

<b>Requesting Organization :</b>	World Vision South Sudan		
<b>Allocation Type :</b>	1st Round Standard Allocation		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
NUTRITION		100.00	
		<b>100</b>	
<b>Project Title :</b>	Provision of Emergency Nutrition Project in Twic County, Warrap State		
<b>Allocation Type Category :</b>	Frontline services		
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-18/HSS10/SA1/N/INGO/7917
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	370,404.00
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	20/03/2018	<b>Planned End Date :</b>	19/09/2018
<b>Actual Start Date:</b>	20/03/2018	<b>Actual End Date:</b>	19/09/2018
<b>Project Summary :</b>	<p>Through the proposed project, World Vision South Sudan (WVSS) will reach 16,246 (11,907 children under five- boys: 5,834; girl:6,073 and 4,339 females) beneficiaries, specifically women and children in Twic. The project will provide frontline lifesaving nutrition services which will focus on the most vulnerable, especially women and children under five. The nutrition activities will be integrated with the WASH and health activities for a more holistic approach and greater impact. CMAM nutrition programming will be implemented across 24 OTPs, 2 SCs and 12 TSFP. The proposed project is expected to reduce morbidity and mortality through the affected communities in Twic county. The proposed intervention will work to balance the urgent need to improve critical nutrition outcomes with longer-term approaches that are expected to strengthen the capacity of local health systems and actors to develop basic nutrition and health services. This support, through trainings and supportive supervision, will help the community and health facilities to confidently manage this nutrition and health systems. The proposed project will contribute to the Humanitarian Respond Plan (HRP) 2018 objective of saving lives and alleviate the suffering of those most in need of help and protection, protect the rights and uphold the dignity of the most vulnerable, and support at-risk communities to sustain their capacity to cope with significant threats. In Twic County, WVSS will provide nutrition services to 30% of the 2018 nutrition cluster HNO targets of SAM and MAM in the under 5 children and MAM in PLW which includes 4,467 children under five with SAM, 7,440 children under five with MAM and 4,339 pregnant and lactating women. WVSS proposes to implement the following activities:</p> <p>Improved identification of malnutrition cases, and referrals of 4,467 SAM, 7,440 MAM in children under five, and 4,339 PLW with MAM cases.</p> <ul style="list-style-type: none"> <li>• Continuous screening of children 6-59 months and PLW in the community and health facilities by both Community health workers and CNVs.</li> <li>• Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC (100)</li> <li>• Continuous follow up of defaulter cases and home visits for non-respondent cases.</li> <li>• Train 60 CNVs on techniques of screening, defaulter tracing and home visits</li> <li>• Improved coverage of service delivery points for treatment of acute malnutrition for (4,467 SAM and 7,440 MAM Children under 5, and 4,339 PLW.</li> <li>• Train 60 CHD and WV staff on CMAM</li> <li>• Conduct bi-weekly community nutrition outreaches where nutrition messages will be integrated with health and WASH promotions messages</li> <li>• Conduct two mass community mobilization, sensitization, and screening campaign</li> </ul> <p>Increased provision of IYCF messages and counseling in nutrition centers and health facilities for all vulnerable groups</p> <ul style="list-style-type: none"> <li>• Conduct bi-weekly community sensitization campaigns on IYCF-E, targeting men and community leaders</li> <li>• Increased coverage of Vitamin A supplementation among children below the age of five</li> <li>• Conduct Vitamin A supplementation campaign for National Immunization Days (NID)</li> </ul> <p>Improved coordination among nutrition actors</p> <ul style="list-style-type: none"> <li>• Twic County nutrition quarterly review meetings</li> <li>• Twic County Monthly coordination meetings between local leadership, CHD and nutrition actors</li> <li>• Twic County Monthly reports sharing</li> </ul>		
<b>Direct beneficiaries :</b>			

