

Requesting Organization :		World Vision South Sudan		
Allocation Type :		1st Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :		Provision of Emergency Nutrition Project in Gogrial West, Warrap state, South Sudan		
Allocation Type Category :		Frontline services		
OPS Details				
Project Code :		SSD-17/H/102639	Fund Project Code : SSD-17/HSS10/SA1/N/INGO/5076	
Cluster :		Nutrition	Project Budget in US\$: 289,200.35	
Planned project duration :		6 months	Priority: Not Applicable	
Planned Start Date :		01/04/2017	Planned End Date : 30/09/2017	
Actual Start Date:		01/04/2017	Actual End Date: 30/09/2017	
Project Summary :		<p>The project will contribute to the HRP 2017 objective of saving lives and alleviate the suffering of those most in need of assistance and protection, protect the rights and uphold the dignity of the most vulnerable, and Support at-risk communities to sustain their capacity to cope with significant threats. WVSS seeks SSHF to deliver of quality lifesaving nutrition interventions which will focus on the management of SAM and MAM in girls and boys 6-59 months, PLW and elderly in the POC's; to increase access to integrated programmes preventing under-nutrition for the most vulnerable and at risk, including through IYCF for PLW prioritized on the basis of planned scale up capacity; BSFP for under-fives based on assessment of those most at risk in conflict and high burden States; to ensure enhanced needs analysis of nutrition situation and robust monitoring and coordination of emergency nutrition responses; to Increase access to integrated nutrition, health and WASH responses in counties with critical levels of acute malnutrition.</p> <p>In Gogrial West, WVSS will provide nutrition services to 30% of the 2017 nutrition cluster HNO targets of SAM and MAM in the under 5 children and MAM in PLW. WVSS proposes to implement the following activities:</p> <ul style="list-style-type: none"> Improved identification of malnutrition cases, and referrals of 3,137 SAM and 7,085 MAM in under 5, and 2,152 PLW with MAM cases. • Continuous screening of children 0-59 months and PLW in the community and health facilities by both community health workers and CNVs. • Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC • Continuous follow up of defaulter cases and home visits for non-respondent cases. • Train 33 CNVs on techniques of screening, defaulter tracing and home visits <p>Improved coverage of service delivery points for treatment of acute malnutrition for 3,137 SAM and 7,085 MAM Children under 5, and 2,152 PLW.</p> <ul style="list-style-type: none"> • Train 20 CHD and WV staff on CMAM • Conduct bi- weekly community nutrition outreaches where nutriton messages will be intergrate with health and WASH promitions messages • conduct 2 mass community mobilization, sensitization, and screening campaign <p>Increased provision of IYCF messages and counselling in nutrition centers and health facilities for all vulnerable groups</p> <ul style="list-style-type: none"> • Train 20 CHD and WV staff on IYCF-E as per MoH strategy • Establish 20 new mother to mother support groups and support 6 existing mother to mother support groups • Conduct bi- weekly community sensitization campaigns on IYCF-E, targeting men and community leaders <p>Increased coverage of Vitamin A supplementation among children below the age of five</p> <ul style="list-style-type: none"> • Provide 1 Vit A supplementation campaign for National Immunization Days (NID) <p>Improved coordination among nutrition actors</p> <ul style="list-style-type: none"> • County nutrition quarterly review meetings • Monthly coordination meetings between local leadership, CHD and nutrition actors • Monthly reports sharing 		
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
0	2,152	8,199	8,533	18,884

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	0	0	0	0	0
People in Host Communities	0	0	0	0	0
Children under 5	0	0	8,199	8,533	16,732
Pregnant and Lactating Women	0	2,152	0	0	2,152

Indirect Beneficiaries :

45,567 will be indirect beneficiaries.

Catchment Population:

The catchment area of the population is the total population of the targeted county which stands at 331990. The project will develop community based mechanisms to address malnutrition and this will benefit not only the targeted beneficiaries but the whole community in the long term.

Link with allocation strategy :

According to the 2017 Humanitarian Response Plan, the nutrition cluster response strategy and Prioritization focuses on : 1) providing quality nutrition services through outpatient therapeutic programs and targeted supplementary feeding programs in all functional static nutrition sites, improving referrals, and utilizing mobile and outreach services in conflict-affected areas; 2) engaging closely with the Health, WASH and FSL clusters to integrate nutrition-sensitive interventions into other sectors; 3) linking with development partners, and particularly the Health Pool Fund, to increase coverage of nutrition services and avoid duplication; 4) strengthening monitoring and supervision of nutrition services to determine functionality; and 5) improving information management, assessments and knowledge management to inform response, advocacy and decision making. The core pipelines partners will ensure timely procurement, delivery and pre-positioning of supplies in strategic warehouses.

