

<b>Requesting Organization :</b>	Nile Hope				
<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>	Deliver quality and timely life-saving management of acute malnutrition and enhance nutrition surveillance for the most vulnerable and at risk populations, including U5 children, PLW and older people in Leer county in Unity State and Pigi/Canal county in Jonglei 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/NGO/7944		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	300,000.18		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	20/03/2018	<b>Planned End Date :</b>	20/09/2018		
<b>Actual Start Date:</b>	20/03/2018	<b>Actual End Date:</b>	20/09/2018		
<b>Project Summary :</b>	<p>Through this project, Nile Hope will be able to fill existing service gaps and scale up nutrition interventions in Pigi and Fangak. The project will provide SAM management to children between 6-59 months, MAM management to under five children as well as to pregnant and lactating women. In order to offer the said services, there will be a strong component of surveillance through continuous program monitoring that will also include One SMART survey in Pigi County. Since there are already ongoing projects in the said locations except in the northern parts of Pigi/Canal, the routine community mobilization and sensitization, active case finding, referrals and follow ups at the household level will be done to strengthen all the components. There will be a strong linkage with health facilities and other existing programs particularly livelihood programs, WASH and GBV/child protection. The project will rely fully on log cluster to deliver supplies to the project locations. There is are existing agreements with WFP for supply support in managing MAM cases and with UNICEF to support SAM cases in both Pigi/Canal and Leer counties. Both WFP and UNICEF agreements support Nile Hope with supplies. WFP also supports some CNVs. There will be static sites offering integrated management of SAM and MAM in both locations. The recruited staff will be trained on the revised CMAM guidelines, MIYCN, Community mobilization strategy and basic monitoring and evaluation paying attention to data collection, reporting and supply chain management.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	342	2,038	1,892	1,892	6,164
<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	1,892	1,892	3,784
Pregnant and Lactating Women	0	2,038	0	0	2,038
Internally Displaced People	342	0	0	0	342
<b>Indirect Beneficiaries :</b>					
<p>The project will also reach 40 additional program staff working in health, WASH, FSL and protection in both Leer and Pigi county as well as 342 more stakeholders; 98 in Leer and 152 in Pigi who will form part of the stakeholder workshop done to understand and accept the project. The additional 342 persons will be enlightened on their rights in the nutrition facilities and why it is important to adhere to protection principles and enlightened on their rights and avenues to seek redress if needed.</p>					
<b>Catchment Population:</b>					
<p>The project will also be likely to impact positively on an estimated 30259 people residing in Pigi and 15600 more people residing in Leer county catchment locations.</p>					
<b>Link with allocation strategy :</b>					

The proposed activities seek to offer nutrition services that coincide with the nutrition cluster's strategic Objective 1,2 and 3 touching on enhancing surveillance through continuous monitoring to assess the nutrition situation and ensure utilization of early warning systems, offering integrated services to the vulnerable in locations with critical nutrition status by ensuring there is sufficient integration between nutrition, WASH, Health and Food security and livelihood. The project objectives will also ensure increased access to MIYCN services to aid in prevention of malnutrition among women and children. All these will be done alongside actual treatment of severe and moderately malnourished children and pregnant and lactating women. The locations chosen are priority cluster locations. Pigi/Canal and Leer are both in PHASE 4 in IPC for malnutrition projection running from September 2017 to December 2017 same to the latest IPC classification projection from January to March 2018 hence the allocated resources will be channeled to locations where they are needed the most. All children admitted in the OTPs will be screened and treated for malaria where applicable. The mothers of children admitted to the OTP and TSFP will be referred for livelihood support program to ensure that mothers have access to livelihood support and hence children are able to get other foods to eat while using the therapeutic foods. In locations where the Boma health initiative or iCCM are implemented, the nutrition team will work closely with the household health promoters to ensure value addition in the course of project implementation. Food demonstrations will be incorporated in the IYCF trainings and MTMSGs operations will be enhanced with practical aspects e.g. vegetable gardens. Nutrition education sessions will also incorporate basic components on WASH, HIV/AIDs, gender and care for the environment.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

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

**BACKGROUND**

**1. Humanitarian context analysis**

Leer county in southern Unity remains a location of priority with emergency humanitarian services including nutrition. The SMART survey conducted by ACF-USA in April 2017 in Leer reported a GAM of 20.1% with SAM rates of 5% at 95% CI. The famine situation earlier in the year 2017 does not help either but confirms how fragile the nutrition situation in the area could be. The March 2016 GAM rate by the same organization was 13.8% (10.7-17.6 95% CI) and SAM 2.7% (1.4- 5.2 95% CI) based on Weight-for-Height and the presence of bilateral oedema. It shows that the situation has deteriorated and the poor harvest has not helped the situation either. Break in service delivery has proved costly in the past and ensuring continuity of service delivery to this location is still a priority. In Rubchai, cattle rustling still remain rampant and internal displacement is an ongoing situation at least intermittently. Nile Hope continues to run 5 sites and 1 stabilization center through support of Concern Worldwide. Earlier on in January, Nile Hope had to temporarily close Thonyor due to lack of sufficient funds. There are two more sites that currently Nile Hope is struggling to serve through outreach services in Rubkong and Toch Teny. Through these funds, Nile Hope will be able to bring services closer to the populations and improve service delivery as the lean season sets in and the number of malnourished children likely to spur. Availability of services at least in some locations has ensured that Nile Hope is able to contain the rates of malnutrition in Leer over the last 8 months. The progress is impressive but a scale up in service delivery will further contain the situation.

