

Requesting Organization :	Concern Worldwide	
Allocation Type :	1st Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100
Project Title :	Improved Nutrition Interventions for the Treatment of Acute Malnutrition in Unity	
Allocation Type Category :	Frontline services	

OPS Details

Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/N/INGO/811
Cluster :		Project Budget in US\$:	355,274.00
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>The overall objective of this project is to contribute to a reduction of excess morbidity and mortality caused by malnutrition amongst children under 5 years of age and pregnant and lactating women (PLW) over a period of 6 months in Unity State. Concern Worldwide's strategy for this project will be to strengthen current project activities inside of the Bentiu PoC site and assess and respond to needs within Rubkona and Guit counties. The project is strongly informed by both cluster and response plan objectives, and all components align with the strategic response plan.</p> <p>The project aims to provide SAM and MAM children under five years and MAM PLW with life-saving treatment in OTP and TSFP through 2 static nutrition centers in the Bentiu PoC site and two mobile units in Guit and Rubkona counties. In addition, the project aims to reach caregivers of children under five and PLWs with effective behavior change communication to enhance malnutrition prevention knowledge amongst communities.</p> <p>The community outreach component of the program entails the mobilization of Community Health Workers (CHW) and Community Nutrition Volunteers (CNVs), who are responsible for active case finding, mass screening, defaulter tracing and and follow up. In addition, CNVs/CHWs will disseminate messaging on key hygiene topics to improve linkages between WASH and nutrition in order to improve health outcomes.</p> <p>The project will also focus on building the capacity of staff through various CMAM and IYCF trainings and supportive supervision. Concern is committed to building the capacity of local staff in order to ensure that they have the necessary skills to run nutrition program. This is achieved through mentoring and coaching, and formal trainings at the nutrition center or at the national level.</p>
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Direct beneficiaries :

Men	Women	Boys	Girls	Total
10	6,867	6,667	6,941	20,485

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	6,667	6,941	13,608
Pregnant and Lactating Women	0	4,214	0	0	4,214
Trainers, Promoters, Caretakers, committee members, etc.	10	10	0	0	20

Indirect Beneficiaries :
Catchment Population:
Link with allocation strategy :

This project is strongly linked to the Nutrition Cluster's 2016 allocation strategy. By providing therapeutic and supplementary feeding to severely and moderately malnourished children under the age of 5 years and pregnant and lactating women from displaced conflict-affected populations, the project will assist in saving lives and alleviating the suffering of 23190 people in the Bentiu PoC site, Rubkona and Guit counties. Furthermore the IYCF and training components of the intervention will contribute towards sustainable improvements in the nutritional status of the target population. The project will form an integral component of Concern's multi-sectoral emergency response, which incorporates WASH, Nutrition and Shelter-NFI activities in Unity State.

The project, through integration with activities undertaken by WASH Cluster partners, aims to contribute to the reduction of malnutrition and resulting morbidity and mortality in children under 5 years of age. The integration will primarily consist of alignment with the Hygiene Promoters to ensure thorough coverage is obtained and nutrition and hygiene messaging is aligned. Concern Nutrition Outreach Workers in Guit will also be provided with training of key WASH topics. Furthermore, mother-to-mother support groups will be targeted as a key entry point for group hygiene promotion sessions.

To ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response a rapid assessment which will either take the form of a small scale SMART survey or MUAC assessment will be conducted in Guit as well as a full SMART survey in the Bentiu PoC site. Concern is an active member of the national nutrition cluster where results and best practices are shared.

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
Irish Aid	750,000.00
	750,000.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

Since the outbreak of the conflict in December 2013, millions of people in South Sudan remain engulfed in a protracted humanitarian crisis, in which people continue to be displaced, exacerbating conditions in what was a fragile, fledgling state. In August 2015 a peace deal was signed by President Salva Kiir and opposition leader Riek Machar which outlined a power sharing agreement between the two forces. Though the security situation in much of the country has since stabilized, conflict has persisted in three states – Jonglei, Upper Nile and Unity.

The situation in Unity deteriorated significantly from May 2015 as there was an increase in armed conflict in the south of the state, particularly in Leer and Koch counties. However, by November 2015, the security situation in Rubkona and Guit counties had stabilized to such an extent that humanitarian partners were able to extend the humanitarian response outwards from Bentiu POC site to several locations in these counties. According to UN OCHA, by December 2015, 1.6 million people had been internally displaced, including 576,167 in Unity State. A key feature of displacement has been the establishment of Protection of Civilian (PoC) sites in bases operated by the United Nations Mission in South Sudan (UNMISS). Large numbers of the population have taken refuge in such bases, seeking protection from potential attacks. Data verified by IOM indicates that the registered population in the Bentiu PoC sites in Rubkona County, Unity State, has grown from 43,000 in December 2014 to 129,339 (34,103 households) by the end of November 2015, largely as a result of new arrivals from Rubkona, Koch, Leer and Guit counties.

Food insecurity remained a significant challenge in 2015 and is projected to continue into 2016. In the conflict-affected states, crop production and market functions have been severely disrupted by the conflict and cereal deficits are significant. According to the 2015 FAO and WFP Crop and Food Security Assessment, 34% of households did not cultivate staple crops in Unity in 2014, and the harvested cereal area in the state dropped by around 73%. According to the most recent report from the Integrated Food Security Phase Classification (IPC) South Sudan Technical Working Group, the size of the population in need of emergency food assistance has increased to 3.9 million as of September 2015, representing an 80% increase from September 2014. In combination with the related disruptions in the supply of imported fuel and associated increases in transport costs, inflation has caused above-average staple food price increases which are likely to remain into 2016. Food shortages, along with poor health and water systems, are a significant driver of malnutrition, which is a primary cause of mortality among children under five.

