

<b>Requesting Organization :</b>	World Relief				
<b>Allocation Type :</b>	1st Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
NUTRITION		100.00			
		<b>100</b>			
<b>Project Title :</b>	Emergency Nutrition Intervention in Unity State; Koch County and Bentiu POC				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA1/N/INGO/810		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	263,698.50		
<b>Planned project duration :</b>	8 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/04/2016	<b>Planned End Date :</b>	30/11/2016		
<b>Actual Start Date:</b>	01/04/2016	<b>Actual End Date:</b>	30/11/2016		
<b>Project Summary :</b>	<p>Conflict continued to uproot and displace households, preventing many from planting and forcing them to sell off assets and livestock for food, and breaking down the functionality of markets. The internal and external conflicts always result in displacement of people thus increasing tensions and raising the level of vulnerability among county residents in competition for scarce resources. Levels of acute malnutrition remain critical in Koch and Bentiu POC as well as many other parts of Unity state. An IPC report September 2015 shows that the food security situation of an estimated 30,000 people in Unity State (particularly Leer, Guit, Koch and Mayendit counties) is extremely concerning as there is likelihood of a famine occurring in the next few months if urgent humanitarian access is not provided. This project will support the call for scale up of nutrition activities in Bentiu POC and respond to nutrition needs by targeting IDPs and host communities in Koch County. The project is designed to provide both preventive and curative services. Treatment of severe acute malnutrition (SAM) is provided to prevent children under five from death. Treatment of moderate acute malnutrition (MAM) aims to improve the health of children under five and pregnant and lactating women (PLWs), thereby reducing the prevalence of severe acute malnutrition. Awareness campaigns on topics including IYCF and hygiene promotion will be provided to the community. World Relief works closely with the Koch County Health Department (KCHD) to ensure that the community of Koch receives the needed services. UNICEF and WFP will provide food rations for the treatment of SAM and MAM in children and PLW in Koch County of Unity State. Children under five, and PLWs, as well as other vulnerable groups, will be screened in the community. Those found to be malnourished will be referred to OTP/TSFP for nutritional and medical assessment. Beneficiaries enrolled in the OTP or TSFP programs will be given bracelets to keep regardless of whether they are transferred to different components of the nutrition intervention or not. These bracelets will support in easier tracking of beneficiaries and avoiding duplication at multiple centers. Once the patients are discharged, the bracelets will be recovered. The bracelets will be color coded for each nutrition site. This CHF funding will complement funds and/or GIKs from other donors, namely Unicef, WFP and OFDA.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	5	1,013	2,576	2,715	6,309
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	2,576	2,715	5,291
Internally Displaced People	0	1,008	0	0	1,008
Other	5	5	0	0	10
<b>Indirect Beneficiaries :</b>					
Care takers of children admitted in nutrition centers and those with children 0-23 months as well as the community at large will benefit from education awareness and IYCF counseling					
<b>Catchment Population:</b>					
Koch, Boaw, Beith, Rier, Mirmir, Patit, Lablab, Gap, Ngony, Pakur, POC sector 5 and POC sector 2					
<b>Link with allocation strategy :</b>					

The project will adopt an approach of mobile interventions as well as rapid response teams to support in cases where access becomes a challenge especially in Koch County. The project will be following the populations in their areas of displacement and ensure that life saving support continues to be offered without interruption as much as possible. Coverage will therefore be expanded. There will be collaboration with the SMOH, WFP and UNICEF to provide services that respond to the emergency levels of malnutrition and the growing number of IDPs in the project areas. These life-saving interventions will provide critically needed outpatient therapeutic care programming (OTP) and targeted supplementary feeding (TSF) programming to children under five, PLWs, older people and other special cases such as disabilities and cases with compounding medical conditions. (This will relate to cluster objective # 1 and 2). Nutrition objective #1 states: Deliver quality lifesaving management of acute malnutrition for at least 70% of SAM and 75% of MAM in girls and boys 6-59 months, PLW and the elderly. For Koch and Bentiu POC, WR will target a total of 2040, boys and girls for SAM cases; 3261 boys and girls MAM cases, and 1008 PLW and other vulnerable groups including elderly living in the malnutrition high burden states. Needs analysis and reporting will be carried out with nutrition partners and health actors for intervention and integration. This will include the community leaders and churches in the area. Continues awareness and counseling on IYCF will be provided to care takers admitted in nutrition centers and community at large. This will relate to Nutrition objective #2 which states: Increased access to integrated programs preventing under-nutrition through IYCF for at least 60% PLW, 90% Vit A coverage for Under five children, BSFP for 30% under-fives and 40% PLW. SMART survey and reporting will be conducted when situation allows in Koch county and if unfeasible mass screenings and other rapid assessments will continue to be carried out regularly and reports shared with partners. Weekly/monthly report will be collected from nutrition centers, the report will be shared with partners for nutrition monitoring and program performance, this relates to Nutrition objective # 3 which states: Ensure enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of response.

