OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	International Rescue Committee
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100

Project Title :	Emergency Integrated Nutrition Interventions for Vulnerable Populations in Panyijar and Aweil South Counties
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/103547	**Fund Project Code :**	SSD-17/HSS10/SA1/N/INGO/5119
Cluster :	Nutrition	**Project Budget in US$:**	583,789.35
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/04/2017	**Planned End Date :**	30/09/2017
Actual Start Date:	01/04/2017	**Actual End Date:**	30/09/2017

Project Summary :

The main components of this project are:

1) Community Screening of malnutrition and referral for treatment of Severe Acute Malnutrition (SAM) with and without complications and Moderate Acute Malnutrition (MAM) among children under five and pregnant and lactating women (PLW). Treatment targets directly children under 5 years without discrimination between boys and girls, as well as PLW. Variations of numbers between sex groups will be monitored to ensure immediate action is taken when discrepancies or biases are noticed.

2) Provision of preventive interventions such as BSFP for children under five and PLW, IYCF activities for PLW including caretakers.

3) Implementation of nutrition and integrated community case management (ICCM) for malaria, diarrhea, pneumonia in Aweil South as funding for ICCM in Panyijar has ended. Special attention will be given to IDP populations and communities hosting them in Panyijar through use of mobile teams through complementary funding

Direct beneficiaries :

Men	Women	Boys	Girls	Total
0	7,897	8,391	8,734	25,022

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	8,391	8,734	17,125
Pregnant and Lactating Women	0	7,897	0	0	7,897

Indirect Beneficiaries :

Indirect beneficiaries include parents, care takers and siblings who live in the County but are not directly targeted under this action. Indirect beneficiaries will benefit from the project through living in a healthier neighborhood.

Catchment Population:

The catchment population for Panyijar is estimated at 201,0000 people of which an estimated 50,000 are IDPs. In Aweil South the catchment population is 88,995 people.

Link with allocation strategy :

This project will address the life-saving humanitarian needs in Unity State which is one of the famine affected states of the country as recommended by the CHF board. According to the allocation strategy, Panyijar is ranked 3rd and Aweil South is ranked 6th on the strategy paper severity ranking matrix. The project will be integrated with health, and child protection sectors within IRC and WASH and food security sectors provided by Oxfam, GAA and Mercy Corps in Panyijar County. During this response the IRC will particularly focus on the following:

- Delivery of quality lifesaving management of SAM among under five children;
- Management of MAM among children under five;
- Management of MAM among PLW;
- Enhancement preventive strategies against malnutrition such as Maternal Infant and Young child Nutrition (MIYCN), vitamin A supplementation, and deworming; and
- Enhancementneeds analysis of nutrition situation and robust monitoring and coordination of emergency nutrition responses.

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
Rosalind Montanez	Grants Coordinator	Rosalind.Montanez@rescue.org	211-920-55-0007
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BACKGROUND

1. Humanitarian context analysis

According to IPC January 2017 analysis, South Sudan food security continued to deteriorate with an estimated 4.9 million (about 42%) people were classified as severely food insecure(IPC level of 3,4 and 5) in February to April 2017. This is however, projected to increase to 5.5 million people in the height of 2017 July lean season. The magnitude of this food insecure population is unprecedented.

Unity State is one of the worse hit regions in the country with some counties already classified as famine with IPC level of 5. Panyijar County compares equally badly, with IPC level of 4, it is at verge of famine if no timely humanitarian assistance not delivered from declaration till April 2017. Prior to the IPC there was no SMART survey conducted in the county but the result used in IPC was a result of mass MUAC screening conducted in January with proxy Global Acute Malnutrition of above 30% and proxy Severe Acute Malnutrition (SAM) above 11%. These estimates were identified after an assessment of over 2500 children in the county and are above the WHO emergency classifications. Accordingly the nutrition cluster prioritized Panyijar county in the top three priority counties for nutrition program scale up in the country. The county is also host to an estimated 50,000 IDPs from northern Unity and surrounding counties due to relative peace that prevails compared to the other Unity state counties. Panyijar county has also had an outbreak of cholera even though this is now getting better with no reported cholera cases in both Ganyliel and Nyal in the last week.
In Aweil South County in Northern Bahr Ghazel (NBG) state which is one the high burden counties, according to the post harvest Nutrition SMART survey carried jointly by IRC and CHD in Jan 2017 showed a GAM rate at 20.2% and a SAM rate 4.6%, which is above emergency classification of WHO (2006) thresholds for assessing severity of acute under nutrition prevalence (15%); based on IPC (2012) thresholds the GAM prevalence fall into the Emergency Phase 4 classification (15-30%).

