OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	International Rescue Committee
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100

Project Title :	Emergency integrated nutrition interventions for the vulnerable populations of Aweil East and South Counties in Northern Barh el Ghazal State South Sudan		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-16/H/89764	**Fund Project Code :**	SSD-16/HSS10/SA2/N/INGO/3604
Cluster :	Nutrition	**Project Budget in US$:**	600,000.00
Planned project duration :	4 months	**Priority:**	1
Planned Start Date :	01/09/2016	**Planned End Date :**	31/12/2016
Actual Start Date:	01/09/2016	**Actual End Date:**	31/12/2016
Project Summary :	The main component of this proposed project is: 1) Treatment of children suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). As much as possible the community approach will be used to organize regular MUAC screening, for timely case identification and referrals of malnourished boys and girls under 5, while also providing regular education sessions (IYCF, Nutrition, Health, HIV-AIDS, Hygiene and health care practices) for caregivers during each visit. This emergency nutrition programming in NBeG will provide integrated nutrition interventions for acute malnutrition through the integrated management of acute malnutrition (IMAM) approach targeting boys and girls under the age of five and caregivers. The project aims to increase coverage and access to the management of both moderate and severe acute malnutrition (MAM/SAM). U5 children, boys and girls with SAM or MAM from both host and IDPs/returnees' communities located in the program catchment area in Aweil East and South will be admitted and treated. Treatment targets children under 5 years without discrimination between boys and girls. Variations of numbers between the two groups will be monitored and action taken if there are large gaps. To ensure quality of nutrition services, formal training on CMAM and ongoing regular field support visits will be done throughout the project cycle. Community participation and mobilization will be vital to ensure early detection and improved coverage of the nutrition services in the targeted areas by the mobile and outreach teams. The proposed project will complement existing nutrition programming supported by DFID, UNICEF and WFP for in kind supplies. Training sites will facilitate female safety and encourage participation. Health education sessions carried out every day at all IRC sites, usually attract fewer men. To encourage male caregivers to attend, IRC will provide separate, tailored health/nutrition education to male and female caregivers.		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
0	0	12,111	12,889	25,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	0	0	12,111	12,889	25,000

Indirect Beneficiaries :

Total: 10,555. 1,982 men and 8,568 women who participate in community mobilization and reached with messages during implementations period with messages related to care of their children, promoting breastfeeding to prevent further malnutrition and hygiene

Catchment Population:

147,280 Aweil South and 215,506 Aweil East general populations.

Link with allocation strategy :

To support the nutrition cluster agreed priorities and objectives, IRC will focus on the following approaches:
Treatment:
Provision of nutrition services at 25 points of delivery in Aweil East and South counties, comprising of 25 Out-patient Therapeutic Programme (OTP) 15 AE and 10 AS county, 1 stabilization center (SC) in Aweil South county and 17 Targeted Supplementary Feeding Programme (TSFP)(7) in Aweil east and 10 ijn Aweil south. The Programme will use IM-SAM guidelines and SPHERE standards for its programming and in measuring its performance.

Children admitted in the SC will receive specific nutritional and medical treatment for complications as well as systematic treatment, medical follow up, health and nutrition education. This will be facilitated by the proximity to the health facilities. Once the beneficiary's medical complications are treated and appetite has returned the beneficiary will be continue treatment in the OTP.

Caregivers of the beneficiaries admitted in the OTP will receive weekly RUTF rations, nutritional follow up, nutrition and health promotion as well as systematic treatment.

TSFP will provide treatment for children who are moderately malnourished. The TSFP provides bi-weekly rations (RUSF) to the beneficiaries as well as nutritional follow up and systematic treatment.

Screening:
IRC will conduct screening in the nutrition centers as well as conduct active case finding in the OTP/TSFP catchment area (10 km radius) in collaboration with community nutrition volunteers (CNV). Screening and active case finding contributes to the early detection and referral of acutely malnourished children and contribute to better treatment outcomes.
The community will be sensitized during community mobilization and outreach on how to detect and refer malnourished children to the nutrition centers. IRC will as much as possible increase the number of CNVs, involve community leaders, traditional healers and secondary school children at community level to strengthen screening and overall community mobilization activities.

Through screening and mobilization, an additional three mobile OTPs will be established in Aweil East county to reach areas with high levels of acute malnutrition and two additional static OTPs will be established in MalekAlel Payam currently with no nutrition service delivery points and one in Panadhot boma which has one of the 10 health facilities in Aweil South but is currently not functional due to lack of adequate human resources.

Nutrition surveys and nutrition-related assessments will continue to play an important role in monitoring the nutrition situation as well as the effect of the program in operation areas The IRC will carry out one nutrition assessment to assess the prevalence of acute malnutrition and under five mortality which will feed into the IPC, provide a vital primary data source for actions in the County and design evidence based programs aimed at addressing the needs of the affected communities.
The interventions aim at improving program coverage and increasing access to available nutrition services. Capacity building and on-job training of both facility and community staff (health and nutrition) will be reinforced to ensure that direct response by the frontline staff for treatment of acute malnutrition cases is adequate and to scale up interventions in all Payams in Aweil South and part of East counties currently the support of the IRC targeting malnutrition among vulnerable communities.

