

Requesting Organization :	Comitato di Coordinamento delle Organizzazione per il Servizio Volontario			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :	To provide and improve access to nutrition services for children under 5 and PLW affected by malnutrition due to the protracted crisis in Ayod County.			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-16/H/89843	Fund Project Code :	SSD-16/HSS10/SA1/N/INGO/823	
Cluster :	Nutrition	Project Budget in US\$:	224,582.30	
Planned project duration :	6 months	Priority:	2	
Planned Start Date :	01/01/2016	Planned End Date :	30/06/2016	
Actual Start Date:	01/01/2016	Actual End Date:	30/06/2016	
Project Summary :	<p>COSV's Implementation of nutrition activities is integrated with health in three (Jiech, Pagil, Menime) out of the seven health facilities in Ayod County. The activities core component is the community participation and outreach activities.</p> <p>COSV has been running Primary Health Care Programs in South Sudan since the 90s, and since 2006 has established its presence in the Ayod Payam. From 2006 up to 2012 COSV only supported the County Health Department and the Ministry of Health in the provision of primary health care services in the Ayod Payam, upgrading the existing Ayod PHCU into a PHCC++ that provides the following services:</p> <ul style="list-style-type: none"> • Screen and treat moderate and acute malnutrition among under 5 Children and PLWs. • Carry out integrated health and nutrition outreaches in the neighboring Payams • Maintain and expand the immunization level between under 1yr (U1) and pregnant women. • Treat all the most prevalent and potentially epidemic diseases by maintaining an efficient surveillance and report system, treating all the patients and preventing disease spread. • Provide antenatal, delivery and post-natal care, • Detect and diagnose through laboratory tests the most common diseases that affect the area, <p>However, post 2014, the community and IDPs from Southern Ayod flee to the Northern County side. And all settling as IDPs in Jiech, Mogok, Pagil and Canal areas; health facilities in Ayod, Kuachdeng and Pajiek areas being abandoned and destroyed. The large movements of population and IDP's took place affected the health situation in the area. Because, the primary health care services were unprepared to deal with the new influx. The destruction lead to the incapacity of the health infrastructure, and settlement of IDP's in areas perceived as safe havens with no peripheral units coupled with the fact that most health workers scattered.</p> <p>Ayod county current nutrition and health care services are predominantly manned by people of lower cadre (untrained semiliterate, NA CNVs, CHW) accounting for about 45% and lack necessary technical skills for implementation of CMAM. The county remains under served in terms of basic Nutrition and health services involving, nutrition and Immunization. Nutrition supplies are irregular, and most often supplies are supplemented with UNICEF, or through MOH, Logistic remain a major challenge. With CHF funds, other supplies of nutritional materials and logistic activities could be supported, especially to reach the hard to reach locations. Strengthening surveillance is essential in early warning so as to minimize the impact of outbreaks and lastly, foster continued training of nutrition staff, will improve their capacity to respond to nutrition education for Pregnant and Lactating Women/ IYCF-E, Coordination, rapid assessments, surveys, health and disease assessment linkage with nutrition, food security and livelihoods assessment and Surveillance and early warning. This will also enhance the quality of care, and reporting. Through CHF SA1 funds, COSV will continue supporting such responses and outreach strategies to reach the remote communities and more regularly supervise practices in already established peripheral OTP & TSFP sites and scale up to more forecasted sites in 2016</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
0	898	1,193	1,241	3,332

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,193	1,241	2,434
Internally Displaced People	1,781	898	1,193	1,241	5,113
People in Host Communities	5,819	5,716	2,465	3,672	17,672
Pregnant and Lactating Women	0	860	0	0	860

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

The project will support response and resilience in the conflict affected area of Ayod county where about 70% of the populations are living in displacement. Response efforts in 2015 faced significant challenge with reduction in nutrition sites as security and weather situations limited access. The funds will enhance efforts to scale-up outreach activities to reach more malnourished children in Wau and Pagil Payams. With the unpredictable security situation in Ayod County, COSV will hope to conduct more short assessments in accessible areas to determine nutrition situations, coupled with continued nutrition reporting.

In line with the first cluster priority 'deliver quality, life –saving, management of acute malnutrition for at least 70% SAM cases and 78.6% of MAM cases in less than five girls and boys. 60% of PLW, and other vulnerable groups living in the malnutrition conflict affected County of Ayod. COSV aims to address malnutrition through elements of the Community-Based Management of Acute Malnutrition (CMAM) by targeting children under five, PLW, and other vulnerable groups.

Since 2012, COSV has been screening and managing children under5 and PLW for acute and moderate malnutrition in both the facility and community outreach. COSV will continue to support life saving initiatives at Outpatient Therapeutic Programmes (OTPs) and Targeted Supplementary feeding Program to address SAM and MAM in children aged 6-59 months. Referrals system is made for patients to secondary facilities (Jiech) for Stabilization care in the case of severe acute malnutrition with medical complications. To improve the standard of treatment, COSV ensures all key mobile clinic staff are trained in the Integrated Management of Severe Acute Malnutrition (IMSAM) which promotes the identification and treatment of SAM in line with the GoSS MoH guidelines and Sphere standards.

