1	13,000.00	6	3%	2,340.00
	<i>Services for head office, 13,000 per month 3% contribution</i>						
7.4	Postage/Courier	S	1	600.00	6	3%	108.00
	<i>Postage</i>						
7.5	Fuel and Maintenance of Generators - sites	D	2	850.00	6	40%	4,080.00
	<i>Generator fuel and maintenance, monthly for 2 sites Akobo and Malakal at 1500 40% contribution</i>						
7.6	Fuel and Maintenance of Generators - Juba	S	1	6,500.00	6	3%	1,170.00
	<i>Generator fuel and maintenance, monthly for Juba head office at 6500 3% contribution</i>						
7.7	Legal Fees (including NGO forum registration fee)	S	1	3,070.00	6	3%	552.60
	<i>Legal Fees</i>						
7.8	Software licences	S	1	3,600.00	6	3%	648.00
	<i>Payment for Software licences</i>						
7.9	Bank Charges and Cash Facilitator Fees	D	1	7,800.00	6	3%	1,404.00
	<i>Payment for Bank charges and Cash Facilitator Fees</i>						
7.10	General insurance	S	1	12,000.00	6	3%	2,160.00
	<i>Payment for insurance of asset supporting the projects</i>						
7.11	Security company services	S	1	4,400.00	6	3%	792.00
	<i>Payment for security</i>						
7.12	Physical and Operational Security Upgrades	D	2	1,948.00	1	100%	3,896.00
	<i>Upgrading security systems</i>						
7.13	Monitoring and Evaluation	D	1	1,500.00	1	100%	1,500.00

	<i>Program monitoring</i>						
7.14	Communication - sites	D	2	1,000.00	6	40%	4,800.00
	<i>Communication program sites</i>						
7.15	Communication - Juba	S	1	8,275.00	6	3%	1,489.50
	<i>Communication Juba</i>						
7.16	Vehicle/Motorbikes/boats Registration/Insurance/Maintenance -sites	D	2	750.00	6	40%	3,600.00
	<i>Registration fee, insurance for site asset</i>						
7.17	Vehicle/Motorbikes Registration/Insurance/Maintenance - Juba	S	1	5,050.00	6	3%	909.00
	<i>Registration fee, insurance for Juba</i>						
7.18	Vehicle/Boat/Motorbike Fuel - sites	D	2	850.00	6	40%	4,080.00
	<i>Fuel Sites</i>						
7.19	Vehicle Fuel/rent - Juba	S	1	15,450.00	6	3%	2,781.00
	<i>Fuel Juba</i>						
	Section Total						49,990.10
SubTotal			140.00				268,104.44
Direct							217,316.58
Support							50,787.86
PSC Cost							
PSC Cost Percent							7%
PSC Amount							18,767.31
Total Cost							286,871.75
Total Audit Cost							2,868.72
Grand Total CHF Cost							289,740.47
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Akobo	45						
Upper Nile -> Malakal	40						
Upper Nile -> Panyikang	15						
Documents							
Category Name				Document Description			