

Requesting Organization :	Nile Hope				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
NUTRITION		100.00			
		100			
Project Title :	Provide quality preventive and curative community management of acute malnutrition services among children <5s, PLW and other vulnerable populations, strengthen capacity building and nutrition surveillance in Fangak (Jonglei) and Leer (Unity) counties.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/H/103131	Fund Project Code :	SSD-17/HSS10/SA1/N/NGO/5177		
Cluster :	Nutrition	Project Budget in US\$:	264,231.15		
Planned project duration :	6 months	Priority:			
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 :	This project will strive to offer high impact and life-saving nutrition interventions targeting children below five years and PLWs of host communities, IDPs and other vulnerable populations in Fangak and Leer. The project will have a strong component of community mobilization to enhance active case finding through the screening of PLWs and the under-fives and support the necessary referral linkages to the facility/program to ensure treatment of SAM and MAM cases. In the nutrition centres, the nutrition staff will take anthropometric measurements either MUAC or weight and height) and enrol/admit children screened with SAM into the OTP program and receive appropriate weekly rations of RUTF and routine medication. Children screened with MAM will be admitted to the TSFP and receive bi-weekly rations of RUSF, the green MUAC/median will be educated on good nutrition practices to maintain and/or improve the nutrition status of the children.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	600	3,000	2,000	2,000	7,600
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,000	2,000	4,000
Pregnant and Lactating Women	0	3,000	0	0	3,000
Internally Displaced People	200	0	0	0	200
People in Host Communities	400	0	0	0	400
Indirect Beneficiaries :					
30,300 indirect beneficiaries i.e. 15,150 in Leer, and 15,150 in Fangak					
Catchment Population:					
IDPs and host communities in Leer County including those that have been displaced from Mayandit County due to the ongoing fighting. IDPs and host communities in Fangak County including those displaced from Kaldak and Khorfulus which are located in Pigi County.					
Link with allocation strategy :					

The project targets high priority locations cited by the nutrition cluster including Leer in southern unity and Fangak county in Jonglei. The project will offer life-saving interventions, and is feasible since the partner has been operating in the said areas and has a broad understanding of the area and also because it addresses acute needs of children 0-59 months and PLW. There are airstrips in the chosen locations to enable positioning of required supplies so long as the security situation allow. In the event that Leer continues to remain volatile, alternative routes including accessing the islands from the neighbouring counties will be continued. Fangak is unlikely to reach that magnitude of insecurity for now going by precedence. The project largely emphasizes on the treatment of SAM for children (boys and girls) under 5 years and management of MAM for PLW and children (boys and girls) less than 5 years so as to reduce and or prevent morbidity and mortality related to acute malnutrition. Through MIYCN interventions the project will basically be targeting mothers and caregivers (male and female) with children 0-23 months with behaviour change interventions that promote maternal and child health. The key messaging will revolve around preventive measures on IYCF practices such as educating mothers on the importance of exclusive breastfeeding for the 1st six months of life, continued breast feeding for up to at least 2 years, good complementary feeding practices so as to prevent malnutrition in the age group where the severe effects of malnutrition can be reversed. Food demonstrations will be incorporated in the IYCF trainings and MTMSGs operations will be enhanced with practical aspects e.g. vegetable gardens. Nutrition education sessions will also incorporate basic components on WASH, HIV/AIDs, gender and care for the environment. The project will also enhance weekly data collection analysis and use to enhance the project. A SMART survey and mass screening will also guide as a basis to determine the magnitude of malnutrition in the location.

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
Jack Achieng	Nutrition Lead	jackachieng@nilehope.org	0914742531
Mat Ghai	program coordinator	matgai@nilehope.org	0920010340