Men	Women	Boys	Girls	Total	
0	4,339	5,834	6,073	16,246	
<b>Other Beneficiaries :</b>					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	5,834	6,073	11,907
Pregnant and Lactating Women	0	4,339	0	0	4,339
<b>Indirect Beneficiaries :</b>					
We are estimating that this project will reach 46,833 indirect beneficiaries.					
<b>Catchment Population:</b>					
The estimated catchment area for this project is 59,142.					
<b>Link with allocation strategy :</b>					
<p>The 2018 nutrition cluster strategy focuses on the implementation of multiple nutrition prevention interventions and response mechanisms through the provision of OTP and TSFP in all functional static nutrition sites, and strengthens rapid response mechanisms and provision of survival kits in insecure and inaccessible or hard-to-reach areas. The cluster aims to strengthen the management of SAM with complications through capacity building of partners and key stakeholders, early stimulation and psychosocial support in stabilization centers. Inter-cluster response interventions covering health, food security and livelihoods, and WASH will be implemented and jointly monitored. The core pipelines partners will ensure timely procurement, delivery and prepositioning of supplies in strategically located warehouses.</p> <p>World Vision South Sudan(WVSS) has aligned its emergency nutrition interventions to the nutrition cluster strategy by providing OTP and TSFP services to IDPs and vulnerable populations in Twic county through nutrition sites (OTP and TSPF sites) and whenever necessary mobile outreaches will be organized to reach out to 'hard to reach' populations. Through these project community activities and sensitization related to nutrition for children under five and pregnant and lactating mothers will be carried out. Nutrition education, MUAC screenings, case finding and defaulters tracing will be conducted by community nutrition volunteers. Community structures, such as MTMSG and involvement of community leaders for increasing uptake of CMAM and MIYCN practices for optimal feeding, will be strengthened.</p> <p>WVSS will ensure that there is a continuum of care whereby patients seen at OTP sites will be transferred to stabilization centers and TSFP sites and vice-versa. Cases of SAM with medical complications will be referred to the two stabilization centers (Windsock and Akak) within Twic County.</p> <p>Because of the linkage between health, WASH and malnutrition in Twic county, WVSS will ensure through this project that there is strong linkages or integration between the provision of nutrition services and WASH/health services, including child protection/GBV.</p> <p>Because the nutrition cluster intends to invest in local capacity building regarding the key components of nutrition response, assessment, analysis and utilization. WVSS will work with affected people to sensitize them about specific nutrition requirements for the different segments of the community and ensure feedback on the implementation of the CMAM project is collect, analyze and acted upon. WVSS will work with the nutrition cluster in sharing real-time information and humanitarian updates which can have an impact on the provision of nutrition interventions in Twic county. In relation to child protection and GBV, WVSS will ensure that nutrition centers will serve as platforms to raise awareness among women and girls on GBV and child protection issues.</p> <p>As WVSS is implementing cash-based programming in the former Warrap state, particularly in Twic, mothers of malnourished children will be linked up to the cash programming project and other FSL projects.</p> <p>WVSS will put also an emphasis in building capacity of CHD/SMOH in the provision of CMAM service by facilitating the training of health workers, nutrition assistants and CNVs. Further, WVSS will conduct joint supportive supervision to ensure that nutrition services provided to children under five, pregnant and lactating women are in line with the nutrition / MoH protocols and guidelines.</p> <p>To ensure that nutrition sites have sufficient supplies, WVSS will work in collaboration with the core pipeline managers (UNICEF and WFP) and will seek guidance from the cluster whenever necessary in order to avoid pipeline breaks in Twic County. All nutrition information will be shared with nutrition cluster and the lead agencies in line with the recommended procedures.</p>					
<b>Sub-Grants to Implementing Partners :</b>					
Partner Name	Partner Type	Budget in US\$			
<b>Other funding secured for the same project (to date) :</b>					
Other Funding Source	Other Funding Amount				
<b>Organization focal point :</b>					
Name	Title	Email	Phone		
Jacobus Koen	Program development and quality assurance director	Jacobus_Koen@wvi.org	0928123529		
Thatcher Ng'ong'a	Senior Program Officer	Thatcher_Ngonga@wvi.org	0925 413943		

Rhonda N Holloway	Program Officer	Rhonda_Holloway@wvi.org	0925 827931
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## **BACKGROUND**

### **1. Humanitarian context analysis**

The humanitarian crisis in South Sudan has spread and became more complex as a result of armed conflict and inter-communal violence, economic decline, disease, climatic shocks and famine. More than three million people have been forced to flee their homes since the conflict began in December 2013, including nearly 1.9 million people who have been internally displaced (with 50% estimated to be children). The nutrition situation in South Sudan has continued to deteriorate since 2015 and according to the 2018 HRP nearly 1.8 million South Sudanese people and 304,560 refugees require emergency nutrition support in 2018. This is due to growing severe food insecurity and a high disease burden among people affected by the ongoing conflict and economic crisis. People in conflict-affected areas are especially vulnerable to malnutrition, due to the frequent disruption in health and nutrition services. Children under five, and pregnant and lactating women are the most vulnerable groups to acute malnutrition due to their increased biological and physiological needs. Other vulnerable groups including the elderly, tuberculosis patients and people living with HIV/ AIDS are also a greater risk for malnutrition. The conflict and increasing levels of food insecurity worsened by rising staple food prices and collapse of the market, have had the most direct impact on people's nutrition status. Acute malnutrition remains a major public health emergency in South Sudan particular in Twic county. Twic is located in the former Warrap State bordering Unity State to the East and Abyei and Sudan to the North. In recent years, Twic County has experienced a high influx of displaced persons and returnees from Abyei, Unity and Sudan. This rapid increase of vulnerable persons in this area has made it difficult for the government and NGOs to provide basic health and nutrition services which has led to chronic malnutrition among the population in Twic. The conflict in the disputed border area of Abyei which started in 2012 caused thousands of people to be displaced from their homes seeking shelter and life-saving assistance in safer locations, notably in neighboring Twic County. The recurrent conflict in Unity State continues to displace households and Twic County is a host to approximately 2000 households from Unity State. The ongoing diplomatic impasse between Sudan and South Sudan has extremely affected households in Twic as they depend mainly on Sudan for importation of market supplies of food and non-food commodities. The closure of the Sudan border has negatively impacted the market and limited formal trade. Furthermore, Twic is further away from other east african markets like Uganda and Kenya, and with double taxation and high transport costs, that increases food commodities prices leaving food commodities both physical and economical inaccessible. This has been exacerbated by the currently economic crisis in the country which has eroded the buying power of the local currency and foreign currency is not accessible to the most vulnerable households. All these factors have led to the dire food insecurity situation which needs to be urgently addressed to avert a possible famine.