IRC is currently implementing nutrition interventions in Panyijar 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 support and emergency nutrition response. IRC will continue with the projects and will endeavor to work in a coordinated manner with MoH partners, INGO and NGO This project will also strengthen and maximize response to the famine in the affected counties. With complementary funding mobile outreach services integrated with health will be established in isolated and hard to reach areas far away from current service provision to improve access. Integration with other sectors within IRC and the other clusters such as health, food security and livelihoods, protection and water and sanitation will be strengthened to ensure holistic nutrition response.

2. Needs assessment

There are huge nutrition needs in Panyijar and Aweil South Country due to the ongoing famine and famine like conditions exacerbated by lack of basic primary health care, food insecurity, ongoing fighting leading to constant population displacements. It is estimated that a total of 50,000 IDPs mainly from Mayendit, Kouch and Leer have found refuge in Panyijar which enjoys relative peace in the state. Like in many South Sudan states poor child care practices, inadequate hygiene practices, lack of sanitation are also having an effect on the nutrition situation of the population mainly affecting boys, girls, pregnant and lactating women due to their increased physiological needs. Cholera outbreak has not spared Panyijar county and with these constant population movements management and control is proving difficult. As of March 22 As per the integrated disease surveillance and response, 501 cholera cases had been reported in Panyijar county and 25 people had been reported died from it. MUAC assessments and Nutrition surveys conducted in both Aweil South and Panyijar county indicate a situation above the WHO emergency thresholds of GAM;15% and SAM;2%. The Panyijar MUAC assessment done in January indicated that an estimated 1 in evry 3 children was malnourished of which 1 in every 10 severely with a high risk of mortality. This is an alarming situation and if there is delayed and or poor response this would be catastrophic especially for boys, girls, pregnant and lactating women. The SMART survey in Aweil conducted by IRC and CHD also highlight an equally dire situation where an estimated 1 in every 5 children is malnourished of which nearly 1 in 20 children severely. The complexity of the compounding factors require a concerted multi-sector efforts to address and reverse the effects of the famine conditions in the counties. The nutrition response alone will not address the effects.

3. Description Of Beneficiaries

A total of direct beneficiaries will be targeted for the proposed response; this will include SAM treatment 4,999 (2,550 girls and 2,449 boys), MAM 12,126 (6,184 boys and 6,184 girls) and 7,897 PLW for TSFP. Beneficiaries of the proposed project will be identified from their targeted Boma or villages through various mechanisms including community consultations/group discussions for IYCF and active case finding through screening using the national protocol. For boys and girls with SAM/MAM, the identification mechanism will follow the national protocol and will be done at two levels - at the community level through mass or active screening using MUAC (Mid Upper Arm Circumference) screening and bilateral pitting oedema detection with appropriate referrals and at the health facility level using MUAC, weight for height expressed in z-score and checking for bilateral pitting oedema. Admission to SC (Stabilization Center), OTP (Out Patient Therapeutic Program) and TFSP (Targeted Supplementary Feeding Program) will be children aged 6-59 months with weight for height <-2 z-score, and/or MUAC <125mm, and/or presence of bilateral pitting oedema. Those with medical complications and/or with poor appetite and/or with severe oedema will start their treatment in the Stabilization Center (SC). Pregnant and lactating women will also be admitted in the TSFP if they meet the admission criteria based on MUAC. If complementary funding is found BSFP beneficiaries shall also be identified as per agreed guidelines in place for this response. Additional beneficiaries for IYCF (Infant and Young Child Feeding) activities are the members of the community reached through the community sensitization and education sessions on optimal infant and young children feeding and nutrition education.