COSV's approach to the cluster's second objective; 'Provide access to integrated programs preventing under nutrition for at least 60 per cent of girls and boys aged 0-59 months, pregnant and lactating women, and other vulnerable is grounded on a holistic approach. As part of COSV's integrated primary health care programmes, COSV continues to coordinate activities with one another to address the underlying causes of malnutrition in 2016 and through to 2017. Other preventative measures include all COSV clinic staff and volunteers being trained on Infant and Young Child Feeding (IYCF) to make sure that all appropriate clinic activities, including the Post Natal Care (PNC), OTP and health education, will include appropriate messaging on IYCF, with particular attention being paid to exclusive breastfeeding and complementary feeding. Vitamin A supplementation is given to all EPI and OTP beneficiaries, according to GoSS MoH guidelines.

In relation to the third priority for the nutrition cluster on, 'Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response COSV has demonstrated adequate nutrition emergency response capacity in RRM, having taken lead in health and Nutrition responses to large scale displacement following the Ayod conflict in April 2014; IDPs in Wau Payam (Jiech), Pajiek (Gorwai), Pagil Payam, and Mogok (Haat) 2014. COSV maintains the capacity for rapid nutrition assessments and SMART Survey in 2015 with trained nutrition staff both at national and community level.

Preparedness measures focus on training, prepositioning of stocks such as Plumpy Nut and supporting state and national-actors. COSV continues to support coordination mechanisms to strengthen the quality of emergency preparedness and response at a national and state level. COSV will continue to act as the Ayod Focal Point for Health in 2016 and attend the Jonglei State quarterly meetings and reviews

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
Paolo Comoglio	Legal Representative	paolo.comoglio@cosv.org	+39 022822852
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BACKGROUND**1. Humanitarian context analysis**

Nutrition Indicator in Ayod county is among the most alarming in South Sudan. This scenario is further compounded by insecurity and flooding with resultant displacement within this county. Large scale armed action and fighting in Ayod town in 27th April 2014 resulted in the estimated displacement of 120,000 individuals, largely to Jiech, Gorwai, Magok and Pagil payams. Population movement to and back from 4 payams has been occurring with 147,667 individuals registered by the WFP from July 2014 to date. On 10th July 2014 another fighting broke out in Ayod which led to further displacement, the fighting continued throughout the year 2015 in the neighboring states of Unity and upper Nile, and Ayod county continue to welcome more IDPS as it is considered as the refuge county for people running from violence in their areas. No accurate number of IDPS is provided, due to the continues movement of the IDPs within the County seeking humanitarian assistance and security, however a 64,058 people are estimated to be internally displaced in Ayod County.

In May 2015, COSV conducted the Ayod County Rapid SMART survey; its results showed a very critical level of acute malnutrition (GAM of 22.9 % (18.7 - 27.7 95% C.I) and SAM of 5.8 % (3.6 - 9.1 95% C.I.) above the WHO emergency threshold. The rate of underweight children (16%) found by the survey is alarming, with a higher prevalence in the youngest male population (17.4%) as well, while the level of stunting (10.3%) falls within the acceptable range, with girls having a higher prevalence than boys. Also, levels of MAM (35.78%) in screened pregnant and lactating women (PLW) raised high concern. Furthermore the August – September 2015 integrated food security phase classification for the classification, ROSS, Ayod is still considered in crisis phase and the situation is unlikely to change.

COSV currently supports a total of 3 OTPs (Jiech, Pagil, and Menemie) and 2 TSFPs (Jiech, Pagil). 1 SC (Jiech) In 2016, COSV looks forward to operate another SC in Pagil. And expand the outreach activities to reach more communities in Pagil and Wau Payams. COSV is a recipient of RRHP (Rapid Response Health Program) to continue supporting Ayod County and beyond. In addition, to a curative response COSV implements Mother Support group circles a mechanism to tackle the underlying causes of malnutrition. Targeted participants included adults from households who had either themselves or children under five in their care been affected by moderate and/or severe malnutrition and enrolled in the TSFP/OTP programs. Key activities under mother support groups included dissemination of health and nutrition education. This approach increases household's resilience to shocks which contribute to malnutrition. Given the likelihood of ongoing instability in South Sudan, COSV is committed to maintaining a flexible emergency response capacity to respond to needs in existing and new operational areas. COSV will continue to build the capacity of the respective County Health Departments (CHDs) to manage nutrition delivery and to develop emergency response plans together with community stakeholders. IYCF sessions are contingent to the success of the preventative interventions of this programme.

On the other hand ,Ayod county current health care services are predominantly manned by people of lower cadre (CHW, untrained semiliterate Assistant CHWs, MCHWs or much lower), with CHW/MCHW accounting for about 12%. The county remains underserved in terms of basic health services involving Curatives, Reproductive health, nutrition and Immunization. MoH supplies of routine medical kits, is irregular, and most often supplies are supplemented with IMA (RRHP) Kit supplies. Logistic remain a major challenge. With CHF funds, other supplies of laboratory materials and logistic activities could be supported, especially to reach the hardly accessible locations. Strengthening surveillance is essential in early warning so as to