WVVS,once funded through SSHFSA1, will address the following gaps:

- Treatment of severe and moderate acute malnutrition among under-five children and PLWs
- Preventive nutrition interventions among under-fives, IYFC and BSFP among under-five and PLWs
- Continuous monitoring, surveillance and analysis of the evolving nutrition situation
- Monitoring and supervision of nutrition services
- Micronutrient supplementation high risk areas not reached with NID , though linkage with the health cluster.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Perry Mansfield	National Country Director	perry_mansfield@wvi.org	+211-921-406-137
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Jonathan Chifamba	Senior Programme Officer	jonathan_chifamba@wvi.org	+211915188161

BACKGROUND**1. Humanitarian context analysis**

South Sudan - armed conflict has left one in four people uprooted. More than three million people have been forced to flee their homes since the conflict began in December 2013, including nearly 1.9 million people who have been internally displaced. The January 2017 IPC report showed that the food security situation in South Sudan has continued to deteriorate, with 4.9 million (about 42% of population) estimated to be severely food insecure (IPC Phases 3, 4, and 5), from February to April 2017. This is projected to increase to 5.5 million people, (47% of the national population) at the height of the 2017 lean season in July. The magnitude of these food insecure populations is unprecedented across all periods.

According to the 2017, HRP The nutrition crisis in South Sudan continues to escalate. More than one million children under age 5 and over 339,000 pregnant and lactating women are estimated to be acutely malnourished and in need of life-saving nutrition services. In 2016, 32 out of 44 of the SMART surveys conducted reported global acute malnutrition (GAM) levels above the emergency threshold of 15 per cent. Of these, 13 counties were found with a GAM prevalence by Weight-for Height of more than 25 per cent. The GAM rate was above the catastrophe threshold in Gogrial West in Warrap and Renk in Upper Nile (>30 per cent), and just beneath it in Abiemnhom and Rubkona in Unity (29.2 per cent GAM). Pregnant and lactating women (PLW) have increased nutritional requirements and, if not supported, can become malnourished, potentially leading to miscarriages, premature deliveries and low birth weight. Gogrial West has GAM and SAM rates above the WHO emergency threshold: GAM rate at 32.5% and SAM at 8.5%.

The current deterioration in food security and nutrition is primarily due to physical insecurity, the effects of the economic crisis and depleted stocks from the last harvest. Farmers in the target counties are facing new challenges in crop production which have adversely affected their ability to access food from own crop production. Climate change is a major element which has affected farmers with agricultural seasons being characterized by long mid-season dry spells which lead to crop loss. Farmers are also unable to access nutritious high yielding seed varieties due to poor state of roads and dysfunctional markets. Occasional violent conflict between the Agok and Apuk communities of Gogrial East and Gogrial West has also led to food insecurity due to temporary displacement which has seen farmers abandoning their fields during the peak of the agricultural season. Cultural values in the targeted areas are also a major determinant of child care and feeding practices. The targeted counties are inhabited by Dinka Bahr el Ghazal ethnic groups, Aguok sub ethnic groups who are traditionally agropastoralists. The majority of the community depends on subsistence crop farming for their livelihood activity. The main crops cultivated are sorghum, sesame, ground nuts and maize. There is lack of dietary diversity in the two counties. Due to its lengthy presence in the targeted counties, World Vision has observed key social and cultural determinants of malnutrition children under the age of five years as: Cultural practices, such as food sharing, sending infants to the cattle camps, cultural beliefs towards pregnant women, introducing water to babies younger than 6 months old, and polygamy; lack of knowledge and understanding of nutrition and malnutrition; and the effects of hygiene practices and cultivation practices and dietary practices.

It is important to note that because of poor nutrition status G.W has been experiencing measles outbreaks that have contributed to high disease burden and might have also contributed to malnutrition among under 5 children.

2. Needs assessment

World Vision has been operating in Gogrial West counties implementing nutrition projects among others. SMART surveys were conducted in June 2016 which emphasized the need to continue supporting nutrition initiatives in the county. Findings from the June 2016 SMART survey In Gogrial West, showed GAM and SAM rates were estimated at 32.5 % (28.3 - 36.9 95% C.I.) and 8.5 % (6.3 - 11.3 95% C.I.) respectively (WHO, 2006 standards). The crude mortality rate (CMR) and Under-five mortality rate (U5MR) were found at 0.70 (0.43 - 1.12 95% C.I.) and 0.89 (0.38 - 2.06 95% C.I.) respectively.