Pigi county on the other hand has witnessed a family difficult 2017 starting in April the same year when fighting broke out in Khorfulus resulting in displacement of populations further south to Canal and Kaldak. Fighting in May displaced the people further with some going to New Fangak while others moved to Diel and interior locations such as Korwai. Nile Hope is the only nutrition partner in Pigi/Canal. Because of the conflict and inaccessibility of some locations, at the beginning of the year 2017, Nile Hope only served a few locations. However, since then, Nile Hope managed to negotiate for OFDA funding through IMA to open additional 2 sites. Currently, Pigi is undergoing a leadership tussle and is unofficially divided into two sections with the northern parts covering Khorfulus and Canal areas unserved. It is not possible to move from the southern parts to the North through the River as was the case before. Through the SSHF funding, Nile Hope will be able to setup a temporary base in Malakal and then serve the currently suffering populations in the areas. An additional site in the southern part will also help to relieve the hustle the team has to undergo currently to serve people in some far flank locations through outreach services. Pigi is a fairly difficult location with no road network and movement is purely through trekking in thickets and foot paths for long hours. The market has no substantial food to talk about, trade is difficult, the harvest in December failed because of the conflict earlier on in the year. The WASH is broken and in the entire areas where Nile Hope currently run nutrition services, there is no borehole! People use swamp water and since the water is stagnant, diarrheal diseases, malaria and waterborne diseases such as Typhoid are rampant especially during the rainy season. The logistical challenges have been immense and Nile Hope has had to cope with strenuous and expensive program by moving even supplies from one location to another using porters who walk with cartons of plumpy nuts on their heads for long hours. The recent IPC for food security projected from January-March 2018 puts both Leer and Pigi Canal at phase 4.

**2. Needs assessment**

Nile Hope has been running nutrition services in Pigi and Fangak for the last 5-6 years. The locations have all been highlighted as IPC 4 locations. All the mentioned locations have GAM rates above the 15% threshold for emergency. Leer had a GAM of 21.5% in April 2017 during the post famine SMART survey. Nile Hope has staff and various resources including camp sites from where coordination and storage of program items can be done. In Pigi, the already available speedboat used to serve Kolapach and Diel sites will be used for monitoring purposes in the additional site in the southern parts while 2 new sites will be opened in Khorfulus and Canal areas. In Leer, the store constructed in Toch Riak and the accommodation facility in the same location will be the central location for coordinating the additional sites' functions.

**3. Description Of Beneficiaries**

In both locations of Leer and Pigi, the project target under five children segregated by sex, PLWS of both host communities and IDP in the various locations. All SAM cases with medical complications will be referred to Stabilization centers in Leer (TochRiak) and Pigi (Korwai), SAM cases without medical complications will be treated in the OTP centers while MAM including under-fives and PLWs, cases will be enrolled in TSFP services integrated in the same facilities. IYCF interventions and selected supplementation through NIDs will also be done in the said locations. In places that cannot be reached with NIDs, Nile Hope will seek Vit A supplements, Folic acid and deworming pills to do the in the facilities. Caregivers and pregnant and lactating women will also be targeted with MIYCN behavior change communication and initiatives.

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

Nile Hope has been a nutrition partner in all the two locations for years now and understands well the context and strategies of offering effective services in such difficult areas. In Leer, Nile Hope covers the significant portion of southern Leer. In Pigi Canal, Nile Hope is the only nutrition partner in the location offering SAM/MAM treatment. Nile Hope has the necessary supply arrangements through FLA with WFP and an active PCA with UNICEF. Nile Hope already has programs running in these locations and hence it will not be difficult to start off the new sites; it will be a continuation and expansion of what is already there. In Leer, Nile Hope has experience serving the populations in these difficult locations such as the islands where community members constantly run to seek shelter whenever there is need. In all these locations, Nile Hope already have stores with TSFP and OTP supplies so scaling up will not be difficult. Save for intensified campaigns by the humanitarian workers, the populace doesn't have any significant means of livelihood to depend on especially after the conflict in Pigi in mid to late 2017 and in Leer where Nile Hope suspended operations in locations such as Pillieny, Toch Teny and Rubkong. Food shortage in the area is evident from the market and household level. Nile Hope runs Nutrition, health, CP, WASH and FSL activities in Leer county and will strive to achieve the best fit that offers more benefits from the integrated approach. Trade is not easy either because the Malakal route is now blocked for Pigi population and goods coming from Juba are mostly finished in Fangak area along the river. Very few things find their way to interior Pigi locations such as Korwai. In Leer, Adok Port is still not working well and therefore everything comes via canoes from the neighboring county of Panyijaar especially from Nyal. However due to the dry season, some parts of the swamp have dried up making movement using canoes hectic and may take up to three days to make one trip. Nutrition team will work closely with GBV teams to create SGBV awareness, refer suspected Khalazar cases to the health teams and play a role to create awareness on HIV/AIDS. Through the UNICEF PCA, Nile Hope will provide soap to MSGs for hygiene promotion while linkages with FSL will provide livelihood support to pregnant and lactating women and also educate on dietary diversity to families with malnourished children.

#### **5. Complementarity**

In each other project locations chosen, the requested funding will complement activities that are already running on ground. For Nile Hope to offer comprehensive services in Pigi, it should run about 7 nutrition sites. Currently, through IMA funding and support through WFP, Nile hope is running 4 facilities. An additional 3 will ensure that services are offered effectively especially in the North that has been cut off completely from the southern parts due to a protracted leadership tussle between 2 commissioners. In Pigi, Nile Hope also runs health, protection and WASH activities that will be integrated with this project to offer comprehensive services. In Leer, the funds will also be used to open up 2 more facilities to boost the already functional 5 OTPs and 1 stabilization centers. On ground, Nile Hope is also running protection, FSL, WASH and Emergency health. Appropriate referral linkages between programs will be done to ensure optimal service delivery.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To provide promotive, preventive, surveillance and curative nutrition services to tackle nutrition-related morbidity and mortality among children(boys and girls) under 5 years and PLW in Pigi & Leer. In order to achieve the said objective, the project will undertake the following;

1. Screening of under five children as well as PLWs and making appropriate referrals as desired
2. Management of SAM among children under 5
3. Management of MAM among children under 5 and PLW
4. Undertake MIYCN training and campaigns among Lactating women children and pregnant women.
5. Conduct Mass MUAC screening and build the capacity of staff through training on basic principles of CMAM
6. Enhance integration of nutrition project activities with WASH, Health, FSL and Protection in the project locations.