It is expected that the population of the PoC site will continue to increase into 2016 not so much as a result of insecurity but due to the dire food security situation. Despite a significant scale up by the humanitarian community in terms of providing additional OTP sites in the PoC the increased GAM rate points to a deeper underlying cause of the malnutrition situation across Unity state, including food insecurity and lack of access to WASH and health services exacerbated by the conflict.

Previously inaccessible areas including Guit, wider Rubkona, and Leer counties in Unity State are beginning to open up to humanitarian organizations. Though assessments are still underway or in the planning stages, unofficial reports and communications from the national clusters suggest that there are very few urban settlements. Instead, many households move from one area to another in search of food and humanitarian assistance.

2. Needs assessment

Concern conducted a SMART Survey in August 2015 in the Bentiu PoC site which found the nutritional needs of the population to be at a critical level. The Global Acute Malnutrition (GAM) rate was 34.1% (more than double the emergency threshold) with a SAM rate of 10.5%. The prevalence of children underweight was 24.3 % (20.8 - 28.1 95%) with severely underweight being 7.7 % (5.8 - 10.1 95% C.I.). The Crude Mortality Rate was 1.29 deaths/10,000 persons/day (0.75-2.20) (95% CI) and U5MR was 0.17 deaths/10,000 persons/day (0.02-1.34) (95% CI). Vitamin A supplementation for children 6-59 months was 71.8% while measles vaccination coverage stood at 81.9%. This can be attributed to scarce food resources being shared among households and newly arrived IDPs, inadequate WASH facilities to meet the needs of the high influx of people, and poor health care seeking behaviour. These underlying causes result in a significant proportion of those children who are discharged being readmitted.

Women are disproportionately affected by malnutrition due to numerous factors, including traditional gender roles, which can lead to worse nutritional outcomes compared to men, particularly impacting PLW and the children under their care. The high work burden of women means sub-optimal young child feeding practices are common in the two counties. For women, malnutrition presents greater risks particularly during pregnancy. Malnourished women are significantly more likely to deliver low birth-weight babies. Furthermore, malnourished mothers do not always produce nourishing breast milk on a regular basis. A lack of education on the importance of exclusive breastfeeding up to 6 months, complemented by a nutrient rich maternal diet, to help build up resistance to infection leads many mothers to supplement their child's diet; oftentimes this is with contaminated water, resulting in infection, disease and subsequently malnutrition. Infants weaned at less than 6 months of age are at high risk of diarrheal disease and other infections. Typically, children in their second year of life are at maximum risk for malnutrition and infection. The child is usually weaned onto a bulky, high carbohydrate, low protein, and energy-dilute diet devoid of meat. Thus, bioavailability of micronutrients is limited, especially for iron and zinc. Malnutrition at an early age leads to reduced physical and mental development during childhood.

Surveys on IYCF practices in the Bentiu PoC site indicated poor and insufficient knowledge on proper infant and child feeding. Only 8.7% of surveyed mothers of infants less than six months of age reported exclusive breastfeeding. Instead, infants are fed a mixed diet of breastmilk and water. Poor WASH practices (such as unsanitary water storage) puts infants at risk of diarrheal disease, further contributing to poor nutrition. Moreover, nearly 60% of households surveyed indicated that they rely on direct food assistance for survival, indicating an acute malnutrition problem within the PoC site. Furthermore, 68.5% of surveyed households responded that they faced a food shortage within the previous seven days of participating in the survey. These results indicate a worrying nutrition situation for the population of the PoC site, particularly in vulnerable groups such as children under 5 years old and PLW.

A rapid assessment, which will either take the form of a small scale SMART survey or MUAC assessment, will be conducted in Guit County as well as full SMART survey in the Bentiu PoC site to establish nutritional needs.

3. Description Of Beneficiaries

In Unity, beneficiaries within the Bentiu PoC sites are IDPs and as a result have limited access to other services. Assessment for admission into OTP, TSFP or SC is undertaken on arrival. Outside of the PoC sites, Concern's nutrition interventions will target the local host community as well as returning civilians and IDPs who have been displaced from other areas. Nutrition interventions will primarily target women, particularly mothers and PLW. However, given male dominance in household decision making and its implication on household diet and feeding practices, the proposed community behavior change interventions will also target men.

Beneficiaries of curative nutrition services in Unity will be identified through active case finding, screening and referral mechanisms. CMAM activities will target children aged 6-59 months and PLW. OTP admittance will be based on national guidelines with MUAC <115 mm or WFH <-3 z-score, or + or ++ bilateral pitting oedema. Children admitted on MUAC <115mm will be discharged with MUAC >115mm for 2 consecutive visits. Children admitted with WFH <-3 Z-scores or Oedema +, ++ will be discharged upon attainment of WFH >-3Z-scores and Oedema resolved respectively for 2 consecutive visits.

The CMAM project will reach a total of 8263 individuals. In Bentiu PoC the program targets (1,701 (M-833, F-868) SAM, 3824(M-1874, F-1950) MAM under five and 1,721(P-956, L-765) PLW) and a further 1,017 (241(M-118,F-123) SAM, 543(M-266,F277) MAM, 233(P-129, L-104) PLW

4. Grant Request Justification

Concern conducted a SMART Survey in August 2015 in the Bentiu PoC which found the nutritional needs of the population to be at a critical level. The prevalence of Global Acute Malnutrition (GAM) rate was 34.1% (more than double the emergency threshold) with a SAM rate of 10.5%. The prevalence of children underweight was 24.3 % (20.8 - 28.1 95%) with severely underweight being 7.7 % (5.8 - 10.1 95% C.I.). The Crude Mortality Rate was 1.29 deaths/10,000 persons/day (0.75-2.20) (95% CI) and U5MR was 0.17 deaths/10,000 persons/day (0.02-1.34) (95% CI). Vitamin A supplementation for children 6-59 months was 71.8% while measles vaccination coverage stood at 81.9%. This can be attributed to scarce food resources being shared among households and newly arrived IDPs, inadequate WASH facilities to meet the needs of the high influx of people, and poor health care seeking behaviour. These underlying causes result in a significant proportion of those children who are discharged being readmitted.