The key recommendations were as follows:

Continued provision of quality Community based management of malnutrition services (SC, OTP, TSFP and Community mobilization) for children (6-59 months) and PLW in Gogrial East and West County. Case detection could potentially be enhanced via systematic mass screenings.

Continue to actively vaccinate children for measles, provide vitamin A supplementation and de-worming. Focus should be amplified to ensure coverage of 70% or more by ensuring that outreach services are strengthened and CMAM activities are integrated into Child Health Days and immunization campaigns.

Further strengthening of coordinated county-wide behavior change strategy, focusing on IYCF practices and health seeking. Harmonising the work of outreach workers and volunteers; ensuring extensive coverage of IYCF and health services. Awareness campaigns and community education programmes on exclusive breastfeeding, appropriate complementary feeding, and appropriate feeding during illness needs to will be emphasized in Gogrial West County.

The proposed project is designed to respond to malnutrition prevailing in the targeted areas.

3. Description Of Beneficiaries

The total population of Gogrial West is estimated at 331,990. However, WVSS is operating in four Payams where the total population is estimated at 225,883 inhabitants (Gogrial Payam, 40524; Kuach Nprtha, 72738; Kuach South, 38101; Riua, 30134; and Akoon South, 44335). This project will reach 64,451 beneficiaries with nutrition interventions as per the ministry of health CMAM guideline. The breakdown of beneficiaries to be reached under this SSHF project with nutrition interventions is as follow: 15,617 men, 32,102 women, 8,199 boys and 8533 girls.

4. Grant Request Justification

WVSS seeks SSHFSA1 funding from the nutrition cluster to carry out nutrition interventions in line with the South Sudan MoH CMAM and MIYCF guidelines. The nutrition interventions will focus on community mobilization, screening, identification of cases of SAM and MAM, and referral to OTP and TSFP sites supported by WVSS. Cases of complicated SAM will be managed in the stabilization center. The area of operation for the implementation of this project will be Gogrial West. This emergency nutrition response is justified because the result of SMART survey conducted recently in Gogrial West showed an increase of GAM and SAM rates that are above the WHO emergency threshold (Gogrial West has GAM rate at 32.5% and SAM rate at 8.5%); the emergency response is also justified by the fact that among the under 5 diagnosed with severe acute malnutrition it is estimated that around 30% will end up in health facilities or stabilization centers for management of SAM with medical complications. To ensure continuity of care, those cases of SAM with medical complications once discharged from CS will be admitted/ re- admitted in OTP and TSFP; without the SSHFSA1 funding, the care of Under 5 children with severe acute malnutrition and those with moderate malnutrition will be disrupted. As per the weekly IDSR update, the causes of morbidity in Gogrial West are mainly malaria, acute respiratory infections/pneumonia and diarrhea. A sick child is at higher risk of becoming malnourished and vice versa. Measles outbreak has affected several under 5 children in Gogrial West; those children are at risk of malnutrition which will require nutrition interventions. Social and cultural determinants contributing to increase in cases of acute malnutrition can be tackled through strong community mobilization and IYCF-E to improve breastfeeding practices in the Gogrial West. Because of all these reasons, the SSHF support to WVSS will go a long way to save lives of under 5 children, pregnant women and lactating mothers with acute malnutrition.

Additional, World Vision is currently implementing the Health Pooled Fund project in the target locations,; this proposed project will leverage on the existing HPF funding to maximize benefits to the targeted population. Synergies will be created between the 2 projects which will share available resources in the form of training materials and project resources. The proposed project will consider gender mainstreaming as an important aspect, ensuring that there is gender equity, that boys, girls, men and women are fully involved in the nutrition program; advocacy to include them in other project is key during implementation phase. Data collection will be segregated to allow analysis by gender to help inform better the trends of malnutrition of different gender, hence this approach will help in providing specific intervention to the more affected gender group.

5. Complementarity

World Vision has been implementing Nutrition interventions in Gogrial West through CHF complimented its private funding. WV private funds are now limited and are not sufficient to serve the increased nutrition needs. To this end, World Vision proposes to utilize CHF resources to continue supporting nutrition needs of the communities in the targeted counties. Essential nutrition supplies will be access from UNICEF through the existing Nutrition PCA. World Vision will access more supplies through the existing Field Level Agreement with WFP.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction global acute malnutrition among children 0-59 months and PLW in Gogrial West.

