

Requesting Organization :	ACF - USA				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
NUTRITION		100.00			
		100			
Project Title :	Treatment and prevention of acute malnutrition in response to a nutrition crisis in Gogrial West County, Warrap State, South Sudan.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/H/103409	Fund Project Code :	SSD-17/HSS10/SA1/N/INGO/5266		
Cluster :	Nutrition	Project Budget in US\$:	373,921.44		
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 :	<p>ACF is proposing a 6 month project implementation period from 1st April 2017 to 30th September 2017, for the first standard allocation of SSHF funding. The present proposal is in line with HRP 2017 Response Plan for nutrition needs in the high burden state of Warrap, particularly in the former county of Gogrial West. The overall objective of this project is to reduce mortality and morbidity among children under 5 (U5) and pregnant and lactating women (PLW) through nutrition specific intervention. The main components of the proposal are two:</p> <ol style="list-style-type: none"> 1. Life-saving component through detection and treatment of children under 5 (boys and girls) with severe and moderate acute malnutrition and malnourished PLW from both host and IDP/returnees' communities in the catchment area of targeted nutrition sites. This includes nutrition services in former Gogrial West at 8 nutrition sites providing Outpatient Therapeutic Program (OTP) for SAM children without complications as well as Targeted Supplementary Feeding Program (TSFP) for MAM children and malnourished PLW; and one Stabilization Center (SC) to admit and treat SAM children U5 with medical complications. At community level, active case finding will be implemented through Community Nutrition Volunteers (CNV) in order to strengthen early detection and referral of malnourished children U5 and PLW. Project interventions directly target children under 5 without discrimination between boys and girls, and vulnerable PLW. Variations of numbers between the two sex groups will be monitored to ensure immediate actions are taken when large gaps are noticed. 2. Prevention of malnutrition in children under 5 and pregnant and lactating mothers through promotion of MIYCN, health, WASH and child care practices through sensitization sessions at nutrition site level, as well as community sensitization and mobilization through Mother to Mother Support Group (MtMSG) approach. Prevention activities will take into account the different needs for women, men, boys and girls from the initial stage of the needs assessment design, considering gender balance in the assessment interview and ensuring that questions are tailored according to the group. The project design involves/considers representation of both men and women from the community and community leaders. ACF will also link its nutrition specific activities with ongoing nutrition sensitive (i.e. WASH, FSL) activities in Warrap to maximize the impact. WASH and FSL activities prioritize and purposely target nutrition beneficiaries to bring greater synergy and cohesion to sustainably tackle the underlying causes of malnutrition. 				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
602	7,824	3,435	3,709	15,570	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	42	386	0	0	428
People in Host Communities	560	5,125	0	0	5,685
Children under 5	0	0	3,435	3,709	7,144
Pregnant and Lactating Women	0	2,313	0	0	2,313
Indirect Beneficiaries :					

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

The project will contribute to the Strategic Objective 1 of the 2017 HRP for South Sudan, which aims at saving lives and alleviating the suffering of those most in need of assistance and protection. In particular, prevention and treatment of malnutrition will contribute to reduce death, injury and disease in priority areas where needs are most severe, and ensure access to humanitarian assistance to crisis affected communities. The action will also contribute to the Strategic Objective 3 by supporting at risk communities to sustain their capacity to cope with significant threats by encouraging community-based identification and referral of malnourished children.

With regards to the Cluster Specific Objectives, the project will address the SO1 for the delivery of quality lifesaving management of acute malnutrition for the most vulnerable and at risk, and the SO2 by contributing to increased access to integrated programmes preventing undernutrition for the most vulnerable and at risk target groups.

More in detail, the project is designed in accordance with the Nutrition Cluster priorities and requirements for SSHF 1st allocation, which is focused in life saving nutrition interventions. The approach proposed includes the following components:

1) Management of SAM and MAM through the integrated CMAM approaches with the provision of nutrition services at 9 points of delivery in Gogrial West: 8 nutrition sites and 1 stabilization center (SC). CHF funding will contribute a proportion of the funding, around 50%, to ACF's nutrition programme in Warrap with funding coming from other donors to support the remaining cost.

2) Prevention of malnutrition with target beneficiaries through:

- i) Knowledge and awareness raising via sensitization sessions on health, MIYCN, nutrition, WASH and child care practices;
- ii) Community sensitization and mobilization activities done through the Mother to Mother Support Groups (MtMSG) approach at community level engaging various community stakeholders (TBA, traditional healers and religious leaders).