### **2. Needs assessment**

A total of 37 SMART surveys were conducted between January and September 2017. The 30 out of 37, surveys showed global acute malnutrition weight-for-height (GAM WHZ) prevalence above the World Health Organization (WHO) emergency threshold of 15 percent. According to 2017 South Sudan Humanitarian Need Overview (HNO), Twic county in the former Warrap State had a Global Acute Malnutrition (GAM) rate of 19.7%, which is above the WHO emergency threshold of 15%. Regardless of the relative stability, the former Warrap state is the 3rd most food insecure state in South Sudan after Unity and Northern Bahr el Ghazal (February 20 2017 IPC analysis). In August 2017, World Vision South Sudan conducted a SMART survey in Twic county and this survey show a current GAM WHZ at 35.9% (31.6-40.3 95% CI) and SAM WHZ at 11.6% (8.7-15.3 95% CI) indicating a very critical phase of acute malnutrition as per WHO 2006 classification. This shows a deteriorating situation of nutritional status of children 6-59 months when compared to the SMART survey conduct in 2016 which is reflected in the HNO and Humanitarian response plan for 2017. The WVSS SMART survey report also states that the malnutrition prevalence by MUAC was higher among girls than boys. The proportion of girls 3.6% (2.0- 6.3 95% CI) affected by severe acute malnutrition was double that of boys 1.8% (0.6- 4.9 95% CI). The intervention should not be inclined to target girls more than boys but it is just a statistical note and therefore both genders should receive equal attention when mainstreaming any rehabilitation program.

### **3. Description Of Beneficiaries**

The total population of Twic County is estimated at 413,144. WVSS will be operating in all former 6 payams which include Turalei Payam, Wunrok, Pan-Nyok, Akoc, Ajak-Kuach, Aweng, and Akoc Payam. According to the 2018 South Sudan Humanitarian Need Overview, the nutrition cluster plans to target 18,613 children under five with SAM, 31,002 children under five with MAM and 18,081 pregnant and lactating women. Through the SSHF SA1 allocation, WVSS intends to target 30% of the nutrition cluster's target which includes 4,467(boy:2,188 girl:2,279) children under five with SAM, 7,440( boy:3,646 girl:3,794) children under five with MAM and 4,339 pregnant and lactating women.

### **4. Grant Request Justification**

Children suffering from severe acute malnutrition are nine times more likely to die than their healthy peers, while those with moderate acute malnutrition are three times more likely to die. Undernourished children who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities. PLWs have increased nutritional requirements due to their physiological conditions that cannot be met through normal meals; and more so in South Sudan where most households are food insecure. If not targeted and supported, malnutrition in pregnant women can lead to adverse birth outcomes that might include: low birth weight babies, miscarriages and pre-mature deliveries. Twic County has nutrition services being offered at 24 Outpatient Therapeutic Programme (OTP) sites in which 12 facilities of the 24 sites are integrated with TSFP components. To ensure continuum of care, WVSS also plans to strengthen activities in two stabilization centers to ensure that children under 5 with SAM with medical complications are adequately treated. By strengthen both referral points at the TSFP and stabilization, WVSS will be able to ensure that women and children have adequate access to a continuum of care. With the current GAM rate at 35.9%, the need for nutrition services in Twic County cannot be understated. At the beginning of the year, the nutrition cluster estimated that 18,613(80%) SAM cases in the age group of 6 to 59 months, 30,002(60%) MAM cases in the age group 6 to 59 months, and 20,469(60%) pregnant and lactating women need to be targeted. The proposed project will support nutrition services for a period of 6 months in all 24 OTPs, 12 TSFP sites and two stabilization centers to enable increased access to nutrition services to reach 11,073 under 5 children(boy: 5426; girl: 5647) with screening activities. The project will target 4,667(boys: 2,188; girls: 2279) under five with SAM cases, 7,440 (boys: 3,646; girls: 3,794) children under five with MAM cases and 4,339 pregnant and lactating women. 100(48 Males, 52 Females) under children five with medical complications will be treated at the stabilization center during this six month project. The proposed project will be a continuation of a project funded by the Japanese Platform Fund that ends this month.

### **5. Complementarity**

World Vision is currently implementing nutrition interventions in Twic funded by the Japanese Platform Fund. World Vision is seeking SSHF funding to continue the current nutrition programming in Twic. World Vision currently receives nutrition supplies from UNICEF such as medicines and ready to use therapeutic food for management for SAM cases and supplies for MAM management from WFP. The proposed project will directly complement these ongoing UNICEF and WFP projects to ensure that more malnourished vulnerable children are reached in South Sudan.