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
WFP	43,492.00
DFID	141,133.00
UNICEF	880,064.00
	1,064,689.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

The project places major emphasis on addressing treatment needs of malnourished children, given the current scale of the problem in NBeG, which has been exacerbated as the humanitarian situation in South Sudan has deteriorated sharply since mid 2016, causing large-scale displacements. According to IPC May- July 2016 analysis and projection, an estimated 4.8 million people were classified as severely food insecure in April 2016, 3.8 million in Crisis and were unable to meet their food needs and were in need of urgent humanitarian assistance. As the lean season progresses, the situation is anticipated to deteriorate further to an estimated 4.8 million people classified severely food insecure. According to ACF nutrition SMART survey in Aweil East which showed an increase in malnutrition rates from the same survey in May 2014. GAM increased from 15.1% to 25.6% while SAM increased from 3.0% to 7.2%. The nutritional situation in Aweil South County has also deteriorated where GAM and SAM have increased from 24.9% and 4.6% in March 2015 to 27.3% and 6.7% in March 2016. The significant increase of malnutrition levels indicates the vulnerability of the population to food security shocks. Moreover, coverage to treatment for SAM has been reported to only reach 40% of children in Aweil South in 2015.This is the highest GAM rate observed in this county since IRC monitor trends of malnutrition (since 2013) in this area. From these past nutrition surveys done in Aweil south as well as in Aweil East by ACF, there are clear indications that poor child care practices, inadequate hygiene practices, lack of sanitation, and limited access to food and basic primary healthcare services are the main drivers to under nutrition in these areas. Among additional factors contributing to this critical nutrition situation: seasonal changes in food security, flash floods, violence and disease burden. The highest prevalence of malnutrition is currently experienced as the lean period combines with peak of malaria cases as well for instance. Recurring violence causing displacement and destroying livelihoods, preventing the populations from planting at the right time led to inadequate food intake that directly affected further the nutrition situation in the past months. IRC is currently implementing nutrition interventions in Aweil East, and Aweil south Counties and will continue to build on gains and lessons learned to further enhance quality services and expand the coverage of the CMAM&IYCF interventions, capacity building, nutrition surveillance, cluster coordination supports and emergency nutrition response. IRC will continue with its projects and will endeavor to work in a coordinated manner with SMoH, CHD, INGOs and NNGO This project will also strengthen state coordination for capacity building and effective nutrition surveillance. Integration with other sectors such as health within IRC and the other clusters will be strengthened to ensure holistic nutrition response.

2. Needs assessment

As indicated in a previous section, BRAC (in collaboration with IRC) carried out a pre- harvest Nutrition SMART survey in March 2016 in Aweil South County, NBG State and ACF carried out a post Harvest SMART survey in November 2015 in Aweil East County. Survey data set, data analysis, results and report were validated by the national nutrition information working group. Below is a summary of main survey methodology points and results obtained.
Aweil South March 2016 Pre Harvest survey: This survey has revealed critical level of malnutrition in Aweil South County
• Survey month: March 2016
• Survey county wide in partnership with IRC
• The data of 452 children and 427 households were collected for anthropometric and mortality survey respectively with a cross-sectional SMART survey design was used (two-stage cluster sampling based on SMART methodology).
Anthropometry results:
• The survey GAM and SAM rates were at 27.3 %(22.6-32.5 95% C.I.) 6.7 %(4.4-10.1 95% C.I.) respectively and reported as per the WHO, 2006 standards.
Mortality Results. The crude and under mortality rates were at 0.19(0.07-0.55 CI) and 0.24(0.05-1.05 95% CI) below the emergency categories of 1/10,000/day and 2/10,000/days respectively. Global acute malnutrition (GAM) and severe acute malnutrition (SAM) z-scores were defined as W/H < - 2 z and/ or nutritional edema and W/H < - 3 z and/ or nutritional edema respectively.

Aweil East County Nov 2015 Post Harvest Survey. This survey has revealed critical level of malnutrition in Aweil East County.
Anthropometry results:
Both GAM 25.6 % (22.3 - 29.3 95% C.I.) and SAM 7.2 % (5.1 - 9.9 95% C.I.) rates are way above the recommended WHO 2006 minimum standards.
Mortality Results
The Crude Mortality Rate (CMR) of 0.12 (0.03 – 0.39 95% C.I.) and Under Five Mortality rate (U5MR) 0.16 (0.02 – 1.20 95% C.I.) are below emergency WHO threshold.

3. Description Of Beneficiaries

A total of 35,550 direct and indirect beneficiaries will be targeted for the proposed intervention. This will include the indirect targeting of 10,550 beneficiaries - 8,568 women of reproductive age (PLW) and 1,982 men who are key decision makers for seeking care from the communities, acting as messengers and change agents. The direct beneficiaries, a total of 25,000 individuals, represent the children under 5 targeted for screening (12,111 boys and 12,889 girls. Activities include the management of both SAM without medical complication to 4,719 (2,307 boys and 2,412 girls), SAM with medical complication to 140 under fives (67 boys and 73 girls) and 6,500 (3,160 boys and 3,340 girls) for MAM, promotion of infant and young child feeding practices for the all 10,550 caretakers of the children under five in the programme. Beneficiaries of the proposed project will be identified from their targeted Boma or villages through various mechanisms including community mobilization/ outreaches and active case finding through screening and groups discussions.
Children from 6-59 months with bilateral pitting oedema +/++ or severe wasting z-score <-3 and/or MUAC <115mm, and appetite test passed, no medical complication, clinically well will be admitted in OTP.
• For admission to SC, children with bilateral pitting oedema +++ or any grade with severe wasting, or SAM with medical complications will be targeted. Infants under 6 months with bilateral pitting oedema or visible wasting will be admitted in SC as well.
• Targeting for MAM will be based on 115mm ≤MUAC <125mm, no oedema and clinically well and with good appetite. Children completing treatment for SAM or if a child returns after defaulting within one month will be admitted in TSFP.
• During community mobilization activities all malnourished children will be identified using the participation of key community figures as entry point. Beneficiaries' knowledge and awareness promotion activities will be identified through nutrition centers, community public education and promotion sessions, assessments and discussions.
• During nutrition surveillance activities, all children who will be found malnourished or sick will be referred to the appropriate centers. Children under 5 whenever possible for vaccination campaign of the SMOH and the supplementation programme will be linked.
• Training needs assessment will be conducted with participation of MoH and partners. The county-level / State level MoH and partners offices will be contacted to select their staff for trainings on CMAM guidelines.