3) Screening in the nutrition sites as well as conducting active case finding in the catchment areas of nutrition sites (5 km radius) in collaboration with community nutrition volunteers (CNV).

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
Guy Halsey	Country Director	cd.ssd@acf-international.org	+211 (0) 911 072 91
Francesca Colombi	DCD-Programme	dcd-programme.ssd@acf-international.org	+211(0) 914 733 901

BACKGROUND**1. Humanitarian context analysis**

South Sudan is affected by a protracted humanitarian crisis that has deteriorated significantly during 2016 and the beginning of 2017. Since the beginning of the conflict in 2013, more than 3 million people have fled their homes, including 1.9 million people internally displaced and another 1.2 million who have fled to neighboring countries as refugees looking for safety.

Hunger and malnutrition have reached unprecedented magnitude compared with previous periods. According to the Integrated Food Security Phase Classification (IPC) 2017 report, in January 2017 3.8 million of people were estimated in Crisis (IPC Phase 3), Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5). The situation is expected to worsen during the period from February to April 2017, with an estimated number of people in need of humanitarian assistance (IPC phase 3 and above) increased to almost 4.9 million, out of which 100,000 are expected to face famine conditions. The highest proportions of populations in Crisis, Emergency and Catastrophe are observed in Northern Bahr el Ghazal (61%) and Unity (61%). According to the projections, at the height of 2017 lean season almost half the population, 47%, will be severely food insecure.

Acute malnutrition remains a major public health emergency in South Sudan. Out of 23 counties with recent data, 14 have Global Acute Malnutrition (GAM) at or above 15%. GAM rate above close or above 30% is observed in Greater Unity counties; the situation in the Greater Equatoria region is alarming, with worsened nutrition conditions, a data atypical to the post-harvest; in the Greater Bahr el Ghazal several areas show higher than usual levels of acute malnutrition expected for the post-harvest season. Insecurity, displacement, poor access to services, lack of physical access, disruption of the 2016 agricultural season, extremely poor diet (in terms of both quality and quantity), low coverage of sanitation facilities and deplorable hygiene practices are underlying the high levels of acute malnutrition.

2. Needs assessment

According to the last SMART survey conducted in Gogrial West by ACF and World Vision in July 2016, the prevalence of GAM was at 32.5% (28.3 - 36.9, 95% CI), which falls into the critical classification under the IPC emergency classification thresholds (15%-30%) and into the emergency classification under the WHO emergency classification thresholds. Although the harvest towards the end of 2016 will have improved the food security situation in this area, the most recent IPC classifies Gogrial West as in Phase 3 (Crisis) and this situation can be expected to deteriorate as the lean season continues. In addition to this, lack of basic services including poor access to safe water, lack of sanitation facilities and poor hygiene practices are affecting the population, worsening and increasing the risk for vulnerable children and pregnant woman. According to the above mentioned SMART survey, a large majority of households interviewed, 75.1% (70.9 – 79.2, 95% CI) declared getting water from improved sources, however more than half of them are doing nothing to treat water (55.4% (49.6 – 59.1, 95% CI). Furthermore, while a majority of respondents declared washing their hands before cooking, eating or feeding the baby, only 31.5% (27.1 – 35.9, 95% CI) reported washing their hands after defecating. Almost all respondents (98.1% (96.8 – 99.4, 95% CI) reported defecating in undesignated open areas, which may increase the faecal oral transmission of infection.

3. Description Of Beneficiaries

Direct beneficiaries will comprise:

- Malnourished children U5 and PLW identified according to the following criteria: children (6-59 months) with bilateral pitting Oedema (grade +/++) or severe wasting W/H Z-score <-3 and/or MUAC < 115 mm, and appetite test passed, no medical complication, clinically well will be treated in Outpatient Therapeutic Program (OTP). For SC, children with bilateral pitting Oedema +++ or any grade with severe wasting, or SAM with medical complications will be targeted including infants under 6 months with bilateral pitting Oedema or visible wasting. Targeting for MAM is based on W/H Z-score ≥ -3 - < -2 MUAC ≥ 115 mm - <125mm, no Oedema and clinically well and with good appetite.
- Malnourished PLW having MUAC below 230mm will be treated through Targeted Supplementary Feeding Program (TSFP)
- Caregiver of children U5 admitted in SC / OTP / TSFP who participate in sensitization session on MIYCN, Health, Nutrition, WASH and care practices
- At community level, mothers who are part of Mother-to-Mother Support groups
- Community Nutrition Volunteers trained on screening technics and referral process, as well as home visits for households with children U5 who don't recover well and previously identified by nutrition sites staffs
- State Ministry of Health (SMoH) key staff, County Health Department (CHD) key staff and health facilities staff where ACF has nutrition activities trained on CMAM according to needs identified in order to strengthen linkage between health and nutrition services and integration into health system