**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
Unicef	82,854.66
OFDA (Jan-March16)	184,740.75
	<b>267,595.41</b>

**Organization focal point :**

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**BACKGROUND**

**1. Humanitarian context analysis**

Conflict continues to be a major driver of food insecurity through population displacements and looting and general destruction of property and sources of livelihoods. Communities in Koch County and in the POC not only were not able to plant crops for the last rain season, they also lost nearly 100% of their livestock. Livestock was a major source of livelihood for these communities; milk produced by the cows was a main source of nutritious food the children and the household at large. Livestock could also be sold to cover some hunger gap expenses. The loss of livestock by these communities has therefore come as a big shock which the community struggling to recover from. It is projected that about 2.4 million people (a 60% increase from same period last year) ( IPC Report 2015) will continue to face severe food and nutrition insecurity, the majority of whom are in Unity, Upper Nile and Jonglei States. Further, in the period just before the start of the lean season (January to March) an estimated 2.6 million will remain severely food and nutrition insecure. It is important to note that changing conditions relating to economy and trade plus security and conflict may significantly affect the projections. The overall nutrition situation in August-September remains Critical with GAM prevalence above the Emergency threshold (GAM >15%) in the conflict affected states of the Greater Upper Nile region (Jonglei, Unity and Upper Nile States) (IPC 2015 report). The nutrition situation has particularly deteriorated in Unity State to Very Critical and above the Catastrophe thresholds (GAM >30%). High prevalence of acute malnutrition is attributed to inadequate food consumption, poor maternal and child feeding practices, morbidity, and constrained health and nutrition service delivery.

**2. Needs assessment**

Report from IPC shows that an estimated 3.9 million people (3.1 million in Crisis and 800,000 in Emergency) Or 34% of the population are classified as severely food and nutrition insecure and were unable to meet their food needs in September 2015, a time of year which is supposed to be much more food secure. This is an 80% increase compared to the same period last year. Of extreme concern is the estimated 30,000 people in Unity State who are experiencing Catastrophe and are likely to deteriorate into famine in the absence of urgent and immediate humanitarian access. The long-term effects of the conflict coupled with high food prices, erratic rainfall patterns, depleted livelihood options and limited humanitarian access continue to put pressure on households' food security The food security situation of an estimated 30,000 people in Unity State (particularly Leer, Guit, Koch and Mayendit counties) is extremely concerning as there is likelihood of a famine occurring in the next few months if urgent humanitarian access is not provided. Limited but reliable evidence from recent assessments shows displaced households facing huge consumption gaps, with some households facing catastrophic food security conditions reducing consumption to as little as one meal per day consisting of only fish and water lilies. As the dry season settles in and fish and water lilies start to disappear, the situation is projected to worsen. Data from Bentiu Protection of Civilian (PoC) camp shows Global Acute Malnutrition (GAM) prevalence above the Catastrophe thresholds (GAM >30%) indicating the situation in these counties of origin where there has been less humanitarian presence since the May 2015 conflict began is likely to be worse. Multiple shocks such as loss of livestock through looting, crop failure and multiple displacements have left these people with no choice but to rely on wild food and/or humanitarian assistance. Humanitarian action is therefore urgently needed to prevent escalating malnutrition and death. In order to prevent the escalating malnutrition and death World Relief seeks to provide nutrition services to the community of Koch and IDPs in Bentiu POC.

**3. Description Of Beneficiaries**

This project will admit 6309 direct beneficiaries (M: 2571,F: 2710, PLW 1008, others M:10,F:10) through provision of a supplementary feeding program to save lives of children under five, PLW and other vulnerable groups. These groups will be identified through screening of children and PLW in the community. Children under five with acute malnutrition (Boys: 978, Girls: 1052 and other vulnerable: M: 5, F: 5) will be admitted in OTP. A TSFP program will target Boys (1593) and Girls (1658) aged 0-59 months, pregnant and lactating women, (1008) and other vulnerable groups, Elderly (Men 5, Female 5).In order to prevent under nutrition. The project will deworm children under five already enrolled in the program (Boys: 2581, Girls: 3728). The project is expected to provide counseling to men and women on IYCF (Women: 2,635 Men, 534). In order to provide quality service to the community the project will train health care workers on CMAM protocol (Men: 20 Women: 20). Children <5 and PLWs will be screened in the community for malnutrition (Boys 10,400, Girls 9,600, and PLWs 3000). In order to bring behavior change in the community this project will conduct community awareness on specific topics such as hygiene promotion and other health related topics that will be attended by 3,200 women and 900 men.

#### 4. Grant Request Justification

World Relief is the primary contributor of humanitarian assistance in Koch County and now supporting other partners in Bentiu POC in the fight to reduce malnutrition among IDPs and host community. In Koch, WR is the only nutrition partner for both Unicef and WFP. With the recent concept of the Health Pooled Fund of one implementing partner per county World Relief is the implementing partner in Koch County. World Relief was supporting 10 nutrition sites in Koch County before the May 2015 conflict and plans to re-establish static presence in the county starting January 2016 and re-opening all accessible sites. In Bentiu POC, WR has 2 nutrition sites, one transit site in Sector 5 and a static site in sector 2. World Relief works in partnership with Koch County Health Department to provide primary health care services in 7 health facilities supported by the Health Pooled Fund. World Relief has developed strong working relationships with partners. Due to continued conflict in many parts of South Sudan, levels of acute malnutrition remain critical in Koch and Bentiu POC as well as many parts of Unity state. Data from Bentiu Protection of Civilian (PoC) camp shows Global Acute Malnutrition (GAM) prevalence above the Catastrophe thresholds (GAM >30%) indicating the situation in these counties of origin is likely to be worse. Similarly, the surrounding counties show above Emergency level malnutrition thresholds (GAM >15%). There is great need to prevent morbidity and mortality due to malnutrition through provision of supplementary feeding. World Relief in collaboration with UNICEF and WFP conducted RRM mission in Koch (November and December 2015). The report shows that the humanitarian situation in Koch is deteriorating with most households' immediate need being food. Housholds visited during the mission had empty basket with only the old left at home while others out looking for something to feed their families. Majority of households were seen leaving for the POC mainly due to luck of food; conflict and long standing tension over cattle raids between youths from other neighboring locations. A total of 194 children under five( B:85 and F: 109) were admitted in SAM program while 651 ( B: 288 and F: 363) , PLW:397 were treated in MAM program. Therefore World Relief would wish to contribute to reduction of morbidity and mortality due to malnutrition among the community of Koch and IDPs in Bentiu POC through provision of nutrition services.