BACKGROUND

1. Humanitarian context analysis

The 2017 IPC classification has declared Famine in Leer corresponding to more than 30% GAM rates for malnutrition. Leer has remained volatile due to protracted violence that has rocked the county and by extension the entire Unity for the last three years. The latest attacks in July 2016 resulted in multiple displacements of the population from the mainland Leer into the islands in the swamps, in the southern part. Nile Hope re-established nutrition services in the area in November 2016 amidst accessibility challenges. A recent UNICEF lead RRM conducted in Thornyor after the declaration of Famine indicated a proxy GAM of 12.2%. Currently Nile Hope in partnership with CWW is running 5 static sites in Guong, Yang, Kok, Toch Riak and Rubchai Islands. In the first week of March 2017, Nile Hope started conducting outreach services in Thornyor where populations have started trickling back, though cautiously. It is expected that within the next few weeks, it is expected that populations will start trickling back to some mainland locations mainly in Rubkong, Rubinchar, Pilieny and Nyamirnyal. In the islands, the populations have no worthwhile means of survival and are expected to move back to their homes in readiness for farming. In some of the places such as Nyamirnyal, during the rainy seasons, the water cut off access from the main road by vehicle and as such provide relative safety for inhabitants against potential attack. Before the declaration of famine and commencement of OCHA-organized bi-weekly flights to the islands, Nile Hope has been accessing the islands through Nyal in Panyijaar since regular UNHAS flights to Leer county were suspended because of insecurity. The logistical challenges have been immense and Nile Hope has had to cope with strenuous and expensive program modification including moving personnel and supplies on canoes for close to 26 hrs non-stop travel through the swamps from Nyal to Kok island. Arrangements will be made to ensure that through CHF funding, additional two sites are opened and extensive outreach program sufficiently supported especially with the view that masses are expected to move back at least in small numbers for starters to their original homes. These sites will offer proximal services near theory villages and offer real time treatment to acute malnourished cases. Local authorities and the CHD will continue to be involved in needs assessment, capacity building and in joint monitoring field visits. The authorities will continue to be entry-links into the community and offer platforms to ensure accountability to affected populations (AAP). The situation in Fangak has not been any better compared to Leer. A SMART survey conducted by Nile Hope in Aug 2016 estimated the GAM at 17.2%. November through to December 2016 witnessed serious displacements as a result of flooding especially in the New Fangak area where Nile Hope works and in Jueybor and Keew areas where CP intend to open two more facilities. Nile Hope is also planning to open two extra sites in the Pigi, Fangak boarder where many populations fleeing displacement from Khorfulus, Kaldak and Atar areas in Pigi. In Kuernyang, an isolated but densely populated location where Nile Hope has a running OTP/TSFP/IYCF services but has been lacking a stabilization centre since it was suspended in 2016 due to lack of funding. This has complicated issues since all SAM cases with complications have to be moved on foot for 5-6 hours on foot and hopefully catch a commercial boat to New Fingal or continue the horrendous journey for another 12 hours to Old Fangak where MSF has been running a stabilization centre. Poor WASH infrastructure as witnessed in the recent cholera outbreak in the area in December and January 2017 have not helped the situation in any way. With an Increase in disease prevalence, over reliance on dirty swamp water and inadequate health services, decreased access to food and disruptions in the supply chain; the situation is bad.

2. Needs assessment

According to the IPC analysis Report (February, 2017), indicates that the food security and health situation across the country has deteriorated compared to same time in the previous year. The convergence of evidence shows that the long term effect of the conflict coupled with high food prices, economic crisis, low agricultural production and depleted livelihood options are all contribution to the deterioration of the food security situation resulting in 4.9 million people (about 42% of the population) estimated to be severely food insecure (IPC Phase 3, 4, and 5), this is projected to increase to 5.5 million at the height of 2017 during lean season in July. Leer County which as one of the project target location is classified in famine (IPC Report, 2017). Acute malnutrition remains a major public health emergency in South Sudan, GAM of above 30% is observed in Leer County which is a worsening nutrition situation. Humanitarian access in Unity still remains a major challenge in implementing lifesaving interventions, the most food insecure areas show high levels of insecurity, displacements, loss of livelihood, market failure, and constrained humanitarian access for assistance delivery and monitoring. (IPC Report, 2017).

Nile Hope as the focal point organization in Fangak for emergency nutrition interventions holds that geographically, New Fangak is seriously in need. After the attacks in Phom in March 2015, civilians fled to the southern parts of Fangak but started trooping back in September 2015. As at 31st December 2015, Nile Hope was running the emergency outpatient nutrition services in Phom, New Fangak. Based on the RRM report for New Fangak in October 2015 that established proxy GAM of 13.1% and proxy SAM of 3.3%, the situation warrants continuity and further enhancement of service provision. On the other hand, IRNA report for Keew 16th 18th June 2015 revealed proxy GAM and SAM rates of 28.3% and 11.5% respectively among the sampled children (boys and girls) under five years.

The situation on the school going children was equally disrupted by the conflict in Leer County affecting the entire education system; teachers remain without teaching and financial support. Psychosocial support will be an invaluable emergency response activity considering the distressful conditions that children find themselves in and as witnessed and documented. According to Montresor et al, (1998), poor nutrition and health among schoolchildren contributes to the inefficiency of the educational system. Children with diminished cognitive abilities and sensory impairments naturally perform less well and are more likely to repeat grades and to drop out of school than children who are not impaired; they also enroll in school at a later age, if at all, and finish fewer years of schooling. The irregular school attendance of malnourished and unhealthy children is one of the key factors in poor performance. Even temporary hunger, common in children who are not fed before going to school, can have an adverse effect on learning. Children who are hungry have more difficulty concentrating and performing complex tasks, even if otherwise well nourished. Research and program experience shows that improving nutrition and health can lead to better performance, fewer repeated grades and reduced drop out.

In order for Nile Hope as a humanitarian actor to develop a sustainable education intervention that is equitable and inclusive, and increases accessibility, quality and ensure protection and psychosocial support, there would be need to develop a very comprehensive integrated approach that draws synergies from the already existing Nile Hope's projects in the targeted locations across the thematic areas of Nutrition, FSL, Health, and WASH. This will also require enhanced partnership with UN agencies such as WFP, UN FAO, along other non UN agencies.

3. Description Of Beneficiaries

In both Leer and Fangak, the project will seek to reach out to under five children segregated by sex, pregnant and lactating mothers for both host communities and IDP in the various locations. SAM cases with medical complications will be referred to Stabilization centres, SAM cases without medical complications will be treated in the OTP centres while MAM cases will be enrolled in TSFP services. In Leer, BSFP will continue for under-fives while IYCF interventions and selected supplementation will also be done in areas previously not reached through NID. Caregivers and pregnant and lactating women will also be targeted with MIYCN behavior change communication and initiatives.