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	30				
Increase access to integrated programmes preventing under nutrition for the most vulnerable and at risk.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	30				
Ensure enhanced analysis of the nutrition situation and robust monitoring and coordination of emergency nutrition responses.		SO2: Protect the rights and uphold the dignity of the most vulnerable	20				
Increase access to integrated nutrition, health and WASH FSL responses in counties with critical levels of acute malnutrition.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	20				
Contribution to Cluster/Sector Objectives : The project objectives are similar to the cluster objectives. The project is designed to contribute to saving lives through management of SAM among under 5 children, management of MAM among under 5 children, and management of MAM among PLW. The management of acute malnutrition will be done through identification of cases of malnutrition and their management at OTP sites, TSFP sites, and the referral of SAM cases with medical complication to stabilization centers.							
Outcome 1							
Increased, availability, access and utilization of quality acute malnutrition treatment services, for children 6-59 months, pregnant and lactating women.							
Output 1.1							
Description							
IDPs and vulnerable populations in Gogrial West have access to lifesaving nutrition interventions .							
Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			1,537	1,600	3,137
Means of Verification : Weekly, monthly and quarterly reports							
Indicator 1.1.2	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs					60
Means of Verification : Project reports							
Indicator 1.1.3	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			3,500	3,585	7,085
Means of Verification : Project reports							
Indicator 1.1.4	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		2,152			2,152
Means of Verification : Project reports							
Activities							
Activity 1.1.1							
Conduct continuous screening of children 0-59 months (16,732) and PLW (9,099) in the community and health facilities							
Activity 1.1.2							
Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC							
Activity 1.1.3							
Continuous follow up of defaulter cases and home visits for non respondent cases.							
Activity 1.1.4							
Train CNVs and HHPs on techniques of screening, defaulter tracing and home visits							
Activity 1.1.5							
Treat children with SAM with medical complications in 1 Stabilization centres							
Output 1.2							
Description							
Improved coverage of service delivery points for treatment of acute malnutrition for 3,137 SAM and 7,085 MAM Children under 5, and 2,152 PLW.							
Assumptions & Risks							

Supplies are adequate and prepositioned timely
 Accessibility is allowable for activities to continue
 Security situation improved
 Funds are adequate to support the activities
 Risks
 Heightened insecurity, no access
 Supplies looted, or no access to preposition
 Funds delay

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		2,152			2,152

Means of Verification : Weekly, monthly and quarterly reports

Indicator 1.2.2	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					6
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Means of Verification : Project reports

Indicator 1.2.3	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	10	10			20
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Means of Verification : Project reports

Activities

Activity 1.2.1

Train 20 CHD and WV staff on CMAM as per the SS MoH CMAM guideline

Activity 1.2.2

Conduct bi- weekly community nutrition outreaches where nutrition messages will be intergrate with health and WASH promotions messages

Outcome 2

Strengthen and support prevention of malnutrition among boys and girls aged 0-59 months, pregnant and lactating women.

Output 2.1

Description

Increased access to activities preventing under- nutrition for the most vulnerable and at risk , including through IYCF for PLW , BSF for under 5.

Assumptions & Risks

Supplies are adequate and prepositioned timely
 Accessibility is allowable for activities to continue
 Security situation improved
 Funds are adequate to support the activities
 Risks
 Heightened insecurity, no access
 Supplies looted, or no access to preposition
 Funds delay

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of children (12 -59 months) dewormed in non NID areas			1,537	1,600	3,137

Means of Verification : Weekly, monthly and quarterly reports

Activities

Activity 2.1.1

Provide Vitamin A supplements for National Immunization Days (NID) as part of health and nutrition integration targeting at least 80% of under 5 population.

Activity 2.1.2

Support 1 NIDs in Gogrial West as part of Health and nutrition integration.

Activity 2.1.3

Counselling of PLWs on IYCF key messages, health and hygiene promotion targeting 2152PLWs

Activity 2.1.4

Enrollment of PLWs in BSF in targeted location.

Activity 2.1.5

Enrollment of Under 5 in BSF in targeted location.