4. Grant Request Justification

The economic trends in the country have negatively affected the population's ability to access food. UNOCHA has reported that 52,604 people have fled NBeG to East Darfur in the past months due to food insecurity. This has been evidenced from the beginning of the year in the IRC supported malnutrition treatment sites in Aweil East and South where the admission trends have significantly risen compared to the same period last year.
An analysis of the programme performance indicators has also seen a dramatic rise in the length of stay of children in OTP, whereby the medium length of stay is 10 -11 weeks, meaning 50% are in the program for more than the expected 8 weeks. IRC has verified that this is primarily not due to absences, poor appetite or medical complications. Program data also shows that children are coming week after week to the program with little improvement in weight or MUAC. It is been reported that this problem is primarily attributed to sharing RUTF at the household level or selling it to buy other family food.
Malnutrition has been chronically above the WHO emergency threshold in Greater Bahr el Ghazal. Information from routine, monthly data and FSNMS survey puts GAM rate at 33.3% more than double the WHO threshold of >15%. In November 2015, ACF conducted a nutrition SMART survey in Aweil East which showed an increase in malnutrition rates from the same survey in May 2014. GAM increased from 15.1% to 25.6% while SAM increased from 3.0% to 7.2%. The nutritional situation in Aweil South County has also deteriorated where GAM and SAM have increased from 24.9% and 4.6% in March 2015 to 27.3% and 6.7% in March 2016. The significant increase of malnutrition levels indicates the vulnerability of the population to food security shocks. Moreover, coverage to treatment for SAM has been reported to only reach 40% of children in Aweil South in 2015.
The GAM and SAM levels require rapid intervention to treat SAM and MAM cases and interventions to protect the community from a further deterioration of the nutritional status by addressing immediate causes of malnutrition. These causes, detailed in the survey reports, are linked to inappropriate infant and young child feeding practices, substandard levels or access to health services, inadequate water supply, poor hygiene and sanitation, inadequate health care practices and lack of access to a rich diet.
The capacity of the Government to respond to high level of malnutrition is very limited and the existing infrastructure is inadequate or nonexistent. Quality of services is very poor, hence limited access to and coverage of existing services for the vulnerable communities.
IRC has been providing nutrition services in NBeG States since 2013. IRC responds to both chronic and acute needs through an integrated strategy, where nutrition, health and some water and sanitation in the past years activities are integrated to have a significant impact on the communities' resilience. IRC has well established bases in Panthou (Aweil South County) and Malualkon (Aweil East County) and a coordination office in Aweil town. During the past 3 months, IRC admitted a total of 3,372 children in 20 OTPs, referred over 120 children for SAM with medical complications to Aweil state hospital from Aweil South County to SC operated by MSF which depended on the availability of IRC ambulance services to enable transport and 4,123 in TSFP. In the last 6 months, overall performance indicators for the TFP were: cured rate of 92.77%, mortality rate of 0.83%, defaulter rate 2.15 % and non responder rate of 4.25%. The current caseload and projection of further deterioration as the population progresses through the lean season of continued justify a CMAM program. IRC will continue increasing its coverage and engagement in treating acute malnutrition while strengthening its prevention programs through IYCF protection and promotion,Mother to Mother Support groups, deworming and micro nutrient supplementat

5. Complementarity

The proposed project is aimed to compliment IRC's ongoing nutrition programme in NBeG and will be vital to reduce morbidity and mortality of under 5 children especially at the time of the year (lean season) where malnutrition cases and admissions peak through end of July/Aug. IRC has already secured part of the funds from DFID, WFP and UNICEF for in kind supplies and limited activities. A significant amount of money is requested to meet the cost of running the programme to reach the estimated target number of vulnerable children with quality nutrition intervention in Aweil South and East Counties in NBeG.
During the implementation of this project, the IRC will work closely in integrated manner in complementing the work of other sectors , IRC is already supporting 35 health facilities in Aweil East and 10 health facilities in Aweil South where the nutrition department shall work to incorporate Vitamin A supplementation with the National immunization Days and existing EPI outreaches. At the OTPs, hygiene and sanitation messages and practices of hand washing during critical moments shall be disseminated alongside with nutrition key messages and lastly the IRC coordinate with FSL interventions with other partners where the caretakers of malnourished children can be targeted as beneficiaries of any interventions of the FSL partners.

LOGICAL FRAMEWORK

Overall project objective

Provide quality Integrated Management of Acute Malnutrition services and strengthen existing capacity building for quality interventions, among children under 5 and nutrition surveillance through surveys, in NBeG (Aweil East County and Aweil South County.

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	90
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	10

Contribution to Cluster/Sector Objectives : IRC will contribute to the nutrition cluster objectives through the adherence to implementation of CMAM intervention package. Provision of integrated approaches and components that will contribute to ensuring that malnutrition incidence is reduced and relapse/ defaulter cases are minimized.
The Capacity Building component will contribute to sound technical skills that will enable high standard quality services, and lastly nutrition assessments will guide decision maker to take formative action and evidence based on the reliable data generated at the IRC implementation sites from the two counties.

Outcome 1

Children under 5, boys and girls with severe and moderate acute malnutrition from both host and IDP/returnees' communities in the catchment area are admitted and treated in the programme.

Output 1.1

Description

Children under 5 suffering from severe acute malnutrition are admitted in TFP

Assumptions & Risks

SAM RISKs and ASSUMPTION
IRC interventions are complemented by other nutrition sensitive interventions, especially health WASH , Food security and livelihood.
Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding.
In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed.
Assumptions:
1. No major disease outbreaks occur especially such as escalation of current malaria outbreak and spread of cholera.
2. Security remains stable enough and continue to improve to allow for access of
3. Beneficiaries and caretakers accept the treatment, and awareness and detection activities.
4. Beneficiaries and communities collaborate actively and are motivated to embrace treatment services.
5. No breakdown in supply pipe-line from the UN agencies
6. Collaboration with Ministry of Health, is possible and effective
7. Collaboration with UN Agencies involved (i.e. UNICEF, WFP) is effective and in-kind supplies for these agencies are received in a timely manner
8. Skilled personnel for nutrition services is available and consistent
9. Good working relations with the Local authorities and RRC officials.

Successful implementation of this program assumes consistent supply of RUTF, which is the mainstay in outpatient management of acute severe malnutrition. Experiences in supply chain interruption have adversely affected program performance. In order to mitigate supply pipeline breaks from UNICEF, IRC will procure small buffer stock of RUTF from match funds.