4. Grant Request Justification

Nile Hope is nutrition sub-cluster co-lead in Fangak county for emergency nutrition interventions and has been operational in the area for over five years. For a long time, Fangak has continued to be a preferred migration destination either for populations running away from the harsh realities in Pigi or those fleeing conflict from Unity state. Save for intensified campaigns by the humanitarian workers, the populace doesn't have any significant means of livelihood to depend on especially after the floods destroyed their crops right before the commencement of the lean season. Food shortage in the area is evident from the market and household level. Nile Hope runs Nutrition, health, CP, WASH and FSL activities in the county and will strive to achieve the best fit that offers more benefits from the integrated approach. Trade is not optimal either since Fangak area mainly gets goods from Tunja whereas Tunja is reliant on goods from Malakal. Any forms of insecurity along the Nile like has happened in the beginning of 2017 affects flow of goods and services and the population suffer. Nutrition team will work closely with GBV teams to create SGBV awareness, refer suspected Khalazar cases to the health teams and play a role to create awareness on HIV/AIDS's. WASH will provide soap to MSGs for hygiene promotion while linkages with FSL will educate on dietary diversity and offer livelihood supply to families with malnourished children. Nile Hope has PCA with UNICEF and an FLA with WFP running into the last quarter of 2017. In the face of the recently declared famine, hunger and destruction of livelihoods in Fangak through floods, the situation in both counties can only get worse going forward into the lean season until later in August. Nile Hope already has footings in these locations and not need a lot of start-up resources.

5. Complementarity

Nile Hope has a strong presence in the proposed project areas and implements projects in other sectors namely FSL, Health, GBV, WASH and Education and would strongly build on the synergies created by the concerted project activities to ensure maximum value for resources deployed. The human resource especially in CP's PHCCs and PHCUs where the TSFP, OTP and SC are proposed will add value especially in the management of medical complications associated with malnutrition. Appropriate referral links will be established with the livelihood projects to ensure that conscious steps are taken towards realizing food and nutrition security as the long term goal.

LOGICAL FRAMEWORK

Overall project objective

To prevent morbidity and mortality related to acute malnutrition among children(boys and girls) under 5 years and PLW in Fangak & Leer through provision of curative, preventive nutrition services and optimal surveillance.

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	60				
Increase access to integrated programmes preventing under nutrition for the most vulnerable and at risk.		SO2: Protect the rights and uphold the dignity of the most vulnerable	30				
Ensure enhanced analysis of the nutrition situation and robust monitoring and coordination of emergency nutrition responses.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	10				
Contribution to Cluster/Sector Objectives : The project will make significant contributions across the 3 cluster objectives which include; management of SAM among children boys and girls 0-59 month and MAM among children 6-59 months and PLW. The project also seeks to enhance preventive measures for acute malnutrition including IYCF promotion through MSGs, integration with FSL, WASH and Health activities and training of nutrition centre staff. Nutrition SMART survey will be conducted in Fangak county as a surveillance, monitoring and evaluation measure to establish the nutrition situation which will in turn help in providing strategic guidance in programming going forward.							
Outcome 1							
Reduced malnutrition and related morbidity/mortality rates among children 0-59 months and Pregnant and Lactating Women in Leer county of former Unity state and Fangak county in former Jonglei state.							
Output 1.1							
Description							
3000 children (1500 boys and 1500 girls) 6-59 months and 3000 PLWs screened, 700 children (350 girls and 350 boys) 6-59 months treated for SAM, 1200 children (600 girls and 600 boys) treated for MAM and 800 PLWs provided with MAM treatment. 25 nutrition center staff will also be trained on IYCF							
Assumptions & Risks							
Nutrition supplies will be available, security situation will be favorable							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline] Number of monthly average of children (6-59 months) screened in the community during the project period (should be reported once)			1,500	1,500	3,000
Means of Verification : monthly reports, community mobilizers screening report							
Indicator 1.1.2	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			350	350	700
Means of Verification : OTP registers, stabilization center records, monthly reports, quarterly 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			600	600	1,200
Means of Verification : TSFP registers, monthly reports, quarterly reports							
Indicator 1.1.4	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		800			800
Means of Verification : TSFP registers, monthly reports							
Indicator 1.1.5	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	20	5			25
Means of Verification : Training Reports							
Indicator 1.1.6	NUTRITION	Number of women and children referred for counselling and care by professional gender and GBV specialists (100 women and 50 children) i.e. 50 women and 25 children in Fangak and an additional 50 women and 25 children in Leer.					150
Means of Verification : List of Referrals undertaken							
Indicator 1.1.7	NUTRITION	Number of debriefing and sensitization campaigns undertaken successfully (2 in Fangak and 2 in Leer) Number of people mobilized for the debriefing sessions (200 per session in Leer and 200 per session in Fangak)					4
Means of Verification : Evidential pictures of the sessions							
Indicator 1.1.8	NUTRITION	[Frontline] Number of nutrition sites providing integrated OTP and TSFP services in the same site					4
Means of Verification : Pictorial evidence of the newly established OTP centers							