Outcome 3							
Ensure enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of response							
Output 3.1							
Description							
Improved coordination among nutrition actors							
Assumptions & Risks							
Supplies are adequate and prepositioned timely Accessibility is allowable for activities to continue Security situation improved Funds are adequate to support the activities Risks Heightened insecurity, no access Supplies looted, or no access to preposition Funds delay							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					132
Means of Verification : Weekly, monthly and quarterly reports							
Activities							
Activity 3.1.1							
County nutrition quarterly review meetings in Gogrial West							
Activity 3.1.2							
Monthly coordination meetings between local leadership, CHD and nutrition actors							
Activity 3.1.3							
Monthly reports compiled and shared with partners, including nutrition cluster coordinators, for nutrition situation monitoring and program performance.							
Activity 3.1.4							
Quarterly technical and monitoring support visits by the Juba based Nutrition advisory team and the CHD.							
Activity 3.1.5							
Monthly supportive supervision to all SC, OTP and TSFP sites							
Additional Targets :							

M & R

Monitoring & Reporting plan

To ensure the successful implementation of SSHF SA1, the SMT will work closely with the field staff and provide to them the necessary technical, financial and logistical supports.

A. SMT involvement in the project. This team will have the following senior staff who will be involved in the project (Director of operation, the Program development and Q&A Director, the P&C Director, the Sector Team Leader/ Health and Nutrition Specialist, the Senior Program Officer, the Finance Director, Senior Finance Manager, Quality Assurance Manager and the Procurement / Supply Management). The SMT will be involved in the launch of the SSHF SA1 and will also monitor closely its implementation to ensure that all the activities are implemented and the targets achieved in line with the logical framework. The SMT, through the Director of Finance and Senior Finance Manager, will also support the team in the management of the budget to ensure efficient and effective budget management and value for money. The Health and nutrition specialist and the nutrition officer will undertake a maximum of three supportive visits to the field to provide technical support and ensure that quality characterized the delivery of health services in Gogrial West.

B. Field Staff involvement in SSHF SA1. Under the direct supervision of the Zonal Program Manager, the team in the field will be directly involved in the day to day implementation of activities. As SSHF SA1 is integrated into HPF project, the HPF manager will work in collaboration with the nutrition manager who is the overall responsible person for this project. The nutrition manager will provide support to the county, while the nutrition field coordinator will supervise all health staff in the county and provide regularly technical support to them. The nutrition field coordinator will ensure that all activities are implemented as per the LGF and ensure timely submission of program's reports. While the health and nutrition specialist and the nutrition officer will provide technical support three times to the field during the phase of the project implementation, the nutrition manager will monthly visit the OTP/TSFP sites to ensure that the implementation of SSHF is going on smoothly. In addition, there will be a joint WVSS/ CHD quarterly supportive supervision which will be conducted to Gogrial East to monitor the status of the project implementation and to provide the necessary technical guidance

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct continuous screening of children 0-59 months (16,732) and PLW (9,099) in the community and health facilities	2017				X	X	X	X	X	X			
Activity 1.1.2: Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC	2017				X	X	X	X	X	X			
Activity 1.1.3: Continuous follow up of defaulter cases and home visits for non respondent cases.	2017				X	X	X	X	X	X			
Activity 1.1.4: Train CNVs and HHPs on techniques of screening, defaulter tracing and home visits	2017				X	X							
Activity 1.1.5: Treat children with SAM with medical complications in 1 Stabilization centres	2017				X	X	X	X	X	X			
Activity 1.2.1: Train 20 CHD and WV staff on CMAM as per the SS MoH CMAM guideline	2017					X	X						
Activity 1.2.2: Conduct bi- weekly community nutrition outreaches where nutrition messages will be intergrate with health and WASH promitions messages	2017				X			X					
Activity 2.1.1: Provide Vitamin A supplements for National Immunization Days (NID) as part of health and nutrition integration targeting at least 80% of under 5 population.	2017				X	X							
Activity 2.1.2: Support 1 NIDs in Gogrial West as part of Health and nutrition integration.	2017				X	X							
Activity 2.1.3: Counselling of PLWs on IYCF key messages, health and hygiene promotion targeting 2152PLWs	2017				X	X	X	X	X	X			
Activity 2.1.4: Enrollment of PLWs in BSF in targeted location.	2017				X	X	X	X	X	X			
Activity 2.1.5: Enrollment of Under 5 in BSF in targeted location.	2017				X	X	X	X	X	X			
Activity 3.1.1: County nutrition quarterly review meetings in Gogrial West	2017						X			X			
Activity 3.1.2: Monthly coordination meetings between local leadership, CHD and nutrition actors	2017				X	X	X	X	X	X			
Activity 3.1.3: Monthly reports compiled and shared with partners, including nutrition cluster coordinators, for nutrition situation monitoring and program performance.	2017				X	X	X	X	X	X			
Activity 3.1.4: Quarterly technical and monitoring support visits by the Juba based Nutrition advisory team and the CHD.	2017				X			X					
Activity 3.1.5: Monthly supportive supervision to all SC, OTP and TSFP sites	2017				X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