#### 5. Complementarity

World Relief will continue to collaborate with the SMOH, County Health Department (CHD), the Health cluster, WHO and other health actors in Southern Unity to provide services in response to the emergency and growing number of IDPs in the project areas. World Relief is also implementing a health program in Bentiu sector 2 and is the HPF health partner for Koch county. WR is able to continue supporting nutrition activities in Koch and Bentiu POC through additional support from OFDA, Unicef and WFP. This CHF grant will be supplementing these two projects and WR works towards integration with its other sectors namely Food security (kitchen gardens for caretakers), health (care for cases with medical complications) and education (ECD integration at nutrition centers). The project will work hand in hand with the remnant of the local community leadership in the county; who will be requested to assist in creating awareness about the program design, participate in evaluation exercises whenever feasible, and play a significant role in information sharing and identification of community volunteers.

#### LOGICAL FRAMEWORK

##### Overall project objective

To reduce morbidity and mortality in the vulnerable targeted population by treating of SAM cases in girls and boys 0-59 months and MAM cases in girls and boys aged 6-59 months, pregnant and lactating, older people and other vulnerable groups.

#### 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 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	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% of SAM and 75% of MAM in girls and boys 6-59 months, PLW and the elderly

#### Outcome 1

Children under five years old and other vulnerable groups are admitted in nutrition program.

#### Output 1.1

##### Description

Admission of boys and girls aged 0-59 months with severe acute malnutrition for treatment to OTP nutrition centers Total: 2040 (Boys:983, Girls 1057)

SAM caseload Koch (B:860,G:894) Bentiu POC(B:118,G:158) ( Others; M:5,F:5): Total : 2040

#### Assumptions & Risks

Security permits access, teams are able to reach remote areas not in the regular OTP locations.

#### Activities

<b>Activity 1.1.1</b>							
Conduct screening campaigns using MUAC and referral of SAM cases to nutrition centre							
<b>Activity 1.1.2</b>							
Treatment of SAM cases							
<b>Activity 1.1.3</b>							
Strengthen implementation of IYCF programming, particularly in IDPs and collective settlements including men and women							
<b>Activity 1.1.4</b>							
Provide micronutrient supplementation and deworming to boys and girls aged 0-59 months							
<b>Activity 1.1.5</b>							
Training health care personnel and volunteers on IM-SAM and MAM protocols							
<b>Activity 1.1.6</b>							
Defaulter and absentees tracing for both SAM and MAM							
<b>Activity 1.1.7</b>							
Provision of referral system from OTP to SFP sites							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Overall SAM program cure rate (> 75%, SPHERE standards)					1,944
<b>Means of Verification</b> : nutrition site data							
Indicator 1.1.2	NUTRITION	Overall SAM program death rate (< 10%, SPHERE standards)					14
<b>Means of Verification</b> : nutrition site data							
Indicator 1.1.3	NUTRITION	Overall SAM program default rate (< 15%, SPHERE standards)					36
<b>Means of Verification</b> : nutrition site data							
Indicator 1.1.4	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			983	1,057	2,040
<b>Means of Verification</b> : Admission records from various locations; monthly reports							
Indicator 1.1.5	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			983	1,057	2,040
<b>Means of Verification</b> : Nutrition site data							
Indicator 1.1.6	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					12
<b>Means of Verification</b> : weekly/monthly nutrition site data							
<b>Output 1.2</b>							
<b>Description</b>							
Admission of children 6-59 months in Targeted supplementation feeding program, Total 3261							
<b>Assumptions &amp; Risks</b>							
Security permit movement to conducting activities							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Screen children under five (boys and girls) in the community for malnutrition and refer moderately malnourished case to TSFP program							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			1,598	1,663	3,261
<b>Means of Verification</b> : Weekly/monthly data							
<b>Output 1.3</b>							
<b>Description</b>							
Number of boys (1597) , girls (1663) 6-59, and PLW : 1008 screened for malnutrition in a community and referred for placement in TSFP							
<b>Assumptions &amp; Risks</b>							
Security situation permit movement of staff to conduct screening in the communities; and therapeutic food is available such that families see the benefits of going to screenings.							

<b>Activities</b>
<b>Activity 1.3.1</b>
Conduct screening campaigns using MUAC and referral of MAM cases to nutrition center
<b>Activity 1.3.2</b>
Treatment of MAM cases.
<b>Activity 1.3.3</b>
Strengthen implementation of IYCF programming, particularly in IDPs and collective settlements including men and women
<b>Activity 1.3.4</b>
Provide micronutrient supplementation and deworming to boys and girls aged 0-59 months admitted in MAM program

<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			1,598	1,663	3,261
<b>Means of Verification</b> : admission data							
Indicator 1.3.2	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)					10

**Means of Verification** : Nutrition records

**Outcome 2**

Capacities of health workers (men and women) are built..