2. Needs assessment

COSV has participated in the IRNA's in Ayod County (COSV) and has been an active contributor to the IRNA needs assessment framework (NAF) and health sector response plan of the 2016 Consolidated Appeal Process (CAP). Seeking a more focused humanitarian response to better-targeted interventions for 2016. COSV is an active member in the Health and nutrition forum groups that prepared for the CAP, and is heavily involved in the workshop for the CAP 2015-2016. COSV participated in CHF SA1 2016 health, nutrition and access to services held in cooperation with the health cluster on 17th October to identify ways to integrate and mainstream nutrition in the health projects. COSV in partnership with Jonglei SMOH, Ayod County health department represented County in quarterly in Bor SMOH and all health projects which enriched the knowledge and awareness of all aspects of the needs of the most vulnerable communities. Participation in the Cluster system allowed COSV to more actively coordinate with other relevant actors in order to determine the urgent needs of the most vulnerable populations in the SPLM-IO and to plan a response that actively protects them from some of the risks inherent in their lack of adequate and safe access to health care. COSV's community mapping and assessments assess vulnerability and protection risks together with beneficiaries' health status, availability of health services, access to water and sanitation and livelihood priority needs. It provides demographic information on populations, key health problems; level of health services including cost/distance; availability of existing or future MoH services; availability of private health providers; availability of basic services such as transportation etc.; level of access to neighboring villages and towns. In addition to movement and access restrictions, the mapping took into consideration integrated protection risks that result in heightened humanitarian needs, including settler/soldier violence/harassment, whether or not communities are located in, near, or are otherwise affected by access-restricted areas of settlements/closed military zones. Through this process, COSV collected data about health services in five IDP sites of Jiech, Gorwai, Menime, Pagil and Mogok complementing from static to transient health facilities' mapping by the Ayod CHD with support from WHO and using data from the humanitarian response

Ayod county Rapid SMART survey conducted by COSV in May 2015, survey results showed a very critical level of acute malnutrition (GAM of 22.9 % (18.7 - 27.7 95% C.I) and SAM of 5.8 % (3.6 - 9.1 95% C.I.) which is above the WHO emergency threshold level. The rate of Underweight (16%) found by the survey is alarming, with a higher prevalence in the young male population (17.4%) as well, while the level of stunting (10.3%) falls in the acceptable range, with girls having a higher prevalence than boys. Also, levels of MAM (35.78%) in screened PLW raised high concern. These results are particularly alarming if we consider that the survey was conducted during the post-harvest and dry season, which is supposed to be the "better-off" period from the nutritional and health seeking access points of views, when a large part of the population has access to post-harvest aliments, to markets, and to health and ration services at the County's headquarters and Payams' PHCUs. Furthermore the August – September 2015 integrated food security phase classification for the classification, ROSS, Ayod is still considered in crisis phase and the situation is unlikely to change soon if not it is forecasted to get even worse. COSV's last ECHO project, which was retired on the 31st August, 2015 and CHF N/SRP R1 2015, COSV overall OTP performance indicators are: death rate <1%, Cure rate was >70% and defaulters was <6 %.

3. Description Of Beneficiaries

COSV targets the populations most vulnerable to acute malnutrition and micronutrient deficiencies for this intervention. These are: boys and girls under five years, pregnant and lactating women, and other vulnerable groups in Ayod County ,whether host communities or

IDPs in host communities and IDPs in spontaneous settlements and collective centers Indirect beneficiaries of nutrition programming include caretakers of infants and young children and wider community members targeted by nutrition community sensitization and public health/ nutrition education activities of both men and women. County health department staff, health workers, community nutrition volunteers, home health and hygiene promoters (both men and women) also benefit from training and capacity building in nutrition in emergencies provided by COSV.

The total direct beneficiaries are 64,058 include:

- 3,592 Women
- 4,772 Girls
- 4,966 Boys

The beneficiaries are estimated based on the RRM sites registered beneficiaries who received services of general food rations, curatives, promotive and preventive health care including capacity building.

4. Grant Request Justification

CHF 2016 funds would enable COSV to extend current achievements from its 2015 allocation and fill a substantial proportion of a funding gap of \$ 700,000. COSV's nutrition funding is partially supported by OFDA in Jiech, Pagil and Menieme for this emergency in Ayod County, in addition to donations in kind (DIK) from UNICEF (through the MOH) of Plumpy. COSV remains concerned that key components of nutrition services remain neglected, particularly the, nutrition outreach, rehabilitation, logistical support and staffing. Furthermore, In collaboration with the Ministry of Health (MoH) under County Health Department (CHD) in 2016, COSV will expand outreach activities to reach more community, and improve the program integration with health in the hard to reach areas in Ayod County where COSV is implementing health program.

The existing 3 OTPs with funds required to cover additional training and supplies. As the current crisis unfolds and the situation in communities evolves, support is required to ensure that the response to the nutrition needs of children under five in both host and IDP communities is adequate to prevent the deterioration of health status. COSV is requesting funds from CHF to conduct outreach nutrition services through mobile units (one in Jiech, one in Pagil, two in Haat and Menime) in order to respond to the increased likelihood of multiple host communities in the county experiencing dramatic population increases as a result of the influx of IDPs. It is imperative that these nutrition services are provided as IDPs will have suffered loss of livelihoods and will subsequently be unable to afford food stuffs. Furthermore, the influx of IDPs alongside the reduction in food stuffs produced as a result of conflict and violence will increase market prices and render food unaffordable. It is therefore essential that COSV continues to maintain nutrition services that it currently provides in the county to host communities affected by conflicts and violence whilst scaling up its emergency response health services for IDPs seeking refuge in COSV's operational areas

Objectives of the Project:

COSV's approach is aimed at providing a holistic and continual care to TSFP (U5s MAM & PLWs) and IFP (TB & KA long term in and outpatients) under one establishment. The 2015 Rapid SMART survey recommended that: there is need for a continued high roll out of nutrition programs in order to increase the access of the program by the local community. COSV resorted to opening up for more interventions to improve the nutrition status in Ayod County. Ayod county is also Kala Azar endemic zone and with the current drivers and high case load in Akobo 133, Lankien 1336 and Pagil 176 in Ayod and with the former proximity and with active trade routes to Ayod County will play as a conduit for active transmission of Kala- Azar. Moreover in 2013, experienced one major health outbreak scenarios (measles in Menime (Northern) and Ayod proper (Southern). Last but by no means the least. There are periods of ruptures out and irregular supply of quarterly basic essential emergency supplies in Ayod County and facilities which are equally dilapidated and lack adequate storage capacity for essential nutrition and medical supplies.