4. Grant Request Justification

ACF has been operational in Warrap since 2005 responding to both chronic and acute needs through an integrated strategy, where nutrition, food security, and water and sanitation activities are reinforced to have a meaningful impact on the communities' resilience. ACF has one static base in Alek (Gogrial West), and manages 8 nutrition sites and 1 Stabilization Center. During 2016, considering all ACF programmes, a total of 17,054 SAM and 28,679 MAM children U5 have been treated, with the following overall performance indicators: cured rate of 75%, mortality rate of 0.0%, defaulter rate 17 % and non-respondent rate of 7.5% (high defaulter and non-respondent rates are due to the breaks in supply chain from both Unicef and WFP during the year). This caseload and the critical outlook and projection of further deterioration as reported in the 2017 IPC justify a continued and strengthened CMAM program in South Sudan, and in Gogrial West in particular, to prevent a further worsening of the nutritional status of vulnerable and food insecure children and PLW. If sustained and adequate assistance is delivered urgently, the Crisis situation can be improved in the coming months and further suffering mitigated.

It is worth noting that the present proposal will not only allow ACF to prevent and treat acute malnutrition through the delivery of lifesaving nutrition services, but it will also contribute to effective prevention thanks to Mother to Mother Support Groups; regular community-based MUAC screening, case identification and referrals of children under 5 year; and sensitization sessions on MIYCN, Nutrition, Health, WASH and child care practices. ACF is negotiating funds from other donors for the coverage of its programme in Gogrial West, however a gap in funding is expected to occur during April. SSHF funds will therefore ensure the continued functioning of ACFs nutrition sites, without closure, during the April to September period.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Reduce mortality and morbidity among children under 5 (U5) and pregnant and lactating women (PLW) through nutrition specific intervention in former Gogrial West County, Warrap State

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	75
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	25

Contribution to Cluster/Sector Objectives : To support the nutrition cluster, the project is designed in accordance with the Cluster priorities and requirements for this 1st allocation which is focused in life saving nutrition interventions. The approach proposed includes the following components for the management of SAM and MAM through integrated CMAM:

1. Treatment: Provision of nutrition services at 9 points of delivery in Warrap, comprising of 8 Out-patient Therapeutic Programme (OTP) and Targeted Supplementary Feeding Programme (TSFP), and 1 stabilization center (SC). The Program will use ACF and WHO guidelines (and national guidelines when they will be approved) and SPHERE standards for its programming and in measuring its performance. Children admitted in the SCs will receive specific nutritional and medical treatment for complications as well as systematic treatment, medical follow up, health and nutrition education. Once the child's medical complications are treated and appetite restored, the child will be transferred and continue treatment in the OTPs. Children admitted in the OTPs will receive weekly RUTF rations, nutritional follow up, nutrition and health promotion for caregivers as well as systematic treatment. TSFP will provide treatment for children who are moderately malnourished (MAM). The TSFP provides bi-weekly rations (RUSF/ CSB++) to the beneficiaries as well as nutritional follow up and systematic treatment.
2. Prevention: beneficiaries will be targeted for prevention of malnutrition through i) knowledge and awareness raising via sensitization sessions on health, MIYCN, nutrition, hygiene and child care practices; ii) community sensitization and mobilization activities done through the Mother to Mother Support Groups (MtMSG) approach which will be encouraged to take place at community level and will involve/engage various community stakeholders (TBA, traditional healers, religious leaders, etc.).
3. Screening in the nutrition sites as well as active case finding in the OTP/TSFP catchment area (10 km radius) in collaboration with community nutrition volunteers (CNV). Screening and active case finding contributes to the early detection and referral of acutely malnourished children and contribute to better treatment outcomes. The community will be mobilized to detect and refer malnourished children to the nutrition sites. ACF will as much as possible increase the number of CNVs, involve community leaders, traditional healers at community level to strengthen screening and overall community mobilization activities. The Capacity Building of MoH, CHD and health facility staffs will be enhanced and coverage expanded where training needs are identified and done through theoretical training as well as on-the-job coaching and joint supervision. ACF will build on the gains it had in the past year and ensure that capacity building does not end on training but will continue through on the job training and mentoring/coaching. This will also include advocacy for Health System Strengthening. Under this grant, ACF intends to train CHD and MoH team on CMAM and IYCF guidelines. To enhance sustainability of skills passed on to CHD/MoH partners, ACF will conduct regular joint supervisions with and on job support of CHD/MoH partner