### **NUTRITION**

<b>Cluster objectives</b>	<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>
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	70
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	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	10

**Contribution to Cluster/Sector Objectives :** The project will make significant contributions to the 3 cluster objectives through; management of SAM with and without medical complication among children boys and girls 0-59 month and MAM among children 6-59 months and PLW. The project also seeks to enhance preventive measures for acute malnutrition including MIYCN promotion through MSGs, integration with FSL, WASH and Health activities and training of nutrition center staff to adequately sensitize the populace in the catchment area. Mass MUAC screening will be conducted in Pigi county as a surveillance, measure to establish the nutrition situation as the year unfolds

#### **Outcome 1**

Reduced acute malnutrition and related morbidity/mortality rates among children 0-59 months and Pregnant and Lactating Women in Leer county of former Unity state and Pigi county in former Jonglei state.

#### **Output 1.1**

#### **Description**

3784 children (1892 boys and 1892 girls) 6-59 months and 2038 PLWs screened, 830 children (415 girls and 415 boys) 6-59 months treated for SAM, 350 children screened and treated for malaria, 1500 children (750 girls and 750 boys) treated for MAM and 1400 PLWs provided with MAM treatment. 25 core nutrition center staff for 2 OTPs in Leer and 3 OTPs in Pigi and 75 CNVs (25 in Leer) and 50 in Pigi) will also be trained on CMAM

#### Assumptions & Risks

Security situation will be favorable, Logistical challenges will be minimal. That the supply chain will be reliable

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	(Frontline Services) Number of children (6-59 months) screened and referred for malnutrition treatment in the Community			1,892	1,892	3,784
<b>Means of Verification</b> : monthly reports, community mobilizers screening report							
Indicator 1.1.2	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			415	415	830
<b>Means of Verification</b> : Weekly/Monthly/Quarterly reports							
Indicator 1.1.3	NUTRITION	(Frontline Services) Number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			750	750	1,500
<b>Means of Verification</b> : Weekly/Monthly/Quarterly reports							
Indicator 1.1.4	NUTRITION	(Frontline Services) Number of PLWs with acute malnutrition newly admitted for treatment in TSFP			700	700	1,400
<b>Means of Verification</b> : Pregnant- 700 Lactating- 700							
Monthly Distribution reports/Quarterly reports							
Indicator 1.1.5	NUTRITION	(Frontline Services) Number of nutrition/healthcare workers trained on CMAM	15	10			25
<b>Means of Verification</b> : Training Reports							
Indicator 1.1.6	NUTRITION	The number of CNVs trained on screening and basic MIYCN information					75
<b>Means of Verification</b> : Training reports							
Indicator 1.1.7	NUTRITION	Number of CNVs trained on screening and basic MIYCN and Health messaging					75
<b>Means of Verification</b> : Training Reports							
Indicator 1.1.8	NUTRITION	(Frontline Services) Number of SAM children tested for Malaria and referred for treatment.			415	415	830
<b>Means of Verification</b> : Weekly/Monthly Malaria screening and treatment reports							
Indicator 1.1.9	NUTRITION	(Frontline Services) (%) of SAM discharged cured out of the total discharged from TFP (OTP/SC) services			300	300	600
<b>Means of Verification</b> : Weekly/Monthly/Quarterly reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Community screening and appropriate referral of children 6-59 months reaching 3784 under fives (1892 girls and 1892 boys) and 2038 PLW in Pigi and Leer counties i.e 1780 children in Pigi and 2002 children in Pigi.							
<b>Activity 1.1.2</b>							
Provide SAM (severe acute malnutrition) management treatment to children under 5 years reaching 830 (415 boys and 415 girls) of IDPs and host communities in Pigi and Leer counties i.e. 507 (254g, 253b) in Pigi and 323 (161g, 162b) in Pigi							
<b>Activity 1.1.3</b>							
Provide MAM (Moderate Acute Malnutrition) management services to children below 5 years reaching 1500 (750 boys and 750 girls) of IDPs and host communities in Pigi and Leer i.e. 550 (275g, 275b) in Leer and 950 (4750g, 475b) in Pigi.							
<b>Activity 1.1.4</b>							
Provide MAM (Moderate Acute Malnutrition) management services to PLWs reaching 1400 (700 pregnant and 700 lactating women) of IDPs and host communities in Pigi and Leer i.e. 500 (250p, 250l) in Leer and 900 (450p, 450l) in Pigi							
<b>Activity 1.1.5</b>							
Provide CMAM training to 25 nutrition center staff in Pigi and leer							
<b>Activity 1.1.6</b>							
Provide basic CMAM training for 75 CNVs in pigi and leer							
<b>Activity 1.1.7</b>							
Screen under five children in the nutrition facilities for malaria and provide treatment or appropriate referral to the nearest health facility							

