

<b>Requesting Organization :</b>	Hold the Child Organisation				
<b>Allocation Type :</b>	2nd Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
NUTRITION		100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of integrated lifesaving nutrition services to children and women in Tonj South and Tonj East				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-16/H/89702	<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/N/NGO/3429		
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	227,947.45		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	2		
<b>Planned Start Date :</b>	01/10/2016	<b>Planned End Date :</b>	31/03/2017		
<b>Actual Start Date:</b>	01/10/2016	<b>Actual End Date:</b>	31/03/2017		
<b>Project Summary :</b>	<p>The USD 227,947.45 project for "Provision of integrated lifesaving nutrition services to children and women in Tonj South and Tonj East" comes as an intervention for the vulnerable population of about 17.6% (indicated by GAM rates) at risk of malnutrition. WFP currently supports the implementation of Targeted Supplementary Feeding Program (TSFP) and Blanket Supplementary Feeding Program (BSFP) in Tonj South and Tonj East mostly with nutritional supplies of up to 813.23 Metric Tons; the project however is short of staff and technical capacity, site structure for appropriate service provision as well as equipment like weighing scales for MAM services. These funds from SSHF will supplement the WFP funding to provide the additional quality to service provision. SSHF funds will increase staff capacity the number of staff working in the program, enhance their technical capacity, increase health education initiative at both site and community levels by increasing Information, Education and Communication (IEC) materials, improving data management through training and installation of equipment to reach a total of 30,159 individuals with various nutrition services; 14,518 children will be screened for Malnutrition; 4560 (2505 boys and 2055 girls) will be admitted for MAM and 1,208 will be referred for SAM treatment (181 SAM with complications and 1,027 SAM without complications), 8,828 PLWs will be screened with 4,336 admitted for MAM treatment.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	197	4,336	2,505	2,055	9,093
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	2,505	2,055	4,560
Pregnant and Lactating Women	0	4,326	0	0	4,326
Trainers, Promoters, Caretakers, committee members, etc.	197	10	0	0	207
<b>Indirect Beneficiaries :</b>					
<p>The project will indirectly benefit 40,853 individuals following prevention of malnutrition in 17% (from GAM rates) of the population. There will be reduced need for critical care for especially children leaving time for parents to do other productive activities. Reduced expenses for caring for the sick due to Acute Malnutrition and improved overall performance of children in schools.</p>					
<b>Catchment Population:</b>					
<p>The catchment population for Tonj South and Tonj East is 240,311 (42.4% Tonj South and 57.6% Tonj East) according to 2016 projections from 2008 general census in South Sudan.</p>					
<b>Link with allocation strategy :</b>					

In mid-2016 alone, 38,883 cases (Hold the Child report for June 2016) of malnutrition both Children and PLWs were seen in both Tonj South and Tonj East alone. Warrap state has been ranked 2 in the priority setting for round 2. With a population of 240,311 in 2010 (population estimates 2016 from 2008 census) in Tonj South and Tonj East, there has been a need to enhance good health through Nutrition intervention.

Based on our operational and nutrition technical experience in the implementation area (Tonj South and East), activities and targets proposed under the listed key outcomes are feasible during this implementation period of 6 months. This project therefore directly contributes to the standards allocation strategy and directly contributes to the cluster priority actions under this allocation

**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
World Food Program	171,648.00
	<b>171,648.00</b>

**Organization focal point :**

Name	Title	Email	Phone
Kiweesi Alex	Programs Director	kiwesi@holdthechild.org	0912382750
Kokole Emmanuel	Program Associate, Health & Nutrition	kokole@holdthechild.org	0912382755

**BACKGROUND**

**1. Humanitarian context analysis**

Malnutrition has been a chronic concern in the communities of Warrap state with persistent elevated levels of Global Acute malnutrition (GAM) exceeding the emergency threshold of 15%. Studies indicate that these high rates are attributed to sub optimal infant and young child feeding practices (IYCF) among children, chronic food insecurity, increased seasonal incidences of diseases like malaria and diarrhea, access constraints to health and nutrition services, poor water, hygiene and sanitation (WASH) and social services. The Nutrition cluster (2016) characterizes Tonj South and Tonj East in Warrap among the vulnerable counties in need of assistance. As the hostilities in the country are still recurrent, the situation remains unpredictable.