Outcome 1

Increased access to prevention, referral and treatment services for children under 5 suffering from severe and moderate acute malnutrition and pregnant and lactating women in vulnerable communities of former Gogrial West County, Warrap State.

Output 1.1

Description

Children under 5 suffering from severe or moderate acute malnutrition are admitted and treated in Therapeutic Feeding Program (OTP +SC) / Targeted Supplementary Feeding Program (TSFP)

Assumptions & Risks

- No major disease outbreaks occur
- Security remains stable enough to allow for access
- Beneficiaries and communities collaborate actively and are motivated
- Road and air transport means remain functional
- No breakdown in supply pipe-line from the UN agencies
- Collaboration with Ministry of Health, is possible and effective
- Collaboration with UN Agencies involved (i.e. UNICEF, WFP) is effective and in-kind input for these agencies are received in a timely manner
- Skilled personnel/HR is available and consistent
- Good working relations with the Local authorities and RRC officials
- Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
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			336	368	704
Means of Verification : Monthly Qualitative and Quantitative report, databases, Activity Progress Report (APR)							
Indicator 1.1.2	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			3,072	3,312	6,384
Means of Verification : Monthly Qualitative and Quantitative report, databases, Activity Progress Report (APR)							
Indicator 1.1.3	NUTRITION	[Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services					75
Means of Verification : Monthly Qualitative and Quantitative report, databases, Activity Progress Report (APR)							
Indicator 1.1.4	NUTRITION	[Frontline] Percentage of MAM children died (death rate) out of the total discharged from TSFP					3

Means of Verification : Monthly Qualitative and Quantitative report, databases, Activity Progress Report (APR)							
Indicator 1.1.5	NUTRITION	[Frontline] Number of monthly average of children (6-59 months) screened in the community during the project period (should be reported once)			1,440	1,560	3,000
Means of Verification : Monthly reports							
Indicator 1.1.6	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			1,538	1,666	3,204
Means of Verification : Monthly reports							
Activities							
Activity 1.1.1							
Provide therapeutic treatment to SAM and MAM children U5 through SC / OTP / TSFP							
Activity 1.1.2							
Organize regular community-based MUAC screening, case identification and referrals of children under 5 years							
Output 1.2							
Description							
PLW suffering from acute malnutrition are admitted and treated in TSFP							
Assumptions & Risks							
<ul style="list-style-type: none"> -No major disease outbreaks occur -Security remains stable enough to allow for access -Beneficiaries and communities collaborate actively and are motivated -Road and air transport means remain functional -No breakdown in supply pipe-line from the UN agencies -Collaboration with Ministry of Health, is possible and effective -Collaboration with UN Agencies involved (i.e. UNICEF, WFP, FAO) is effective and in-kind input for these agencies are received in a timely manner -Skilled personnel/HR is available and consistent -Good working relations with the Local authorities and RRC officials -Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed. 							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		2,313			2,313
Means of Verification : Monthly Qualitative and Quantitative report, databases, Activity Progress Report (APR)							
Indicator 1.2.2	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.					80
Means of Verification : Endline survey							
Activities							
Activity 1.2.1							
Provide treatment for acutely malnourished PLW through TSFP							
Activity 1.2.2							
Organize regular community-based MUAC screening, case identification and referrals of PLW							
Activity 1.2.3							
Ensure complaints and feedback mechanism is present at all nutrition sites							
Output 1.3							
Description							
Prevention of malnutrition among children U5 and pregnant and lactating mothers							
Assumptions & Risks							