4. Grant Request Justification

In Panyijar County, the IRC is the main agency implementing emergency nutrition activities to respond to the high level of acute malnutrition in the communities. In Aweil South, IRC has been implementing emergency nutrition interventions since 2013 and established a base and presence among the NBG humanitarian actors in joint response in the state.

The IRC has well-established links with the local community in the target areas and understanding of the needs of the affected communities. This is crucial to develop interventions that are responsive to the needs of the local communities and help to mitigate further potential barriers to access services. The proposed action is a continuation of the emergency response already in place and will build on and complement the IRC's ongoing linkage with other sectors FSL, Health, Protection, and WASH interventions, and build on other humanitarian actors' successes.

The IRC's current response to the famine and ongoing nutrition program address the emergency nutrition through provision of nutrition services for severe and moderate acute malnutrition managements in 16 static OTPs/TSFPs and 1 mobile clinic in Panyijar County and 10 OTPs/TSFPs in Aweil South County with three stabilization centers in Ganyliel, and Nyal in Panyijar and Panthou in Aweil South..

IRC shall continue to operate the static OTPs/TSFP in the current locations, while recruiting, training and deploying additional workers to ensure adequate and the required human resource to provide optimum nutrition services in the sites. With additional funding, the IRC seeks to scale up community mobilization and establish an additional four mobile teams in order to maximize coverage for OTPs and TSFP with optimum nutrition services in Panyijar.

The activities under this action will build on the IRC's experience and develop strategies in reaching those in need of nutrition assistance through improved community mobilization, coordination and engagement strategies, leadership, while delivering quality nutrition services to support the scale up and expand available services.
IRC has renewed Project Cooperation Agreement (PCA) with UNICEF and Field Level Agreement (FLA) with WFP for additional nutrition supplies provision to complement this project.

5. Complementarity

The proposed project is aimed to compliment IRC's ongoing nutrition programme in Panyijar and Aweil South counties and will be vital to contribute to reduce morbidity and mortality of under 5 children. IRC is expecting positive responses from ECHO, SV, and LDS on the proposals submitted for complementary funding. IRC has currently running contracts with, WFP and UNICEF for in kind supplies and some 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 Panyijar and Aweil south counties.

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 16 health facilities and 1 mobile clinic in Panyijar county and 10 health facilities in Aweil South where the nutrition department with the county health department shall work to incorporate Vitamin A supplementation with the National immunization Days and existing EPI outreaches. IRC has existing community health workers under ICCM who conduct nutrition screening and referrals to OTP/TSFPs for admission in Aweil south and can resuscitate ICCM in Panyijar if funding is obtained.

At the OTPs/TSFPs, hygiene and sanitation messages and practices of hand washing during critical moments shall be disseminated alongside with nutrition key messages and lastly the IRC has FSL interventions in both Panyijar and Aweil south where the caretakers of malnourished children can be targeted as beneficiaries of any interventions of the FSL.

LOGICAL FRAMEWORK

Overall project objective

To save lives and alleviate suffering for those most in need of assistance by providing quality integrated emergency nutrition interventions for children 0-59 months, PLW in Panyijar County, Unity State and Aweil South County, Northern Bahr el Ghazel State.

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	90
Ensure enhanced analysis of the nutrition situation and robust monitoring and coordination of emergency nutrition responses.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	10

Contribution to Cluster/Sector Objectives : The IRC South Sudan intends to align itself with the strategic response plan for 2017 by ensuring that the implementation strategy will continue to build on the Nutrition Cluster's objective of provision of life-saving nutritional services through the treatment of acute malnutrition, integrating nutrition services to programs that aim to prevent under-nutrition and maintaining a robust nutrition needs analysis mechanism to inform programming and coordinate response.

Outcome 1

Conflict/famine-affected communities in Panyijar/Aweil South County will have increased access to life-saving CMAM emergency nutrition services.