During the FSNMS assessments, data indicated a GAM rates of 17.6% both in Tonj South and Tonj East among children under five and PLWs. The high proxy GAM rates show worrying nutrition status both among the under-fives and PLWs in reference to the WHO standards. In May and June alone, 38,883 cases (Hold the Child data 2016) were registered MAM both Children and PLWs. This describes the magnitude of need.

Hold the Child has embarked on a Program running 23 Nutrition sites in Tonj South and Tonj East for TSFP. Poor roads and flooding restrict access to many patients, especially women, girls and children. Food insecurity and reduced immunity underscores the degrees of vulnerability. Our nutrition program has noted that Boys are at a much higher risk of acute malnutrition than their girls' counter parts.

**2. Needs assessment**

With average GAM rate of 17.6% between Tonj south and East, the counties are among the high hit areas of Warrap (old state). As a result of intermitted conflict in Lakes and WBEG (old states), there has been limited flow of supplies to the cWith average GAM rate of 17.6% between Tonj south and East, the counties are among the high hit areas of Warrap (old state). As a result of intermitted conflict in Lakes and WBEG (old states), there has been limited flow of supplies to the communities, the existing poor farming practices, coupled with the SSP devaluation; access to basic supplies and food stuff remains low with observable impact on the nutrition status particularly children and PLW.

The 23 supported sites supported by Hold the Child; 11 TSFP in Tonj South and 12 TSFP in Tong East are located in high catchment areas with the existing PHCCs and PHCUs. Smooth operations at the sites is challenged with

- In adequate storage of supplies, requiring multiple trips so as to minimize wastes/theft
- Shelters for beneficiaries during Health education
- Prompt transportation of supplies to avoid delays and postponement of feeding days
- Insufficient screening due to under-staffing of the nutrition centers
- Limited coverage of Therapeutic feeding services (mention sites)

To close gap and ensure optimal coverage of emergency nutrition services in the area. This project seeks to address the above and promoted optimal child feeding practices in the area.

**3. Description Of Beneficiaries**

The survival and welfare of children among the food insecure Warrap is heavily threatening the nutritional status with Tonj South and East ranked among the high priority areas by the Nutrition cluster. This project will supplement on the delivery of integrated lifesaving therapeutic, supplementary and prevention nutrition services directly to 4,560 children <5, 4,326 women and 197 others among the vulnerable populations of Tonj South and Tonj East where;

- 2,505 boys and 2,055 girls will be treated for Moderate Acute Malnutrition (MAM)
- 4,326 Pregnant and Lactating Women will be treated for MAM
- 4,336 women and men will be reached with health education messages
- 25 nutrition staff trained on Community-based Management of Acute Malnutrition approaches as per the guidelines
- 23 additional staff supported to work in the nutrition sites in Tonj South and Tonj East

**4. Grant Request Justification**

Under this funding, 9,093 direct beneficiaries will be reached through the maintenance of 23 nutrition sites by supporting staff working in the facilities, transport of supplies and equipment, purchase equipment for the sites, train and maintain 23 lead mothers Under this funding, 9,093 direct beneficiaries will be reached through the maintenance of 23 nutrition sites by supporting staff working in the facilities, transport of supplies and equipment, purchase equipment for the sites, train and maintain 23 lead mothers to form mother-to-mother support groups attached to each of the sites to reach 4,336 both men and women with key messages on optimal feeding for children, treat 4,560 children under 5 (2,505 boys and 2,055 girls) and 4,336 Pregnant and Lactating Women (PLWs) with Moderate Acute Malnutrition (MAM). This project will improve nutrition status in Tonj South and Tonj East that have witnessed high rates of Global Acute Malnutrition (GAM) indicated by studies in the recent months.

Our existing relations with health partners, local communities and key stakeholders on ground will facilitate quick coordination, scale-up screening and referrals, timely delivery of supplies that will directly maximize the impact of this SSHF supported project on children survival and welfare. Our built institutional experience in delivering CMAM programs will benefit quality delivery of the proposed initiatives. These plus our longstanding working with partners on ground and the cluster coordination mechanism both at state and national levels makes Hold the Child the most suitable national organization to undertake the operations as proposed in the this funding applications

## 5. Complementarity

The implementation of this project will benefit from the existing: (1) TSFP Operation in both counties under WFP support, (2) Hold the Child Working relations with the 2 CHDs and the health partners (CCM), World Vision and others since March 2016. And too our institutional experience in working with Nutrition cluster, SSHF, and implementation of emergency nutrition services This will leverage quick execution of training, inclusion of relevant additional staff, establish alternative transportation modalities to supplies and to scale up screening and IYCF key messaging.