## LOGICAL FRAMEWORK

### Overall project objective

The overall objective of this project is to provide integrated emergency nutrition services to children under five and pregnant and lactating women in Twic county. The emergency nutrition project will be implemented across 24 facilities and contribute to the reduction of global acute malnutrition among children 6-59 months and pregnant and lactating women in Twic County.

### NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Deliver timely, life-saving management of acute malnutrition for the most vulnerable and at risk, including U5 children, PLW and older people in PoC sites	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	30
Increase access to maternal, infant and young child nutrition programmes to prevent under-nutrition among the most vulnerable and at risk, including U5 children and PLW in need in conflict and high-burden states	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	30
Enhance nutrition situation monitoring, analysis and utilization of early warning information for timely, coordinated response and decision-making	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	20
Increase access to integrated nutrition, health, WASH, and food security and livelihoods activities in counties with critical levels of acute malnutrition	SO2: Reinforce protection and promote access to basic services for the most vulnerable people	20

**Contribution to Cluster/Sector Objectives :** The project objectives are well aligned with the cluster objectives. The project is designed to contribute to saving lives through the management of SAM among under 5 children, management of MAM among children under five, and management of MAM among pregnant and lactating women. The management of acute malnutrition will be done through identification of cases of malnutrition at the community level and their management at OTP sites, TSFP sites, and the referral of SAM cases with medical complications to the stabilization centers.

### Outcome 1

Increased the programme coverage and quality of CMAM services among children 6-59 months and pregnant and lactating women in Twic county.

### Output 1.1

#### Description

24 health facilities are implementing CMAM (treatment of SAM/MAM) in Twic county

#### Assumptions & Risks

##### Assumptions

Supplies are adequate and prepositioned timely  
Accessibility is allowable for activities to continue  
Security situation improved  
Funds are adequate to support the activities

##### Risks

Heightened insecurity, no access  
Supplies looted, or no access to preposition  
Funds delay

### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Cure rate for SAM cases(%) (SPHERE standard > 75)					80
<b>Means of Verification :</b> monthly reports							
Indicator 1.1.10	NUTRITION	(Frontline Services) Number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			3,646	3,794	7,440
<b>Means of Verification :</b> Weekly, monthly and quarterly reports							
Indicator 1.1.11	NUTRITION	(Frontline Services) Number of girls and boys (6-59 months) referred to Stabilization Center for SAM with medical complications			49	51	100
<b>Means of Verification :</b> Weekly, monthly and quarterly reports							
Indicator 1.1.12	NUTRITION	Number of PLWs with acute malnutrition newly admitted for treatment in TSFP'					4,339
<b>Means of Verification :</b> weekly, monthly and quarterly reports							
Indicator 1.1.13	NUTRITION	(Frontline Services) Number of nutrition sites providing integrated OTP and TSFP services (continuum of Care)					12
<b>Means of Verification :</b> Weekly, monthly and quarterly report							

Indicator 1.1.2	NUTRITION	Cure rate for MAM cases (%) (SPHERE standard > 75)							80
<b>Means of Verification</b> : monthly									
Indicator 1.1.3	NUTRITION	Defaulter rate for SAM Cases (%) (SPHERE standard < 15)							10
<b>Means of Verification</b> : monthly reports									
Indicator 1.1.4	NUTRITION	Defaulter rate for MAM cases (%) ( SPHERE standard <10)							10
<b>Means of Verification</b> : monthly									
Indicator 1.1.5	NUTRITION	Death rate for SAM cases (%) (SPHERE standard < 10)							7
<b>Means of Verification</b> : monthly report									
Indicator 1.1.6	NUTRITION	Death rate for MAM cases (%) (SPHERE standard < 10)							7
<b>Means of Verification</b> : monthly rate									
Indicator 1.1.7	NUTRITION	Percentage of PLWs/caregivers who are aware of their rights and entitlements with respect to nutrition programs							60
<b>Means of Verification</b> : Project reports									
Indicator 1.1.8	NUTRITION	(Frontline Services) Number of SAM children tested for Malaria and referred for treatment.			1,367	1,425			2,792
<b>Means of Verification</b> : weekly and monthly report									
Indicator 1.1.9	NUTRITION	(Frontline Services) Number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			2,188	2,279			4,467
<b>Means of Verification</b> : weekly and monthly report									
<b>Activities</b>									
<b>Activity 1.1.1</b>									
Conduct continuous screening of children 0-59 months and PLW in the community and health facilities									
<b>Activity 1.1.2</b>									
Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC									
<b>Activity 1.1.3</b>									
Continuous follow up of defaulter cases and home visits for non-respondent cases.									
<b>Activity 1.1.4</b>									
Train Community Nutrition Volunteers(CNVs) or Home Health Promoters(HHPs) on techniques of screening, defaulter tracking and home visits									
<b>Activity 1.1.5</b>									
Treat children with SAM with medical complications in two Stabilization centers									
<b>Output 1.2</b>									
<b>Description</b>									
Improve the nutritional status of children under 5 and PLW at the community and health facility level and prevent deterioration, especially among vulnerable populations									
<b>Assumptions &amp; Risks</b>									
Supplies are adequate and prepositioned timely Accessibility is allowable for activities to continue Security situation improved Funds are adequate to support the activities Risks Heightened insecurity, no access Supplies looted, or no access to preposition Funds delay/Project approval delay									
<b>Indicators</b>									
			End cycle beneficiaries				End cycle		
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>		
Indicator 1.2.1	NUTRITION	(Frontline Services) Number of nutrition/healthcare workers trained on CMAM	40	20			60		
<b>Means of Verification</b> : Traning report									
Indicator 1.2.2	NUTRITION	(Frontline Services) Number of health workers trained in Infant and Young Child Feeding	10	10			20		
<b>Means of Verification</b> : weekly and monthly report									