Surveys on IYCF practices in the Bentiu PoC indicated poor and insufficient knowledge on proper infant and child feeding. Only 8.7% of surveyed mothers of infants less than six months of age reported exclusive breastfeeding. Instead, infants are fed a mixed diet of breastmilk and water. Moreover, nearly 60% of households surveyed indicated that they rely on direct food assistance for survival, indicating an acute malnutrition problem within the PoC. Furthermore, 68.5% of surveyed households responded that they faced a food shortage within the previous seven days of participating in the survey. These results indicate a worrying nutrition situation for the PoC population, particularly in vulnerable groups such as children under 5 years old and PLW.

5. Complementarity

In Unity, the proposed intervention complements Concern's ongoing WASH and Nutrition programming within the PoC sites and will allow Concern to expand lifesaving assistance to underserved populations in wider Unity. Concern has been implementing WASH, Nutrition and Shelter-NFI programming within the Bentiu PoC sites since January 2014. Concern has received previous funding from multiple donors that has supported the scale up of all programmatic activities in response to the sites' rapidly increasing population. Notably, Concern was heavily involved with the design and redevelopment of the camp following severe flooding in July and August 2014. Concern facilitated close coordination and cooperation between the WASH and Shelter-NFI sectors, enabling a coordinated multi-agency approach which drew significantly on the resources of WASH and shelter actors to mitigate the impacts of future heavy rains. The coordination function has also been of particular importance during the planning for the site extension. Under Concern's leadership, the project has involved the development of standardized latrine designs, construction incentives, and hygiene promotion area coverage plans.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of this project is to contribute to a reduction of excess morbidity and mortality caused by malnutrition amongst children under 5 years of age and pregnant and lactating women (PLW) over a period of 6 months in Unity State. Concern Worldwide's strategy for this project will be to strengthen current project activities with a strong focus on ensuring coordination with other relevant partners to achieve measurable and long-term sustainable results in the project areas. The project is strongly informed by both cluster and response plan objectives, and all components align with the strategic response plan. The project aims to provide SAM and MAM children under five years and MAM PLWs with life-saving treatment in OTP and TSFP. The project will focus on building the capacity of staff through various CMAM and IYCF trainings and supportive supervision. The project aims to reach caregivers of children under five and PLWs with effective behaviour change communication to enhance malnutrition prevention knowledge amongst communities

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

Contribution to Cluster/Sector Objectives : Deliver quality lifesaving management of acute malnutrition for at least 70% per cent of SAM cases in girls and boys 6-59 months and at least 75% of MAM cases in girls and boys aged 6-59 months and pregnant and lactating women in Unity. This will be done through the provision of treatment to severely and moderately malnourished children 6-59 months and PLWs .

Increase access to integrated programmes preventing under nutrition for at least 30 per cent of girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups.

This will be done by providing the IYCF interventions which include the IYCF messages to pregnant and mothers of infants of children 0 to 23 months, both in the nutrition centres, mobile units and in the community in Unity. The intervention will also include the mother to mother group sessions in which lead mothers are trained by Concern on the key messages of IYCF and they further provide the same messages to mothers in their groups. In the discussions, the mothers will be able to discuss the cultural beliefs, taboos and general practices that promote or are a barrier to good IYCF practices.

Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response

This will be done regularly by looking at the admission trends in the centres as well as the maintenance of a robust surveillance system. Reports will also be shared with UNICEF, the nutrition cluster lead on a weekly basis. Concern will conduct a rapid assessment in Guit which will take the form of a rapid SMART survey or MUAC assessment in Guit county and a full SMART survey in the Bentiu PoC site to assess the nutrition status of the population.

Outcome 1

Deliver quality lifesaving management of acute malnutrition SAM and MAM cases in girls and boys 6-59 months and pregnant and lactating women (PLW) in the Bentiu PoC and wider Unity

Output 1.1

Description

Severely acute malnourished children 6-59 months have access to quality outpatient treatment services

Assumptions & Risks

Security and weather conditions allow access to communities in wider Unity
 Nutrition supplies are maintained through national pipeline and adequate to meet needs
 Government and local authorities support the presence of INGOs to implement activities
 Suitably qualified human resources are available to implement activities in nutrition centres

Activities

Activity 1.1.1

Treatment of severe acute malnutrition without complications (OTP management) in Unity State (Guit and Rubkona town) through mobile nutrition teams and in the Bentiu PoC sites

Activity 1.1.2

Community outreach activities (Active case finding, referral, follow up & home visits, mobilization, defaulter tracing)

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of children 0-59 months and PLW screened for acute malnutrition					14,505

Means of Verification : Weekly, monthly reports

Indicator 1.1.2	NUTRITION	Programme Quality is within SPHERE standards - cure rate is above 75%					75
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Means of Verification : Weekly and monthly reports