<b>Outcome 2</b>							
Strengthened community capacity and increased awareness in project locations that contribute to the prevention of acute malnutrition among children <5 years, PLW and other vulnerable groups among the host and IDP community Pigi and Leer Counties							
<b>Output 2.1</b>							
<b>Description</b>							
2380 (2038 women and 342 men) mothers and caretakers of children 0-23 months of IDPs and the host community in Pigi and Leer reached with MIYCN, WASH and Health messages i.e. 1002 (902 women and 100 men) in Leer and 1278 (1136 women and 142 men) in Pigi county and 1000 mothers referred for livelihood support							
<b>Assumptions &amp; Risks</b>							
security will be favorable, Humanitarian access in project locations will be unhindered and that the community will be receptive							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	(Frontline Services) Number of PLWs trained on nutrition package (MIYCN, WASH, Health, Use of Nutrition supplies etc)	342	2,038	0	0	2,380
<b>Means of Verification</b> : monthly MIYCN reports, community mobilizers PLW screening report							
Indicator 2.1.2	NUTRITION	(Frontline Services) Number of health workers trained in Infant and Young Child Feeding	15	10			25
<b>Means of Verification</b> : Training reports/ Final Report							
Indicator 2.1.3	NUTRITION	(Frontline Services) # of pregnant and mothers/caregivers of children 0-23 months attending mother support groups (or group counselling)		250			250
<b>Means of Verification</b> : MIYCN Reports on MTMSGs meetings							
Indicator 2.1.4	NUTRITION	(Frontline Services) Number of nutrition facilities with functioning community complaints / feedback mechanism					5
<b>Means of Verification</b> : Monthly/Quarterly Reports							
Indicator 2.1.5	NUTRITION	# Caregivers with children in OTP/TSFP referred to livelihood support programs					1,000
<b>Means of Verification</b> : Monthly/Quarterly Reports							
Indicator 2.1.6	NUTRITION	Number of community members involved in programme monitoring conducted					8
<b>Means of Verification</b> : Monitoring reports/Quarterly report/ Final Report							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Provide MIYCN education and counseling to 2380 (2038 women and 342 men) mothers and caretakers of children 0-23 months in Pigi and leer i.e. 1002 (902 women and 100 men) in Leer and 1278 (1136 women and 142 men) in Pigi county							
<b>Activity 2.1.2</b>							
Provide MIYCN promotion training to 25 (15 men and 10 women) nutrition center staff							
<b>Activity 2.1.3</b>							
establish 5 MSG in each static site (Total 25 MSGs)							
<b>Activity 2.1.4</b>							
Enlighten PLWs/care givers to be aware of their rights and entitlements as well as protection issues with respect to nutrition program							
<b>Activity 2.1.5</b>							
Refer 1000 mothers whose children are in the OTP for livelihood support in FSL programs available in Leer and Pigi							
<b>Activity 2.1.6</b>							
Involve the communities in design, implementation, monitoring and evaluation on the planned or on-going nutrition project							
<b>Outcome 3</b>							
Enhanced nutrition situation analysis through Nutrition SMART survey in Pigi County							
<b>Output 3.1</b>							
<b>Description</b>							
1 pre--harvest Nutrition SMART survey in Pigi County							
<b>Assumptions &amp; Risks</b>							
Security situation will be ok and Pigi will be accessible							
<b>Indicators</b>							

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

**Means of Verification :** SMART survey report

**Activities**

**Activity 3.1.1**

Conduct 2 Mass MUAC screening in each county project locations

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

The project will be run as is the practice in South Sudan where nutrition program data on screening, admissions, treatment, MIYCN and stakeholder meeting data is collected and shared with the UNICEF/WFP Sub Offices at the state level on a weekly, bi-weekly and monthly basis. The data will be disseminated to the national cluster as well where it will be used for decision making on program matters at national level. Nile Hope project managers will be responsible for collecting this information from the facilities, reviewing and disseminating appropriately. The same information and much more as may be desired to understand the context of the operational environment will also be collected internally and used to re-orient project decisions. CNVs will collect data using tally sheets while facility staff will fill in the CMAM and MIYCN information in the standard M & E tools. In most of the project areas, there is a lot of internal movement especially during the rainy seasons. This means that baselines are fairly difficult to construct. However, based on populations, estimates of targets have been crafted and will be the driving factors and milestones.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Community screening and appropriate referral of children 6-59 months reaching 3784 under fives (1892 girls and 1892 boys) and 2038 PLW in Pigi and Leer counties i.e 1780 children in Pigi and 2002 children in Leer.	2018			X	X	X	X	X	X	X			
Activity 1.1.2: Provide SAM (severe acute malnutrition) management treatment to children under 5 years reaching 830 (415 boys and 415 girls) of IDPs and host communities in Pigi and Leer counties i.e. 507 (254g, 253b) in Pigi and 323 (161g, 162b) in Leer	2018			X	X	X	X	X	X	X			
Activity 1.1.3: Provide MAM (Moderate Acute Malnutrition) management services to children below 5 years reaching 1500 (750 boys and 750 girls) of IDPs and host communities in Pigi and Leer i.e. 550 (275g, 275b) in Leer and 950 (475g, 475b) in Pigi.	2018			X	X	X	X	X	X	X			
Activity 1.1.4: Provide MAM (Moderate Acute Malnutrition) management services to PLWs reaching 1400 (700 pregnant and 700 lactating women) of IDPs and host communities in Pigi and Leer i.e. 500 (250p, 250l) in Leer and 900 (450p, 450l) in Pigi	2018			X	X	X	X	X	X	X			
Activity 1.1.5: Provide CMAM training to 25 nutrition center staff in Pigi and leer	2018			X	X	X			X				
Activity 1.1.6: Provide basic CMAM training for 75 CNVs in pigi and leer	2018			X	X	X			X				
Activity 1.1.7: Screen under five children in the nutrition facilities for malaria and provide treatment or appropriate referral to the nearest health facility	2018			X	X	X	X	X	X	X			
Activity 2.1.1: Provide MIYCN education and counseling to 2380 (2038 women and 342 men) mothers and caretakers of children 0-23 months in Pigi and leer i.e. 1002 (902 women and 100 men) in Leer and 1278 (1136 women and 142 men) in Pigi county	2018			X	X	X	X	X	X	X			
Activity 2.1.2: Provide MIYCN promotion training to 25 (15 men and 10 women) nutrition center staff	2018			X	X	X			X				
Activity 2.1.3: establish 5 MSG in each static site (Total 25 MSGs)	2018			X	X	X							
Activity 2.1.4: Enlighten PLWs/care givers to be aware of their rights and entitlements as well as protection issues with respect to nutrition program	2018			X	X	X	X	X	X	X			
Activity 2.1.5: Refer 1000 mothers whose children are in the OTP for livelihood support in FSL programs available in Leer and Pigi	2018			X	X	X	X	X	X	X			
Activity 2.1.6: Involve the communities in design, implementation, monitoring and evaluation on the planned or on-going nutrition project	2018			X	X	X	X	X	X	X			
Activity 3.1.1: Conduct 2 Mass MUAC screening in each county project locations	2018			X	X	X	X	X	X	X			