Activities

Activity 1.1.1

Provide therapeutic treatment for children (0-59 moths) with SAM without medical complications in 25 OTPs in 15 Aweil East 10 in South Counties.

Activity 1.1.2

Provide therapeutic treatment for children (0-59 moths) with SAM with associated medical complications in 1 Stabilization Center in Panthou PHCC in Aweil South County.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment]Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)					3,539
Means of Verification : Monthly Qualitative and quantitative report from each project							
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment]Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)					105
Means of Verification : Monthly Qualitative and quantitative report from each project							
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)					708
Means of Verification : Monthly Qualitative and quantitative report from each project							
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program non-recovered rate					0
Means of Verification : Monthly Qualitative and quantitative report from each project							
Indicator 1.1.5	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			2,307	2,412	4,719
Means of Verification : Monthly Qualitative and quantitative report from each project							

Output 1.2

Description

Children under 5 suffering from Moderate acute malnutrition are admitted in TSFP in Aweil East and South Counties.

Assumptions & Risks

MAM ASSUMPTIONS & RISKS
IRC interventions are complemented by other interventions, especially in nutrition and health
Risks with the highest of probability of occurrence are outbreak of epidemics, escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding. In such scenarios, based on the scale of the emergency, response required and location program activities could either partially or fully suspended until access can be guaranteed.

Successful implementation of this program assumes consistent supply of RUSF.
Experiences in supply chain interruption have adversely affected program performance. In order to mitigate supply pipeline breaks, IRC program team will negotiate with senior management and other funders for procuring buffer stock of RUSF as a quick fit mechanism.

Activities

Activity 1.2.1

Provide therapeutic treatment for children (0-59 moths) with MAM without medical complications in 17 OTPs in 7 Aweil East and 10 South Counties.

Activity 1.2.2

Conduct home visits to MAM children absent in the programme for 2 consecutive weeks (defaulter tracing)

Activity 1.2.3

Organize regular community-based MUAC screening, case identification and referrals of children under 5 years

Activity 1.2.4

Provide training for Nutrition workers/ Volunteers trained on CMAM and IYCF

Activity 1.2.5

Provides vitamin A supplementation and de-worming for children under five- boys and girls.

Activity 1.2.6

Conduct community awareness and mobilization sessions on nutrition and IYCF in the operation areas(targeting community leaders, women groups, traditional healers, PLWs and others stakes holders

Activity 1.2.7

Conduct IYCF counseling session for PLW during SC/OTP/TSFP days

Activity 1.2.8

Conduct joint support supervision and monitoring visits to OTPs/TSFPs with CHD/SMoH/ IRC Juba team.

Activity 1.2.9

Renovate – 6 OTP/ TSFP sites 4 in Aweil East and 2 in Aweil South and 1 , Latrine in Panthou SC and erect 2 tents for stabilization in Panthou PHCC stocked with, supplies , furniture and linens

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			3,160	3,340	6,500
Means of Verification : Monthly Report							
Indicator 1.2.10	NUTRITION	# of Nutrition sites renovated in Aweil east and South counties including latrine					7
Means of Verification : Monthly Report							
Indicator 1.2.11	NUTRITION	% of boys and girls aged 0-59 months with MAM and admitted for treatment recovered- (Cure rate)					75
Means of Verification : Monthly Report							
Indicator 1.2.12	NUTRITION	Percentage of boys and girls aged 0-59 months with MAM discharged defaulter – (Defaulter rate)					15
Means of Verification : Monthly Report							
Indicator 1.2.13	NUTRITION	% of boys and girls aged 0-59 months with MAM – discharged as died (death rate).					10
Means of Verification : Monthly Report							
Indicator 1.2.2	NUTRITION	# of boys and girls aged 6-59 months with MAM admitted for treatment discharged as defaulters.					975
Means of Verification : Monthly Report							
Indicator 1.2.3	NUTRITION	Frontline services # of children screened in the community			12,111	12,889	25,000
Means of Verification : Monthly Report							
Indicator 1.2.4	NUTRITION	# of Community Nutrition workers/ trained on CMAM and IYCF					122
Means of Verification : Monthly Report							
Indicator 1.2.5	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			9,600	10,400	20,000
Means of Verification : Monthly Report							
Indicator 1.2.6	NUTRITION	Frontline services # of children (12 -59 months) dewormed			9,600	10,400	20,000
Means of Verification :							
Indicator 1.2.7	NUTRITION	# of community members reached with messages during community awareness and mobilization sessions on nutrition and IYCF in the operation areas(targeting community leaders, women groups, traditional healers, PLWs and others stakes holders)					10,548
Means of Verification : Monthly Report							

Indicator 1.2.8	NUTRITION	# of PLW reached with IYCF messages as individual counseling and group.					8,568

Means of Verification : Monthly Report

Indicator 1.2.9	NUTRITION	Core pipeline # of joint monitoring missions to the implementation sites					1

Means of Verification : Monthly Report

Outcome 2

Monitor nutrition situation and malnutrition trends through surveys and assessments

Output 2.1

Description

One post harvest (Nov-Dec) SMART survey in Aweil South County conducted

Assumptions & Risks

Risks with the highest of probability of occurrence and escalation of the conflict preventing access, localized or large scale population movements resulting either from conflict or natural disasters like flooding deter access to households for the survey.