Activities							
Activity 1.1.1							
Community screening and appropriate referral of children 6-59 months reaching 3000 (1500 girls and 1500 boys) pregnant and lactating 3000 PLW in Fangak and Leer counties i.e. 1500 (750g, 750b) in Leer and 1500 (750g, 750b) in Fangak.							
Activity 1.1.2							
Provide SAM (severe acute malnutrition) management treatment to children under 5 years reaching 700 (350 boys and 350 girls) of IDPs and host communities in Fangak and Leer counties, i.e. 350 (175g, 175b) in Leer and 350 (175g, 175b) in Fangak							
Activity 1.1.3							
Provide MAM (Moderate Acute Malnutrition) management services to children below 5 years reaching 1200 (600 boys and 600 girls) of IDPs and host communities in Fangak and Leer i.e. 600 (300g, 300b) in Leer and 600 (300g, 300b) in Fangak							
Activity 1.1.4							
Provide MAM (Moderate Acute Malnutrition) management services to PLWs reaching 800 (400 pregnant and 400 lactating women) of IDPs and host communities in Fangak and Leer i.e. 400 (200g, 200b) in Leer and 400 (200g, 200b) in Fangak							
Activity 1.1.5							
Provide CMAM training to 25 nutrition center staff in Fangak and Leer							
Activity 1.1.6							
Screen women and children coming to the nutrition centers to identify victims of GBV and isolated children for referral to protection and GBV specialists working in the area							
Activity 1.1.7							
Organize monthly community sensitization and advocacy meetings to inform the community members of the activities being undertaken, status of the said projects, their role in the activities and to seek suggestion and further involvement towards the realization of the project goals.							
Activity 1.1.8							
Establish 4 OTP Centers for MAM and SAM treatments i.e. 2 OTP centers established in Leer County and 2 OTP centers in Fangak County							
Outcome 2							
Strengthened capacity in project locations that contribute to the prevention of acute malnutrition among children <5 years, PLW and other vulnerable groups among the host and IDP community Fangak and Leer Counties							
Output 2.1							
Description							
1500 (1200 women and 300 men) mothers and caretakers of children 0-23 months of IDPs and the host community in Fangak and Leer reached with IYCF messages i.e. 750 (600 women and 150 men) in Fangak and 750 (600 women and 150 men) in Leer county.							
Assumptions & Risks							
security will be favorable, Humanitarian access in project locations will be unhindered and that the community will be receptive							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		1,500			1,500
Means of Verification : monthly IYCF reports, community mobilizers PLW screening report							
Indicator 2.1.2	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	20	5			25
Means of Verification : Training reports, Quarterly reports							
Indicator 2.1.3	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					20
Means of Verification : monthly IYCF reports, quarterly program reports, Program							
Indicator 2.1.4	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs					200
Means of Verification : Training reports, Monthly IYCF reports, quarterly program progress reports							
Activities							
Activity 2.1.1							
Provide IYCF education and counselling to 1500 (1200 women and 300 men) mothers and caretakers of children 0-23 months in Fangak and Leer i.e. 750 (600 women and 150 men) in Fangak and 750 (600 women and 150 men) in Leer county							
Activity 2.1.2							
Provide IYCF promotion training to 25 (5 men and 20 women) nutrition center staff							
Activity 2.1.3							
Establish 5 MSG in each static site (Total 20 MSGs)							
Activity 2.1.4							
IYCF promotion/training among 200 women of MGS in Fangak and Leer							

Outcome 3

Enhanced nutrition situation analysis through Nutrition SMART survey in Fangak County

Output 3.1

Description

1 pre-harvest Nutrition SMART survey in Fangak County

Assumptions & Risks

Funds will be available, security will be favorable for training of enumerators and data collection

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	[Frontline] Number of pre and post SMART surveys undertaken					1

Means of Verification : SMART survey report

Activities

Activity 3.1.1

Conduct one SMART survey in Fangak County

Additional Targets :