**Output 2.1**

**Description**

Health care workers trained on CMAM protocol

**Assumptions & Risks**

Security permit for training to be conducted

**Activities**

**Activity 2.1.1**

Training of health care workers on CMAM protocols

<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	20	20			40

**Means of Verification** : Training records

Indicator 2.1.2	NUTRITION	# of healthcare workers trained on CMAM according to minimum requirements set by the cluster					40
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**Means of Verification** : Training records

**Output 2.2**

**Description**

Number of PLW enrolled in Targeted supplementation feeding program

**Assumptions & Risks**

Security situation permit movement of staff to conduct screening to detect early malnutrition cases in the community

**Activities**

**Activity 2.2.1**

Conduct screening in the community to PLW and refer malnourish cases to nutrition centers

<b>Indicators</b>							
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	859	1,008			1,867

<b>Means of Verification</b> : PLW admission data							
<b>Outcome 3</b>							
Improved knowledge of nutrition conditions and community awareness of how to prevent malnutrition							
<b>Output 3.1</b>							
<b>Description</b>							
More data available about nutrition conditions via vigorous SMART surveys							
<b>Assumptions &amp; Risks</b>							
Security permits for SMART survey to be conducted in Koch county							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
Conduct 1 SMART survey in Koch county							
<b>Activity 3.1.2</b>							
Conduct training on analysis and utilization on locally generated nutrition data to enhance decision making, planning and monitoring of nutrition projects at CHD office level.							
<b>Indicators</b>							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Frontline services # SMART surveys undertaken - Post-harvest					1
<b>Means of Verification</b> : SMART Survey Report							
<b>Output 3.2</b>							
<b>Description</b>							
More families have better knowledge of infant and young child feeding habits							
<b>Assumptions &amp; Risks</b>							
People are open to learning and changing behavior even in high stress situations							
<b>Activities</b>							
<b>Activity 3.2.1</b>							
Form mothers group of 50 members (men 15, women 35) at nutrition sites							
<b>Activity 3.2.2</b>							
Conduct mothers group meetings at nutrition sites							
<b>Activity 3.2.3</b>							
Conduct training on IYCF to mothers support group							
<b>Activity 3.2.4</b>							
Mother support group to conduct education on IYCF to the pregnant women and care takers to children 0- 23 months and community at large							
<b>Activity 3.2.5</b>							
Community Mobilization and Awareness							
<b>Indicators</b>							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.2.1	NUTRITION	Frontline services # of functional mother-to-mother support groups					10
<b>Means of Verification</b> : monthly reports, meeting reports, training reports							
<b>Additional Targets</b> :							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

Monitoring of activities include monthly field visits by the Nutrition Program Managers, regular meetings with project implementers and ongoing discussions with community members, collection of data through formal reports, staff meeting minutes, and informal sources (observations, informal conversions and meetings). Standard indicators for selective feeding program such as discharge, default, death, referral rates, average weight gain and length of stay will be calculated on a monthly basis and will be compared with SPHERE minimum standards. The project will implement community screening and referral of severely malnourished under five children to OTP/TSFP for nutritional and medical assessment and decision for admission or referral to stabilization center. Beneficiaries enrolled in the OTP or TSFP programs will be given individual Case Number that they will keep regardless of whether they are transferred to different components of the nutrition intervention. This will enable the program to track and follow up on beneficiaries. The case numbers will include a code signifying the component of the program they are first admitted to in order to avoid double counting of beneficiaries when transferred among the different components. The case numbers, along with a minimal amount of information (MUAC and weight gain/loss recorded at every visit, and height is recorded at admission and discharge, and monthly if possible) are kept in registers. A ration card with the case number is given to the care taker as well. WR will ensure close collaboration with other nutrition stake holders in Bentiu POC to ensure double registration of beneficiaries is eradicated. Similar effort will be used in Koch county to ensure beneficiaries are not double registered in different nutrition sites.

Medical, nutritional and follow up information is recorded regularly. Supervisors will review registers for appropriate admission and discharge, medical treatment, and RUTF and supplemental food distribution. Supervisors will also ensure that appropriate action is taken for children whose condition remains static or deteriorates. The project interventions will be evaluated according to input/output and outcomes to assess the impact. Set indicators of this proposal are the basis of impact determination. A post-harvest nutrition survey will be conducted using SMART methodology to assess the rate of malnutrition and provide recommendation to the program

Weekly and monthly reports will be submitted to the sub cluster at state level and the monthly data also shared with the national level cluster.