Indicator 1.1.3	NUTRITION	Programme Quality is within SPHERE standards - defaulter rate is below 15%						15
Means of Verification : Weekly and monthly reports								
Indicator 1.1.4	NUTRITION	Programme Quality is within SPHERE standards - death rate is below 10%						10
Means of Verification : Weekly and monthly reports								
Indicator 1.1.5	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)						4
Means of Verification : Weekly and monthly OTP reports								
Indicator 1.1.6	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			952	990		1,942
Means of Verification : Weekly and monthly reports								
Output 1.2								
Description								
Moderately acute malnourished children 6-59 months and pregnant and lactating women have access to quality outpatient treatment services (TSFP)								
Assumptions & Risks								
Security and weather conditions allow access to communities in wider Unity Nutrition supplies are maintained through national pipeline and adequate to meet needs Government and local authorities support the presence of INGOs to implement activities Suitably qualified human resources are available to implement activities in nutrition centres								
Activities								
Activity 1.2.1								
Treatment of moderate acute malnutrition (TSFP) in Unity State through mobile nutrition teams and in the Bentiu PoC								
Activity 1.2.2								
Capacity building for Concern nutrition staff on management of acute malnutrition								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.2.1	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)					4	
Means of Verification : Weekly and monthly reports								
Indicator 1.2.2	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			2,140	2,227	4,367	
Means of Verification : Weekly and monthly reports								
Indicator 1.2.3	NUTRITION	Programme Quality is within SPHERE standards - cure rate is above 75%					75	
Means of Verification : Weekly and monthly reports								
Indicator 1.2.4	NUTRITION	Programme Quality is within SPHERE standards - defaulter rate is below 15%					15	
Means of Verification : Weekly and monthly reports								
Indicator 1.2.5	NUTRITION	Programme Quality is within SPHERE standards - death rate is below 3%					3	
Means of Verification : Weekly and monthly reports								
Indicator 1.2.6	NUTRITION	Number of Community Nutrition Volunteers trained on identification and referral of acutely malnourished individuals					20	
Means of Verification : Training reports								
Output 1.3								
Description								
Formation and training of mother support groups (MSGs) in order to deliver the desired behavior change messages. Each MSG will receive basic IYCF education on infant feeding and proper childcare practices.								
Assumptions & Risks								

CWW will continue to maintain favourable working relationships with the communities and authorities in all sites that this programme is being implemented
 Uninterrupted procurement chain will be maintained. CWW will collaborate with the logistics clusters in hard to access areas of Unity State; no ruptures of stock in CWW supported programme sites
 CWW teams will be able to operate from designated bases (where its not possible CWW will deploy national staff with remote support from Juba
 Insecurity (either localised or more widespread) does not directly threaten CWW programme sites.
 Major staffing disputes and/or strike action is avoided through negotiation and consultation

Activities

Activity 1.3.1

IYCF activities (individual counselling sessions, group counselling sessions and mother to mother support groups).

Activity 1.3.2

Train health and nutrition staff /volunteers on nutrition education promotion, house to house screening, health and hygiene promotion, exclusive breastfeeding and cookery demonstrations

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	Frontline services # of functional mother-to-mother support groups					28

Means of Verification : Weekly and monthly reports, registers

Indicator 1.3.2	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	0	1,488			1,488
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Means of Verification : Weekly and monthly reports

Output 1.4

Description

Children under 5 and PLW receive micronutrient supplements and/or deworming medicine

Assumptions & Risks

CWW will continue to maintain favourable working relationships with the communities and authorities in all sites that this programme is being implemented
 Uninterrupted procurement chain will be maintained. CWW will collaborate with the logistics clusters in hard to access areas of Unity State; no ruptures of stock in CWW supported programme sites
 CWW teams will be able to operate from designated bases (where its not possible CWW will deploy national staff with remote support from Juba
 Insecurity (either localised or more widespread) does not directly threaten CWW programme sites.
 Major staffing disputes and/or strike action is avoided through negotiation and consultation

Activities

Activity 1.4.1

Distribution of micronutrient supplements and deworming medicine

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.4.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			952	990	1,942

Means of Verification : Weekly and monthly reports

Indicator 1.4.2	NUTRITION	Frontline services # of children (12 -59 months) dewormed			952	990	1,942
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Means of Verification : Weekly and monthly reports

Indicator 1.4.3	NUTRITION	Number of PLWs receiving Vit A supplements					868
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Means of Verification : Weekly and monthly reports

Output 1.5

Description

Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response

Assumptions & Risks

CWW will continue to maintain favourable working relationships with the communities and authorities in all sites that this programme is being implemented
 Uninterrupted procurement chain will be maintained. CWW will collaborate with the logistics clusters in hard to access areas of Unity State; no ruptures of stock in CWW supported programme sites
 CWW teams will be able to operate from designated bases (where its not possible CWW will deploy national staff with remote support from Juba
 Insecurity (either localised or more widespread) does not directly threaten CWW programme sites.
 Major staffing disputes and/or strike action is avoided through negotiation and consultation

Activities

Activity 1.5.1

Coordinating with Nutrition cluster and other sectors in order to prevent and improve services on management of acute malnutrition

Activity 1.5.2

Conduct SMART surveys in Bentiu PoC and rapid SMART survey in Guit County

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.5.1	NUTRITION	Number of nutrition coordination meetings attended					12

Means of Verification : Meeting Minutes

Indicator 1.5.2	NUTRITION	Frontline services # of SMART surveys undertaken - Pre-harvest					2
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Means of Verification : SMART survey report - Small Scale SMART or MUAC assessment be undertaken Guit, and a full SMART survey in Bentiu PoC

Additional Targets :