M & R

Monitoring & Reporting plan

Nile Hope will ensure that there is continuous collection and analysis of programmatic data to monitor and evaluate progress of the project as designed. Mass screening of the under-fives and a SMART survey will also be undertaken to establish the prevailing malnutrition rates in the program areas and to assess progress or otherwise. Feedback generated will be integrated into the programs and the desired changes implemented to eliminate or mitigate identified bottlenecks. The M & E focal person together with the nutrition team will continually track the achievement of the project goals as set out in the log frame to ensure that all activities are fast-tracked where necessary. The monitoring, evaluation, accountability and learning (MEAL) plan will be developed to provide accurate and timely information to track progress, measure performance, ensure accountability and facilitate learning by staff and stakeholders. The project will use Nile Hopes' proven Simple Measurement of Indicators for Learning and Evidence-based Reporting (SMILER) approach to design the MEAL system after the project award. The project has identified nutrition intervention standard outcome and output indicators to track progress and evaluate outcome. Data on outcome indicators will be collected on at the end of every quarter while for the output indicators will be collected and analysed on a weekly basis through internal project MIS. Project monitoring will inform management decision making and implementation approaches and provide information to assess project performance and outcome during project evaluation/ assessment. Project staff will conduct routine monitoring while project stakeholders will conduct periodic monitoring visits. The monitoring teams will use the Nutrition clusters recommended standard tools for data collection to ensure accuracy and quality of the data obtained from the project sites. The teams will also be required to follow the Nutrition Cluster laid procedures and standards of data collection to ensure high level of validity of the data collected. The results of the continuous monitoring will comparatively be measured against the already existing data/ reports of previous monitoring/ assessments results to determine the changes/ effects of the designed interventions. The monitoring source information from both the primary and secondary sources and ensure that the means of variations are reliable. CP will also participate in joint monitoring visits by partners and donors in the project areas and to also continuously play a critical role in generating useful programming information as may be required in joint response missions in the project locations.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Community screening and appropriate referral of children 6-59 months reaching 3000 (1500 girls and 1500 boys) pregnant and lactating 3000 PLW in Fangak and Leer counties i.e. 1500 (750g, 750b) in Leer and 1500 (750g, 750b) in Fangak.	2017				X	X	X	X	X	X			
Activity 1.1.2: Provide SAM (severe acute malnutrition) management treatment to children under 5 years reaching 700 (350 boys and 350 girls) of IDPs and host communities in Fangak and Leer counties, i.e. 350 (175g, 175b) in Leer and 350 (175g, 175b) in Fangak	2017				X	X	X	X	X	X			
Activity 1.1.3: Provide MAM (Moderate Acute Malnutrition) management services to children below 5 years reaching 1200 (600 boys and 600 girls) of IDPs and host communities in Fangak and Leer i.e. 600 (300g, 300b) in Leer and 600 (300g, 300b) in Fangak	2017				X	X	X	X	X	X			
Activity 1.1.4: Provide MAM (Moderate Acute Malnutrition) management services to PLWs reaching 800 (400 pregnant and 400 lactating women) of IDPs and host communities in Fangak and Leer i.e. 400 (200g, 200b) in Leer and 400 (200g, 200b) in Fangak	2017				X	X	X	X	X	X			
Activity 1.1.5: Provide CMAM training to 25 nutrition center staff in fangak and leer	2017					X			X				
Activity 1.1.6: Screen women and children coming to the nutrition centers to identify victims of GBV and isolated children for referral to protection and GBV specialists working in the area	2017				X	X	X	X	X	X			
Activity 1.1.7: Organize monthly community sensitization and advocacy meetings to inform the community members of the activities being undertaken, status of the said projects, their role in the activities and to seek suggestion and further involvement towards the realization of the project goals.	2017				X	X	X	X	X	X			
Activity 2.1.1: Provide IYCF education and counselling to 1500 (1200 women and 300 men) mothers and caretakers of children 0-23 months in fangak and leer i.e. 750 (600 women and 150 men) in Fangak and 750 (600 women and 150 men) in Leer county	2017				X	X	X	X	X	X			
Activity 2.1.2: Provide IYCF promotion training to 25 (5 men and 20 women) nutrition center staff	2017					X			X				
Activity 2.1.3: Establish 5 MSG in each static site (Total 20 MSGs)	2017				X								
Activity 2.1.4: IYCF promotion/training among 200 women of MGS in Fangak and leer	2017				X			X					
Activity 3.1.1: Conduct one SMART survey in Fangak County	2017								X				

OTHER INFO

Accountability to Affected Populations

Before commencing project activities stakeholder workshops will be conducted both in Leer and Fangak sites to ensure that the community members are fully aware of the nature of the project. Nile Hope will seek to adopt a collaborative approach with the populations in the project locations. Locals with no special skills will be enlisted for non-specialized assignments while qualified persons will be given a chance to work in the project to enhance project ownership at the community level. Right from project initiation, measures will be taken to ensure that the communities through its leadership and key stakeholders are fully aware of the project goals and lifespan and to enlist their support and contribution in kind to help in sustaining the project. Regular meetings to update the community on project progress, the changing needs and other key issues affecting the project will be done. Through liaison with the county health departments in the various locations, Nile Hope will be in constant communication and engagement to ensure that arising community needs and apt use of resources allocated for the project is properly done. Capacity building will also be done targeting community nutrition volunteers, mother support groups and county health department.

Implementation Plan

Nile Hope will work through normal nutrition programming in emergency guidelines to ensure that the program activities are done sequentially and in a manner that seeks to reach out to the maximum number of beneficiaries in the targeted areas. Particular emphasis will be on proper community mobilization through enhanced supervision and community awareness campaigns using the community nutrition volunteers and community mobilizers. Screening activities to identify cases and proper referral mechanisms will be put in place as has been done before to ensure that there is proper linkage between the identified cases in the community and those admitted in the program at the various facilities. Trainings to improve the capacity of organization staff will also be conducted to ensure that service provision adheres to the IMSAM and related guidelines. A robust supply chain management plan with emphasis on continuity of supply provision on sites, security of supplies and optimizing the use of the same will be put in place. Treatment of SAM children with and without medical complications and MAM cases will be implemented according to the south Sudan nutrition guidelines and necessary interventions for IYCF, vitamin A supplementation, deworming, Iron folate supplementation and provision of basic hygiene kits where possible will be embraced to ensure the project achieves its collective goal in the long run.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

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 will enlist women through the MTMSGs that will play a key role in the realization of the project's MIYCN targets, employ female staff and make concerted efforts to ensure gender does not become a hindrance to accessing services offered in the project.