- No major disease outbreaks occur
- Security remains stable enough to allow for access
- Beneficiaries and communities collaborate actively and are motivated
- Road and air transport means remain functional
- No breakdown in supply pipe-line from the UN agencies
- Collaboration with Ministry of Health, is possible and effective
- Collaboration with UN Agencies involved (i.e. UNICEF, WFP) is effective and in-kind input for these agencies are received in a timely manner
- Skilled personnel/HR is available and consistent
- Good working relations with the Local authorities and RRC officials
- Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					24
Means of Verification : Attendance sheet, Activity Progress Report (APR)							
Indicator 1.3.2	NUTRITION	# of pregnant and lactating women and caretakers of children U5 months reached with sensitization sessions					7,566
Means of Verification : Monthly Qualitative and Quantitative report, databases, Activity Progress Report (APR)							
Indicator 1.3.3	NUTRITION	# Community Nutrition Volunteers (CNV) trained on key sensitization messages, screening & referral					20
Means of Verification : Attendance sheet, Activity Progress Report (APR)							
Indicator 1.3.4	NUTRITION	Number of women within the MTMSGs sensitized on GBV issues and available protection measures and actors					360

Means of Verification : Monthly reports

Activities

Activity 1.3.1

Provide regular sensitization sessions (on MIYCN, Nutrition, Health, WASH and child care practices) at all nutrition sites for mothers and caregivers of children U5 in CMAM program as well as PLW in TSFP

Activity 1.3.2

Organize Mother-to-Mother support groups within catchment areas of nutrition sites to facilitate open discussions and demonstrations, and utilize these peer group as a channel to further promote and protect adequate MIYCN practices

Activity 1.3.3

Identify and train Community Volunteers to provide key messages on health/nutrition/WASH and child care practices, as well as conduct regular nutrition screening and referral of children U5 and PLW

Activity 1.3.4

Sensitize women within the MTMSGs on GBV issues and available protection measures and actors in the area

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring of project activities will be done at weekly basis by field staff under the guidance and supervision of the Program Manager and Roving Nutrition Specialist and through periodic visits from the Country Technical Coordinators. Qualitative and quantitative tools will be used to capture record and analyze the data collected in monthly basis. For that, an Activity Progress Report (APR) will be prepared and used, including the original work plan, real advances in activity implementation, constraints, indicators, sources of information and staff responsibilities. For quality assurance purposes, technical support on specific program activities will be provided by sector Technical Advisors from HQs. Tailor made forms will be used by the Field Data Analyst to collect relevant statistical data to feed into ACF database. Qualitative data, human stories, lessons learnt and best practices will be documented by the teams and feed into the Project Management Cycle to refine and further contextualize project activities. ACF will put in place a simple community feedback mechanism to secure application of good management practices.

Community management committees, comprised of representatives from the target communities/villages, will be formed to facilitate BNFs selection, distributions and implementation of project activities in a transparent manner. Local hearing committees will also be responsible for receiving complaints and addressing them or passing them on to ACF where and when these cannot be resolved at the village/community level. ACF field staff will always be available to address complaints on the spot. ACF will submit monthly reports to the cluster and CHD timely. Reports will also be shared with State level coordination forum on regular basis. Joint monitoring visits with CHD will be conducted monthly and or bi-monthly as need arises.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide therapeutic treatment to SAM and MAM children U5 through SC / OTP / TSFP	2017				X	X	X	X	X	X			
Activity 1.1.2: Organize regular community-based MUAC screening, case identification and referrals of children under 5 years	2017				X	X	X	X	X	X			
Activity 1.2.1: Provide treatment for acutely malnourished PLW through TSFP	2017				X	X	X	X	X	X			
Activity 1.2.2: Organize regular community-based MUAC screening, case identification and referrals of PLW	2017				X	X	X	X	X	X			
Activity 1.2.3: Ensure complaints and feedback mechanism is present at all nutrition sites	2017				X	X	X	X	X	X			
Activity 1.3.1: Provide regular sensitization sessions (on MIYCN, Nutrition, Health, WASH and child care practices) at all nutrition sites for mothers and caregivers of children U5 in CMAM program as well as PLW in TSFP	2017				X	X	X	X	X	X			
Activity 1.3.2: Organize Mother-to-Mother support groups within catchment areas of nutrition sites to facilitate open discussions and demonstrations, and utilize these peer group as a channel to further promote and protect adequate MIYCN practices	2017				X	X	X	X	X	X			
Activity 1.3.3: Identify and train Community Volunteers to provide key messages on health/nutrition/WASH and child care practices, as well as conduct regular nutrition screening and referral of children U5 and PLW	2017				X	X	X	X	X	X			
Activity 1.3.4: Sensitize women within the MTMSGs on GBV issues and available protection measures and actors in the area	2017				X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

Globally, ACF follow the 2010, Humanitarian Accountability Partnership (HAP) guidelines for accountability to affected populations. In practice this focuses on 5 key commitments for how ACF works with affected populations.