5. Complementarity

Synergies with other actions

The proposed action will improve the preparedness and response capacity of the existing primary health care system. The core of the program is the RRHP – Rapid Response Health Project, a program that aims at building the transition between the humanitarian response and the development intervention. It is a performance based program that evaluates the performance of the County Health department, the Primary health care centers and units to provide primary health care services according to a set of quality indicators set by the Ministry of Health. The main role of COSV is to support the CHD to plan, provide and supervise the services in the county.

The following are the main activities under RRHP:

- Support to cold chain and EPI activities,
- Integrated outreach activities,
- Trainings to be addressed to PHCC's and PHCU's staff,
- Procurement, transport and delivery of basic drugs, kits and reagents
- Health and nutrition Facilities rehabilitations.

LOGICAL FRAMEWORK

Overall project objective

Improve access to management of acute malnutrition and prevention to reduce mortality and morbidity for at least 70% of girls and boys aged 0-59 months, pregnant and lactating women, and other vulnerable groups living in conflict affected area of Ayod County.

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	55
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	25
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	20
<p>Contribution to Cluster/Sector Objectives : Contribution to Cluster/Sector Objectives : COSV activities will contribute to Cluster objectives by strengthening the implementation of the following key activities which are in line with the cluster priorities:</p> <ul style="list-style-type: none"> • Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, PLW and other vulnerable groups • Treatment for SAM and MAM in children U5 years, PLW and other vulnerable groups with focus on strengthening the nutrition program and integrated to the existing health program. • Screening of children under 5 and PLWs to identify SAM and MAM cases through static (PHCC, PHCU) and scale up the outreach activities. • Prevention of acute malnutrition in the vulnerable population targeted (screening, optimal IYCF, nutrition education, Provide micronutrient supplementation to children U5 and PLW). • Protect, promote and support appropriate infant and young child feeding practices through mothers support groups, awareness activities on optimal nutrition practices. • Conducting a small scale SMART survey in the county to assess the nutrition status as well as evaluate the impact of project and inform relevant stakeholders. 		
Outcome 1		
Deliver quality, life –saving, management of acute malnutrition for at least 70% SAM cases and 75% of MAM cases in all define vulnerable girls and boys, PLW, and other vulnerable groups living in the malnutrition high burden Payams of Ayod County.		
Output 1.1		
Description		
The treatment of acute malnutrition among IDPs and host communities in hard-to access area enhanced through an integrated and community based approach: The proposed project responds to health, under-nutrition and protection its causes in emergencies by providing interventions to treat MAM and SAM, multi-sectoral interventions of health, and food assistance, WASH sectors that tackle the immediate causes of under-nutrition. In addition, infant and young child feeding within the emergency context will be supported and provision of micro-nutrients emphasized. The nutrition and health team shall work together to detect and manage common disease conditions that can predispose children and adults to malnutrition, including soft WASH activities. 300 children are targeted for measles immunization. The project will ensure cross-cutting issues are included like Gender; HIV and AIDS activities are incorporated in implementation.		
Assumptions & Risks		
Security situation remains unpredictable, however and project location is accessible. The situation allows project staff and partners to freely operate and access project locations and beneficiaries. SMOH will continue to allow the project to use their facilities and cold chain equipment		
Activities		
Activity 1.1.1		
Treatment of children for SAM with medical complications and without medical complications at 3 ITP's and OTP of Ayod County.		
Activity 1.1.2		
Provision of essential life saving nutrition services for a total target of {2434 (F:1241) (M:1193)} under 5 malnourished children(860) pregnant and lactating mothers, and other vulnerable groups in the 3 OTP sites of Ayod County.		
Activity 1.1.3		
Community mobilization and advocacy for; sensitization, screening, detection and referral of acute malnutrition, Infant and Young child feeding support and behavior change communication.		
Activity 1.1.4		
Micronutrient Supplementation, for children under five(2434) and Pregnant and Lactating Women (860 mothers) This shall be based on Vitamin A for children, Iron and Folic acid supplementations for mothers, all as a routine service through the respective departments (Nutrition and Maternity).		
Activity 1.1.5		
Improve community outreach and early identification and referrals of SAM and MAM cases among children under-five, PLWs, and other vulnerable groups.		
Activity 1.1.6		
Train and strengthen management capacities of Ayod County health department on the management of SAM, MAM, and IYCF in emergency settings. Training will be as on-job training during support, supervision to strengthen practices. Formal sessions will also be planned for new staffs engaged, focusing on essential strengthen management capacities of Ayod County health department on SAM, MAM, and IYCF in emergency settings.		
Activity 1.1.7		

Conduct integrated health and nutrition assessments for emergency responses

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			7,202	7,507	14,709
Means of Verification : Site Monthly nutrition reports							
Indicator 1.1.2	NUTRITION	Frontline services # of children (12 -59 months) dewormed			37,933	39,482	77,415
Means of Verification : Site Monthly nutrition reports							
Indicator 1.1.3	NUTRITION	% of SAM children reached (Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%))					1,276
Means of Verification : Site Monthly nutrition reports							
Indicator 1.1.4	NUTRITION	% of MAM children reached (Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%))					1,158
Means of Verification : Site Monthly nutrition reports							
Indicator 1.1.5	NUTRITION	% of PLW reached					860
Means of Verification : Site Monthly nutrition reports							

Outcome 2

Improved emergency nutrition and healthcare response to prevent and cure common health problems associated with under-nutrition among most vulnerable population.