M & R

Monitoring & Reporting plan

Concern is committed to regular monitoring and evaluation (M&E) to ensure effective program management. In Unity State, an Area Coordinator (AC) has overall management for the achievement of deliverables, whilst maintaining quality, and retaining the strategic oversight of developments at the field site. Under the AC, an Emergency Nutritionist retains control of the project activities, managing the Project Officers and providing technical programmatic support. The program area also has a Base Manager, who is responsible for operational support to the project. Standardized data collection tools and databases are developed and managed by the Emergency Nutritionist. Training, supervision and regular follow up support is given to staff to ensure quality data collection and feedback from supervision is shared with project staff to continue performance improvement. For all sectors, quantitative data, disaggregated by sex, age and IDP/host when relevant, will be collected and recorded on a weekly basis, and this is supplemented through qualitative data gained through focus group discussions with beneficiaries and stakeholders. Concern has its own internal mechanisms for monitoring progress, and this will be bolstered by national Cluster-level reporting requirements. Monthly nutrition program review meeting with Concern's national staff will take place, in addition to a Concern mid-year program review by key management staff. An on-going monitoring and review of project progress will occur, with visits from Juba office (including the Programme Director - Emergency, Emergency Nutritionist, and Health & Nutrition Advisor, as well as Finance and Logistics support staff). Donor visits to review the project will also be supported, as will timely submission of all donor reporting requirements. To strengthen the overall nutrition intervention, Concern is in close collaboration with other nutrition partners and under the leadership of UNICEF will conduct other nutrition assessments so that data on the prevalence of moderate and severe acute malnutrition is available regularly. This will ensure trends are visible and any deterioration of the situation can be responded to timely. Particularly in Guit County Concern will work alongside the County Health Department to ensure a coordinated response. Concern will provide on the job continuous training to CHD staff in order to improve the services provided which will continue once health facilities have been rehabilitated after the rainy season.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Treatment of severe acute malnutrition without complications (OTP management) in Unity State (Guit and Rubkona town) through mobile nutrition teams and in the Bentiu PoC sites	2016	X	X	X	X	X	X						
Activity 1.1.2: Community outreach activities (Active case finding, referral, follow up & home visits, mobilization, defaulter tracing)	2016	X	X	X	X	X	X						
Activity 1.2.1: Treatment of moderate acute malnutrition (TSFP) in Unity State through mobile nutrition teams and in the Bentiu PoC	2016	X	X	X	X	X	X						
Activity 1.2.2: Capacity building for Concern nutrition staff on management of acute malnutrition	2016		X										
Activity 1.3.1: IYCF activities (individual counselling sessions, group counselling sessions and mother to mother support groups).	2016	X	X	X	X	X	X						
Activity 1.3.2: Train health and nutrition staff /volunteers on nutrition education promotion, house to house screening, health and hygiene promotion, exclusive breastfeeding and cookery demonstrations	2016		X		X		X						
Activity 1.4.1: Distribution of micronutrient supplements and deworming medicine	2016	X	X	X	X	X	X						
Activity 1.5.1: Coordinating with Nutrition cluster and other sectors in order to prevent and improve services on management of acute malnutrition	2016	X	X	X	X	X							

Activity 1.5.2: Conduct SMART surveys in Bentiu PoC and rapid SMART survey in Guit County	2016		X			X			
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OTHER INFO

Accountability to Affected Populations

Concern understands the importance of accountability to beneficiary populations and has considered how the 5 dimensions of accountability (participation, transparency, feedback and complaints, M&E, and staff competencies) can be incorporated into the proposed project actions. All potential interventions are discussed with community members in structured and non-structured forums during all stages of the project implementation in order to inform Concern on the appropriateness of the planned response and allow project activities to be adapted as necessary according to beneficiary needs. This will create an open forum for the beneficiary community to submit any questions, complaints or concerns which will be addressed with the complainant and analyzed through internal review processes to be incorporated where appropriate into the design and implementation of ongoing or future programs.

Furthermore, Concern's staffing structure is based largely on local staff, with the employment of international staff and relocatable national staff in strategic leadership and capacity building roles. This approach fosters community ownership and enables Concern to focus on the sustainability and appropriateness of interventions. The education program includes critical subjects such as essentials of breast feeding, food preparation, and appropriate hygiene practices at household level, which will increase household resilience after the exit. The incorporation of local staff from the target communities will assist in the continuation of best practices in the management of CMAM methodologies and treatment of malnourished beneficiaries. Mother to mother groups will be created and trained on IYCF within the target beneficiary community and are also expected to be supportive of their respective neighbourhoods into the future. These actions create a high degree of transparency between Concern and all stakeholders involved including the beneficiary community, CHF, the local government and national and subnational clusters.

Finally, Concern is committed to an open and transparent monitoring and evaluation of all programme activities. Regular reports will be written by Concern staff to be reviewed by Concern's team in Juba and will be incorporated into reports to the WASH cluster (national and sub-national) as well as reports submitted to the donor. These reports will include programme information (including feedback from the affected population) that will be used to determine the effectiveness and appropriateness of the intervention.

Implementation Plan

OTP activities will be implemented according to the South Sudan Integrated Management of Severe acute Malnutrition (IM-SAM) guidelines. OTP sessions will be conducted on a weekly basis with Ready-to-Use Therapeutic Food (RUTF) received from UNICEF through an in-country Partnership Cooperation Agreement (PCA) targeting children 6-59 months with Severe Acute Malnutrition (SAM) without medical complications. Concern will run 2 OTPs in the Bentiu PoC site in Sectors 3 and 4. The identification of children with SAM will be done through MUAC assessment and any child of 6-59 months with a MUAC of less than 11.5 cm and/or weight for height z-score= \leq -3 or Oedema +/+ will be assessed for medical complications. The MUAC assessment will be done both at the OTP centre and at household level through the outreach activities. Those without medical complications will be admitted to the OTP and given weekly rations of RUTF and routine medication including antibiotics, deworming treatment and vitamin A supplementation according to the IM-SAM guidelines.