Building our relations with Health partners, the project will undertake deliberate efforts to link with other relevant sectors i.e. Education, Protection and WASH to harness the impact of the intervention. Malnutrition in the area has been a chronic pheromone, and as a contribution to our long-term commitment to the children and communities of Tonj in the fight against this, Hold the Child will keep exploring measures to ensure continuity of Nutrition services in the targeted areas following this funding cycle including; strengthening the working relation with the government, WFP and UNICEF

## LOGICAL FRAMEWORK

### Overall project objective

Reduce morbidity and mortality due to acute malnutrition in emergency affected Tonj South and East, during the last quarter of 2016 and first quarter of 2017 by providing nutrition services for some 2,055 girls and 2,505 boys under-fives, 4,326 PLW, and other vulnerable groups through integrated and community based approaches

## NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	75
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	25

**Contribution to Cluster/Sector Objectives :** The project is aimed at reducing malnutrition and also equipping caretakers and other beneficiaries with knowledge on Nutrition. Besides that, it will also involve capacity building of locally recruited staff who will remain as workforce for the area. In relation to the cluster and SRP objectives, the project is designed to fit in to the standards of the set objectives.

### Outcome 1

Improved nutrition status for 4564 children under 5 years (2505 boys and 2055 girls) and 4326 Pregnant and Lactating Women (PLWs) attending nutrition services

### Output 1.1

#### Description

Provided MAM services to 4564 children under 5 years (2505 boys and 2055 girls) and 4326 PLWs attending

#### Assumptions & Risks

- Good access to the site in terms of security and means of transport

### Activities

#### Activity 1.1.1

Maintain the operation of 23 Nutrition sites in both Tonj South and Tonj East

#### Activity 1.1.2

Print site management tools (registers, admission cards, discharge cards, referral sheets, tally sheets and information cards for caregivers) for all nutrition sites

#### Activity 1.1.3

Purchase furniture for the nutrition sites

#### Activity 1.1.4

Conduct social mobilization and defaulter tracing in the communities

#### Activity 1.1.5

Conduct referrals between CMAM components

#### Activity 1.1.6

Purchase site equipment for MAM activities

#### Activity 1.1.7

Recruit additional 23 staff							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of children screened in the community			7,930	6,488	14,418
<b>Means of Verification</b> : Regular reports, invoices issued to the organization, staff payrolls, testimony from authorities and beneficiaries, supply requests for the sites, waybills, registers and patient cards							
Indicator 1.1.2	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)					23
<b>Means of Verification</b> : Reports (with photos), patient register books, site visits, patient cards							
Indicator 1.1.3	NUTRITION	Frontline services # PLWs with acute malnutrition newly admitted for treatment		4,326			4,326
<b>Means of Verification</b> : Registers, reports, patient cards, ration cards, waybills, supply requests							
Indicator 1.1.4	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			2,505	2,055	4,560
<b>Means of Verification</b> : Registers, ration cards, reports							
<b>Outcome 2</b>							
Improved knowledge for 25 Nutrition workers on CMAM service provision principles and procedures as per the recommended guidelines							
<b>Output 2.1</b>							
<b>Description</b>							
Trained 25 Nutrition workers on Community-based Management of Acute Malnutrition							
<b>Assumptions &amp; Risks</b>							
<ul style="list-style-type: none"> <li>- Funds are disbursed on time</li> <li>- Access to the implementation location is possible</li> </ul>							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Conduct training for 25 Nutrition workers (20 males 5 Females) on Community-based Management of Acute malnutrition							
<b>Activity 2.1.2</b>							
Print and provide approved protocols to Nutrition sites							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Number of Health workers trained on Community-based Management of Acute Malnutrition					25
<b>Means of Verification</b> : Training reports, training invoices, observation during practice							
Indicator 2.1.2	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	20	5			25
<b>Means of Verification</b> : Training reports, invoices, training content							
<b>Outcome 3</b>							
Improved knowledge on Nutrition for 4336 individuals both men and women							
<b>Output 3.1</b>							
<b>Description</b>							
Counseled 4,336 individuals both women and men on Nutrition key messages							
<b>Assumptions &amp; Risks</b>							
<ul style="list-style-type: none"> <li>- Access to the community is good</li> </ul>							
<b>Activities</b>							
<b>Activity 3.1.3</b>							
Conduct on the job training for Social Mobilizers on counseling for Nutrition							
<b>Activity 3.1.1</b>							
Conduct 138 focused group discussions with mothers and caretakers in the communities							
<b>Activity 3.1.2</b>							
Conduct health education for 4336 men and women on Nutrition topics							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Number and type of topics discussed during health education sessions					24