Output 2.1

Description

Emergency integrated nutrition and healthcare response to prevent and cure common health problems associated with under-nutrition among most vulnerable population improved: Children under five years shall be treated at OPD of targeted health facilities using the IMCI approach. Pregnant mothers shall be screened for maternity services and nutrition support. Other patients diagnosed with TB, Kala-azar and or HIV shall benefit from nutrition services too. All these departments shall have a linkage of referral to nutrition unit/team.

Assumptions & Risks

Security situation remains unpredictable, however and project location is accessible. The situation allows project staff and partners to freely operate and access project locations and beneficiaries. SMOH will continue to allow the project to use their facilities and cold chain equipment.

Activities

Activity 2.1.1

Treatment of common childhood illnesses (measles, diarrhea, malaria, ARI) and de-worming. Each health unit shall be provided with a photocopy of IMCI guideline of MoH. This shall be a basis of supervision on IMCI practice. De-worming is important in all departments where children above 1 year, access health services.

Activity 2.1.2

Conduct Rapid Response outreaches that Integrate Nutrition and health interventions
A mobile team of health & nutrition workers shall be set up to conduct missions from Juba to strengthen capacity of local staffs, and respond to emergencies.

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	% of 6-59moth children enrolled in TSFP and treatment of common childhood illnesses (measles, diarrhea, malaria, ARI) and de-worming					2,435
Means of Verification : Site Monthly nutrition reports							
Indicator 2.1.2	NUTRITION	Frontline services # SMART surveys undertaken - Post-harvest					2
Means of Verification : Site Monthly nutrition reports							

Output 2.2

Description

Case detection and referral for treatment (TSFP program performance for MAM <3% death rate, cure rate is>75% and defaulted is <15%).

Assumptions & Risks

Community are positive to mass mobilization for MUAC screening and referrals;
Security situation allows access to remote locations for outreaches

Activities

Activity 2.2.1

Maintaining the establishment of 3 new OTP/TSFP sites for management of SAM and MAM.

Activity 2.2.2

Conduct IYCF education at community level and provision of Vitamin A supplementation.

Activity 2.2.3

Train nutrition staff on rapid nutrition assessments and provision of basic nutrition care

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	0	393			393

Means of Verification : Verification : Training reports

Indicator 2.2.2	NUTRITION	Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster					35
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Means of Verification : Training reports

Indicator 2.2.3	NUTRITION	Frontline services # of functional mother-to-mother support groups					69
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Means of Verification : Weekly/ monthly site reports

Additional Targets :

M & R

Monitoring & Reporting plan

The monitoring system will be based on 3 sets of indicators: efficiency indicators, touching the respect of time, expenditures, human resources and outputs; effectiveness indicators, measuring the usefulness of the project activities, and the achievement of intermediate and final objectives in terms of benefits produced by the project to the beneficiaries in emergency situations; context indicators, analyzing risk factors and project assumptions in order to keep track of sustainability from the beginning; such indicators are established at the starting of the project and revised midterm. An operational and accordingly inclusive Monitoring and Evaluation Plan will be developed in tracking progress in relation to the designed project log frame with which a monthly work plan for the execution of the activities will be derived. The performance indicators will be collected and reported monthly using the nutrition cluster reporting tool that incorporates SC, OTP, and TSFP activities as well as children/PLWs screened, de-wormed and provided with micronutrient supplementation and capacity building of health staff. Data collected will at all times be disaggregated into sex, age, location to address and inform on cross cutting issues like gender and geographical position and this will commence as soon as possible. The nutrition coordinator in collaboration with support of nutrition officer and other nutrition workers dislocated in the different location will be in charge of the continuous follow up, gathering data, process them and report to the management. All deviations between planned indicators and measured data will be reported in real time to the project management, which will be in charge of taking remedial actions when appropriate.

Transmission of data and communication among facilities will be done through Thuraya phones and local Codan radio network available in community to link the health facilities. The Use of Thuraya is not cost-effective, though the last resort to difficult situations of accessing basic information and updates on progress activities, and supply needs. The only cost-effective means that will be used for data collection and transfer will be manual collection of hard copy papers from various field locations, based on flight schedules and team movement. The installation of Internet at a base in Jiech is supporting data transfer to the coordination office. Moreover, both county administrator and director will conduct monthly visits in order to track progress and to communicate to the donor any challenges encountered.

The monthly performance indicators will inform and guide on the course of action to ensure we meet the standards by aligning the project to meet the desired objectives. Monthly reports will be verified by expat staff for completeness, and correctness.

Adequate report forms, register books from MoH, and all necessary record materials shall be put in place. The Project manager and the Country coordinator shall be the focal persons for M&E activities involving financial and technical aspects respectively. Activity plans shall be broken down into weekly and monthly schedules, at PHCC/PHCU and for outreach programs to guide project implementation.

Quarterly review and planning meetings among staffs will be conducted to ensure project objectives are met and challenges are communicated and addressed accordingly, targets are achieved and the acceptable standards for the specified indicators achieved.