1. Transparency: Provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between an organisation and its affected populations over information provision.
2. Feedback and complaints: Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction.
3. Participation: Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected are represented and have influence.
4. Design, monitoring and evaluation: Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organisation on an ongoing basis and reporting on the results of the process.
5. Leadership/Governance: Demonstrate their commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into country strategies, programme proposals, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting.

We also understand that working to implement these commitments can be particularly challenging when humanitarian access is limited or absent. For example, communication and information flow can be intermittent and difficulties can emerge in ensuring participation or representation; basic elements of an accountable response. Therefore we will work closely with other partners in the affected areas to ensure that a harmonize approach to the key aspects of HAP guidelines can be adapted.

Implementation Plan

In Warrap ACF proposes to extend the ongoing nutrition program to continue lifesaving CMAM actions in the communities throughout 2017 with support from SSHF, GAC, Unicef and WFP. ACF will continue to train MoH and partners (at national, state and county levels) to boost knowledge and capacities on CMAM and IYCF. ACF will in the future pilot the feasibility of integrating SAM treatment in few PHCC/PHCU in order to ensure progressive institutionalization of SAM management in the health system in the coming years.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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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

South Sudan is a young country with 72% of the population being under 30 years, with an estimated 52% of the population being male and 48% female. Gender dynamics in South Sudan remain shaped by the prevailing socio-cultural norms that generally favor males for decision-making responsibilities, educational opportunities and participation in politics at local, regional and national level. South Sudan is a patriarchal society where women are still disadvantaged and are considered inferior to men. As such, they have limited access to schools and decision-making power. Currently there is no reliable data detailing the prevalence of GBV in South Sudan, however physical violence, domestic violence, early and forced marriage as well as sexual violence are considered widespread across the country and it is estimated that more than half of young women aged 15-24 years in South Sudan have suffered some form of GBV. Nutritional status can be affected by several factors relating to gender and it is vital that these points are acknowledged as part of program design. As women are traditionally the head caregiver of the family in South Sudan, ACF's activities naturally converge with women's roles. However, the nutrition component of the proposed action will not solely focus on women, but will encourage men's participation as agents to change to close the gender gap. Both men and women need to be involved in this process, acknowledging their respective roles and needs, and fostering mutual awareness and partnership. For example, women often need the consent of men to participate in activities outside their domestic sphere, so for a woman to take her child to CMAM treatment sites requires men to be sufficiently informed about the CMAM program. In order to ensure that both men and women are involved, ACF will engage communities through community awareness activities held at a HH level. This will be done by Community Volunteers allowing access to both men and women to ensure all members of a HH are informed and engaged in the activities. Mass sensitization campaigns will also be organized at community level to raise awareness in each category of population. Both women and men will be included in the process of selecting safe distribution points and nutrition sites to reduce the associated risks. Efforts will also be made to promote women membership and participation in local decision-making bodies and committees, which have been traditionally dominated by men. The creation of MTMSGs will be empowering and strengthening for women, providing support also to female-headed HH. Finally, treatment will be monitored by gender to identify variations and ensure immediate action is taken when large gaps are noticed.

Protection Mainstreaming**Country Specific Information****Safety and Security****Access****BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	WRP NUT PROGRAM MANAGER	D	1	6,087.00	6	58.33	21,303.28
	<i>Responsible for overall project management</i>						
1.2	ROVING MEDICAL DOCTOR	D	1	6,412.00	6	17.00	6,540.24
	<i>Responsible for ensuring clinical standards at the SC</i>						
1.3	WRP NUT DEPUTY PROGRAM MANAGER	D	1	1,809.63	6	58.33	6,333.34
	<i>Responsible for managing the field teams</i>						
1.4	WRP STABILIZATION CENTER TEAM	D	11	1,057.46	1	100.00	11,632.06
	<i>Staff responsible for managing the SC</i>						
1.5	WRP OTP/TSFP TEAM	D	36	763.34	6	58.33	96,175.34
	<i>Staff responsible for managing the nutrition sites</i>						
1.6	WRP COMMUNITY MOBILIZER	D	2	742.84	6	100.00	8,914.08