Indicator 1.2.3	NUTRITION	(Frontline Services) Number of children (6-59 months) screened and referred for malnutrition treatment in the Community			5,426	5,647	11,073
<b>Means of Verification</b> : weekly and month report							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Train 60(12 CHD and 48 WV staff) on CMAM as per the SS MoH CMAM guideline							
<b>Activity 1.2.2</b>							
Conduct bi-weekly community nutrition outreaches where nutrition messages will be integrated with health and WASH promotions messages							
<b>Outcome 2</b>							
Strengthen and support prevention of malnutrition among boys and girls aged 0-59 months, pregnant and lactating women.							
<b>Output 2.1</b>							
<b>Description</b>							
Increased access to activities preventing under- nutrition for the most vulnerable and at risk, including through MIYCN for PLW, TSFP for under 5.							
<b>Assumptions &amp; Risks</b>							
Supplies are adequate and prepositioned timely Accessibility is allowable for activities to continue Security situation improved Funds are adequate to support the activities Risks Heightened insecurity, no access Supplies looted, or no access to preposition Funds delay/Project approval							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 2.1.1	NUTRITION	Number of children (12 -59 months) dewormed in non-NID areas ( boys:4,557; girls:4,743)					9,300
<b>Means of Verification</b> : weekly and monthly reports							
Indicator 2.1.2	NUTRITION	(Frontline Services) Number of PLWs trained on nutrition package (MIYCN, WASH, Health, Use of Nutrition supplies etc)	0	3,797	0	0	3,797
<b>Means of Verification</b> : weekly and monthly reports							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Provide Vitamin A supplements for National Immunization Days (NID) as part of health and nutrition integration targeting at least 35,324 of under 5 population.							
<b>Activity 2.1.2</b>							
Support 1 NIDs in Twic County is a part of Health and nutrition integration.							
<b>Activity 2.1.3</b>							
Counselling of PLWs on IYCF key messages, health and hygiene promotion							
<b>Outcome 3</b>							
Ensure proper coordination between key nutrition actors							
<b>Output 3.1</b>							
<b>Description</b>							
Improved coordination among nutrition actors							
<b>Assumptions &amp; Risks</b>							
Supplies are adequate and prepositioned timely Accessibility is allowable for activities to continue Security situation improved Funds are adequate to support the activities Risks Heightened insecurity, no access Supplies looted, or no access to preposition Project approval/Funds delay							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					960
<b>Means of Verification</b> : Weekly, monthly and quarterly reports							
Indicator 3.1.2	NUTRITION	(Frontline Services) Number of nutrition facilities with functioning community complaints / feedback mechanism					17
<b>Means of Verification</b> : project report							
Indicator 3.1.3	NUTRITION	(Frontline Services) Number of nutrition sites with safe Water access ( washing hand facilities, latrine potable water for appetite test)					20
<b>Means of Verification</b> :							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
County nutrition quarterly review meetings in Twic County							
<b>Activity 3.1.2</b>							
Monthly coordination meetings between local leadership, CHD and nutrition actors							
<b>Activity 3.1.3</b>							
Monthly reports compiled and shared with partners, including nutrition cluster coordinators, for nutrition situation monitoring and program performance.							
<b>Activity 3.1.4</b>							
Quarterly technical and monitoring support visits by the Juba based Nutrition advisory team and the CHD.							
<b>Activity 3.1.5</b>							
Monthly supportive supervision to all SC, OTP and TSFP sites							
<b>Additional Targets</b> :							

## M & R

### Monitoring & Reporting plan

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

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

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

With regards to reporting, World Vision South Sudan will be using the cluster reporting document templates which captures the essential information for monitoring programs as well as core nutrition indicators. WVSS's M&E team uses a well-developed internal monitoring and indicator tracking frameworks to ensure timely and effective monitoring and evaluation (M&E) reporting. Field staff will be oriented on expected results, indicators to be used within the context of baselines and time frames, means of verification and data collection methods. The project will produce weekly, monthly, quarterly and end of project reports.

### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct continuous screening of children 0-59 months and PLW in the community and health facilities	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC	2018			X	X	X	X	X	X	X			



Activity 1.1.3: Continuous follow up of defaulter cases and home visits for non-respondent cases.	2018			X	X	X	X	X	X	X				
Activity 1.1.4: Train Community Nutrition Volunteers(CNVs) or Home Health Promoters(HHPs) on techniques of screening, defaulter tracking and home visits	2018			X	X	X	X	X	X	X				
Activity 1.1.5: Treat children with SAM with medical complications in two Stabilization centers	2018			X	X	X	X	X	X	X				
Activity 1.2.1: Train 60(12 CHD and 48 WV staff) on CMAM as per the SS MoH CMAM guideline	2018					X	X							
Activity 1.2.2: Conduct bi-weekly community nutrition outreaches where nutrition messages will be integrated with health and WASH promotions messages	2018			X	X	X	X	X	X	X				
Activity 2.1.1: Provide Vitamin A supplements for National Immunization Days (NID) as part of health and nutrition integration targeting at least 35,324 of under 5 population.	2018					X		X						
Activity 2.1.2: Support 1 NIDs in Twic County is a part of Health and nutrition integration.	2018						X							
Activity 2.1.3: Counselling of PLWs on IYCF key messages, health and hygiene promotion	2018			X	X	X	X	X	X	X				
Activity 3.1.1: County nutrition quarterly review meetings in Twic County	2018					X				X				
Activity 3.1.2: Monthly coordination meetings between local leadership, CHD and nutrition actors	2018			X	X	X	X	X	X	X				
Activity 3.1.3: Monthly reports compiled and shared with partners, including nutrition cluster coordinators, for nutrition situation monitoring and program performance.	2018			X	X	X	X	X	X	X				
Activity 3.1.4: Quarterly technical and monitoring support visits by the Juba based Nutrition advisory team and the CHD.	2018					X				X				
Activity 3.1.5: Monthly supportive supervision to all SC, OTP and TSFP sites	2018			X	X	X	X	X	X	X				

## OTHER INFO

### Accountability to Affected Populations

In line with the nutrition cluster strategy, WVSS will maintain its commitment to engaging with the affected communities at all phases of the program cycle through focus group discussions with women, men and youth on issues concerning their health. The use of WVSS's mother to mother groups, and youth activities in health promotion is one example of how WVSS engages the community in a sustainable and accountable manner to determine appropriate needs -based responses. WVSS' Quality and Assurance framework will ensure that this project carries out effective and continuous review in line with community needs and humanitarian frameworks. WV will establish community complain and feedback mechanism in the nutrition facilities to ensure the community can provide feedback on the services provided. WV will also ensure that awareness is raised and provide information to beneficiaries on their rights and entitlement in the nutrition sites in Twic. This project will also use conflicts sensitive planning to apply the principles of Do No Harm.

WVSS will also ensure that environmental protection issues are addressed through the project and take measure to mitigate negative environmental impact as a result of project activities. Safety measures will be taken in the disposal of waste in the health facilities by use of an incinerator and nutrition staff will be sensitized on proper and appropriate disposal measures. Environment and natural resource being a critical, target beneficiaries will be encouraged to conserve the environment and avoid practices that contaminate or affect nature during the project activities.

### Implementation Plan

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

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

### Coordination with other Organizations in project area

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

### Environment Marker Of The Project

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

### Gender Marker Of The Project

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

### Justify Chosen Gender Marker Code



World Vision South Sudan actively works to mainstream gender considerations in all aspects of its programming, from hiring staff, promoting gender balance in community-based structures to compiling sex disaggregated data to monitor outcomes as they affect men and women as well as girls and boys admitted into SAM/MAM treatment programs. In addition, interventions will empower mothers with improved knowledge and resources to prevent malnutrition or seek treatment for children with SAM/MAM. This includes default tracing and case finding, to ensure all children, regardless of sex, are being referred to necessary treatment programs and successful complete. The nutrition manger will work to prevent any disproportionate defaulting among sexes. Targeting women and PLW will also help to strengthen linkages to health services that promote health seeking behavior for women, including prenatal care, healthy breastfeeding / feeding practices, and gender based violence services. Given the context of eroded protective factors for vulnerable populations, gender and vulnerability issues will be an integral part of the program strategy, and interventions and community outreach and promotion will be tailored to meet the unique needs of girl and boys. WVSS and its' community partners will work with the health facility, community nutrition volunteers, and community leaders to promote participation of women in decision making structures and promoting awareness on gender issues and unbalanced participation of women in decision making structures. WVSS will also work to engage women as nutrition personnel staff, whenever possible, to increase women's visibility and their opportunities to work with men, which will increase awareness and highlight the need for gender balance.

### **Protection Mainstreaming**

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

### **Country Specific Information**

#### **Safety and Security**

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

#### **Access**

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

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Health and nutrition specialist	D	1	8,775.00	6	5.00	2,632.50
	<i>This position will ensure overall technical support to the team based in the field and will contribute to the successful implementation of the project. The post holder will be the point of contact between WVSS and the cluster/ CHFTS .The salary amount is composed of the basic salary,the national social security benefits, transport allowance and housing allowances.</i>						
1.2	Nutrition Project Manager	D	1	3,300.00	6	100.00	19,800.00
	<i>This position will manage the day to day running of the project, including managing staff and deliverable of the project. The salary amount is composed of the basic salary,the national social security benefits, transport allowance and housing allowances.</i>						
1.3	Nutrition field Coordinator	D	1	1,238.00	6	100.00	7,428.00
	<i>These will lead implementation of project activities at field level as well as supervision monitoring during implementation. The salary amount is composed of the basic.</i>						
1.4	Nutrition Project Driver	D	1	480.00	6	100.00	2,880.00
	<i>This position will be responsible for driving the team to field locations</i>						
1.5	Programme Officer	S	1	8,775.00	6	10.00	5,265.00
	<i>Donor liaison and reporting (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.6	Quality assurance Coordinator ( M&E)	S	1	8,775.00	6	10.00	5,265.00
	<i>Monitoring, evaluation and quality assurance. (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						