Monthly reports will be communicated to all the relevant stake holders (Nutrition cluster, CHD) and in addition a midterm report and a final comprehensive end of term report showing the progress of the indicators will be prepared to communicate to all project stakeholders on the progress/achievement of the project.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Treatment of children for SAM with medical complications and without medical complications at 3 ITP's and OTP of Ayod County.	2016	X	X	X	X	X	X						
Activity 1.1.2: Provision of essential life saving nutrition services for a total target of {2434 (F:1241) (M:1193)} under 5 malnourished children(860) pregnant and lactating mothers, and other vulnerable groups in the 3 OTP sites of Ayod County.	2016	X	X	X	X	X	X						

Activity 1.1.3: Community mobilization and advocacy for; sensitization, screening, detection and referral of acute malnutrition, Infant and Young child feeding support and behavior change communication.	2016	X	X	X	X	X	X											
Activity 1.1.4: Micronutrient Supplementation, for children under five(2434) and Pregnant and Lactating Women (860 mothers) This shall be based on Vitamin A for children, Iron and Folic acid supplementations for mothers, all as a routine service through the respective departments (Nutrition and Maternity).	2016	X	X	X	X	X	X											
Activity 1.1.5: Improve community outreach and early identification and referrals of SAM and MAM cases among children under-five, PLWs, and other vulnerable groups.	2016	X	X	X	X	X	X											
Activity 1.1.6: Train and strengthen management capacities of Ayod County health department on the management of SAM, MAM, and IYCF in emergency settings. Training will be as on-job training during support, supervision to strengthen practices. Formal sessions will also be planned for new staffs engaged, focusing on essential strengthen management capacities of Ayod County health department on SAM, MAM, and IYCF in emergency settings.	2016	X	X	X	X	X	X											
Activity 1.1.7: Conduct integrated health and nutrition assessments for emergency responses	2016			X	X	X												
Activity 2.1.1: Treatment of common childhood illnesses (measles, diarrhea, malaria, ARI) and de-worming. Each health unit shall be provided with a photocopy of IMCI guideline of MoH. This shall be a basis of supervision on IMCI practice. De-worming is important in all departments where children above 1 year, access health services.	2016	X	X	X	X	X	X											
Activity 2.1.2: Conduct Rapid Response outreaches that Integrate Nutrition and health interventions A mobile team of health & nutrition workers shall be set up to conduct missions from Juba to strengthen capacity of local staffs, and respond to emergencies.	2016			X		X	X											
Activity 2.2.1: Maintaining the establishment of 3 new OTP/TSFP sites for management of SAM and MAM.	2016	X	X	X	X	X	X											
Activity 2.2.2: Conduct IYCF education at community level and provision of Vitamin A supplementation.	2016	X	X	X	X	X	X											
Activity 2.2.3: Train nutrition staff on rapid nutrition assessments and provision of basic nutrition care	2016		X	X	X	X	X											

OTHER INFO

Accountability to Affected Populations

Accountability: there are four stakeholders in the provision of aid assistance: the beneficiary community; the national/local authority; the donor and the aid agency. Within this relationship, COSV shall hold themselves accountable to both the beneficiary communities (that their needs for assistance and protection are met, with dignity) and the donors (that assistance is provided for the proposed purpose). Coordination among organizations is thus a key part of this principle. National/local authorities, on their part, shall hold themselves accountable for the protection, safety and well-being of populations living in areas over which they claim control. Moreover, entrench participation of affected populations, in particular women and children: COSV's humanitarian action tends to look at short-term needs and forget the responsibilities of the aid community to give sustainable aid in a way that realizes the right of affected populations to participate in decisions that affect their lives. It is, however, important to build on capacities in the affected population, and promote the participation of beneficiaries in all that we do.

Implementation Plan

The Implementation of nutrition activities will be integrated into the existing health structures of Jiech, Menime, and Pagil PHCUs with the participation of the community staffs. The program will scale up the outreach activities to reach more children in Wau and Pagil Payam. Jiech is the main centre for referral and treatment of SAM patients that require stabilization, Also supervision and coordination of nutrition activities for the PHCUs will be coordinated from Jiech centre. Implementation of the activities around the IDP areas shall be both fixed base (facility) and as outreaches to the community. IYCF activities shall be done as outreaches. Given that during rainy seasons, logistics activities are hampered, activities have been planned and supplies per-positioned in the main facility locations to ensure continuity in nutrition services.

COSV intends to work through community volunteers and Mother Support Groups, local authorities in order to enhance infant and young child feeding practices and referral mechanisms. Trained personnel shall be involved; CHW, MCHW, and Nutrition health workers.

COSV expat team shall provide regular support and technical supervision as well as monitor the progress of the project.

OTP sites will be run with support from MOH and IMA. The WHO supports the existing health facilities in the treatment of Kala Azar and TB. Meeting partners help to re-align intervention areas are minimize duplication of service. This collaboration for emergency intervention is also important for COSV and partners to plan the transition of the project after the short response period, without creating gaps for COSV who is the lead health agency in the county.

One of the core elements of sustainable development is the genuine involvement of local partners, who can ensure and multiply the benefits of our interventions. As such, COSV relies on the assistance of local partners to implement its projects. Since their roles are crucial, COSV will constantly monitor and assess their performance as well as evaluate their work, to decide on whether to explore future partnerships.

For the proposed action, COSV plans to collaborate with the following partners:

The Ayod County Health Department, Jiech PHCU+, Jiech Boma. Email: ayodchd@gmail.com

The county health department houses the oversight team. It also Chairs the County Healthy forums that have the responsibility for the development of comprehensive sector wide county health plan. The CHD guarantees the implementation of the health policy, co-ordinates with other authorities and actors and supervises specific area activities that include: Health coordination. Assessment and analysis of local health and managerial needs Contributions towards management of information systems. Implementation of health care and services.