1. Skilled and willing personnel for data collection is available and consistent
2. Good working relations with the local community leader authorities and RRC officials since they are the gate way for the access of the communities and households.
3. Collaboration with Ministry of Health, is possible and effective
4. Caretakers of under five and communities collaborate actively and are motivated to embrace survey process

Activities

Activity 2.1.1

Conduct one post harvest (Nov-Dec) SMART survey in Aweil south county

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Frontline services # SMART surveys undertaken - Post-harvest					1

Means of Verification : Survey Report

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring of project activities will be done weekly by county nutrition field staff under the guidance and supervision of the Programme Manager and through periodic visits from the Nutrition Coordinator. Qualitative and quantitative tools will be used to capture record and analyze the data collected in monthly basis. Overall Work plan, M&E plans, and monthly activity implementation, constraints, and indicators, sources of information and staff responsibilities. For quality assurance purposes, technical support on specific program activities will be provided by the, Deputy Country Director Programs, Senior Heath Coordinator and Nutrition Technical Advisors from the regions and New York HQs.
The Field M&E staff to collect relevant numerical data to feed into IRC database, DHIS and NIS. Qualitative data, human success stories, lessons leant and best practices will be documented by the teams and feed into the Project Management Cycle to refine, further contextualize and re- strategize project activities. IRC will put in place a simple community feedback mechanism to secure application of good management practices through client responsive mechanisms already in place done by the IRC under the integrated community case Management this will spill into this project as well. In order to ensure accountability, the target beneficiaries will be involved at all stages of the project cycle. Community management committees, comprised of representatives from the target communities/villages, will be formed to facilitate beneficiaries' selection, distributions and implementation of project activities in a transparent manner. Local chiefs and committees will also be responsible for receiving complaints and addressing them or passing them on to IRC where and when these cannot be resolved at the village/community level.
IRC field staff will always be available to address complaints on the spot. Donation certificates and certification of completion will be signed with the relevant local authorities where capital items and infrastructure is built in a place as well as participate in supervision of construction/ renovation works. During hygiene promotion sessions – soap and other supplies distributions to caretakers at OTPs/TSFPs, forms will also be signed by beneficiaries, relevant authorities and IRC an external evaluation of the overall action will be conducted to evaluate efficiency, effectiveness, sustainability, replicability and relevance, in line with IRC Policy. IRC will comply in a timely manner to all reporting requirements set by donors and the nutrition cluster.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide therapeutic treatment for children (0-59 moths) with SAM without medical complications in 25 OTPs in 15 Aweil East 10 in South Counties.	2016									X	X	X	X
Activity 1.1.2: Provide therapeutic treatment for children (0-59 moths) with SAM with associated medical complications in 1 Stabilization Center in Panthou PHCC in Aweil South County.	2016									X	X	X	X
Activity 1.2.1: Provide therapeutic treatment for children (0-59 moths) with MAM without medical complications in 17 OTPs in 7 Aweil East and 10 South Counties.	2016									X	X	X	X

Activity 1.2.2: Conduct home visits to MAM children absent in the programme for 2 consecutive weeks (defaulter tracing)	2016									X	X	X	X
Activity 1.2.3: Organize regular community-based MUAC screening, case identification and referrals of children under 5 years	2016									X	X	X	X
Activity 1.2.4: Provide training for Nutrition workers/ Volunteers trained on CMAM and IYCF	2016									X			
Activity 1.2.5: Provides vitamin A supplementation and de-worming for children under five- boys and girls.	2016									X	X	X	X
Activity 1.2.6: Conduct community awareness and mobilization sessions on nutrition and IYCF in the operation areas(targeting community leaders, women groups, traditional healers, PLWs and others stakes holders	2016									X	X	X	X
Activity 1.2.7: Conduct IYCF counseling session for PLW during SC/OTP/TSFP days	2016									X	X	X	X
Activity 1.2.8: Conduct joint support supervision and monitoring visits to OTPs/TSFPs with CHD/SMoH/ IRC Juba team.	2016											X	
Activity 1.2.9: Renovate – 6 OTP/ TSFP sites 4 in Aweil East and 2 in Aweil South and 1 , Latrine in Panthou SC and erect 2 tents for stabilization in Panthou PHCC stocked with, supplies , furniture and linens	2016									X	X	X	
Activity 2.1.1: Conduct one post harvest (Nov-Dec) SMART survey in Aweil south county	2016											X	X

OTHER INFO

Accountability to Affected Populations

On the initial stage of project design, IRC conducts consultation through FGD with community leaders, SMoH/ CHD, RRC with women representatives especially TBAs and other women. Male caregivers were prioritized in education session at nutrition site level while in the community sessions targeted male and female combined. Accountability mechanisms geared to manage complaints and feedback have been designed and put in place in all bases. IRC will reinforce and strengthen this mechanism in the next project cycle. IRC will contribute to the nutrition cluster objectives through the CMAM intervention package. Treatment intervention targeted in this project will be boosted by prevention components through the existing funding that will contribute to ensuring that malnutrition incidence are reduced and relapse cases are minimized. The Capacity Building component included in this project will contribute to sound technical skills that will enable high standard quality services, and lastly nutrition assessments will guide decision makers to take formative action based on the reliable data.

Implementation Plan

IRC is a registered iNGO in South Sudan and works in collaboration with the relevant line ministries of the Government of South Sudan, including the South Sudan Rehabilitation and Recovery Commission (RRC) and the Ministry of Labor.
At a national level IRC works closely with the Ministry of Health and continues to develop its relationship with the Ministry of Agriculture & Forestry, the Ministry of Water and Irrigation and the Ministry of Regional Cooperation through sectors such as ERD. At the state level, IRC has technical working agreements signed with the respective ministries for all. IRC also participates regularly in government led coordination in National, state, county and Payam levels and cluster approaches in the state and National level including participation in TWGs meeting.
IRC has a strong working relationship with local level (county, Payam, boma and village) authorities in its areas of operations. IRC also works closely with traditional authorities to identify areas of need and improve the appropriateness and effectiveness of its interventions. Consultation with local authorities takes place at planning, implementation, monitoring and evaluation stages of IRC all programming in all areas.
IRC has proven growing expertise in nutrition surveys and capacity building on CMAM management. It will continue to be a reference/technical support organization for nutrition in its working areas and selected locations around its operation area.
IRC will directly implement its nutrition programme following the National guidelines and the SPHERE Standard.
IRC field and coordination team will regularly monitor the programme through site visits, collecting observations and comments from beneficiaries, community and the staff implementing the activities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
ACF	Aweil East- ACF operates 8 OTPs/TSFPs and 4 mobile team which are locations where IRC does not work mostly it near facilities and IRC works in far facilities and hard to reach areas. - IRC refers SAM with medical complication to ACF Malualkon SC; IRC admits discharges from SC to her OTPs for further mgt and care.
World Vision	Provide BSFP in the communities targeting children.
Samaritan's Purse	Supports in GFD services in the county- IRC does joint targeting of the beneficiaries of SAM/TSFPs.
BRAC	Some community based OTPs. Some Community based OTPs in Aweil South County for counter referrals and transfers.
JAM	GFD and BSFP services in Aweil South county IRC do joint targeting of the beneficiaries of SAM/TSFPs.
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BRAC	Some community based OTPs. Some Community based OTPs in Aweil South County for counter referrals and transfers.
JAM	GFD and BSFP services in Aweil South county IRC do joint targeting of the beneficiaries of SAM/TSFPs.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