In line with the health cluster strategy, WVSS will maintain its commitment to engaging with affected communities at all phases of the program cycle through focus group discussions with women, men and youth on issues concerning their health. The use of WVS's mother - to mother groups, and youth activities in health promotion is one example of how WVSS engages the community in a sustainable and accountable manner to determine appropriate needs -based responses. WVSS' Quality and Assurance framework ensures that each project implemented is carried out effectively and continually reviewed in line with community needs and humanitarian frameworks.

Implementation Plan

Successful implementation in terms of management, coordination, and finance will be overseen by an experienced health and nutrition specialist. Project finance will be coordinated by the Senior finance managers, Zonal finance manager and overseen by WVSS' operations director. Financial oversight will be monitored at regional level also to ensure that accountability and effective use of resources, in line with project contracts, is maintained. Project coordination will be overseen by the project manager, in partnership with WV South Sudan's support, operation and GAM departments. The three departments assist with project administration, technical oversight, and project M+E. Reporting lines and distribution of labor will be overseen by the operation department, and the project manager will be charged with direct supervision.

To maximize efficiency, this project will be carried out in consultation with the South Sudan Health Cluster. This will ensure solid impact, avoid duplication, and promote sustainability where and when possible.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	UNICEF will support this project with supplies for SAM
WHO	WHO will support this project with SAM kits for management of complicated SAM
WFP	WFP will support this project with supplies for MAM targeting Children age 6-59 months and PLW

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

All WVSS project activities from proposal design, assessments, implementation and monitoring of activities aim to mainstream gender sensitivities. For instance, during project design the health vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs. For implementation, the gender breakdown of the staff hired by WVSS is also considered as an important component of gender mainstreaming. WVSS aims to have at least 50% of our clinical staff be female. Furthermore, gender disaggregation is critical in WVSS's standard operating procedures for best practice of collection and analysis of beneficiary health data.

All WVSS' project activities from proposal design, assessments, implementation and monitoring of activities aim to mainstream gender sensitivities. For instance, during project design the health vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs.

The project will ensure that the reports and data shared related to SSHF SA1 activities are disaggregated (showing clearly the age and sex of the beneficiaries). For implementation, the gender breakdown of the staff hired by WVSS is also considered as an important component of gender mainstreaming. WVSS aims to have at least 50% of our clinical staff be female. Furthermore, gender dis-aggregation is critical in WVSS' standard operating procedures for best practice of collection and analysis of beneficiary health data.

Protection Mainstreaming

This project will cater to the latest lifesaving needs, in line with the aims and objectives of the Health Cluster. This SSHF supported intervention is consistent with the basic humanitarian principles of humanity, neutrality, and impartiality. The project will support the delivery of current essential lifesaving services to continue protecting the lives of the most vulnerable groups in the escalating conflict in South Sudan, particularly women, and children in the emergency situation. This project operates with the understanding that activities will take into account equity principles that promote the protection of women and girls. This health project also take into consideration cross-cutting issues, and at all stages of the project cycle, health practitioners work with experts from Nutrition, FSL, and WASH, among others, to ensure that programming is effective, targeted and making the most of key resources and staff for the benefit of IDPs. This multi-sector approach is only possible due to the emphasis WVSS places on working directly with partners to ensure effective communications. This reduces overlap and duplication and provides the most of resources where needed the most.

Country Specific Information

Safety and Security

Violent conflict remains a concern for project implementation in South Sudan, including fighting between non-state actors and SPLA as well as inter-communal violence. These factors present a constant threat to the security of staff, particularly in staff heavy projects such as emergency health responses. WVSS gives special attention to safety and security of staff as it is considered very important by the SLT/SMT. For this reason, WVSS has put in place security measures to ensure staff safety and security are assured through up to date guidance from an experience Safety and security manager who provide the necessary advice to the WVSS teams at the national and the state offices. In the field, the person responsible for the staff security and safety is the Zonal Program manager who has vast experience in staff security and safety. WVSS will also rely on other entities such as UNDSS and OCHA to get reliable security updates which will inform its programs in Warrap state.