Protection Mainstreaming

CP will take conscious measures to safeguard beneficiaries from any form of harm that can emerge directly from the program. All the RUTFs and other consumables distributed to beneficiaries will be ascertained and the expiry dates checked before distribution. All expired supplies will not be distributed and will be reported as such to contributing partners. Services will be offered in adherence with the expected sphere standards and will not discriminate based on age, gender, religion or any other form of biasness that may deny qualified beneficiaries a chance at project benefits. Girls and boys will be targeted equally and community involvement especially on the nutrition education components and mobilization shall involve both male and female as well as elderly and persons with disability in the community. The community through sensitization campaigns will be involved fully in the project; details of the project will be divulged so that they are empowered enough to know what their stake, rights and entitlements are in the project for sustained implementation and to curb potential abuse. Referrals for GBV counselling by specialists will also be done in the project locations.

Country Specific Information

Safety and Security

The project locations have seen turbulent times in the past and Nile Hope fully understands the need to provide safeguards against harm to staff and looting of supplies. In fairly unpredictable locations such as those in Leer, pre-positioning of supplies will continue to be done in Nyal in the neighboring county of Panyijaar and only biweekly rations will be taken to the site locations. All supplies will not be stored in one location in both Fangak and Leer and continuous security assessment and seeking updates from the authorities will be done to ensure that the field teams and the organization is fully up to date with matters security. Staff will be required to have their work IDs and other visibility materials such as organization apparel for identification for connected security purposes. All organization staff in the project sites will fill in movement sheets so that all the field coordinators are aware of staff movement at any particular time. Where possible, the organization will impose curfews to control movement especially at night and in volatile areas in the project locations.

Access

In Leer, movement in the islands remain via canoes for both staff and for moving supplies. As the situation opens up in Leer, Nile Hope will be open to deploy motorbikes that can be used for monitoring services before eventually exploring the possibility of sourcing for a vehicle for the same location. In Fangak, a speedboat will be used for transport. The organization has continued to use the boat in the areas for the previous projects and will make the necessary adjustments to reach difficult locations where need calls.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Nutrition Lead	D	1	6,000.00	6	42.00	15,120.00

	1 Nutrition Technical Lead at \$ 6000 per month for a period of 6 months charging 34% to CHF Location: Juba with frequent visits to the field. He will be responsible in coordination of all activities being implemented in this project, Monitoring the project using log frame and Reporting all activities to the donor and MoH.						
1.2	Nutrition Officer	D	1	4,000.00	6	50.00	12,000.00
	1 Nutrition Officer at \$ 4000 per month for a period of 6 months charging 50% to CHF Location: Juba with frequent visits in the field, He/She will be responsible in coordination of field activities and building the capacities in the field to be able to offer quality services.						
1.3	County Project Manager	D	1	1,500.00	6	100.00	9,000.00
	County Project Manager at \$ 1500 per month for a period of 6 months charging 100% to CHF Location: Fangak and Leer. He/She responsible in ensuring that OTP centres are running according to Nile Hope mandates and should be in constant communication with the Nutrition Coordinator						
1.4	Supervisors	D	2	1,000.00	6	100.00	12,000.00
	2 Health Supervisor Leer at \$ 1200 per month for period of 6 months charging 100% to CHF Oversee the day-to-day management of the health facility in Leer. He gathers and analyse data and using it to plan and manage the health facility in Leer/Fangak. He also ensures that there are sufficient drugs and quality health administration to the patients. He is a qualified medical officer with extensive work experience						
1.5	Clinical Officer	D	1	1,200.00	6	100.00	7,200.00
	1 Clinical Officers at \$1000 per month for period of 6 months charging 100% to CHF The staff will be in-charge of managing Stabilization center where he will consult the malnourished children with medical complication who will be referred from OTS center or from the village. He/she will also be responsible person for daily follow up of the malnourished child who is admitted for medical treatment in the stabilization center located in Fangak						
1.6	Nurses	D	4	800.00	6	100.00	19,200.00
	4 Nurses at \$800 per month for period of 6 months charging 100% to CHF The nurses will work in OTP and TSFP centre to provide nursing care to children that are identified with medical complication are are malnourished 2 in Leer and 2 in Fangak						
1.7	IYCF Facilitators	D	4	300.00	6	100.00	7,200.00
	4 IYCF facilitators- Facilitate IYCF education sessions for the mother to mother support groups, offer IYCF and other nutrition education at the OTP centre and in the community monthly afforded at \$ 300 for a period of 6 months charging 100% to CHF 2 in Leer and 2 in Fangak						
1.8	Nutrition Assistants	D	4	300.00	6	100.00	7,200.00
	4 Nutrition assistants- charged with taking anthropometric measurements of children and PLW at the nutrition center, record keeping of program beneficiaries, offering nutrition education with a monthly remuneration of \$ 300 per month for a period of 6 months charging 100% to CHF at the OTP centre 2 in Leer and 2 in Fangak						
1.9	Registrars	D	4	300.00	6	100.00	7,200.00
	4 Registrars - charged with taking anthropometric measurements and to keep OTP centre records with a monthly remuneration of \$ 300 per month for a period of 6 months 2 in Leer and 2 in Fangak						
1.10	Community Mobilizers	D	8	300.00	6	100.00	14,400.00
	8 Community Mobilizers at \$ 300 per month for a period of 6 months charging 100% to CHF Location: Fangak and Leer. He/ She raise awareness to the communities by mobilizing parents with children suffering from acute malnutrition to visit OTP and Stabilization centres. 4 in Leer and 4 in Fangak						
1.11	Inpatient Attendants	D	3	400.00	6	100.00	7,200.00
	"3 Inpatient Attendants at \$ 300 per month for a period of 6 months charging 100% to CHF Location: Fangak, He/ She will provide supportive care to children who are admitted in the stabilization centres" in Fangak						
1.12	Cleaners & Cooks	D	6	200.00	6	100.00	7,200.00
	5 Cleaners and 1 SC Cooks for the Facilities at \$ 200 per month for a period of 6 months charging 100% to CHF Location: Leer and Fangak. He/ She ensures that the OTP and Stabilization Facilities are clean. She ensures that equipment are cleaned and always are in sterilised." 2 in Leer and 4 in Fangak						
1.13	Guards	D	5	200.00	6	100.00	6,000.00
	5 Guards for the Facilities at \$ 200 per month for a period of 6 months charging 100% to CHF Location: Leer and Fangak. He/ She ensures that the OTP and Stabilization Facilities are clean. She ensures that equipment are cleaned and always are in sterilised." 2 in Leer and 3 in Fangak						
1.14	Finance Manager	S	1	6,000.00	6	12.00	4,320.00
	1 Finance Manager @\$6000 per month for 6 months , 12 % charged to CHF Locations: Juba. Evaluate the financial reporting systems, provide financial reports on a timely basis. Performs financial analysis, reporting and management activities. Develop the financial strategy for the organisation and participate in the evaluation of finance staff. The Finance Manager has over 15 years experience and he is a qualified accountant						