In the Bentiu PoC sites, children admitted to the OTP will be referred to the TSFP once they are cured from severe acute malnutrition. In cases where they develop medical complications while in the OTP they will be referred to inpatient care provided by MSF. Once the medical complication is treated they will continue their nutritional rehabilitation as outpatients. In case malnourished children present at the OTP or TSFP with illnesses requiring medical attention but still have an appetite and are thus able to eat the therapeutic food, care takers will be advised to visit the nearest health center to have the child's health checked and any illness treated.

Concern will implement TSFP activities according to the South Sudan CMAM guidelines for treatment of moderately malnourished children 6 to 59 months and PLW in Bentiu Sector 3 and 4. TSFP sessions will be conducted every two weeks with food received from WFP through a Field Level Agreement (FLA), targeting children 6 to 59 months with a MUAC of 11.5 to 12.4 cm and/or weight for height z-scores \leq -2 and $>$ -3 and pregnant and lactating women from the 2nd trimester up to 6 months of lactation whose MUAC is less than 21 cm. Mothers/caregivers will be asked to bring their children for screening and subsequent referrals. The CNW and Outreach Volunteer will conduct active case finding and home visits, and will identify any children who are malnourished and they will be referred to the nutrition centres for admission.

IYCF-E activities will be undertaken through community mobilization and health education activities involving individual and group discussions on awareness, attitudes towards exclusive breast feeding and complementary feeding, promotion of mental health for mothers and malnourished children, and through the encouragement of mothers to take close care of their children.

Both CMAM and IYCF activities are expected to commence in Guit county based on security assessment. The services will be operated initially from Bentiu PoC with biweekly visits through mobile teams. Concern will train local CNVs who will be screening the beneficiaries are doing the referrals. They will also help in ensuring beneficiaries consume supplies as per protocol, In addition they will help in defaulter tracing. If the security situation improves, Concern will increase the visits to weekly and eventually establish static nutrition centres.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Médecins Sans Frontières (MSF)	Children admitted to the OTP who develop medical complications will be referred to MSF's stabilization centre for inpatient treatment.

Environment Marker Of The Project

B: Medium environmental impact 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 nature of the program means that women are the primary targets as they traditionally have the responsibility for the care of infants and children. In the targeted area, gender inequality is very high, and women are generally not in control of household resources. South Sudan has the world's highest maternal mortality rate, lowest female literacy rates, and widespread gender-based violence. These factors all bear impact on the health and nutritional status of women in South Sudan. This program will engage with community leaders and the men of PoC sites to ensure they understand the causes of malnutrition and how household practices (e.g. hygiene and child care practices) affect the nutritional status of children. The program will strive to engage and involve men as they are primarily at the forefront of decision making in the family in South Sudan. One key strategy for involving men will be to invite them to participate in the final sessions of the mothers groups. This will create greater engagement and participation on the part of fathers, while creating a facilitated space for dialogue between men and women.

Women are disproportionately affected by malnutrition due to numerous factors, including traditional gender roles, which can lead to worse nutritional outcomes compared to men, particularly impacting PLWs and the children under their care. The high work burden of women means sub-optimal young child feeding practices are common in the two counties. For women, malnutrition presents greater risks particularly during pregnancy. Malnourished women are significantly more likely to deliver low birth-weight babies. Furthermore, malnourished mothers do not always produce nourishing breast milk on a regular basis. A lack of education on the importance of exclusive breastfeeding up to 6 months, complemented by a nutrient rich maternal diet, to help build up resistance to infection leads many mothers to supplement their child's diet; oftentimes this is with contaminated water, resulting in infection, disease and subsequently malnutrition. Infants weaned at less than 6 months of age are at high risk of diarrheal disease and other infections.

Protection Mainstreaming

Protection considerations have been at the forefront of all planning processes in relation to nutrition activities, in order to ensure that beneficiaries are not placed at undue risk when accessing services. The locations of Concern's Nutrition Centres within the PoC sites is determined in conjunction with Camp Management, and have been selected as safe spaces, that are easily accessible. Locations of mobile nutrition centers will be carefully chosen based on the safety and security of beneficiaries. Concern will frequently consult the local community and local government prior to choosing the location of mobile nutrition clinics in Rubkona and Guit Counties in order to ensure the safety and security of staff and the target population.

Key to inclusive project implementation is that both female and male staff members are recruited. This helps to ensure that beneficiaries feel comfortable in accessing the nutrition services provided. A significant portion of the project staffing will come from within the IDP community. They will be sensitized in relation to the risks facing many of the mothers accessing services, as well as the children, such as gender-based violence or child abuse. Nutrition staff will be given the tools by Concern to refer cases that require follow-up to relevant Protection agencies.

Other vulnerable groups such as people living with HIV/AIDS, or people with disabilities, will receive equal access to the program. In both proposed locations, it is possible that SAM children and adults are also suffering from HIV/AIDS and/or Tuberculosis (TB). Anyone who meets the admission criteria will automatically be admitted to the program, regardless of the cause of their malnutrition (or age). Through CMAM trainings, nutrition staff will be alerted to malnutrition related to HIV/AIDS, and will be advised on how they can support the beneficiary and refer them to other health facilities.

Nutrition activities, at their core, promote the welfare of malnourished children. Concern has a 'P4' policy (Program Participant Protection Policy) and Code of Conduct that all staff and partners are required to sign prior to commencing work. The objective of this policy is to ensure that program participants are free from abuse, exploitation and harassment. In addition, Concern will once per month carry out spontaneous questionnaires directed at discharged families, to gather basic feedback and data on their satisfaction with the services provided. Designated members of the nutrition team will be responsible for regularly reviewing all complaints, and based on the nature of the complaint, taking appropriate action to address genuine grievance.