	<i>Staff responsible for managing the CNVs and organizing the community screening and referral</i>						
1.7	WRP NUT DATA CLERK	D	1	557.10	6	58.33	1,949.74
	<i>Responsible for managing and reporting the nutrition data on a monthly basis</i>						
1.8	WRP OTP-TSFP NUTRITION&HEALTH PROMOTER	D	2	742.84	6	100.00	8,914.08
	<i>Responsible for organizing the sensitizations at nutrition site level</i>						
1.9	WRP NUT COMMUNITY VOLUNTEERS	D	20	42.00	6	100.00	5,040.00
	<i>Community volunteers responsible for screening and referral</i>						
1.10	WRP NATIONAL NUTRITION CASUAL WORKERS	D	12	48.00	6	50.00	1,728.00
	<i>Casual workers for loading and unloading nutrition supplies</i>						
1.11	WRP FIELD COORDINATOR	D	1	6,412.00	6	18.00	6,924.96
	<i>Overall responsible for ACF's Warrap field base</i>						
1.12	WRP NATIONAL FINANCE/HR TEAM	D	2	1,523.87	6	18.00	3,291.56
	<i>1 Finance and HR Officer responsible for financial and HR management in Warrap and 1 Office Cleaner</i>						
1.13	WRP NATIONAL LOGISTICS TEAM	D	6	831.05	6	18.00	5,385.20
	<i>Logistics staff in Warrap responsible for fleet management, procurement and nutrition supply chain management to nutrition sites</i>						
1.14	NUTRITION CO-LEAD	D	1	8,118.00	6	40.00	19,483.20
	<i>National Nutrition Cluster Co Lead</i>						
1.15	COUNTRY DIRECTOR	D	1	9,099.00	6	10.00	5,459.40
	<i>Overall responsible for ACF's South Sudan mission</i>						
1.16	DEPUTY COUNTRY DIRECTOR - PROGRAM	D	1	8,270.00	6	10.00	4,962.00
	<i>Responsible for programme implementation and quality</i>						
1.17	FINANCE COORDINATOR	D	1	8,118.00	6	10.00	4,870.80
	<i>Overall responsible for ACF's financial management in South Sudan</i>						
1.18	DEPUTY FIN CO / FIN DEPT. SUPPORT	D	1	7,501.00	6	10.00	4,500.60
	<i>Responsible for grants financial management and reporting</i>						
1.19	HR COORDINATOR	D	1	8,118.00	6	10.00	4,870.80
	<i>Overall responsible for ACF's HR management in South Sudan</i>						
1.20	LOGISTICS COORDINATOR	D	1	8,118.00	6	10.00	4,870.80
	<i>Overall responsible for ACF's logistics management in South Sudan</i>						
1.21	SECURITY COORDINATOR	D	1	8,118.00	6	10.00	4,870.80
	<i>Overall responsible for ACF's security management in South Sudan</i>						
1.22	CRD NATIONAL FINANCE/HR TEAM	D	8	1,440.59	6	10.00	6,914.83
	<i>10% cover for the finance and HR team in Juba who are responsible for ACF's financial and HR management nationally</i>						
1.23	CRD NATIONAL LOGISTICS TEAM	D	9	1,861.58	6	10.00	10,052.53
	<i>10% cover for the logistics staff in Juba responsible for fleet management, procurement and nutrition supply chain management nationally</i>						
1.24	WRP NUTRITION DRIVERS	D	2	649.95	6	100.00	7,799.40
	<i>ACF drivers allocated to the nutrition teams</i>						