Access

Humanitarian access is currently possible to all areas targeted by this project. In order to address sporadic incidents of insecurity, a comprehensive and flexible security strategy is in place and provides for a tailored response to insecure conditions.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health and nutrition specialist @Juba	D	1	8,775.00	6	15.00	7,897.50
	<i>This position will ensure overall technical support to the team based in the field and will contribute to the successful implementation of the project. The post holder will be the point of contact between WVSS and the cluster/ CHFTS The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing allowances</i>						
1.2	Nutrition officer	D	1	3,500.00	6	25.00	5,250.00
	<i>Provides technical support to the project teams. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing</i>						
1.3	Project Manager	D	1	2,800.00	6	100.00	16,800.00
	<i>This position will manage the day to day running of the project, including managing staff and deliverables of the project. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing allowances</i>						
1.4	Nutrition field Coordinator	D	1	1,186.00	6	100.00	7,116.00
	<i>These will lead implementation of project activities at field level as well as supervision monitoring during implementation. The salary amount is composed of the basic</i>						
1.5	Programme Officer @Warrap	D	1	8,775.00	6	10.00	5,265.00
	<i>Donor liaison and reporting (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.6	Quality assurance Coordinator (M&E)@ Gogrial West	D	1	8,775.00	6	10.00	5,265.00
	<i>Monitoring, evaluation and quality assurance. (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.7	Zonal Finance manager @ Gogrial West	D	1	8,775.00	6	10.00	5,265.00
	<i>Financial and grant financial reporting-(The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.8	Zonal Programme manager@ Gogrial West	D	1	8,775.00	6	10.00	5,265.00
	<i>Provides oversight of the project implementation on timeliness, scope and budget. (The salary charged consists of basic salary, hardship allowance and goods and services,</i>						
1.9	National Office National support staff- based in Juba and charged 5 % to CHF	S	6	3,000.00	6	10.00	10,800.00
	<i>P & C/ HR Officer, Logistics Officer, Financial accountant ,booking officer</i>						
1.10	National Office Support(International) based in Juba and Charged 5%	S	5	5,400.00	6	5.00	8,100.00
	<i>Facilities and Security Director, Operations Director, Resource Acquisition Director, National Director, and Finance Director</i>						
1.11	Nutrition Assistants manning OTP/TSFP sites	D	15	881.00	6	100.00	79,290.00
	<i>These will conduct screening at health facility and admit SAM and MAM in OTP and TSFP respectively. Supervise outreach activities done by CNVs. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing allowances</i>						
1.12	Incentives for CVNs and HHPs	D	33	50.00	6	100.00	9,900.00
	<i>The project will pay CNVs and HHPs incentives of approximately \$30/person/month for the days they work in communities conducting screening and other related activities</i>						
1.13	Nutrition Nurses	D	6	891.00	5	100.00	26,730.00
	<i>These nurses will do medical assessment and provision of basic routine medicines</i>						
1.14	Nutrition Project Driver	D	1	480.00	6	100.00	2,880.00
	<i>Will be responsible for driving the team to field locations</i>						
1.15	Grant Finance Officer	D	1	1,680.00	6	25.00	2,520.00
	<i>To manage project finances and reporting</i>						
	Section Total						198,343.50