WR works very closely with the county health department and will continue to ensure our health and nutrition interventions continue to be closely coordinated with the CHD office. Whenever the security situation doesn't cause a barrier, quarterly review meetings will continue to be conducted with the Koch county CHD to ensure joint evaluation and planning of the health and nutrition interventions. WR will continue using the HPF collaboration with CHD model that ensure maximum involvement and capacity building of the CHD during this project implementation.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct screening campaigns using MUAC and referral of SAM cases to nutrition centre	2016				X	X	X	X	X	X	X	X	
Activity 1.1.2: Treatment of SAM cases	2016				X	X	X	X	X	X	X	X	
Activity 1.1.3: Strengthen implementation of IYCF programming, particularly in IDPs and collective settlements including men and women	2016				X	X	X	X	X	X	X	X	
Activity 1.1.4: Provide micronutrient supplementation and deworming to boys and girls aged 0 59 months	2016				X	X	X	X	X	X	X	X	
Activity 1.1.5: Training health care personnel and volunteers on IM-SAM and MAM protocols	2016				X					X			
Activity 1.1.6: Defaulter and absentees tracing for both SAM and MAM	2016				X	X	X	X	X	X	X	X	
Activity 1.1.7: Provision of referral system from OTP to SFP sites	2016				X	X	X	X	X	X	X	X	
Activity 1.2.1: Screen children under five (boys and girls) in the community for malnutrition and refer moderately malnourished case to TSFP program	2016				X	X	X	X	X	X	X	X	
Activity 1.3.1: Conduct screening campaigns using MUAC and referral of MAM cases to nutrition center	2016				X	X	X	X	X	X	X	X	
Activity 1.3.2: Treatment of MAM cases.	2016				X	X	X	X	X	X	X	X	
Activity 1.3.3: Strengthen implementation of IYCF programming, particularly in IDPs and collective settlements including men and women	2016				X	X	X	X	X	X	X	X	
Activity 1.3.4: Provide micronutrient supplementation and deworming to boys and girls aged 0 59 months admitted in MAM program	2016				X	X	X	X	X	X	X	X	
Activity 2.1.1: Training of health care workers on CMAM protocols	2016				X					X			
Activity 2.2.1: Conduct screening in the community to PLW and refer malnourish cases to nutrition centers	2016				X	X	X	X	X				
Activity 3.1.1: Conduct 1 SMART survey in Koch county	2016				X	X	X	X	X	X	X	X	
Activity 3.1.2: Conduct training on analysis and utilization on locally generated nutrition data to enhance decision making, planning and monitoring of nutrition projects at CHD office level.	2016											X	
Activity 3.2.1: Form mothers group of 50 members (men 15, women 35) at nutrition sites	2016				X		X		X		X		
Activity 3.2.2: Conduct mothers group meetings at nutrition sites	2016				X	X	X	X	X	X	X	X	
Activity 3.2.3: Conduct training on IYCF to mothers support group	2016				X	X	X	X	X	X	X	X	
Activity 3.2.4: Mother support group to conduct education on IYCF to the pregnant women and care takers to children 0- 23 months and community at large	2016				X	X	X	X	X	X	X	X	
Activity 3.2.5: Community Mobilization and Awareness	2016				X	X	X	X	X	X	X	X	

**OTHER INFO**

### **Accountability to Affected Populations**

The community will be involved in all project activities, consulting with the local officials and mothers on such decisions as selection of community volunteers, consultation on project activities whether new or ongoing thus making the communities own the project. World Relief listens closely to areas that are identified by the community as needs and then travels with key volunteers to begin assessments (such was recently done in three areas in Koch such as Gap. Lablab and Ngong Village), and this collaboration continues throughout implementation. World Relief has appointed village health committees in every area where there is an OTP (as they oversee both health and nutrition activities), and community members are told to direct complaints to these health committee volunteers. WR meets weekly with the local authorities (and usually the health volunteers are present) to update on the programming and this is where grievances can be aired and worked out. The project will give back to the community services to improve their lives such as education awareness on several topics to provide opportunity to learned from and change their behaviors. Community screening using formatted form will be conducted and severely malnourished children under 5 years, PLW and other vulnerable groups such as the elderly and those with medical conditions will be referred to OTP, TSFP and SC nutrition sites. Half of the nutrition workers will be women to allow close interaction between care takers and the worker; this is so because culturally most care takers are women. The health workers will be provided with quality training in IM-SAM to empower them with the knowledge they require while conducting activities at nutrition sites. The project will target individuals affected directly or indirectly regardless of their sex hence promoting gender equality throughout the project period.

World Relief institutionally ascribes to the principles of Do No Harm, and recognizes the need for conflict sensitivity in our programming - we have determined that since those eligible for food are only children who have demonstrated physical need, there is very low chance of exacerbating conflict dynamics. Part of the reason to increase the number of OTP sites (the driving factor for applying for CHF additional money) was to reduce the number of minutes/hours that caretakers would have to walk to the OTP sites in order to receive the nutrition supplements, thus reducing risks and vulnerabilities.