**Means of Verification** : Reports, testimonies

Indicator 3.1.2	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	197	4,336			4,533
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**Means of Verification** : Reports, testimonies, group discussions

**Additional Targets** :

## M & R

### Monitoring & Reporting plan

The over all project management will be under the Programs Director who heads all programs in the organization. The technical management of the project will be under the Program Associate, Health and Nutrition based in Juba.

At the field level, the Field CMAM Supervisor will be responsible for the daily activities of the project supervising Nutrition Assistants and IYCF promoters.

Based on the outlined project outcomes and indicators above, with reference to the project activity plan the following forms the monitoring plan:

- Report on training sessions including participants, and training schedule will be compiled at every end of each training session by the project officer,
- Children reached with Rapid screening, admissions for SFP, referrals for OTP/SC, IYCF counseling. Training sessions will be compiled on a monthly basis by the nutrition assistants; and filled in the standard Nutrition cluster reporting format by the project officer
- Field visits by the management team to the project sites will be scheduled regularly after two months to support the teams on ground
- Testimonies from the project beneficiaries will be compiled at different instances during the project cycle
- The finance officer will keep track of the project expenditures will posted and Financial reports will be generated and reported based in SSHF standards

Monthly field meetings will be organized at the field base in Tonj South to review the progress and identify action points for the new month in line with the project plans.

These reports will be summarized into one monthly narrative report that will also include the challenges faced in the reporting period.

Reports will be submitted to the cluster using the standards cluster reporting tools. Monthly cluster reports will also be completed and regularly shared by the Project officer

Quarterly SSHF reports will also be compiled by the project officer along with the programs coordinator with inputs from the monthly reports.

Workplan	Activitydescription	Year												
			1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Maintain the operation of 23 Nutrition sites in both Tonj South and Tonj East	2016											X	X	X
	2017	X	X	X										
Activity 1.1.2: Print site management tools (registers, admission cards, discharge cards, referral sheets. tally sheets and information cards for caregivers) for all nutrition sites	2016											X		
	2017													
Activity 1.1.3: Purchase furniture for the nutrition sites	2016											X		
	2017													
Activity 1.1.4: Conduct social mobilization and defaulter tracing in the communities	2016											X	X	X
	2017	X	X	X										
Activity 1.1.5: Conduct referrals between CMAM components	2016											X		
	2017													
Activity 1.1.6: Purchase site equipment for MAM activities	2016											X		
	2017													
Activity 1.1.7: Recruit additional 23 staff	2016											X		
	2017													
Activity 2.1.1: Conduct training for 25 Nutrition workers (20 males 5 Females) on Community-based Management of Acute malnutrition	2016													X
	2017													
Activity 2.1.2: Print and provide approved protocols to Nutrition sites	2016												X	
	2017													



**Country Specific Information****Safety and Security**

Tonj South and Tonj East have lately witnessed a few road side robberies in late April. This was curbed and access was restored. Security issues don't seem to be a setback to project implementation. The area is relatively safe for the last. Inter-communal clashes have recently not been heard of from the areas.