Monitoring and evaluation . Epidemiological surveillance. Boma Health Committees (BHCs)

They consist of elected community members. They should be representative of the whole community and must maintain a gender balance with women and men equally represented.

COSV has an ongoing commitment to decrease the vulnerability and support the host and the internally displaced population to improve their quality of life with dignity. Interventions applied within this Action - capacity building and skills upgrading of local communities as well as facilitating community networks - will increase the likelihood that these communities benefit well beyond the project period. The proposed Action falls within COSV's programme strategy and COSV's programming principles, namely to seek and advance lasting and fundamental changes by: Developing the self-reliance of Ayod County households; Working in solidarity with organisations that share COSV's commitment to improving the well-being of the IDP's; Promoting social and economic equity, particularly with respect to women and marginalized groups; Helping individuals and communities mobilise resources to meet their needs.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
INTERSORS	Protection and Food Security
PAH	WASH
ICRC	Health(Medical Evacuation)

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The proposed intervention aims to support basic health and nutrition needs of vulnerable populations in rural areas. Specifically, the nutrition support program will address pregnant women, as well as children under 5, being the most vulnerable groups in terms of malnutrition. In order to increase the awareness at community level on prevention of malnutrition education activities on key topics such as breastfeeding infant and Young child feeding and in the Context of HIV will be a major focus.

The implementation will also have special focus for women and children under 5, being the most vulnerable groups in terms of morbidity and mortality. Male involvement in nutrition education and awareness will be emphasized. Women recruitment shall be encourage, especially in reproductive health services and child care, with establishment of mother support groups to strengthen the women. Their action will have positive impact in the role of women in the households and community

Protection Mainstreaming

During natural and man-made humanitarian emergencies, however, family and social structures are disrupted: adolescents may be separated from their families or communities, while formal and informal educational programs are discontinued and community and social networks break down. Adolescents may feel fearful, stressed, bored or idle. They may find themselves in risky situations that they are not prepared to deal with and they may suddenly have to take on adult roles without preparation, without positive adult role models or support networks. The loss of livelihood, security and the protection provided by family and community places adolescents at risk of poverty, violence and sexual exploitation and abuse (SEA). COSV will ensure making Interventions Accessible, Acceptable and Appropriate to Adolescents as well creating a referral mechanism with protection partners: Even in non-emergency settings, adolescents face inter-related barriers that prevent them from accessing facility-based RH services. These include: individual barriers, such as feelings of shame, fear or anxiety about issues related to sexuality and reproduction, lack of awareness about the services available, poor health, or advice-seeking behaviors and the perception that services will not be confidential; socio-cultural barriers, such as social norms which dictate the behavior and sexuality of both young men and women, stigma surrounding sexually active adolescents, cultural barriers which limit the ability of women, girls or certain sub-sets of the population from accessing health services, educational limitations, language differences, the attitudes of health care providers towards adolescents or their unwillingness to attend to their RH needs; and structural barriers, such as long distances to health facilities, lack of facilities for clients with disabilities, inconvenient hours of operation, long waiting times, charging fees for services and lack of privacy. RH programs will take innovative approaches to make services acceptable, accessible and appropriate for adolescents, taking cultural sensitivity and diversity into consideration.

Country Specific Information

Safety and Security

The context of the operation area is challenging and makes it hardly accessible yet more prone to nutrition emergencies. The location of seven target health facilities; Menime, Jiech, Pagil, Mogok, Kuachdeng, and Pajiek, have been particularly challenging to access during rainy seasons. The health workers have reportedly got scattered during the conflict period and their location remains oblique. Ayod County is divided into two different authorities (GRSS and SPLA-IO). Creating an emergency team, County capacity towards resilience, and save more lives still in hibernation in remote villages. In this context of operation, COSV works independently as a humanitarian organization, and with community support.

The project manager and/or the logistic and security officer will also attend the NGOs security meetings - twice a month- in order to stay informed on the security issues.

COSV has also put in place an internal security plan, and make sure that all staff in the field and in Juba is aware of it and able to follow all the procedures requested in case an emergency occurs.

In order to ensure the quality and the continuity of the activities even during an emergency and to mitigate the impact of the risks outlined in the log-frame, COSV will:

1. provide buffer stocks at county level, so that drugs are always available;
2. enhance the skills of the personnel in order to guarantee as much as possible a continuity in the quality level of the health assistance, assuring a prompt response in case of emergencies and/or outbreaks;
3. Link up with other international organizations to share expertise and knowledge. Involve MoH and other government organs in redressing policies for Humanitarian actions.

Access

Involve Commissioner (highest authority of County) in negotiating with community leaders for actions that improve access and response for emergencies.

The project manager and/or the logistic and security officer will also attend the NGOs security meetings - twice a month- in order to stay informed on the security issues.

Training and recruitment of staffs that are willing to work and live in rural locations, to replace any staff turn-over.

COSV has a security manual of procedure and maintains a constant link with UN security department, aimed to protect the staff in the field from any risk that might be caused by the unstable political situation of Southern Sudan. The manual requires staff to have contacts of security focal persons in case of evacuations.