IRC's project was marked 2a as it is taking into account the different needs for women, men, boys and girls from the initial stage of the needs assessment design, considering gender balance in the assessment interview and ensuring that questions are tailored according to the group. The project design involves representation of men and women from the community and community leaders during community mobilization. Through the initial community awareness sessions, IRC will encourage both men and women to attend and further explain the importance of having both genders involved. Though health education sessions are carried out every day in all IRC sites, usually men are the minority in attending. To encourage male caregivers to attend, IRC will provide separate, tailored health/nutrition education to each group. During the implementation, activities are packaged according to these groups. Nutrition treatment targets directly children under 5 without discrimination between boys and girls. Variations of numbers between the 2 groups will be monitored to ensure immediate action is taken when large gaps are noticed.

Protection Mainstreaming

The project is focused mostly in children under five and PLW for messaging, IRC has protection departments that handle child and women protection issues, ensure women and children are safe to access services. IRC also shall train all its staff and front liners in handling beneficiaries with respect and uphold rights of children and women in all departments including nutrition department of the IRC

Country Specific Information

Safety and Security

After the decade's long conflict in south Sudan, the December 2013 conflict and worse still the recent July Juba and other states fighting, which left both sides inflicted brutal suffering upon the civilian populations. Violence continues, driven by crippling poverty, low education levels, weak and fragile form of government, extremely weak system of law and order. In addition, there are inter and as well as intra-tribal/ethnic conflicts, often triggered by attempts to secure land, water, cattle and/or grazing.

The relationship between GOSS and humanitarian actors deteriorated rapidly especially after the July fight and pressure for foreign intervention came in , which to a certain extend frustrated the stance of the international community, represented by UNs. The consequence is that humanitarian actions of UN agencies (UNICEF, HCR, WFP, etc.) as well as INGOs have been deliberately tainted with common accusation of supporting the foreign intervention. Hence levels of mistrust have increased against all humanitarian actors, with instructions to police and army units to search humanitarian transports and restrict permission to operate. Unless this deteriorating trend of mistrust against INGOs is checked, it potentially may constrict IRC's ability to operate in some locations in the future.

South Sudan has one of the highest levels of violence against aid workers both in terms of the number of incidents and severity of attacks, criminally motivated. Aid assets are extremely attractive in this impoverished context and occur at air organization residences, offices and field locations.

The potential risks for the intervention due to the armed conflicts are:
• Crossfire incidents (fighting, cattle raids with neighboring states, counties and Dinka misseryrias.
• High criminality
• Intimidation from armed groups directly against IRC and aid agencies, including assault, detention, carjacking.

Even though the situation nowadays seems calm largely in the project areas in NBeG within many of our intervention areas, context monitoring and the relevant security measures are continuously implemented to reduce the risk but the context in South Sudan is likely volatile and may have an impact in our operations.

More specifically, IRC has developed remote management plan through Country security focal person to the Field level focal person and the regional advisor of security, based on our strong experience in other volatile contexts, which will be applied in cases of any eventuality that limits access of key technical staff to the project areas due to insecurity, bureaucratic hindrance and other factors. Key national staffs are already trained on assuming responsibilities in such scenarios, even July 2016 fight made IRC continued with services deliveries to the vulnerable communities uninterrupted due this management plans and forecasts. Moreover, IRC will make the necessary procurement arrangements to minimize the risk of inconsistent market prices and as a result of taxations etc. Additionally, IRC regularly updates our country wide SOPs and produces condensed locality-specific SOPs for our emergency team deployments etc.

Access

IRC security and logistics personnel will coordinate closely with, community leaders, RRC and logistic cluster to ensure that up to date information are gathered in a regular bases to come into an informed decision when deploying the team to conflict affected areas. IRC will also gather other information from different organizations present or had been in the location where IRC plans to respond. National and Local authorities such as in Counties, Payam and boma will be contacted to explain IRC's objectives and activities and to solicit their support to gain access.