**Access**

Tonj South and Tonj East are often affected by flooding especially at the peaks of rainy season. Roads become inaccessible. The poor conditions of the roads resulting from poor maintenance often times hamper movement to far locations like Tonj East from Tonj South with light operation machines like motorbikes and small vehicles. Big trucks have also been obstructed often times from accessing far ends of Tonj East to deliver supplies to the sites located there.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Programs Director	D	1	3,000.00	6	30.00	5,400.00
	<i>Head of programs in HQ Juba</i>						
1.2	Program Associate	D	1	2,000.00	6	70.00	8,400.00
	<i>Direct project manager at Head Quarter level in Juba</i>						
1.3	CMAM Supervisor	D	2	1,350.00	6	80.00	12,960.00
	<i>Field based manager of activities</i>						
1.4	Finance Officer	D	1	1,800.00	6	20.00	2,160.00
	<i>Juba based support</i>						
1.5	Logistics Officer	D	1	1,700.00	6	20.00	2,040.00
	<i>Juba support office</i>						
1.6	Human Resource Officer	D	1	1,800.00	6	20.00	2,160.00
	<i>Juba support office</i>						
1.7	Nutrition Assistants	D	23	450.00	6	75.00	46,575.00
	<i>Site level activities</i>						
1.8	Support staff	D	4	100.00	6	100.00	2,400.00
	<i>Contribution for guards and cleaners</i>						
1.9	Social Mobilizers	D	2	400.00	6	100.00	4,800.00
	<i>County level</i>						
1.10	Nutrition Nurses	D	2	1,150.00	6	100.00	13,800.00
	<i>To provide technical support alongside the CMAM supervisor in each county</i>						
	<b>Section Total</b>						<b>100,695.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Facility registers, admission cards and referral slips	D	2	500.00	3	100.00	3,000.00
	<i>Assorted tools for site management</i>						
2.2	IEC materials reproduction (Potter and banners for IYCF promotion)	D	2	2,000.00	1	100.00	4,000.00
	<i>Assorted; T-shirts, banners, posters</i>						
2.3	Refresher training for Nutrition workers on CMAM	D	30	20.00	5	100.00	3,000.00

	<i>CMAM and Nutrition data management training will be conducted</i>						
2.4	Printing guidelines for CMAM	D	25	100.0 0	1	100.00	2,500.00
	<i>To enhance knowledge of the health workers, there is need to print copies of the guidelines for each site and each of the site and Juba offices.</i>						
	<b>Section Total</b>						<b>12,500.00</b>
<b>Equipment</b>							
3.1	Furniture	s	23	350.0 0	1	100.00	8,050.00
	<i>To support nutrition sites with chairs and tables</i>						
3.2	Camera	s	2	450.0 0	1	100.00	900.00
	<i>Project photos</i>						
3.3	Computer	s	1	1,310 .00	1	100.00	1,310.00
	<i>Support project activities in Tonj East</i>						
3.4	Seating mats	D	46	75.00	1	100.00	3,450.00
	<i>For beneficiaries at the nutrition sites</i>						
3.5	Weighing scales	D	46	200.0 0	1	100.00	9,200.00
	<i>Bathroom and hanging scales for adults and children respectively. These materials were out of stock in UNICEF stores when requests were made.</i>						
	<b>Section Total</b>						<b>22,910.00</b>
<b>Contractual Services</b>							
4.1	Truck rental	D	2	3,200 .00	6	50.00	19,200.00
	<i>For supply transportation</i>						
	<b>Section Total</b>						<b>19,200.00</b>
<b>Travel</b>							
5.1	UNHAS tickets	D	3	550.0 0	4	100.00	6,600.00
	<i>Round trip ticket for field support visits and trainings</i>						
5.2	Per-diem for field visit	D	12	40.00	14	100.00	6,720.00
	<i>Support visits to the field for days</i>						
	<b>Section Total</b>						<b>13,320.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Contribution towards utilities for Tonj South field base	S	1	500.0 0	6	100.00	3,000.00
	<i>Office running</i>						
7.2	Small vehicle running costs (Fuel and Maintenance) in Tonj South	s	1	2,500 .00	6	75.00	11,250.00
	<i>Supporting movements</i>						
7.3	Contribution to Juba coordination office utilities	s	1	500.0 0	6	100.00	3,000.00
	<i>HQ support</i>						
7.4	Project management stationery	s	2	300.0 0	3	100.00	1,800.00
	<i>HQ and Field offices</i>						
7.5	Contribution to Internet connection	S	2	950.0 0	6	100.00	11,400.00
	<i>HQ and Field offices</i>						

7.6	Communication air time for cellular networks	S	2	550.00	6	100.00	6,600.00
	<i>HQ and Field</i>						
7.7	Shelter materials for sites	D	23	320.00	1	100.00	7,360.00
	<i>Nutrition site sheds</i>						
	<b>Section Total</b>						<b>44,410.00</b>
<b>SubTotal</b>			264.00				<b>213,035.00</b>
Direct							165,725.00
Support							47,310.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							14,912.45
<b>Total Cost</b>							<b>227,947.45</b>
<b>Grand Total CHF Cost</b>							<b>227,947.45</b>

#### Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Total	Activity Name
		Men	Women	Boys	Girls			
Warrap -> Tonj East	52	102	2,255	1,303	1,069	4,729	Activity 1.1.1 : Maintain the operation of 23 Nutrition sites in both Tonj South and Tonj East Activity 1.1.2 : Print site management tools (registers, admission cards, discharge cards, referral sheets. tally sheets and information cards for caregivers) for all nutrition sites Activity 1.1.3 : Purchase furniture for the nutrition sites Activity 2.1.1 : Conduct training for 25 Nutrition workers (20 males 5 Females) on Community-based Management of Acute malnutrition Activity 3.1.1 : Conduct 138 focused group discussions with mothers and caretakers in the communities Activity 3.1.2 : Conduct health education for 4336 men and women on Nutrition topics	
Warrap -> Tonj South	48	95	2,081	1,202	986	4,364	Activity 1.1.1 : Maintain the operation of 23 Nutrition sites in both Tonj South and Tonj East Activity 1.1.2 : Print site management tools (registers, admission cards, discharge cards, referral sheets. tally sheets and information cards for caregivers) for all nutrition sites Activity 1.1.3 : Purchase furniture for the nutrition sites Activity 2.1.1 : Conduct training for 25 Nutrition workers (20 males 5 Females) on Community-based Management of Acute malnutrition Activity 3.1.1 : Conduct 138 focused group discussions with mothers and caretakers in the communities Activity 3.1.2 : Conduct health education for 4336 men and women on Nutrition topics	

#### Documents

Category Name	Document Description

## Comments For Cover Page

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/12/2016 5:21:58 PM **(Under 2nd TR Review)**

OK

By [kokole@holdthechild.org](mailto:kokole@holdthechild.org) On 9/11/2016 8:54:47 AM **(TR 1 Draft)**

1. The project summary has been readjusted in line with the gap SSHF will fill for MAM service provision.
2. Indirect beneficiaries and catchment population areas filled
3. Further explanation of the Gaps in WFP funding explained and how SSHF funding will help fill the gap in project summary
4. Number of children expected to be screened, enrolled and referred accordingly for TFP, OTP and SC clarified in project summary
5. The caseload were calculated based on target caseloads for MAM and PLWs projections for 2016 by the Nutrition Cluster. Hold the Child will reach 65% of the set target.

By [brahman@unicef.org](mailto:brahman@unicef.org) On 9/6/2016 10:10:19 AM **(Under 1st TR review)**

Fill the Indirect Beneficiaries and Catchment population section

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/1/2016 5:10:30 AM **(Under SR)**

- 1) HCO should clearly explain the linkage between what is funded by WFP and what gap this project is filling.
- 2) Please clarify the number of children that are expected to be screened and those estimated to be enrolled in TFP (OTP and SC) and TSFP accordingly.
- 3) Explain how the caseload was calculated as it does not align with the cluster estimates.

## Comments For Background

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/12/2016 5:22:31 PM **(Under 2nd TR Review)**

OK

By [kokole@holdthechild.org](mailto:kokole@holdthechild.org) On 9/11/2016 8:27:20 AM **(TR 1 Draft)**

Adjustments were made in; needs assessment, description of beneficiaries and grant request justification sections. This was to suite the need to fill the gap in the WFP funding for the MAM services in the project areas.

## Comments For Logical Framework

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/12/2016 5:22:53 PM **(Under 2nd TR Review)**

OK

By [kokole@holdthechild.org](mailto:kokole@holdthechild.org) On 9/11/2016 9:38:23 AM **(TR 1 Draft)**

1. The IYCF activities have been aligned with the MAM services through Health Education.
2. Outcomes 2, 3 and 4 have been adjusted. 3 outcomes have now been planned for.
3. For custom indicator 2.1.1, it was difficult to enter the gender. It is now reflected in the activity by gender.
4. Hold the Child only provides MAM services in the project area. CCM (Comitato Collaborazion Medica) is the partner running OTP and SC alongside the Ministry of Health (CHDs). There are also other partners including Indeed and Truth, Don Bosco that also run SCs and OTPs in the Health facilities they support.
5. All revisions have been made as recommended by SRC.