Supplies, Commodities, Materials							
2.1	Train 33 CNVs and HHPs on techniques of screening, defaulter tracing and home visits	D	45	35.00	3	100.00	4,725.00
<i>The training will be for CNVs and HHPs; and the costs will be for transport, accommodation and meals for participants</i>							
2.2	Train 20 CHD and WV staff on CMAM	D	25	35.00	5	100.00	4,375.00
<i>3 day training session. Costs are for accommodation and meals and transport for participants</i>							
2.3	Conduct mass community mobilisation, sensitization, and screening campaign	D	11	200.00	2	100.00	4,400.00
<i>The costs are for hire of public address systems and lunch for the organizing teams</i>							
2.4	Support NIDs (Training of HHPs, planning, monitoring) in Gogrial West	D	1	1,500.00	1	100.00	1,500.00
<i>Costs will be for logistics support, monitoring and training of personnel to participate in the NIDs</i>							
2.5	Quarterly county nutrition project review meetings in Gogrial West	D	1	500.00	2	100.00	1,000.00
<i>Costs being for venue hire and refreshments during the meeting</i>							
2.6	Monthly coordination meetings between local leadership, CHD and nutrition actors	D	1	400.00	6	100.00	2,400.00
<i>Costs being for venue hire and refreshments during the meeting</i>							
2.7	Visibility (Banners, T-shirts, Hats and Humanitarian vests)	D	1	3,000.00	1	100.00	3,000.00
<i>This is to ensure that the team are visible and easily identified by the beneficiaries and other partners to promote accountability.</i>							
2.8	Local accommodation costs	D	3	50.00	5	100.00	750.00
<i>Estimate/Cost towards lodging of teams while on mission. Cost of USD 100 estimated for at least 5 staff in a mission in a month .</i>							
Section Total							22,150.00
Equipment							
3.1	Essential materials and hygiene supplies for OTP/TSFT sites in G.W	D	1	5,000.00	1	100.00	5,000.00
<i>The costs will be for detergents for cleaning, and hygiene supplies e.g soaps for the OTP/ TSFP sites.</i>							
Section Total							5,000.00
Travel							
5.1	Staff travel (local transport, flights-round trip,) Juba to Field locations-Teams to be booked via UNHAS	D	2	550.00	2	100.00	2,200.00
<i>These are costs of project staff to travel to and from field locations to Juba</i>							
5.2	Vehicle fuel and maintenance costs/hire	D	1	1,700.00	6	100.00	10,200.00
<i>These are costs of vehicle hire for project activities</i>							
5.3	Local Transportation RUTF from UNICEF through the existing PCA and transport to all counties	D	1	1,000.00	3	100.00	3,000.00
<i>ocal transport hire of trucks for nutrition supplies</i>							
5.4	Monthly supportive supervision visits	D	1	50.00	6	100.00	300.00
<i>The costs will be for Travel, subsistence and perdiems of project supervisor and CHD staff participating in support supervision visits</i>							
5.5	Quarterly monitoring / technical support visits by Juba based Nutrition advisory meeting	D	2	400.00	2	100.00	1,600.00
<i>The costs will be for travel and subsistence and perdiems of Juba based technical advisory staff</i>							
5.6	Contribution to field and Juba staff' s R&R and leave	S	4	1,270.00	1	10.00	508.00
<i>This cost is a contribution to Rand R and leave for staff involved in nutrition SSHF projects</i>							
Section Total							17,808.00

General Operating and Other Direct Costs							
7.1	Field office Fuel (contribution)	D	1	12,251.00	6	10.00	7,350.60
<i>This is the cost for office fuel in Gogrial West and Kuajok Zonal office for running office generators.</i>							
7.2	Vehicle running costs - National Office	D	1	6,000.00	6	5.00	1,800.00
<i>to support vehicle operating costs at National and zonal office To facilitate Nutrition teams during donor engagements and coordination meeting</i>							
7.3	Communication Costs	D	1	150.00	6	100.00	900.00
<i>This costs of airtime for both thuraya and mobile phones for the staff for coordination and communication with the field team @USD30 per staff and USD 100 for Thuraya while on field mission</i>							
7.4	Stationery/ catriges for Gogrial West nutrition project	D	1	1,808.60	1	100.00	1,808.60
<i>Cost of stationery for Gogrial West</i>							
7.5	VSAT (Internet) charges	S	1	3,000.00	6	10.00	1,800.00
<i>Being contribution to internet charges in Gogrial West and Kuajok Zonal office. Shared costs towards maintaining VSAT subscriptions to enable the teams manage to email the reports.</i>							
7.6	World Vision South Sudan Juba Office rental costs	S	1	20,000.00	6	5.00	6,000.00
<i>Being contribution to office space utilized by the Nutrition team in Juba office</i>							
7.7	Juba Office supplies	S	1	3,000.00	6	5.00	900.00
<i>Being contribution to office utilities used by the Nutrition team in Juba office</i>							
7.8	Bank charges	S	1	3,000.00	6	5.00	900.00
<i>Costs related to bank transactions</i>							
7.9	Generators - Maintenance, Repair and Fuel	D	3	1,600.00	6	10.00	2,880.00
<i>Cost related to office generators and staff guesthouse generator.</i>							
7.10	Zonal Camp maintenance, repair and fuel	S	1	4,400.00	6	10.00	2,640.00
<i>This is costs for maintenance of staff camp where project implementation staff reside</i>							
Section Total							26,979.20
SubTotal			187.00				270,280.70
Direct							238,632.70
Support							31,648.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							18,919.65
Total Cost							289,200.35
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap -> Gogrial West	100		2,152	8,199	8,533	18,884	
Documents							
Category Name				Document Description			