**OTHER INFO**

**Accountability to Affected Populations**

To improve the accountability to the affected populations, two main stakeholder meetings will be planned; one at the beginning and the other at the end of the project duration. The first meeting will be used to introduce the project and will highlight the scope of the project in terms of the objectives, key activities, locations of implementation, staffing, employment opportunities for the community members, project duration and processes of community engagement in the course of implementation. The meeting will also explain the rights of the primary stakeholders and explain why it is necessary to work in partnership. Through CNVs and the community health workers who visit at household level, feedback loops will be looked into and community members will be asked to voice their concerns or recommendations either to the project staff they trust or to the authorities (ROSS). Upon receiving feedback, the project managers on ground will document the issues and plan a response immediately. In the event that the issue at hand requires alteration of the project processes as designed, the complaints will be addressed after guidance from the head office. To enhance flow of project information, regular meetings with ROSS authorities will be done and information disseminated. On some occasions, megaphones will be used to make special announcements around the community. The project shall adhere to the principle of 'Do no harm' by ensuring that the products used for treatment are administered safely, expired products disposed, poisonous and injurious materials burnt in incinerators or guarded compost pits. There will be consent seeking through out the process of implementation.

**Implementation Plan**

The implementation plan for the whole project is such that after the ground breaking through by holding a stakeholder workshop with the key stakeholders, supplies will be per-positioned in the project locations or in stores that serve them. There will be a standard work plan for every week though the details of each week may vary depending on the locations to be prioritized or change in mode of implementation. Overall, there will be active case finding in the community through continuous screening using MUAC in the community. Children and PLWs found to be eligible for admission into the targeted nutrition program will be referred appropriately using the referral slips. On the other hand, persons found to be in need of further medical attention at the health facility will also be referred. The same team will conduct household level visits every week to disseminate MIYCN and health messaging. The same visits will also be used to trace defaulters and identify children with special needs, follow up on usage of provided therapeutic feeds and medication. The OTP/TSPF centers will be admitting continuously but will provide weekly/two weekly rations as may be deemed appropriate depending on context. As will be appropriate, Nile Hope staff will conduct monthly meetings with partners on ground as a plan for the bigger coordination role. This will be escalated to the state level where on a number of occasions, staff will represent the organization in state level coordination meetings. Weekly data, monthly and quarterly data will be used to generate reports that will be the basis for project improvement. At Juba-level, the already used monitoring framework will include the proposed new sites and will constantly form a basis for rigorous analysis and interpretation to guide decision making such as resource allocation. Set standards by the nutrition cluster to avoid duplication of services will be fully adhered to. The project will truly encompass community participation by providing jobs, using stakeholders in design and implementation as well as monitoring and evaluation of the said projects.

**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**

Through mother support groups, women will be given a chance to take charge of the nutrition interventions that improve their health and that of their children in the community. They will be taught on optimal MIYCN practices. Females will be given a chance to be employed in the project and there will be specific positions reserved for female candidates. The project will also seek to engage fathers actively in the care practices of their children. Through awareness creation and community sensitization, male household figureheads will be requested to also accompany their wives to the health facility so that they are abreast with practices that need their leadership for the benefit of the child. WASH facilities and health services will be sensitive to the cultural practices of the locations mainly to reduce unnecessary barriers to service uptake. Boys and Girls will be treated in the OTPs without discrimination. A policy against gender violation will be disseminated to all the project staff and basic sensitization on the role project staff can play in the community as change agents to ensure gender equity will also be done.

**Protection Mainstreaming**

The project will deliberately enhance safety in project locations by providing services and products that are not harmful. There will be gender segregated toilets at the OTPs as well as sitting shades during care as may be appropriate. The project will not discriminate any of the potential beneficiary based on gender, disability, religion, tribe or other social factors that disregards the vulnerability of the sick and their right to access quality care. Persons suffering from HIV, Khalazar and other lifestyle conditions will be admitted into the program as vulnerable persons. All beneficiaries will be taken through the process of allocating rations before their children are weighed so that they understand how the look up tables for RUTF or RUSF work in determining how many sachets children are entitled . They will also be enlightened to understand that having their children to be admitted in the OTP/TSPF centers are not favors and hence should not be used by anybody to exploit them for resources or sex. The nutrition centers will work closely with the protection partner on ground to ensure that OTPs and TSPF centers can be target location for protection and GBV sensitive case finding and awareness creation. Women and children who will need further protection counseling or services will be referred appropriately. Populations will be urged to report cases of harassment

**Country Specific Information**

**Safety and Security**

Leer and Pigi have witnessed unpredictable security situation for the last couple of years and Nile Hope lists insecurity as one of the risks that it must try to mitigate its effects. In terms of supplies, Leer will continue to operate with a centralized store with most of the supplies while the individual sites will have at most supplies that can last only 2 to 4 weeks at most. This will be a measure to reduce chances of losing supplies since the central location is stationed in a strategically 'safe' location. In Pigi, where possible, some supplies serving locations along the river Nile will be positioned in New Fangak as well as Diel. All sites will also have guards on duty night and day. Personnel will continue to observe the field level curfew hours when all relocatable staff are supposed to be in the compound. Evacuation plan used by the organization in the event of conflict will be followed in this project as well. Continuous situation monitoring of the security situation through seeking daily updates from ROSS and other authority figures on ground will ensure that whenever security situation deteriorates, the operations in affected locations can be suspended strategically to ensure staff are safe.