Output 1.1

Description

Acutely malnourished boys and girls between the age of 0-59 months and PLWs receive nutrition treatment through integrated curative and preventive nutrition services in the SC, OTP and TSFPs in Panyijar and Aweil South counties

Assumptions & Risks

• Insecurity and limited access due to poor infrastructure and population movements.
• Looting and interruption of supplies delivery to the field due to road access and insecurity-
• Supply interruption and pipeline break
- Increased morbidity and disease pattern contributing to high malnutrition burden.
• Funding is available to ensure planned integration with Health, FSL and WASH to address the causes is possible.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline] Number of monthly average of children (6-59 months) screened in the community during the project period (should be reported once)			15,530	14,920	30,450
Means of Verification : Screening tally sheets, Monthly reports							
Indicator 1.1.2	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			2,449	2,550	4,999
Means of Verification : Monthly reports							
Indicator 1.1.3	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			5,942	6,184	12,126
Means of Verification : Monthly reports							
Indicator 1.1.4	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		7,897			7,897
Means of Verification : Monthly reports							
Indicator 1.1.5	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	100	200			300
Means of Verification : Training attendance sheet							
Indicator 1.1.6	NUTRITION	[Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services					9,094
Means of Verification : Monthly reports							
Indicator 1.1.7	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			8,391	16,631	25,022
Means of Verification : Monthly reports							

Activities

Activity 1.1.1

Screen for malnutrition and refer boys , girls , pregnant and locating women for appropriate treatments.

Activity 1.1.2

Admit and treat 2449 boys, 2550 girls aged between 0-59 months with Severe Acute Malnutrition in SC and OTP centres.

Activity 1.1.3

Admit and treat 5942 boys, 6184 girls aged 6-59 months with Moderate Acute Malnutrition.

Activity 1.1.4

Admit and treat 7897 PLWs with MAM using the agreed national protocol.

Activity 1.1.5

Train staff in community management of acute malnutrition.

Outcome 2

Improved Infant and young child feeding and hygiene promotion messages and counselling provided to caretakers ,pregnant and lactating women.

Output 2.1

Description

Caretakers, pregnant and lactating women receive IYCF promotional messages, IYCF counselling, Hygiene promotion messages at nutrition centres

Assumptions & Risks

• Insecurity and limited access due to poor infrastructure and population movements.
• Looting and interruption of supplies delivery to the field due to road access and insecurity-
• Supply interruption and pipeline break Increased morbidity and disease pattern contributing to high malnutrition burden.
• Funding is available to ensure planned integration with Health, FSL and WASH to address the causes is possible.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		7,897			7,897
Means of Verification : Monthly reports							
Indicator 2.1.2	NUTRITION	[Frontline] Proportion of nutrition sites with an established breastfeeding space					100
Means of Verification : Monthly reports							
Indicator 2.1.3	NUTRITION	Frontline] Number of hygiene promotion sessions conducted at nutrition centres.					24
Means of Verification : Monthly reports							
Indicator 2.1.4	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					10
Means of Verification : Records at the OTP sites.							

Activities

Activity 2.1.1

Conduct group IYCF promotion at nutrition centres on a weekly basis.

Activity 2.1.2

Conduct IYCF counselling to caretakers and mothers with or perceived breastfeeding problems.

Activity 2.1.3

Establish Mother care groups in the community to support and promote breastfeeding

Activity 2.1.4

Establish Breastfeeding corners /spaces in all nutrition centres to support breastfeeding

Activity 2.1.5

Conduct hygiene promotion sessions at nutrition center alternating with IYCF promotion

Outcome 3

Nutrition and Health, Protection, FSL integrated

Output 3.1

Description

Nutrition and Health, Protection, and FSL integrated programming at the field level to improve impact.