1.15	Human Resource	S	1	5,000.00	6	12.00	3,600.00
	<i>Human Resources & Partner Relations Manager based in Juba with frequent field visit with responsibility of staff recruitment, annual appraisals and performance evaluations. He ensure that there is staff welfare and HR policies are well adhered to. He maintains the data base of staff and ensure that there are constant capacity building of staff. Monthly afforded at \$ 4000 with 12% charged to CHF</i>						
1.16	Juba and Field Accountants	S	3	2,000.00	6	12.00	4,320.00
	<i>Accountant based in Juba and Field Accountants to be based in Fangak and Leer charged with responsibility of posting and balancing ledgers in the accounting software, banking and cash flow monitoring, monthly afforded is \$ 2,000 per month for 6 months 12% charged to CHF</i>						
1.17	Program Director	S	1	6,000.00	6	12.00	4,320.00
	<i>Programme Coordinator @ \$6000 per month for 6 months , 12% charged to CHF activities Location: Juba. He is incharge of all programs and he has responsibilities of ensuring that the projects are implemented in accordance with the donors mandate, he will support the health team in monitoring and evaluation</i>						
1.18	Grants Manager	S	1	5,000.00	6	12.00	3,600.00
	<i>1 Grant Manager @\$5000 per month for 6 months 12% charged to CHF Locations: Juba with frequent travel to the field and oversee the budget preparation , management and monitoring process. Monitor and manage all expenses within the allotted budget.</i>						
1.19	Field Coordinators	S	2	2,000.00	6	40.00	9,600.00
	<i>2 Field Coordinators at \$ 2000 per month for 6 months charging 40% to CHF Locations: Leer and Fangak. He/ She will work closely with the Health and Nutrition Program Manager and Program Coordinator and other staff on the field. She/He actively collaborate with other partners and/or Donors as required. plan, implement, monitor/evaluate and report projects on behalf of the Programme Coordinator"</i>						
1.20	Liaison & Compliance Officer	S	1	4,000.00	6	12.00	2,880.00
	<i>Liaison & Compliance Officer has the responsibility of checking donors regulations and updating risk log and reporting to the management. The total afforded for this budget is \$ 2880</i>						
1.21	Juba Logistic officer	S	1	2,000.00	6	20.00	2,400.00
	<i>Juba Logistic officer @\$2000 per month for 6 months,20% charged to CHF, Locations: Juba and is responsible for the movement of staff and materials in and out of Juba.</i>						
	Section Total						165,960.00
Supplies, Commodities, Materials							
2.1	CMAM Training	D	4	700.00	1	100.00	2,800.00
	<i>It is meant to build the capacity of local staff to be able to provide quality services. The targeted number to be trained are 75 participants in Fangak and Leer.</i>						
2.2	In Patient management of SAM training	D	4	700.00	1	100.00	2,800.00
	<i>It is meant to build the capacity of local staff to be able to provide quality services. The targeted number to be trained are 15 participants in Fangak.</i>						
2.3	Transportation of OTP supplies	D	1	8,800.00	1	100.00	8,800.00
	<i>This includes transportation of OTP supplies and equipment from Juba to Fangak and Leer. 2 Charters each carrying 2 Ton from Juba to the field where there are OTP centres @ \$8800. The charter will transportation of plumpy nuts approx 2 tons. Nile Hope wish to send the supplies using charters rather than using logistic cluster which takes long for approvals.</i>						
2.4	MIYCN Staff Training	D	4	700.00	1	100.00	2,800.00
	<i>This training course aims to enhance the competencies and build capacity of Nile Hope nutrition staff who are involved in Infant and Young Child Feeding (IYCF) programmes in Fangak and Leer,. This includes programme development, programme implementation, programme evaluation, and other related activities for improving nutrition and health outcomes of infants and young children.</i>						
2.5	IYCF training Mother Support	D	4	700.00	1	100.00	2,800.00
	<i>To train 120 mothers on proper IYCF Practices</i>						
2.6	Printing of T-shirt and Banner promoting good nutrition practices	D	400	15.00	1	100.00	6,000.00
	<i>200 T Shirts will be printed with health promotion messages in local language, mostly targeting the importance of feeding children with balance diet meals and also sensitising the communities on the issues of malnutritions and the dangers to children. Each T shirt will costs approx \$ 15.</i>						
2.7	Offloading and Loading of nutrition supplies	D	4	1,000.00	1	100.00	4,000.00