1.7	Zonal Finance manager	S	1	8,775.00	6	10.00	5,265.00
	<i>Financial and grant financial reporting-(The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.8	Zonal Programme manager	S	1	8,775.00	6	10.00	5,265.00
	<i>Provides oversight of the project implementation on timeliness, scope and budget. (The salary charged consists of basic salary, hardship allowance and goods and services,</i>						
1.9	National Office National support staff- based in Juba and charged 53% to CHF	S	6	3,000.00	6	3.00	3,240.00
	<i>P &amp; C/ HR Officer, Logistics Officer, Financial accountant ,booking officer</i>						
1.10	National Office Support( International) based in Juba and Charged 3%	S	5	5,400.00	6	3.00	4,860.00
	<i>P &amp; C/ HR Officer, Logistics Officer, Financial accountant ,booking officer</i>						
1.11	Grant Accountant	D	1	1,680.00	6	10.00	1,008.00
	<i>To manage project finances and reporting</i>						
1.12	Field Office Support Staff - based in Twic	D	2	435.00	6	50.00	2,610.00
	<i>P &amp; C/ HR Officer, Logistics Officer, Financial accountant ,booking officer</i>						
1.13	Nutrition assistant for the OTP/TSFP	D	28	828.42	6	100.00	139,174.56
	<i>These will conduct screening at health facility and admit SAM and MAM in OTPs and TSFP respectively. Supervise outreach activities done by CNVs. The salary amount is composed of the basic salary,the national social security benefits, transport allowance and housing allowances</i>						
1.14	Nutrition nurses for the SC	D	4	1,411.00	5	100.00	28,220.00
	<i>These nurses will do medical assessment and provision of basic routine medicines.</i>						
1.15	Nutrition assistants for the the SC	D	4	828.42	5	100.00	16,568.40
	<i>These will conduct screening at health facility and admit SAM and MAM in SC respectively. Supervise outreach activities done by CNVs. The salary amount is composed of the basic salary,the national social security benefits, transport allowance and housing allowances</i>						
1.16	Incentives for CVNs and HHPs	D	60	36.00	6	100.00	12,960.00
	<i>The project will pay CNVs and HHPs incentives of approximately \$36/person/month for the days they work in communities conducting screening and other related activities</i>						
	<b>Section Total</b>						<b>262,441.46</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Train 60 CNVs and HHPs on techniques of screening, defaulter tracing and home visits	D	60	25.00	2	100.00	3,000.00
	<i>The training will be for CNVs and HHPs; and the costs will be for transport, accommodation and meals for participants</i>						
2.2	Train CHD and WV staff on CMAM	D	25	35.00	5	100.00	4,375.00
	<i>Costs are for accommodation and meals and transport for participants</i>						
2.3	Conduct mass community mobilization, sensitization, and screening campaign	D	11	100.00	2	100.00	2,200.00
	<i>The costs are for hire of public address systems and lunch for the organizing teams</i>						
2.4	Support NIDs (Training of HHPs, planning, monitoring) in Twic County	D	1	1,500.00	1	100.00	1,500.00
	<i>Costs will be for logistics support, monitoring and training of personnel to participate in the NIDs.</i>						
2.5	Quarterly county nutrition project review meetings in Twic County	D	1	500.00	2	100.00	1,000.00
	<i>Costs being for venue hire and refreshments during the meeting</i>						
2.6	Monthly coordination meetings between local leadership, CHD and nutrition actors	D	1	400.00	6	100.00	2,400.00
	<i>Costs being for venue hire and refreshments during the meeting</i>						