### **Implementation Plan**

World Relief will collaborate with the SMOH, WFP and UNICEF to provide nutrition services that responds to the emergency levels of malnutrition and the growing number of IDPs in the project areas. This will be achieved by providing critically needed outpatient therapeutic care programming (OTP), Stabilization Center (SC) and targeted supplementary feeding (TSFP). The community-based nutrition programming (including outreach, follow-up home visits, and health and nutrition education) complements the community-based health work and food security and livelihood activities being implemented by World Relief in Koch county and Bentiu POC. Community mobilization is the key component of the project for maximum coverage, making the services more accessible to the highest possible proportion of the malnourished population through timely early case detection and management. WR will use its existing systems and community structure, like CMAM coordinators, Nutrition nurses and community nutrition volunteer workers, and will be actively engaged in early case detection and defaulter tracing. The project will encourage active participation from the community. The local community leaders and church leaders will be informed of the project, and be requested to assist in creating awareness about the program, participate in evaluation exercise, and play a significant role in information sharing and identification of community workers. WR will use UNICEF and WFP food commodities to support the program in Koch County, and Bentiu POC, Unity State. During this project, children under 5 years, PLW and vulnerable groups of communities will receive free of charge services and TFSP rations appropriate to their health conditions to avoid falling into severe malnutrition status. World Relief plans to conduct regular measurements (anthropometric) to monitor the status of children under the program. Weight, height and MUAC will be measured on admission and according to national SAM and MAM guideline. Children identified as severely malnourished with medical complications will be referred to nearby SC center. Measles vaccination will be administered if a child has no card or record of measles vaccine. In addition to this, appropriate treatments (de-worming, Vitamin A, antibiotics, anti-malarial, iron and folic acid) as needed will be administered to beneficiaries as per nutrition protocol of South Sudan. As managers of the Humanitarian Hub in Koch we are keenly aware of who is implementing which activities in which areas, and are committed to working in such a way as to avoid duplication - clearly indicating which areas we are able to provide basic coverage for, and which areas we cannot reach. WR meets weekly with the local Ministry of Health and with local authorities, to keep them update on any changes in our planning and to hear feedback from them as well.

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

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
WFP, UNICEF, SMOH, Koch County Health Department	supplies will be from UNICEF and WFP, meeting and consultation on project activities will be with all parties in involve in nutrition and health for referral
Care, Concern, MSF	When the call for scale up nutrition activities in Bentiu POC was raised to reduce the morbidity and mortality due to malnutrition, World Relief consulted with nutrition cluster to joint other partners in the fight against malnutrition in Bentiu POC . Thereafter World Relief was given two sectors in Bentiu POC to implement OTP activities, while Care and Concern are implementing both OTP and TSFP in other sectors in the POC and MSF is implementing ITSFP. World Relief refer children for MAM cases to Care and Concern TSFP while children with severe malnutrition with complication are referred to MSF ITSFP

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

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

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

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

The project is designed to contribute significantly to gender equality. Boys and girls will be admitted into the program, Men and women will be trained as community volunteers without prejudice. The village health committee will be formed and will include men and women representatives. Mothers' groups will be formed which will include men and women. The Mothers' Groups are used as an avenue for providing education on Infant and Young Child Feeding practices and serve as a gateway for mothers to access OTP or TSF for their children in need or treatment. During mass campaign awareness, both men and women will attend the campaign. All activities will include men and women thus significantly contributing to gender equality

### **Protection Mainstreaming**

The protection may include many areas such as:

SGBV: Cases of SGBV will be handled in a confidential manner to protect the victims from the society as this is known to be sensitive issues in the society.

Children rights: all children have the right to access nutrition services. This includes street children, children without families, children mentally not sound, and children with disabilities will all be admitted in nutrition centers if presented with conditions Unification of families: This may not be the mandate of nutrition sector, but while care takers are at nutrition sites information can be pass to help identify a family or lost child for unification of the family. Through health workers information can be pas to the community concerning the issues. Same information could be pas to the sectors dealing with unification cases for better handling

Street children: as much as we try to avoid these cases they exist in the community, especially now with the crises that cause loss of many family members. These children could be identified through health workers and those found with health conditions will be brought for placement in nutrition centers. If such children refer themselves to the center during nutrition activities will be admitted according to the condition of the person

### Country Specific Information

### Safety and Security

World Relief has a security person that monitor and advice on security situations accordingly. Collective effort with other actors such as community leaders and UN bodies will be use to monitor the security situation. Formal information will be available whenever necessary to ensure security of the people involved in the project. Other measures will be put in place in case of emergencies such as evacuation. There will constant security briefing to prepare staff on the ground. Security situation of the area will be analyzed on a daily basis as a monitoring system. Priority must be made to finalize construction of a fox hole within the compound, and as much as possible, staff trained how to use their run bags and to know the standard operating procedures.

### Access

World Relief follows the rules and regulations set to get access to Koch County and Bentiu POC. There is constant coordination and collaboration with all partners involved, in order to provide service to community of Koch County and Rubkona county ( Bentiu POC). Currently, access via helicopter and fix wing has been relatively good in and out of Koch County, and an established Thuraya has vastly improved communication. World Relief will continue to coordinate using available systems to get access to the areas to providing service to vulnerable community of Koch and Rubkona County, and to slowly make improvements via improved radio communication and eventually some infrastructure improvements such as small feeder roads. There is an airstrip in Jaak Payam (Tharjath) that a fix winged airplane can fly into, while helicopter can be use to reach inside Koch main. The biggest challenge that we plan to address is transportation inside of the county, which is why the motorcycles, cars, and quad bikes that we have or are sending up must be maintained, and why we are even considering training oxen to pull carts; to deliver supplies even should the fuel shortage get worse.

### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Country Director	S	1	5,500.00	8	10%	4,400.00
	<i>County Director oversees WR country operations in South Sudan, 10% salary is charged under CHF</i>						
1.2	Program Director	S	1	4,500.00	8	10%	3,600.00
	<i>Oversees all programmatic aspects. 10% salary charged to CHF</i>						
1.3	Finance Manager	S	1	4,680.00	8	10%	3,744.00
	<i>Responsible for country wide financial management. 10% salary charged to CHF</i>						
1.4	Nutrition Program Manager	D	2	4,000.00	8	50%	32,000.00
	<i>Are responsible for appropriate implementation of all nutrition programing (TSF,OTP and SC). One for Koch and one for Rubkona. 50% salary charged to CHF</i>						
1.5	Operations Manager	S	1	3,800.00	8	10%	3,040.00
	<i>Responsible for coordination of support functions including logistics and human resources. 10% salary charged to CHF</i>						
1.6	Security Manager	S	1	3,800.00	8	10%	3,040.00
	<i>Supports with security, health and safety for teams. Ensure its safe enough for teams to deploy and that adequate measures are taken for team's well being. 10% salary charged to CHF</i>						
1.7	Grants, Monitoring and Evaluation Coodinator	D	1	3,800.00	8	10%	3,040.00
	<i>Supports with grant management as well as M&amp;E activities, ensuring quality programming. 10% salary charged to CHF</i>						
1.8	Nutrition Program Coordinator	D	2	1,600.00	8	50%	12,800.00
	<i>Responsible for coordination of nutrition activities at field level and supports in training of local staff and volunteers. Two for Koch and one for Rubkona. 50% salary charged to CHF</i>						
1.9	Nutrition SFC officer	D	3	1,300.00	8	50%	15,600.00

	<i>support nutrition coordinators in day to day running of nutrition activities and data management. One for Rubkona and 2 for Koch, 50% charged to CHF</i>						
1.10	Nutrition Medical officer	D	1	1,500.00	8	50%	6,000.00
	<i>supervises and manages OTP /SC children with medical conditions. 50% charged to CHF</i>						
1.11	CMAM Coordinator /nurses (10 nutrition sites)	D	10	300.00	8	50%	12,000.00
	<i>run the day to day activities in OTP centers and supervise CNVs. One per nutrition site.</i>						
1.12	Nutrition volunteers	D	40	100.00	8	50%	16,000.00
	<i>(4x10 nutrition sites) support CMAM coordinators/nutrition officers in daily activities in nutrition centers such as tracing , screening and follow up of beneficiaries</i>						
1.13	Cleaner/water carrier	D	10	100.00	8	50%	4,000.00
	<i>Cleaner/water carrier ( 10 nutrition sites); Collect water for beneficiaries at the centers and maintain cleanliness of the center - 50% charged to CHF</i>						
1.14	SFC Guard	D	20	100.00	8	50%	8,000.00
	<i>10 sites, 2 guards each, 50% charged to CHF</i>						
1.15	Finance Assistant - Field	S	1	580.00	8	30%	1,392.00
	<i>Day to day management of petty cash at field level. 30% charged to CHF</i>						
1.16	Finance & HR Coordinator-Feld	S	1	1,400.00	8	30%	3,360.00
	<i>Management of HR and finance in filed will be carried out by Finance and HR. 30% charged to CHF.</i>						
1.17	HR Manager-Country office	S	1	1,900.00	8	10%	1,520.00
	<i>Responsible for Human Resource Management and processes for WRSS country wide. 10% charged to CHF</i>						
1.18	Logistics Officer- Field	S	1	1,200.00	8	10%	960.00
	<i>Responsible for logistics function at field level</i>						
1.19	WRSS Country Accountant - Juba	S	1	1,150.00	8	10%	920.00
	<i>Supports with financial data entry and book keeping country wide. 10% charged to CHF</i>						
1.20	Logistics/Procurement Officers -Juba	S	2	900.00	8	10%	1,440.00
	<i>Supports with supply chain management at county office level. Charged 10% to CHF</i>						
1.21	Administrative Assistant -Juba	S	1	600.00	8	10%	480.00
	<i>Administrative support functions at country level. 10% charged to CHF</i>						
1.22	Mechanic/driver -Koch and Bentiu	D	2	280.00	8	50%	2,240.00
	<i>Responsible for driving and minor repairs and servicing of vehicles at field level. 50% charged to CHF</i>						
1.23	WRSS Driver -Juba	S	1	364.00	8	10%	291.20
	<i>Responsible for driving and minor repairs and servicing of vehicles at Juba level. 10% charged to CHF</i>						
1.24	17% Mandatory Nat'l Social Insur. Fund	D	1	3,559.00	8	50%	14,236.00
	<i>This cost cover social insurance for staffs involved in nutrition activities. 50% charged to CHF</i>						
1.25	International staff Benefits	D	1	3,000.00	8	10%	2,400.00
	<i>Visas, Passports, registration, meal allowances, R&amp;R for international staff (25% of salaries). 10% charged to CHF</i>						
	<b>Section Total</b>						<b>156,503.20</b>
<b>Supplies, Commodities, Materials</b>							
2.1	OTP/SFP Cards	D	100	1.00	8	100%	800.00
	<i>Printing of one OTP card will cost 1 USD. These include the cost of the papers and printing. 1200 will print 1200 cards for 12 OTP</i>						