	<i>The funds allocated for off loading and loading nutrition supplies and other nutrition materials to OTPs and SC, the amount will be paid for loaders and off loaders</i>						
2.8	Construction of New OTP Centres	D	4	2,500.00	1	100.00	10,000.00
	<i>Construction of OTP Centres in Tambuong & Door in Fangak and, Pillieny & Rubkong in Leer. The cost is for clearing the land where OTP will be built, purchase of around 400 poles @\$5, 400 rafters @3 \$ Plastic Sheets @ \$ 500, labourers for construction and mudding approx \$3700</i>						
2.9	Purchase of Chairs, Tables and Mats	D	4	1,300.00	1	100.00	5,200.00
	<i>This is the cost of purchase of plastic tables, and mats for the new OTPS i.e. Keew, Jueybor, Tambuong, Door and Kuernyang SC in Fangak and Pillieny and Rubkong in Leer.</i>						
	Section Total						45,200.00
Equipment							
3.1	Laptop	D	2	800.00	1	100.00	1,600.00
	<i>2 Laptop for Nutrition supervisor each costed @ \$ 800</i>						
	Section Total						1,600.00
Travel							
5.1	Flight cost for Nutrition staffs(Leer and Fangak)	D	4	550.00	2	100.00	4,400.00
	<i>This is travel cost for Nutrition staff and other supporting staff to travel to the field during the implementation of the project in Leer and Fangak facilitated through UNHAS.</i>						
5.2	Local Field transport	D	2	1,500.00	2	100.00	6,000.00
	<i>This is Local transport of Nutrition supplies / materials within the county total afforded @ \$ 6,000.00</i>						
5.3	Boat Fuel	D	1	2,000.00	2	100.00	4,000.00
	<i>This cost is allocated for preposition and purchase of fuel for the boat. Most Nutrition facilities in Fangak are accessible through the river which will require boat transport.</i>						
	Section Total						14,400.00
General Operating and Other Direct Costs							
7.1	Compound Supplies	S	1	4,500.00	2	50.00	4,500.00
	<i>Compound supplies for field staff in Fangak and Leer</i>						
7.2	Lighting (Generator Running Costs)	S	1	1,000.00	6	20.00	1,200.00
	<i>This costs is for lighting our Juba office, The costs is related to buying fuel and repairs and maintenance of Generator.</i>						
7.3	Internet	S	1	2,000.00	6	15.00	1,800.00
	<i>The internet support cost for Juba and Fangak office, the monthly charge is \$ 1500 with 15% allocation in CHF nutrition budget</i>						
7.4	Stationery	S	1	450.00	6	100.00	2,700.00
	<i>This is cost for stationeries to be used in programming especially in office use.</i>						
7.5	Bank charges	D	1	300.00	6	100.00	1,800.00
	<i>This amount is charged on transfer of funds. It is estimated that a total of \$ 3000 will be incurred as bank charged and ledger fees</i>						
7.6	Communication	D	1	400.00	6	100.00	2,400.00
	<i>Communication costs i.e. for buying calling cards for satellite phones and other networks in relation to nutrition budget</i>						
7.7	Office rent	S	1	5,000.00	6	17.95	5,385.00

	<i>Juba office rent for organisation coordination purposes</i>						
	Section Total						19,785.00
SubTotal		500.00					246,945.00
Direct							196,320.00
Support							50,625.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							17,286.15
Total Cost							264,231.15
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	55	330	1,650	1,100	1,100	4,180	
Unity -> Leer	45	270	1,350	900	900	3,420	
Documents							
Category Name				Document Description			