	Section Total						262,787.04
Supplies, Commodities, Materials							
2.1	WRP OTP/TSFP RUNNING COST	D	8	777.63	1	100.00	6,221.04
	<i>Stationary, materials and rehabilitation costs for nutrition sites</i>						
2.2	WRP SC RUNNING COST	D	1	720.00	1	100.00	720.00
	<i>Stationary, materials and rehabilitation costs for the SC</i>						
2.3	WRP COMMUNITY MOBILIZATION	D	8	1,159.33	1	50.00	4,637.32
	<i>Stationary and material costs for community mobilisation</i>						
2.4	WRP MOTHER-TO-MOTHER SUPPORT GROUPS	D	8	438.00	1	50.00	1,752.00
	<i>Stationary, material and refreshment cost for MTMSGs</i>						
2.5	WRP SENSITIZATION AT OTP-TSFP AND SC SITES	D	9	184.67	1	50.00	831.02
	<i>Stationary and material costs for sensitization campaigns</i>						
2.6	WRP TRAININGS PARTNERS CMAM	D	1	2,163.63	1	50.00	1,081.82
	<i>Transport and refreshment costs for CMAM trainings</i>						
2.7	WRP NUT PROGRAM STATIONARIES	D	1	1,553.00	1	50.00	776.50
	<i>Stationary costs</i>						
2.8	WRP ACF NUT VEHICLE RUNNING COSTS AND MAINTENANCE	D	4	1,500.00	6	58.33	20,998.80
	<i>Vehicle running costs for nutrition vehicles in Warrap</i>						
2.9	NATIONAL NUT STAFF RAINY SEASON AND FIELD OVERNIGHT KIT	D	5	50.00	1	100.00	250.00
	<i>Rainy season equipment for national nutrition staff</i>						
2.10	VISIBILITY	D	1	600.00	1	100.00	600.00
	<i>T-shirts for nutrition staff and volunteers</i>						
	Section Total						37,868.50
Equipment							
3.1	COMPUTER/LAPTOP	D	1	1,500.00	1	100.00	1,500.00
	<i>1 replacement laptop for the nutrition data entry clerk</i>						
3.2	PRINTER/SCANNER/COPIER	D	1	622.25	1	100.00	622.25
	<i>1 replacement printer for the Warrap office</i>						
	Section Total						2,122.25
Travel							
5.1	WRP FREIGHT OF PASSENGER BY AIR	D	4	550.00	6	50.00	6,600.00
	<i>UNHAS flight costs for staff going to and from the field</i>						
	Section Total						6,600.00
General Operating and Other Direct Costs							
7.1	WRP ACF SUPPORT VEHICLE RUNNING COSTS AND MAINTENANCE	D	1	1,500.00	6	20.00	1,800.00
	<i>20% of the maintenance and running costs for the support vehicle in Warrap</i>						
7.2	CRD SUPPORT VEHICLE RENTAL & RUNNING COSTS	D	3	1,760.00	6	10.00	3,168.00

	10% of the maintenance and running costs for the support vehicles in Juba						
7.3	WRP OFFICE RUNNING COSTS	D	1	6,887.50	6	18.00	7,438.50
	18% of the rent, maintenance and running costs for the office in Warrap						
7.4	CRD OFFICE RUNNING COSTS	D	1	44,925.00	6	10.00	26,955.00
	10% of the rent, maintenance and running costs for the office in Juba						
7.5	WRP NATIONAL NUT STAFF FIELD OVERNIGHT ALLOWANCE	D	3	40.00	6	100.00	720.00
	Per diem and accomodation allowance for national staff						
	Section Total						40,081.50
SubTotal			184.00				349,459.29
Direct							349,459.29
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							24,462.15
Total Cost							373,921.44

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	100	602	7,824	3,435	3,709	15,570	Activity 1.1.1 : Provide therapeutic treatment to SAM and MAM children U5 through SC / OTP / TSFP Activity 1.1.2 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 1.2.1 : Provide treatment for acutely malnourished PLW through TSFP Activity 1.2.2 : Organize regular community-based MUAC screening, case identification and referrals of PLW Activity 1.2.3 : Ensure complaints and feedback mechanism is present at all nutrition sites Activity 1.3.1 : Provide regular sensitization sessions (on MIYCN, Nutrition, Health, WASH and child care practices) at all nutrition sites for mothers and caregivers of children U5 in CMAM program as well as PLW in TSFP Activity 1.3.2 : Organize Mother-to-Mother support groups within catchment areas of nutrition sites to facilitate open discussions and demonstrations, and utilize these peer group as a channel to further promote and protect adequate MIYCN practices Activity 1.3.3 : Identify and train Community Volunteers to provide key messages on health/nutrition/WASH and child care practices, as well as conduct regular nutrition screening and referral of children U5 and PLW Activity 1.3.4 : Sensitize women within the MTMSGs on GBV issues and available protection measures and actors in the area

Documents

Category Name	Document Description