2.7	Visibility (Banners, T-shirts, Hats and Humanitarian vests)	D	1	2,000.00	1	100.00	2,000.00
	<i>This is to ensure that the team are visible and easily identified by the beneficiaries and other partners to promote accountability.</i>						
2.8	Essential materials and hygiene supplies for OTP/TSFT sites	D	1	3,000.00	1	100.00	3,000.00
	<i>The costs will be for detergents for cleaning, and hygiene supplies e.g soaps for the OTPs/ TSFP sites.</i>						
	<b>Section Total</b>						<b>19,475.00</b>
<b>3. Equipment</b>							
3.1	laptop for nutrition field coordinator	D	1	1,500.00	1	100.00	1,500.00
	<i>This line is for the laptop for the nutrition field coordinator.</i>						
	<b>Section Total</b>						<b>1,500.00</b>
<b>4. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>5. Travel</b>							
5.1	Staff travel (local transport, flights-round trip,) Juba to Field locations-Teams to be booked via UNHAS	D	2	550.00	2	100.00	2,200.00
	<i>These are costs of project staff to travel to and from field locations to Juba.</i>						
5.2	Vehicle fuel and maintenance costs/hire in Twic	D	1	4,000.00	6	100.00	24,000.00
	<i>These are costs of vehicle hire for project activities</i>						
5.3	Local Transportation RUTF from UNICEF through the existing PCA and transport to field locatiions	D	1	2,000.00	5	100.00	10,000.00
	<i>local transport hire of trucks for nutrition supplies</i>						
5.4	Monthly supportive supervision visits	D	1	50.00	6	100.00	300.00
	<i>The costs will be for Travel, subsistence and per diem of project supervisor and CHDs staff participating in support supervision visits</i>						
5.5	Quarterly monitoring / technical support visits by Juba based Nutrition advisory meeting	D	2	400.00	2	100.00	1,600.00
	<i>The costs will be for travel and subsistence and per diems of Juba based technical advisory staff</i>						
5.6	Contribution to field and Juba staff' s R&R and leave	S	4	1,270.00	1	10.00	508.00
	<i>This cost is a contribution to Rand R and leave for staff involved in nutrition SSHF.</i>						
5.7	Local accommodation costs/ perdiem costs	D	3	50.00	5	100.00	750.00
	<i>This line is for local accommodation cost and per diem cost .</i>						
	<b>Section Total</b>						<b>39,358.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Field office Fuel (Generator fuel contribution	D	1	7,000.00	6	10.00	4,200.00
	<i>This is the cost for office fuel in Twic office for running office generators.</i>						
7.2	Vehicle running costs - National Office	S	1	4,434.00	6	5.00	1,330.20
	<i>to support vehicle operating costs at National and zonal office</i>						

7.3	Communication Costs	D	1	171.60	6	100.00	1,029.60
	<i>This costs of airtime for field staff</i>						
7.4	Stationery/ cartridges for Twic nutrition project	D	1	1,200.00	1	100.00	1,200.00
	<i>Cost of stationery for Twic county</i>						
7.5	VSAT (Internet) charges	S	1	3,000.00	6	8.00	1,440.00
	<i>Being contribution to internet charges in Twic and Kuajok Zonal office. Shared costs towards maintaining VSAT subscriptions to enable the teams manage to email the reports.</i>						
7.6	World Vision South Sudan Juba Office rental costs	S	1	6,000.00	6	5.00	1,800.00
	<i>Being contribution to office space utilized by the Nutrition team in Juba office</i>						
7.7	Security Costs	S	1	7,500.00	6	8.00	3,600.00
	<i>Being contribution to office utilities used by the Nutrition team in Juba office</i>						
7.8	Bank charges/cash transfer costs	S	1	3,000.00	6	8.00	1,440.00
	<i>Costs related to bank transactions</i>						
7.9	Generators - Maintenance and Repair	S	1	10,000.00	6	8.00	4,800.00
	<i>Cost related to office generators and staff guesthouse generator.</i>						
7.10	Zonal Camp maintenance, repair	S	1	5,328.54	6	8.00	2,557.70
	<i>This is costs for maintenance of staff camp where project implementation staff reside</i>						
	<b>Section Total</b>						<b>23,397.50</b>
	<b>SubTotal</b>		244.00				<b>346,171.96</b>
	Direct						299,536.06
	Support						46,635.90
	<b>PSC Cost</b>						
	PSC Cost Percent						7.00
	PSC Amount						24,232.04
	<b>Total Cost</b>						<b>370,404.00</b>

**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 -> Twic	100		4,339	5,834	6,073	16,246	Activity 1.1.1: Conduct continuous screening of children 0-59 months and PLW in the community and health facilities Activity 1.1.2: Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC Activity 1.1.3: Continuous follow up of defaulter cases and home visits for non-respondent cases. Activity 1.1.4: Train Community Nutrition Volunteers(CNVs) or Home Health Promoters (HHPs) on techniques of screening, defaulter tracking and home visits Activity 1.1.5: Treat children with SAM with medical complications in two Stabilization centers Activity 1.2.1: Train 60(12 CHD and 48 WV staff) on CMAM as per the SS MoH CMAM guideline Activity 1.2.2: Conduct bi-weekly community nutrition outreaches where nutrition messages will be integrated with health and WASH promotions messages Activity 2.1.1: Provide Vitamin A supplements for National Immunization Days (NID) as part of health and nutrition integration targeting at least 35,324 of under 5 p... Activity 2.1.2: Support 1 NIDs in Twic County is a part of Health and nutrition integration. Activity 2.1.3: Counselling of PLWs on IYCF key messages, health and hygiene promotion Activity 3.1.1: County nutrition quarterly review meetings in Twic County Activity 3.1.2: Monthly coordination meetings between local leadership, CHD and nutrition actors Activity 3.1.3: Monthly reports compiled and shared with partners, including nutrition cluster coordinators, for nutrition situation monitoring and program performan... Activity 3.1.4: Quarterly technical and monitoring support visits by the Juba based Nutrition advisory team and the CHD.

**Documents**

Category Name	Document Description