Assumptions & Risks

• Insecurity and limited access due to poor infrastructure and population movements.
• Looting and interruption of supplies delivery to the field due to road access and insecurity-
• Supply interruption and pipeline break
• Increased morbidity and disease pattern contributing to high malnutrition burden.
• Funding is available to ensure planned integration with Health, FSL and WASH to address the causes is possible.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	[Frontline] Percentage of children in nutrition centre who are up to date with vaccination					75
Means of Verification : Monthly SC/OTP/TSFP/PLW reports							
Indicator 3.1.2	NUTRITION	[Frontline] Percentage of children in nutrition centres who test positive on malaria rapid test receiving full malaria treatment					100
Means of Verification : Monthly reports							
Indicator 3.1.3	NUTRITION	[Frontline] Number/Percentage of unaccompanied children referred for protection support					100
Means of Verification : Monthly reports							
Indicator 3.1.4	NUTRITION	[Frontline] Percentage of children receiving BSFP support at nutrition centres as a proportion of child under five in catchment area					50
Means of Verification : Monthly reports							
Indicator 3.1.5	NUTRITION	[Frontline] Number of girls and boys (6-59 months) with SAM screened for malaria and tested positive and treated			50	50	100
Means of Verification : Medical records at the health facilities.							
Indicator 3.1.6	NUTRITION	Proportion of nutrition facilities with functioning community complaints / feedback mechanism					100
Means of Verification : Medical records at health facilities							
Activities							
Activity 3.1.1							
Ensure all children in nutrition centres are vaccinated in coordination with Health sector							
Activity 3.1.2							
Ensure all children in Nutrition program are tested and treated of malaria							
Activity 3.1.3							
Ensure all caretakers, pregnant and lactating women who need specialized counselling for GBV are connected with Protection							
Activity 3.1.4							
Ensure all unaccompanied children in nutrition centres are referred to protection sector for support							
Activity 3.1.5							
Support provision of BSFP to all children under five in target areas							
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 Coordinators and ERT team . 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 . The Field stafft 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 (CMC), comprised of representatives from the target communities/villages, will be formed to facilitate beneficiaries' selection where appropriate, 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: Screen for malnutrition and refer boys , girls , pregnant and locating women for appropriate treatments.	2017				X	X	X	X	X	X			
Activity 1.1.2: Admit and treat 2449 boys, 2550 girls aged between 0-59 months with Severe Acute Malnutrition in SC and OTP centres.	2017				X	X	X	X	X	X			
Activity 1.1.3: Admit and treat 5942 boys, 6184 girls aged 6-59 months with Moderate Acute Malnutrition.	2017				X	X	X	X	X	X			
Activity 1.1.4: Admit and treat 7897 PLWs with MAM using the agreed national protocol.	2017				X	X	X	X	X	X			
Activity 1.1.5: Train staff in community management of acute malnutrition.	2017				X	X							
Activity 2.1.1: Conduct group IYCF promotion at nutrition centres on a weekly basis.	2017				X	X	X	X	X	X			
Activity 2.1.2: Conduct IYCF counselling to caretakers and mothers with or perceived breastfeeding problems.	2017				X	X	X	X	X	X			
Activity 2.1.3: Establish Mother care groups in the community to support and promote breastfeeding	2017				X	X	X	X	X	X			
Activity 2.1.4: Establish Breastfeeding corners /spaces in all nutrition centres to support breastfeeding	2017				X	X	X	X	X	X			
Activity 2.1.5: Conduct hygiene promotion sessions at nutrition center alternating with IYCF promotion	2017				X	X	X	X	X	X			
Activity 3.1.1: Ensure all children in nutrition centres are vaccinated in coordination with Health sector	2017				X	X	X	X	X	X			
Activity 3.1.2: Ensure all children in Nutrition program are tested and treated of malaria	2017				X	X	X	X	X	X			
Activity 3.1.3: Ensure all caretakers, pregnant and lactating women who need specialized counselling for GBV are connected with Protection	2017				X	X	X	X	X	X			
Activity 3.1.4: Ensure all unaccompanied children in nutrition centres are referred to protection sector for support	2017				X	X	X	X	X	X			
Activity 3.1.5: Support provision of BSFP to all children under five in target areas	2017				X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

• In the initial stage of project design, IRC conducted consultations with community leaders, CHD, RRC with women representatives especially CNVs and other women.
• IRC will ensure that complaints/feedback mechanisms understood by the population are in place for feedback. Feedback community committees, feedback boxes, anonymous letters will be used as a way of getting whether negative and positive feedback and IRC will ensure the feedback is acted upon within 2 weeks.
• Nutrition field staff will work and support the existing community networks (community leaders, local administration and volunteers such as Community Based Distributors (CBDs) for community mobilization, sensitization and identification of cases.
At the community level, program site selection and projection, target criteria and mechanism for referral will be discussed and endorsed by the community, while progress of the planned project will be shared with key stakeholders. This will therefore serve as a key entry point of integration with the other sectors and accountability for all activities promoted and supported by the IRC nutrition project
• The IRC has internal mechanisms to ensure that project staffs have the knowledge and skills to implement Accountability to Affected Population (AAP) activities in the project.
• The project design includes regular reviews to reflect changes in the context, risks and people needs and capacity.
• The project integrates consultations of men, women, boys and girls among the beneficiaries, including information-sharing and complaint mechanisms, to express their views on the project implementation.
• The project monitoring and evaluation will involve men, women, boys and girls of the affected populations. The learning from the M&E processes will be fed back into the organizational learning.