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/9/2016 1:54:01 PM **(Under 1st TR review)**

Please revised the project as initially recommended by SRC below., otherwise the project will be blocked from further stages.

The IYCF activities should be revised and reflected in the context of MAM management for which these funds are meant for.

Be clear ! there is no training that is organized on CMAM principles and procedures ( outcome 2) please see the initial comments below

By [brahman@unicef.org](mailto:brahman@unicef.org) On 9/6/2016 10:12:01 AM **(Under 1st TR review)**

1. Segregate the custom indicator 2.1.1 by gender
2. Management of SAM component are missing are you only implementing the MAM component and IYCF? So who is implementing the SAM component like OTP in your project area?.

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/1/2016 4:59:11 AM (Under SR)

- 1) Why 4 outcome 2,3 and 4 overlapping, need to revise.
- 2) The IYCF activities should be revised and reflected in the context of MAM management for which these funds are meant for.

#### Comments For Other Info

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/12/2016 5:23:45 PM (Under 2nd TR Review)

OK

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/9/2016 2:11:46 PM (Under 1st TR review)

AAP section need further improvement: Refer to the nutrition cluster operational framework on AAP. There are key indicators suggested to be used to capture AAP. for example, % of beneficiaries who are aware of their entitlements in the project area and number of complaints submitted, resolved and feedback provided to the communities. Please include at least these indicators in the description of the AAP section.

By [brahman@unicef.org](mailto:brahman@unicef.org) On 9/6/2016 10:07:02 AM (Under 1st TR review)

1. Select Environmental Marker Code
2. Fill the Protection mainstreaming section

#### Comments For Budget

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/12/2016 5:24:09 PM (Under 2nd TR Review)

OK

By [kokole@holdthechild.org](mailto:kokole@holdthechild.org) On 9/11/2016 11:04:52 AM (TR 1 Draft)

1. Most of the funds are to support the improvement of services for MAM by increasing staffing, quality of service and improving service provision conditions which were not underscored by WFP funding to that level.
2. WFP funds some of the items in the budget but this funding will supplement and introduce new items to the services for MAM in the catchment area.
3. The increased allocation will provide for additional services for improved quality of services
4. Budget has been revised to the ceiling. The additional 0.03\$ was difficult to adjust off. It does not affect a round of to 0 decimal place of the total budget.
5. An additional CMAM supervisor has been added such that there is 1 CMAM supervisor in Each county with an additional 1 Nutrition Nurse to support.
6. The refresher training has been moved from "General operating costs" to "Supplies and commodities"
7. Incentives have been removed following recommendation and readjustment of project activities to exclude IYCF
8. The budget for shelter materials has been significantly reduced to \$7,130 from \$18,000 as recommended
9. Supplies handling budget has been removed as per recommendation. WFP support will be maximized for this line.

By [nkidiaka@un.org](mailto:nkidiaka@un.org) On 9/10/2016 12:25:02 PM (Under TR 1 HFU)

General operating costs are too high:

- Kindly move the refresher training from "General operating costs" and put them under "Supplies and commodities".
- Kindly remove the incentives from the SSHF budget. As far as I know this was not agreed to be funded through SSHF funding.
- It is surprising to see \$18,000 budget for shelter materials in a nutrition project. This too expensive, please either you reduce this line significantly or remove it.
- \$24,000 for supplies handling costs. Please remove this budget line which we do not understand at all. If this is referring to nutrition supplies, please reduce significantly the amount assigned for this and move it under "supplies and commodities"

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/9/2016 2:05:37 PM (Under 1st TR review)

Please revise the budge to the ceiling provided below.

Respond to the SRC comments provided earlier (

There is only one CMAM supervisor for two counties? Cut some of the funds from supply handling to increase the MAM supervisors or nurses to improve quality and supervision.

By [ssnutritioncluster.coordinator@gmail.com](mailto:ssnutritioncluster.coordinator@gmail.com) On 9/1/2016 5:07:55 AM (Under SR)

- 1) most of the funds should be allocated for programme cost and implementation key activities on MAM management.
- 2) explain clearly if the above activities are not funded by WFP.
- 3) With an understanding that more resources will be allocated for programme activities, revise HCO budget to 227,947.42