Country Specific Information

Safety and Security

Unity State has been the site of some of the most brutal and intense fighting of the conflict. Throughout Concern's years of operations within the state, Concern has built a strong network of both formal and informal security resources which allows the organization to constantly monitor and assess the security situation and existing risks. This has ensured that even during bouts of serious conflict around the PoC sites, there has been a minimal impact on Concern's Nutrition programming. Concern will continue to maintain and expand these security networks ensuring that operations run as smoothly and safely as possible at all times. In addition, Concern's international staff receive training on working in hostile environments and both national and international staff receive regular security briefings. Concern has a security management policy reflected through the regularly updated Security Management Plan (SMP) which incorporates threat analysis and Standard Operating Procedures (SOPs). All staff receive training and refreshers on the SMP.

As access to areas wider Unity open up to humanitarian partners, Concern will carefully evaluate the potential safety and security risks of all staff, taking particular notice of the needs and concerns of national staff. Conflict in South Sudan is extremely complex, with both political and ethnic undertones. Many national staff members once resided in the proposed project locations and are unsure of the reception they will receive from beneficiary communities. There have also been instances of national staff being confronted by SPLA soldiers while participating in projects outside of the PoC sites. Concern will continue to monitor the situation and regularly meet with national staff members to determine the appropriateness of sending certain staff members to specific project locations.

Access

Concern is a well-established organization already operating on the ground and is highly accepted by local community leaders, community members and other humanitarian agencies. Access to areas outside of the Bentiu PoC sites has been limited in 2015 due to security constraints that threaten the safety of humanitarian staff. However, it is anticipated that areas across Unity State that have been previously inaccessible will begin to open up over 2016 as the government is pressured to guarantee humanitarian access, particularly in light of alarming reports around the nutrition situation in the southern parts of the state. All project activities are dependent on the continued improvement of security within Unity State and the cooperation of local government bodies.

Access to Unity State is also dependent on weather constraints. The PoC site and surrounding areas are prone to flooding, as evidenced by the 2014 flooding of the Bentiu PoC site. This could have a significant negative impact on the implementation of project activities and limit Concern's access to the target populations. As such, road access from Juba to Bentiu is only feasible during the dry season months as roads become impassable. During the rainy season supplies must be flown to Rubkona County. Trucks carrying humanitarian supplies are at risk of banditry, further complicating logistics. Given this constraint, the transport of supplies will be prioritized during the dry season months to mitigate the risk of breaking the supply chain. Buffer stocks will be stored in Concern's warehouses in the Bentiu PoC site.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Country Director	S	1	11,316.72	6	7%	4,753.02
	<i>The Country Director will provide overall organisational leadership and will be fully accountable for all programming and operational decisions within South Sudan. The Country Director will dedicate 7% of their time to this project.</i>						
1.2	Emergency Programme Director	S	1	10,715.25	6	10%	6,429.15
	<i>The Emergency Programme Director will oversee all organisational programmes and manage the donor relations in regard to this project. They will contribute 10% of their time to this project</i>						
1.3	Systems Director	S	1	10,715.25	6	7%	4,500.41
	<i>This position will oversee all Concern South Sudan support functions and will contribute 7% of their time to this project</i>						
1.4	Emergency Coordinator	S	1	10,715.25	4	15%	6,429.15
	<i>The emergency coordinator will provide day to day guidance and leadership to Concern's emergency programme through coaching and mentoring of programme managers specifically focusing on the supervision of the review and development of sectoral workplans, budgets and financial reports. They will contribute 15% of their time to this project</i>						
1.5	Country Finance Controller	S	1	9,276.48	6	7%	3,896.12
	<i>The CFC will ensure that financial requirements are fully complied with on this project and will contribute 7% of their time to this project</i>						
1.6	Programmes and Partnership Accountant - UN Projects	S	1	9,276.47	6	20%	11,131.76
	<i>The Programme Accountant will manage all the financial accounts for this project and support the CFC. They will contribute 20% of their time to the project</i>						
1.7	M&E Advisor	S	1	9,276.48	4	15%	5,565.89
	<i>This position will be responsible for all monitoring, evaluation and learning within the South Sudan programme and will contribute 15% of their time to this project</i>						
1.8	Logistics Coordinator	S	1	9,276.48	6	7%	3,896.12
	<i>This position will provide logistical support and will dedicate 7% of their time to the project.</i>						
1.9	Grants and Information Manager	S	1	9,276.48	6	7%	3,896.12
	<i>The Grants Manager will manage all compliance and reporting due for this grant and will handle all donor correspondence. They will dedicate 7% of their time to the project.</i>						
1.10	Programme Support Officer	S	1	5,852.55	6	10%	3,511.53
	<i>The Programme Support Officer will support each location and will provide support in monitoring, evaluation, communication and reporting, and will dedicate 10% of their time to the project</i>						
1.11	Area Coordinator and Base Manager	D	2	7,603.78	6	15%	13,686.80
	<i>The Area Coordinator will manage programming quality and integration with other sectors in Unity, based in Bentiu. The AC will dedicate 15% of their time to the project. A Base Managers will coordinate all the logistical support provided to the project operation within the programme areas, dedicating 15% of their time to the project</i>						
1.12	Logistics Officer	D	1	4,324.73	6	15%	3,892.26
	<i>This position will provide logistical support and will dedicate 15% of their time to the project.</i>						
1.13	Finance, Admin, HR and Logistics	D	4	2,032.03	6	15%	7,315.31
	<i>This will cover following support roles: Finance and Admin Assistant, HR and Admin Assistant, Logistics Assistant, Logistics Officer</i>						
1.14	Cleaners, Guards	D	8	370.18	5	100%	14,807.20