**Access**

In Pigi locations, the southern part will be accessed using Nile Hope speedboat stationed in New Fangak area to carry both monitoring team and supplies from the central store. In the Northern parts currently inaccessible from the southern parts, Nile Hope intends to access Khorfulus and Canal through Malakal from where hired vehicles will be used to access the sites during monitoring visits since currently the organization does not have a vehicle in that location. From the accessible roads to the facility, footing will be the main means of movement. In Leer, footing is the mainstay method of movement. Even supplies are transported from the main store to the individual sites by porters. Access is difficult but safety and feasibility currently is that Leer is predominantly accessible through footing, more so in the islands.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Nutrition Lead	D	1	6,000.00	6	50.00	18,000.00
	<i>1 Nutrition Lead at \$ 6000 per month for a period of 6 months charging 42% to CHF Location: Juba with frequent visits to the field. He will be responsible in coordination of all activities being implemented in this project, Monitoring the project using log frame and Reporting all activities to the donor and MoH.</i>						
1.2	Nutrition Specialist	D	1	5,000.00	6	50.00	15,000.00
	<i>1 Nutrition Specialist at \$ 5000 per month for a period of 6 months charging 42% to CHF locations: Juba with frequent travel to both counties. He will be responsible for all staff capacity building regarding CMAM and IYCF at the field sites.</i>						
1.3	Nutrition officers	D	2	3,000.00	6	50.00	18,000.00
	<i>2 Nutrition Officer at \$ 3000 per month for a period of 6 months charging 50% to CHF Location: Juba with frequent visits in the field, one will be responsible in coordination of field activities and building the capacities in the field to be able to offer quality services while the other will be in charge of reporting and general information management.</i>						
1.4	County Project Manager	D	1	1,500.00	6	100.00	9,000.00
	<i>County Project Manager at \$ 1500 per month for a period of 6 months charging 100% to CHF Location in Pigi. He/ She responsible in ensuring that OTP centres are running according to Nile Hope mandates and should be in constant communication with the Nutrition Coordinator</i>						
1.5	Supervisor	D	1	1,000.00	6	100.00	6,000.00
	<i>1 Nutrition Supervisor Pigi at \$ 1200 per month for period of 6 months charging 100% to CHF. Oversee the day-to-day management of the health facility in Leer. He gathers and analyse data and using it to plan and manage the health facility in Leer/Pigi. He also ensures that there are sufficient drugs and quality health administration to the patients. He is a qualified medical officer with extensive work experience</i>						
1.6	Nurses	D	5	500.00	6	100.00	15,000.00
	<i>5 Nurses at \$500 per month for period of 6 months charging 100% to CHF The nurses will work in stabilization center to provide nursing care to children that are identified with medical complication are malnourished</i>						
1.7	MIYCN Facilitators	D	5	300.00	6	100.00	9,000.00
	<i>5 MIYCN facilitators- Facilitate IYCF education sessions for the mother to mother support groups, offer IYCF and other nutrition education at the nutrition centers and in the community monthly afforded at \$ 300 for a period of 6 months charging 100% to CHF</i>						
1.8	Nutrition Assistants	D	5	300.00	6	100.00	9,000.00
	<i>5 Nutrition assistants- charged with taking anthropometric measurements of children and PLW at the nutrition center, record keeping of program beneficiaries, offering nutrition education with a monthly remuneration of \$ 300 per month for a period of 6 months charging 100% to CHF</i>						
1.9	Registrars	D	5	300.00	6	100.00	9,000.00
	<i>5 Registrars - charged with taking anthropometric measurements and to keep nutrition center records with a monthly remuneration of \$ 300 per month for a period of 6 months</i>						
1.10	Community Nutrition Volunteers (CNVs)	D	10	100.00	6	100.00	6,000.00
	<i>10 Community Mobilizers at \$ 100 per month for a period of 6 months charging 100% to CHF Location: Pigi and Leer. He/ She raise awareness to the communities by mobilizing parents with children suffering from acute malnutrition to visit OTP and Stabilization centres.</i>						
1.11	Cooks and cleaners	D	5	250.00	6	100.00	7,500.00
	<i>5 Cleaners and 2 Cooks for the Facilities at \$ 200 per month for a period of 6 months charging 100% to CHF Location: Leer and Pigi. He/ She ensures that the OTP and Stabilization Facilities are clean. She ensures that equipment are cleaned and always are in sterilised."</i>						
1.12	Guards	S	5	200.00	6	100.00	6,000.00