Work plan takes into consideration logistics constraints and weather conditions

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Finance Coordinator	S	1	2,300.00	6	60%	8,280.00
	<i>FC is directly responsible about the program financing and fund management, Prepare financial reports and follow-up , is paid 2500 per month, salary is shared by other programs.</i>						
1.2	Field Coordinator	D	1	2,700.00	6	70%	11,340.00
	<i>FC is directly responsible about the coordination between the Country office and the Field base, focal point about the security in the field, and administration/ human resources, and the coordination between the other NGOs at the field level.</i>						
1.3	Country Program Coordinator	D	1	4,000.00	6	50%	12,000.00
	<i>CPC is responsible for national and state coordination of programs in collaboration with field teams. provides direct support for the nutrition team, and collaboration with cluster and pipeline managers. is paid 4000 USD per month. Costs shall be shared with other projects</i>						
1.4	Nutrition Manager	D	1	2,500.00	6	100%	15,000.00
	<i>NC is directly responsible for M&E activities of the project. provides technical support while in field, and coordination with local partners and community leaders in enhancing the project goal. is paid 3000 USD.</i>						
1.5	Nutrition Nurse	D	3	1,200.00	6	100%	21,600.00
	<i>NN will be directly responsible for SC management. Provides technical support at SC, OTP and TSFP, capacity building of ,community persons and supervision of facility operations and outreaches. is paid 1200 USD.</i>						
1.6	CMAM supervisor (Payam)	D	5	300.00	6	100%	9,000.00
	<i>CMAM/S will be responsible for OTP and TSFP supervision in collaboration with County supervisor and IYCF supervisor. Will be responsible for data management and reporting to County supervisor and COSV project management team. will be paid USD per month.</i>						
1.7	Nutrition Assistants (OTP Workers)	D	6	350.00	6	100%	12,600.00
	<i>These are trained workers supporting nutrition activities at OTP and TSFP sites (New and continuing). The staffs shall be responsible for routine work and outreaches at facility and community respectively. Payment shall be 350 USD per month.</i>						
1.8	Community Nutrition Volunteers	D	6	200.00	6	100%	7,200.00
	<i>Community Nutrition volunteers are directly responsible about the community out reach and the screening/ referring from the community to the health facility. Are paid 200 USD per month.</i>						

1.9	Cook/Cleaner/Guard (Juba office)	S	5	500.00	6	100%	15,000.00
<i>These are Juba based staffs who provide indirect support to Juba office and relocatable staffs while at Juba. They are paid 500 USD including basic allowances.</i>							
1.10	Guards/Cleaners (Facility)	D	4	250.00	6	100%	6,000.00
<i>These staffs shall work at facility to maintain the premise safe and clean. The staffs shall be paid 250 USD per month.</i>							
1.11	Field based staff allowances and medical cover	S	1	4,415.00	6	100%	26,490.00
<i>Field staff food, harshship and perdiems for national and international staff based in the field, medical insurance cover for national staff</i>							
Section Total							144,510.00
Supplies, Commodities, Materials							
2.1	Internet monthly cost for the field office	s	1	650.00	6	100%	3,900.00
<i>Internet monthly cost for Jiech field base. It facilitate the communication and reporting between field staff and country office.</i>							
2.2	Sat Phones cost	s	3	700.00	6	30%	3,780.00
<i>30% Monthly cost for Sat phone, to facilitate communication between the different PHCUs , especially hard to access locations.</i>							
2.3	Sign boards and T.shirts	s	2	1,000.00	1	100%	2,000.00
<i>20 % cost of Program sign boards and babbas, and facility staff printing T-shirts</i>							
Section Total							9,680.00
Equipment							
3.1	Stationaries (Field and Juba)	S	1	300.00	6	100%	1,800.00
<i>Basic papers, staple pins, clips, folders, files - for record management and communications. Costs are as per local market in the country</i>							
3.2	Printing and Records Keeping	D	2	1,000.00	1	100%	2,000.00
<i>Registry printing for the PHCU, and weekly measurement.</i>							
Section Total							3,800.00
Contractual Services							
4.1	Transport during coordination of activities (County, State, and Juba level)	D	4	400.00	6	100%	9,600.00
<i>Transport costs includes air ticket and taxi costs to County, State or within Juba as applicable. Costs are as per UNHAS (WFP) rates and local flight companies.</i>							
4.2	Charter Flight	D	2	5,400.00	1	50%	5,400.00
<i>50 % of Charter flight cost for staff and supplies to reach the areas that is not accessible by UNHAS flight</i>							
Section Total							15,000.00
General Operating and Other Direct Costs							
7.1	Office rental - Juba	S	1	4,000.00	6	30%	7,200.00
7.2	30 % of Office Mentenance cost	S	1	2,000.00	6	30%	3,600.00
<i>Include Fuel for generator, Water, Internet cost ,,etc</i>							
7.3	35%Vehicle rent and Motorcycle maintainance & running costs	S	2	2,000.00	6	35%	8,400.00
<i>Internet monthly cost for Jiech field base. It facilitate the communication and reporting between field staff and country office.</i>							
7.4	Sat Phones cost	D	3	4,500.00	1	100%	13,500.00

	30% Monthly cost for Sat phone, to facilitate communication between the different PHCUs , especially hard to access locations.							
7.5	Sign boards and T.shirts	D	2	1,500.00	1	100%	3,000.00	
	Cost of Program sign boards and facility staff printing T-shirts							
7.6	Financial costs	S	1	800.00	3	50%	1,200.00	
	50% Costs of bank charges, money transfers, and financial documents							
	Section Total						36,900.00	
SubTotal			59.00				209,890.00	
Direct							128,240.00	
Support							81,650.00	
PSC Cost								
PSC Cost Percent							7%	
PSC Amount							14,692.30	
Total Cost							224,582.30	
Total Audit Cost							2,245.82	
Grand Total CHF Cost							226,828.12	
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 -> Ayod		100						
Documents								
Category Name				Document Description				
Project Supporting Documents				COSV Rapid SMART Survey report-Ayod County May 2015.pdf				