	<i>Cleaners will be hired for the nutrition sites and 4 will be charged 100% to this project for 4 months. 4 Nutrition Centre guards will be required and will be charged 100% to this project for 4 months</i>						
1.15	Storekeepers	D	2	839.0 2	6	20%	2,013.65
	<i>The storekeeper will be in charge of nutrition supplies and will be charged 20% to this project. 2 Store keepers will be required for the programme area</i>						
1.16	CMAM Officer	D	1	1,380 .00	6	70%	5,796.00
	<i>The CMAM Officer will provide support to the emergency nutritionist in trainings and data collection and monitoring</i>						
1.17	Emergency Nutritionist	D	2	4,324 .74	6	30%	15,569.06
	<i>Two Emergency Nutritionists will provide leadership in project implementation and will be responsible for ensuring that project objectives are met. He/she will be charged 30% to this grant.</i>						
1.18	Assistant Project Officer	D	2	1,315 .60	4	100%	10,524.80
	<i>Two Assistant Project Officers will implement the project</i>						
1.19	Nutrition and IYCF Assistants	D	14	759.1 1	6	100%	63,765.24
	<i>A total of 12 nutrition assistants and 2 IYCF assistants will be dedicated to implementing this project and will be 100% charged to the project.</i>						
1.20	Nurse and Outreach Supervisor	D	4	1,143 .07	4	100%	18,289.12
	<i>3 Nutrition Nurses will be implementing the project and will be charged 100% to this project for 4 months. An Outreach Supervisor will be implementing the project in Unity and be charged 100% to the project for 4 months.</i>						
1.21	Drivers	D	1	578.7 6	6	20%	694.51
	<i>1 Driver will be required for nutrition activities. and will be charged 20% to this project.</i>						
	Section Total						210,363.22
Supplies, Commodities, Materials							
2.1	Prepositioning of Construction Supplies	D	2	5,000 .00	1	100%	10,000.00
	<i>Prepositioning of Supplies in preparation for construction and rehabilitation of nutrition centres, including warehousing costs</i>						
2.2	Assessments in wider Unity	D	7	1,800 .00	1	100%	12,600.00
	<i>Costs for assessments by mobile teams in wider Unity as new areas become accessible including fuel, transport, equipment</i>						
2.3	Emergency Response in Unity	D	1	8,000 .00	1	100%	8,000.00
	<i>Quick Set up tents for mobile clinic and equipment</i>						
2.4	Staff Training and Workshops	D	20	150.0 0	4	100%	12,000.00
	<i>Training of Concern and Health facility staff on CMAM, IYCF, cost of Seminars and workshop regionally , Juba, Wau and Aweil</i>						
2.5	Community Sensitisation	D	1	4,000 .00	1	100%	4,000.00
	<i>Includes workshop for community leaders on awareness of malnutrition causes and prevention</i>						
2.6	Transport	D	7	2,000 .00	1	100%	14,000.00
	<i>Transportation of prepositioning materials for Unity</i>						
2.7	Casual Labour	D	1	5.00	480	100%	2,400.00
	<i>Casual labour costed at \$5 per person for 480 days</i>						
2.8	Printing of OTP materials	D	1	5,000 .00	1	100%	5,000.00
	<i>Includes OTP cards and registers</i>						
	Section Total						68,000.00

Equipment							
3.1	IT & communication equipment	D	3	1,400.00	1	100%	4,200.00
	<i>Items such as VHF radios, Satellite phones, computers, cameras etc</i>						
3.2	Office Furniture & equipment	D	2	1,000.00	1	100%	2,000.00
	<i>Equipment and furniture required for operations of the programme</i>						
	Section Total						6,200.00
Travel							
5.1	UNHAS Flights (return flight)	D	5	400.00	1	100%	2,000.00
	<i>This line will cover the cost of 9 return flights to Bentiu and Aweil from Juba for staff working on the project.</i>						
	Section Total						2,000.00
General Operating and Other Direct Costs							
7.1	Country Office Running Costs	S	1	43,594.59	6	7%	18,309.73
	<i>These allocated costs will contribute to the rent for the office in Juba</i>						
7.2	Field Office Running Costs	D	1	10,527.96	6	10%	6,316.78
	<i>These allocated costs will contribute to the rent for the office in Bentiu</i>						
7.3	Vehicle Rent - Bentiu	D	1	1,030.83	6	10%	618.50
	<i>The costs allocated will contribute towards covering the rent of hired vehicles in Bentiu</i>						
7.4	Vehicle Rent - Juba	S	1	4,483.33	6	10%	2,690.00
	<i>The costs allocated will contribute towards covering the rent of hired vehicles in Juba</i>						
7.5	Programme Visits for Monitoring, Evaluation and Learning	S	1	533.55	1	100%	533.55
	<i>This includes visits from senior staff to run planning and review meetings</i>						
7.6	SMART Survey	D	2	8,000.00	1	100%	16,000.00
	<i>Cost of SMART Survey for Bentiu PoC sites in July/August and Rapid Survey in Guit</i>						
7.7	Monitoring and Evaluation Costs	D	1	1,000.00	1	100%	1,000.00
	Section Total						45,468.56
SubTotal			109.00				332,031.78
Direct							256,489.23
Support							75,542.55
PSC Cost							
PSC Cost Percent							7%
PSC Amount							23,242.22
Total Cost							355,274.00
Total Audit Cost							3,552.74
Grand Total CHF Cost							358,826.74

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Guit	34						
Unity -> Rubkona	66						
Documents							
Category Name				Document Description			
Project Supporting Documents				CWW - Bentiu PoC - Smart Survey - August 2015.pdf			