	<i>5 Guards for the Facilities at \$ 200 per month for a period of 6 months charging 100% to CHF Location: Leer and Pigi. He/ She ensures that the OTP and Stabilization Facilities are clean. She ensures that equipment are cleaned and always are sterilised."</i>						
1.13	Human Resource	S	1	4,000.00	6	12.00	2,880.00
	<i>Human Resources &amp; Partner Relations Manager based in Juba with frequent field visit with responsibility of staff recruitment, annual appraisals and performance evaluations. He ensures that there is staff welfare and HR policies are well adhered to. He maintains the data base of staff and ensure that there are constant capacity building of staff. Monthly afforded at \$ 4000 with 12% charged to CHF</i>						
1.14	Juba and field accountants	S	1	2,000.00	6	12.00	1,440.00
	<i>Accountant based in Juba and Field Accountants to be based in Pigi and Leer charged with responsibility of posting and balancing ledgers in the accounting software, banking and cash flow monitoring, monthly afforded is \$ 2,000 per month for 6 months 12% charged to CHF</i>						
1.15	Program Director	S	1	6,000.00	6	12.00	4,320.00
	<i>Programme Coordinator @ \$6000 per month for 6 months, 12% charged to CHF activities Location: Juba. He is in charge of all programs and he has responsibilities of ensuring that the projects are implemented in accordance with the donors mandate, he will support the health team in monitoring and evaluation</i>						
1.16	Field Coordinators	S	1	1,500.00	6	40.00	3,600.00
	<i>Field Coordinators at \$ 1500 per month for 6 months charging 40% to CHF Locations: Leer and Pigi. He/ She will work closely with the Health and Nutrition Program Manager and Program Coordinator and other staff on the field. She/he actively collaborate with other partners and/or Donors as required. plan, implement, monitor/evaluate and report projects on behalf of the Programme Coordinator"</i>						
1.17	Liason and Compliance Officer	S	1	4,000.00	6	12.00	2,880.00
	<i>Liaison &amp; Compliance Officer has the responsibility of checking donors regulations and updating risk log and reporting to the management. The total afforded for this budget is \$ 2880</i>						
1.18	State Coordinator	S	1	2,000.00	6	20.00	2,400.00
	<i>State Coordinator @\$ 2000 per month for 6 months,20% charged to CHF, Locations: Juba and is responsible for the movement of staff and materials in and out of Juba.</i>						
	<b>Section Total</b>						<b>145,020.00</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Transport of OTP supplies	D	2	7,000.00	1	100.00	14,000.00
	<i>This includes transportation of OTP supplies and equipment from Juba to Pigi and Leer. 2 Charters each carrying 2 Ton from Juba to the field where there are OTP centres @ \$7000. The charter will transportation of plumpy nuts approx 2 tons. Nile Hope wish to send the supplies using charters rather than using logistic cluster which takes long for approvals.</i>						
2.2	CMAM staff training	D	2	1,500.00	1	100.00	3,000.00
	<i>It is meant to build the capacity of local staff to be able to provide quality services. The targeted number to be trained are 25 participants in Pigi and Leer.</i>						
2.3	Basic CMAM training for CNVs	D	1	1,500.00	1	100.00	1,500.00
	<i>It is meant to build the capacity of CNVs so as to enhance active case finding in the community</i>						
2.4	MIYCN staff training	D	2	1,500.00	1	100.00	3,000.00
	<i>This training course aims to enhance the competencies and build capacity of Nile Hope nutrition staff who are involved in Infant and Young Child Feeding (IYCF) programmes in Pigi and Leer,. This includes programme development, programme implementation, programme evaluation, and other related activities for improving nutrition and health outcomes of infants and young children.</i>						
2.5	MIYCN training for lead mothers and MSG members	D	2	1,500.00	1	100.00	3,000.00
	<i>To train 25 lead mothers on proper MIYCN Practices</i>						
2.6	Offloading and loading of nutrition supplies	D	2	2,000.00	1	100.00	4,000.00
	<i>The funds allocated for off loading and loading nutrition supplies and other nutrition materials to OTPs and SC, the amount will be paid for loaders and off loaders</i>						
2.7	Construction of 5 nutrition centers	D	5	4,000.00	1	100.00	20,000.00
	<i>Set up of 5 OTP Centres in Pigi and Leer. The cost is for clearing the land where OTP will be built, purchase of around 400 poles, rafters, Grass, Plastic Sheets, nails and labourers for actual construction and muddling of the walls. The cost will also be used to construct 2 separate baby friendly</i>						

2.8	Purchase of chairs, tables and mats	D	2	1,000.00	1	100.00	2,000.00
<i>This is the cost of purchase of plastic tables, and mats for the new OTPS i.e. Pigi and Leer.</i>							
2.9	World Breast-feeding week celebration	D	2	5,000.00	1	100.00	10,000.00
<i>Cost of purchasing materials to sensitize populations on exclusive breastfeeding and nutrition within the 1000 days of life. Such items will include T-shirts and banners, Kangas for women, stationery, transport, stipends for staff engaging in activities within the one-week long event as well as transporting items to field location and hospitality during the one-week celebration to strengthen nutrition practice during the first 1000 days of life.</i>							
2.10	Visibility materials	D	2	3,500.00	1	100.00	7,000.00
<i>Costs for Kangas for MSGs, T-shirts for CVNs and staff and Banners for visibility</i>							
2.11	Construction of 2 storage facilities	D	2	4,000.00	1	100.00	8,000.00
<i>Cost for constructing 2 storage facilities in Pigi and Leer, cost for buying timber, iron sheets, wire mesh and</i>							
2.12	OTP stationery	D	1	4,000.00	1	100.00	4,000.00
<i>Cost of purchasing the stationery used for the day to day running of the Facilities. Includes costs for buying spring files, pens, pencils, printing papers used in the field, folders, notebooks, erasers, marker pens, flip charts for day to day refreshers in the course of work,</i>							
2.13	Monitoring and evaluation cost	D	1	6,000.00	1	80.00	4,800.00
<i>Cost for monitoring and evaluation by the senior staff. It includes costs for transport/Fuel, per diems for meals and related costs for the team</i>							
<b>Section Total</b>							<b>84,300.00</b>
<b>3. Equipment</b>							
3.1	Laptop	D	1	850.00	1	100.00	850.00
<i>1 Laptop for Nutrition officers each costed @ \$ 800</i>							
3.2	Cameras	D	1	300.00	1	100.00	300.00
<i>1 Cameras for project monitoring and evidence collection</i>							
<b>Section Total</b>							<b>1,150.00</b>
<b>4. Contractual Services</b>							
4.1	Mass MUAC screening in Pigi County	D	2	5,179.00	1	100.00	10,358.00
<i>Mass MUAC screening in Pigi County to assess the proxy GAM of the prevailing nutrition situation</i>							
<b>Section Total</b>							<b>10,358.00</b>
<b>5. Travel</b>							
5.1	Flight cost for Nutrition staffs( Leer and Pigi)	D	4	550.00	2	100.00	4,400.00
<i>This is travel cost for Nutrition staff and other supporting staff to travel to the field during the implementation of the project in Leer and Pigi facilitated through UNHAS</i>							
5.2	Local Field transport	D	2	1,500.00	2	100.00	6,000.00
<i>This is Local transport of Nutrition supplies / materials within the county total afforded @ \$ 6,000.00</i>							
5.3	Boat fuel	D	1	4,000.00	2	100.00	8,000.00
<i>This cost is allocated for preposition and purchase of fuel for the boat. Most Nutrition facilities in Pigi are accessible through the river which will require boat transport.</i>							
<b>Section Total</b>							<b>18,400.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
<i>NA</i>							
<b>Section Total</b>							<b>0.00</b>