BUDGET							
Code	**Budget Line Description**	**D / S**	**Quantity**	**Unit cost**	**Duration Recurrance**	**% charged to CHF**	**Total Cost**
Staff and Other Personnel Costs							
1.1	Nutition Coordinator	D	1	14,576.56	4	10.00	5,830.62
	1 Nutition Coordinator for 4 months with benefits						
1.2	Sr. Health Coordinator	D	1	22,244.00	4	3.38	3,007.39
	1 Sr. Health Coordinator for 4 months with benefits						
1.3	Reproductive Health Coordinator	D	1	20,913.00	4	3.38	2,827.44
	1 Reproductive Health Coordinator for 4 months with benefits						
1.4	Deputy Director, Programmes	D	1	13,586.20	4	3.38	1,836.85
	1 Deputy Director, Programmes for 4 months with benefits						
1.5	Grants Coordinator	D	1	10,447.00	4	3.38	1,412.43
	1 Grants Coordinator for 4 months with benefits						
1.6	Grants Manager	D	2	8,961.00	4	3.38	2,423.05
	2 Grants Manager for 4 months with benefits						
1.7	Technical Unit	D	1	445.07	27	100.00	12,016.89
	1 Technical Unit (27 days) Technical unit support providing direct support to the programme on implementation. Technical unit visits the field and is charged based on the number of days they are expected to spend on the grant						
1.8	Juba support staff	S	10	391.83	4	100.00	15,673.20
	10 Juba support staff for 4 months with benefits						
1.9	Nutrition workers for mobile teams of Mangok, Wungalang and MajokNyinu	D	6	634.00	4	100.00	15,216.00
	6 Nutrition workers for mobile teams of Mangok, Wungalang and MajokNyinu for 4 months with benefits						
1.10	Nutrition workers existing OTPs (Aweil East)	D	20	567.00	4	100.00	45,360.00
	20 Nutrition workers existing OTPs for 4 months with benefits						
1.11	CNV incentives (Aweil East)	D	60	29.17	4	100.00	7,000.80
	60 CNV incentives						
1.12	Nutrition supervisors (Aweil East)	D	2	1,428.00	4	100.00	11,424.00
	2 Nutrition supervisors for 4 months with benefits						
1.13	Nutrition workers for TSFP Tichok, Majok Akeen and Malualdit - new	D	6	567.00	4	100.00	13,608.00
	6 Nutrition workers for TSFP Tichok, Majok Akeen and Malualdit - new for 4 months with benefits						
1.14	Nutrition workers existing TSFPs (Aweil East)	D	8	642.00	4	50.00	10,272.00
	8 Nutrition workers existing TSFPs for 4 months with benefits						
1.15	Nutrition supervisors (Aweil South)	D	2	1,830.05	4	100.00	14,640.40
	2 Nutrition supervisors for 4 months with benefits						

1.16	Nutrition workers for Malek Alel and Panadhot	D	4	567.00	4	100.00	9,072.00
	4 Nutrition workers for Malek Alel and Panadhot for 4 months with benefits						
1.17	Addititional Nutrition workers for the existing OTPs (Aweil South)	D	8	567.00	4	100.00	18,144.00
	8 Addititional Nutrition workers for the existing OTPs for 4 months with benefits						
1.18	CNV incentives (Aweil South)	D	10	125.00	4	100.00	5,000.00
	10 CNV incentives						
1.19	Clinical officers (Aweil South)	D	2	1,551.00	4	100.00	12,408.00
	2 Clinical officers for 4 months with benefits						
1.20	Nutrition nurses- certified and mixers (Aweil South)	D	4	1,182.00	4	100.00	18,912.00
	4 Nutrition nurses- certified and mixers for 4 months with benefits						
1.21	Nutrition Assistant- mixers (Aweil South)	D	2	567.00	4	100.00	4,536.00
	2 Nutrition Assistant- mixers for 4 months with benefits						
1.22	SC Cooks and cleaners	D	4	382.50	4	100.00	6,120.00
	2 cooks and 2 cleaners for 4 months with benefits						
1.23	National Staff - Main Office	S	43	49.50	4	100.00	8,514.00
	43 staff: 1 Finance Manager, 2 finance officers, cashier, transport officer, 2, admin officers, admin assistant 1 senior finance officer, admin manager, hr manager, 2 hr offices, 2 supply chain officers, 10 drivers, 6 cleaners, 3 inventory officers, 2 deputy procurement managers, 2 SC officers, program assistant, IT manager, IT officer, Deputy HR Manager for 4 months with benefits						
1.24	National Support Staff - Aweil East -Office	S	24	122.87	4	100.00	11,795.52
	24 staff Aweil East: Field coordinator, Finance Officer, Procurement officer, Procurement assistant HR Officer, Cashier, 5 drivers, 3 cleaners, Compound Assistant, 4 cooks, 3 water porters, Logistics officer for 4 months with benefits						
1.25	National support Staff - Aweil South	S	18	259.36	4	100.00	18,673.92
	17 staff Aweil South: Field coordinator, Finance Officer, Procurement officer, Procurement assistant HR Officer, Cashier, 3 drivers, 2 cleaners, Compound Assistant, 1 cooks, 1 water porters, Logistics officer, mechanic for 4 months with benefits						
	Section Total						**275,724.51**
Supplies, Commodities, Materials							
2.1	Trainings of Nutrition workers- mobile team and the current on CMAM	D	1	7,500.00	1	100.00	7,500.00
	Training for nutrition workers for Aweil East 30 participants and aweil South 30 participants at $ 50 each						
2.2	Training of CNVs on screening, referral	D	1	9,350.00	1	100.00	9,350.00
	Training for CNV's Aweil east 120 participants at $ 25, Aweil South OTP 10 participants at $ 35 and Aweil South TFSP 10 participants at $ 150						
2.3	Training on Nutrition supervisors on CMAM	D	1	3,200.00	1	100.00	3,200.00
	Training of nutrition workers and supervisors on CMAM at 20 for $ 120 and 4 for 200 respectively						
2.4	Trainings of Nutrition workers- Malek Alel, Panadhot and the current on CMAM	D	1	1,440.00	1	100.00	1,440.00
	Trainings of Nutrition workers- Malek Alel, Panadhot and the current on CMAM 12 participants at $ 120 each						
2.5	tables, chairs, drugs selves, hand washing materials and soap etc	D	1	18,408.23	1	100.00	18,408.23
	Provision of tables, chairs, drug shelves and hand washing material for Aweil East and Aweil South OTP's, TFSP and stabilization centres budgeted at $ 18,404						