2.2	Bracelets for Nutrition beneficiaries	D	5000	1.50	1	50%	3,750.00
	<i>Bracelets for easier tracking and management of patients admitted into the nutrition program. 50% charged to CHF</i>						
2.3	Nutrition mini sacks	D	5000	3.50	1	50%	8,750.00
	<i>Mini reusable sacks with visibility for caretakers to use for transporting nutrition supplies (plumpy nut, plumpy sup, etc) after distribution at the center. 50% charged to CHF</i>						
2.4	Casual Labor	D	1	800.00	8	50%	3,200.00
	<i>Casual labour for loading, offloading and distribution of supplies and commodities. 50% allocated to CHF</i>						
2.5	Nutrition center supplies re-stocking	D	10	800.00	1	50%	4,000.00
	<i>Tables, chairs, stationery, stock cards, etc for 12 nutrition centers. 50% charged to CHF</i>						
	<b>Section Total</b>						<b>20,500.00</b>
<b>Equipment</b>							
3.1	Computer	D	1	1,000.00	1	100%	1,000.00
	<i>Replacement for one depreciated computer for direct project staff</i>						
3.2	VHF Radios	D	2	950.00	1	100%	1,900.00
	<i>Radios for communication in field as part of security plan. 2 radios charged 100% to CHF</i>						
	<b>Section Total</b>						<b>2,900.00</b>
<b>Contractual Services</b>							
4.1	SMART Survey training and data collection	D	1	6,500.00	1	50%	3,250.00
	<i>SMART survey consultant fees, including procurement process expenses and transport to the field. Survey to be carried out in Koch county. Post harvest survey charged 50% to CHF</i>						
4.2	Survey training and data collection	D	1	3,000.00	1	50%	1,500.00
	<i>The cost will go towards training of data collectors for nutrition SMART survey. This cost includes training allowance, survey stationery meals and data collection allowances</i>						
	<b>Section Total</b>						<b>4,750.00</b>
<b>Travel</b>							
5.1	Local Air Travel (Staff)	D	2	400.00	8	50%	3,200.00
	<i>Travel to field and back to Juba for program staff including program director and M&amp;E's field monitoring trips. charged 50% to CHF</i>						
5.2	Local Air transport Program Supplies	D	4	4,500.00	1	50%	9,000.00
	<i>One charter flight bi-monthly for transportation of nutrition supplies to the field. Charged 50% to CHF</i>						
5.3	Local Non-Air Transport	D	10	550.00	1	50%	2,750.00
	<i>Local distribution of nutrition supplies to remote locations including porters where vehicles cant reach and during peak of wet season. 50% charged to CHF</i>						
	<b>Section Total</b>						<b>14,950.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Vehicle maintenance and depreciation	D	1	585.00	8	30%	1,404.00
	<i>vehicle use for transportation of supplies from main store to nutrition sites and supervisory trips. 30% charged to CHF</i>						
7.2	Fuel and Oil consumption	D	2	625.00	8	30%	3,000.00
	<i>Fuel and oil for vehicles and generator. 30% charged to CHF</i>						
7.3	Communications: thuraya credit	D	1	250.00	8	30%	600.00
	<i>Thuraya communications with field. 30% charged to CHF</i>						
7.4	Nutrition center rehabilitation and re-establishment	D	8	3,600.00	1	30%	8,640.00

	<i>Rehab and re-establishment of destroyed/seriously damaged nutrition centers in feld. 8 centers needing serious rehab, 30% charged to CHF</i>						
7.5	Office operation - Koch and Bentiu Field offices	D	1	2,000.00	8	20%	3,200.00
	<i>cost of running the office in the fiield 20% is allocated to CHF</i>						
7.6	Training of CMAM Coordinators and health care workers	D	4	450.00	2	50%	1,800.00
	<i>Training will be provided to health care workers on CMAM protocol. the cost include training allowance, stationary, etc. 2 trainings for 4 field sites at 400\$ each</i>						
7.7	Community Mobilization & Sensitization	D	2	170.00	8	50%	1,360.00
	<i>CNVs and officers sent out to deep field locations for sensitisation, mobilisation and awareness raising of community. 50% charged to CHF</i>						
7.8	Training on IYCF (10 centers)	D	10	700.00	1	50%	3,500.00
	<i>Each center of 10 is expected to conduct counseling and form mothers groups. 50% of the activities is allocated to CHF.</i>						
7.9	Accomodation and food Bentiu POC	D	5	1,050.00	8	30%	12,600.00
	<i>Accommodation and food costs for 5 staff for 12 months in humanitarian hub. 30% charged to CHF</i>						
7.10	IEC Materials and visibility (posters, banners, t-shirts)	D	1	2,500.00	1	100%	2,500.00
	<i>Education materials on IYCF and banners will be produce including T-shirts and caps with visibility. 100% of the cost is allocated to CHF</i>						
7.11	Rent and utilities - Juba office	S	1	6,300.00	8	10%	5,040.00
	<i>Rent, water, stationery, minor repairs, etc for Country office. 10% charged to CHF</i>						
7.12	Juba accommodation for program staff	S	4	1,000.00	8	10%	3,200.00
	<i>Accommodation for 4 program staff in Juba. Rent recovery percentage and/or hotel charges. 10% charged to CHF</i>						
	<b>Section Total</b>						<b>46,844.00</b>
<b>SubTotal</b>				10,279.00			<b>246,447.20</b>
Direct							210,020.00
Support							36,427.20
<b>PSC Cost</b>							
PSC Cost Percent							7%
PSC Amount							17,251.30
<b>Total Cost</b>							<b>263,698.50</b>
<b>Total Audit Cost</b>							<b>2,636.99</b>
<b>Grand Total CHF Cost</b>							<b>266,335.49</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Koch	70						
Unity -> Rubkona	30						
<b>Documents</b>							
Category Name				Document Description			