7. General Operating and Other Direct Costs							
7.1	Compound supplies	S	1	8,500.00	1	56.00	4,760.00
	<i>Compound supplies for field staff in Pigi and Leer. Includes all the items needed for camping in the field sites such as food rations, toiletry, detergents, money for buying food in the field etc</i>						
7.2	Lighting (Generator Running Costs)	S	1	2,500.00	6	20.00	3,000.00
	<i>This costs is for lighting our Juba office, The costs is related to buying fuel and repairs and maintenance of Generator.</i>						
7.3	Internet	S	1	2,000.00	6	15.00	1,800.00
	<i>The internet support cost for Juba and Pigi office, the monthly charge is \$ 1500 with 15% allocation in CHF nutrition budget</i>						
7.4	Stationery	S	1	900.00	6	55.00	2,970.00
	<i>This is cost for stationeries to be used in programming especially in office use.</i>						
7.5	Bank charges	D	1	600.00	6	56.00	2,016.00
	<i>This amount is charged on transfer of funds. It is estimated that a total of \$ 3000 will be incurred as bank charged and ledger fees</i>						
7.6	Communication	D	1	1,000.00	6	50.00	3,000.00
	<i>Communication costs i.e. for buying calling cards for satellite phones and other networks in relation to nutrition budget</i>						
7.7	Office Rent	D	1	5,000.00	6	12.00	3,600.00
	<i>Juba office rent for organisation coordination purposes</i>						
	<b>Section Total</b>						<b>21,146.00</b>
	<b>SubTotal</b>			96.00			<b>280,374.00</b>
	Direct						244,324.00
	Support						36,050.00
	<b>PSC Cost</b>						
	PSC Cost Percent						7.00
	PSC Amount						19,626.18
	<b>Total Cost</b>						<b>300,000.18</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	
Jonglei -> Canal	60	242	1,136	1,002	1,002	3,382	<p>Activity 1.1.1: Community screening and appropriate referral of children 6-59 months reaching 3784 under fives (1892 girls and 1892 boys) and 2038 PLW in Pigi and Leer</p> <p>Activity 1.1.2: Provide SAM (severe acute malnutrition) management treatment to children under 5 years reaching 830 (415 boys and 415 girls) of IDPs and host communities</p> <p>Activity 1.1.3: Provide MAM (Moderate Acute Malnutrition) management services to children below 5 years reaching 1500 (750 boys and 750 girls) of IDPs and host communities</p> <p>Activity 1.1.4: Provide MAM (Moderate Acute Malnutrition) management services to PLWs reaching 1400 (700 pregnant and 700 lactating women) of IDPs and host communities</p> <p>Activity 1.1.5: Provide CMAM training to 25 nutrition center staff in Pigi and Leer</p> <p>Activity 1.1.6: Provide basic CMAM training for 75 CNVs in Pigi and Leer</p> <p>Activity 1.1.7: Screen under five children in the nutrition facilities for malaria and provide treatment or appropriate referral to the nearest health facility</p> <p>Activity 2.1.1: Provide MIYCN education and counseling to 2380 (2038 women and 342 men) mothers and caretakers of children 0-23 months in Pigi and Leer i.e. 1002 (900 women and 102 men)</p> <p>Activity 2.1.2: Provide MIYCN promotion training to 25 (15 men and 10 women) nutrition center staff</p> <p>Activity 2.1.3: establish 5 MSG in each static site (Total 25 MSGs)</p> <p>Activity 2.1.4: Enlighten PLWs/care givers to be aware of their rights and entitlements as well as protection issues with respect to nutrition program</p> <p>Activity 2.1.5: Refer 1000 mothers whose children are in the OTP for livelihood support in FSL programs available in Leer and Pigi</p> <p>Activity 2.1.6: Involve the communities in design, implementation, monitoring and evaluation on the planned or on-going nutrition project</p> <p>Activity 3.1.1: Conduct 2 Mass MUAC screening in each county project locations</p>

Unity -> Leer	40	100	902	890	890	2,782	<p>Activity 1.1.1: Community screening and appropriate referral of children 6-59 months reaching 3784 under fives (1892 girls and 1892 boys) and 2038 PLW in Pigi and Leer</p> <p>Activity 1.1.2: Provide SAM (severe acute malnutrition) management treatment to children under 5 years reaching 830 (415 boys and 415 girls) of IDPs and host communi...</p> <p>Activity 1.1.3: Provide MAM (Moderate Acute Malnutrition) management services to children below 5 years reaching 1500 (750 boys and 750 girls) of IDPs and host commu...</p> <p>Activity 1.1.4: Provide MAM (Moderate Acute Malnutrition) management services to PLWs reaching 1400 (700 pregnant and 700 lactating women) of IDPs and host communiti...</p> <p>Activity 1.1.5: Provide CMAM training to 25 nutrition center staff in Pigi and Leer</p> <p>Activity 1.1.6: Provide basic CMAM training for 75 CNVs in Pigi and Leer</p> <p>Activity 1.1.7: Screen under five children in the nutrition facilities for malaria and provide treatment or appropriate referral to the nearest health facility</p> <p>Activity 2.1.1: Provide MIYCN education and counseling to 2380 (2038 women and 342 men) mothers and caretakers of children 0-23 months in Pigi and Leer i.e. 1002 (90...</p> <p>Activity 2.1.2: Provide MIYCN promotion training to 25 (15 men and 10 women) nutrition center staff</p> <p>Activity 2.1.3: establish 5 MSG in each static site (Total 25 MSGs)</p> <p>Activity 2.1.4: Enlighten PLWs/care givers to be aware of their rights and entitlements as well as protection issues with respect to nutrition program</p> <p>Activity 2.1.5: Refer 1000 mothers whose children are in the OTP for livelihood support in FSL programs available in Leer and Pigi</p> <p>Activity 2.1.6: Involve the communities in design, implementation, monitoring and evaluation on the planned or on-going nutrition project</p> <p>Activity 3.1.1: Conduct 2 Mass MUAC screening in each county project locations</p>
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Documents	
Category Name	Document Description