2.6	Stationery and printing of data tools	D	1	11,800.00	1	100.00	11,800.00
	Stationery and printing of data tools for Aweil East and aweil South budgeted at $ $ 11,800						
2.7	Fuel & Repair for bike during supervisions to Sites	D	1	7,800.00	4	100.00	31,200.00
	*Maintenance of motorbikes for Aweil East and Aweil South Nutrition workers budgeted at $ 7,800*4*						
2.8	Travels, perdiem and accomodations- field supervision and Juba	D	1	1,659.00	4	100.00	6,636.00
	*Field activities travels, perdiem accomodation fo r Aweil east and Aweil South budgeted at $ 1,659*4*						
2.9	Transportation of Nutrition supplies to hard to reach	D	1	6,200.00	4	100.00	24,800.00
	*Transportation of nutrition supplies to hard to reach areas budgeted at $ 6,500 *2 and 12 * $ 100 * 4*						
2.10	Communication	D	1	1,000.00	1	100.00	1,000.00
	Communication costs at the field nutrition activities for $ 250 for 4 months						
2.11	Improvement of Nutrition sites- storage and shed in Mayom Well , Malualdit and Majok Akeen	D	1	59,500.00	1	100.00	59,500.00
	Improvement of Nutrition sites- storage and shed in Mayom Well , Malualdit and Majok Akeen and stabilization center at a cost of $ 59,500 *Rehabilitation costs is for Aweil East and Aweil South. It is for the Stabilization centers, TSFPs and 3 tents*						
2.12	Post Harvest SMART survey in Aweil South	D	1	25,000.00	1	100.00	25,000.00
	Post harvest Smart survey for nutrition at $ 25,000						
2.13	Stablization supplies (souspan, cups, spoon, handwashing materials, soaps, brooms, brush etc	D	1	9,000.00	1	100.00	9,000.00
	Supplies including saucepans, cups, spoons for the stabilization centre budgeted at $ 9,000						
2.14	Buffer food stuff for caretakers(lentils, cereal, cooking oil, salt, sugar, beans etc)	D	1	1,200.00	4	100.00	4,800.00
	*Buffer food stuff for caretakers(lentils, cereal, cooking oil, salt, sugar, beans etc) budgeted at $ 1,200*4*						
	Section Total						**213,634.23**
Travel							
5.1	Domestic Travel / air travel	D	1	6,356.25	4	100.00	25,425.00
	Airfare, accomodation, and air travel for aweil east, Juba and Aweil South field travels budgeted at $ 6,351.70 for 4 months combined. Rate is at $ 600 per travel						
5.2	Visa fees	D	1	166.99	4	100.00	667.96
	*Visa fees budgeted at $ 165 for 4 months. juba 10*2*100*3% and 3*100*100%*2*						
	Section Total						**26,092.96**
General Operating and Other Direct Costs							
7.1	Vehicle running cost (Juba)	S	6	54.07	4	100.00	1,297.68
	Vehicle fuel, insurance and maintenance for 6 cars						
7.2	Security/Utility (Juba)	S	1	988.38	4	100.00	3,953.52
	Office security, utilities and generator operations						
7.3	Communication costs (Juba)	S	1	309.02	4	100.00	1,236.08
	Mobile phone costs and internet charges						
7.4	Rental costs (Juba)	S	1	844.77	4	100.00	3,379.08
	Office rent charge						

7.5	Maintenance costs (Juba)	S	1	136.85	4	100.00	547.40
	Office, equipment and IT maintenance; general insurance, meetings and recruitment						
7.6	Bank Charges (Main office)	S	1	236.54	4	100.00	946.16
	Bank charges						
7.7	Vehicle running cost (field office)	S	6	321.90	4	100.00	7,725.60
	Vehicle fuel, insurance and maintenance for 6 cars						
7.8	Security/Utility (field office)	S	4	975.14	4	100.00	15,602.24
	Office security, utilities and generator operations						
7.9	Communication costs (field office)	S	1	1,179.36	4	100.00	4,717.44
	Mobile phone costs and internet charges						
7.10	Subscription charges (field office)	S	1	700.90	4	100.00	2,803.60
	subscriptions, meetings, recruitment,						
7.11	Maintenance costs (field office)	S	1	513.37	4	100.00	2,053.48
	Office, equipment and IT maintenance; general insurance, meetings and recruitment						
7.12	Bank Charges (field office)	S	1	258.42	4	100.00	1,033.68
	Bank Charges (field office)						
	Section Total						**45,295.96**
SubTotal			282.00				**560,747.66**
Direct							460,795.06
Support							99,952.60
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							39,252.34
Total Cost							**600,000.00**
Grand Total CHF Cost							**600,000.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Northern Bahr el Ghazal -> Aweil East	44			6,782	7,218	14,000	Activity 1.1.1 : Provide therapeutic treatment for children (0-59 moths) with SAM without medical complications in 25 OTPs in 15 Aweil East 10 in South Counties. Activity 1.1.2 : Provide therapeutic treatment for children (0-59 moths) with SAM with associated medical complications in 1 Stabilization Center in Panthou PHCC in Aweil South County. Activity 1.2.1 : Provide therapeutic treatment for children (0-59 moths) with MAM without medical complications in 17 OTPs in 7 Aweil East and 10 South Counties. Activity 1.2.2 : Conduct home visits to MAM children absent in the programme for 2 consecutive weeks (defaulter tracing) Activity 1.2.3 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 2.1.1 : Conduct one post harvest (Nov-Dec) SMART survey in Aweil south county
Northern Bahr el Ghazal -> Aweil South	56			5,329	5,671	11,000	Activity 1.1.1 : Provide therapeutic treatment for children (0-59 moths) with SAM without medical complications in 25 OTPs in 15 Aweil East 10 in South Counties. Activity 1.1.2 : Provide therapeutic treatment for children (0-59 moths) with SAM with associated medical complications in 1 Stabilization Center in Panthou PHCC in Aweil South County. Activity 1.2.1 : Provide therapeutic treatment for children (0-59 moths) with MAM without medical complications in 17 OTPs in 7 Aweil East and 10 South Counties. Activity 1.2.2 : Conduct home visits to MAM children absent in the programme for 2 consecutive weeks (defaulter tracing) Activity 1.2.3 : Organize regular community-based MUAC screening, case identification and referrals of children under 5 years Activity 2.1.1 : Conduct one post harvest (Nov-Dec) SMART survey in Aweil south county

Documents

Category Name	Document Description
Project Supporting Documents	IRC List of SC supplies and equipments..xlsx
Project Supporting Documents	List of SC supplies and equipments..xlsx
Budget Documents	CHF Concept Budget Nutrition_ Final IRC.xlsx