Implementation Plan

The project will headed by a Nutrition Manager in both counties, who would have Deputy Nutrition Managers under them , followed by Nutrition Officers, then IYCF Counselors then Nutrition Supervisors who in turn supervise Community Nutrition Workers on-site who also supervise Community Nutrition Volunteers in the field. The OTP programme cycle will be every week. The Community Nutrition Workers will screen children in the community and refer those identified as malnourished to the nutrition centres where they would be received by community nutrition workers who would assess their nutrition status using MUAC tapes and weight and determine how many sachets of RUTF to give them for a week. The same would be done for TSFP beneficiaries except that the cycle will be every two weeks. IYCF promotion messages will be provided on site before distribution and those mothers requiring counselling would be taken for counselling by the IYCF counsellors.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
JAM	GFD and BSFP services in Aweil South county IRC do joint targeting of the beneficiaries of SAM/TSFPs.
GAA	GFD and BSFP services in Aweil South county IRC do joint targeting of the beneficiaries of SAM/TSFPs.
UNIDO	OTPs/TSFP in Nyal Panyijar county
CHDs (County Health Departments)	Overall project oversight- joint support supervisions
Mercy Corps	WASH integration especially WASH promotion messages at nutrition centres

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

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. All program data will be disaggregated and analyzed by gender. 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. 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 mainly focuses on children under five and PLWs. The IRC has a Protection Team and a Women's Protection & Empowerment Team that handles child and women's protection issues and ensures these categories have safe access to services. The IRC also shall train its entire frontline staff in handling beneficiaries with respect and uphold rights of children and women. The child protection team be informed of any unaccompanied children on sites and or mothers suffering from gender-based violence.

Country Specific Information

Safety and Security

The IRC will build on and to strengthen its organizational security and contingency measures with an eye towards business continuity. These measures, to□date, have included the recruitment of highly experienced international security coordinators, Field focal persons who are the Field Coordinators. Additional efforts will be made to continue to improve the safety of the IRC staff and assets and nutrition supplies in the stores. The IRC monitors security indicators in the region, and will evacuate staff as necessary. In the case of an evacuation, the IRC will evacuate staff in layers based on the threat level. Non-essential staff will be evacuated first, followed by expats and national re-locatable staff. Program activities will be scaled down according to the level of threat. In the event of an evacuation, activities inside the camp will be reduced to only life-saving activities and ongoing communication with local authorities. The programs will rely on the capacity of the local community, which has been central to the programs, to take ownership of program activities in the event of a significant deterioration of the security situation. At each field site there will be a security focal point who will inturn report any security incidences to the office.

Access

The IRC shall implement the nutrition services in targeted Payams in Panyijar and Aweil South counties for both host communities and IDPs. In rural communities where OTPs/TSFP does not exist, the IRC shall operate mobile/outreach services in order to access all areas.

The IRC will also capitalize its long standing presence in two counties to negotiate for access.
In the location IRC has strong working relationships with the parties and participates in inter agency discussions to maintain this relationship and sustained access to affected populations. The IRC also works closely with other humanitarian actors, local organizations and groups to ensure programming is complementary, avoids duplication and responds to the needs of affected populations, ensuring community participation and ownership of interventions.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Staffing - Expat staff nutrition programme	D	1	9,219.61	6	100.00	55,317.66
	1 staff budgeted at 30% and 5 at 3% level of effort all with 27.75% level of effort, R$R at %765, hardship at $ 500, homeleave at $ 1500 and COLA @ $ 833						
1.2	Staffing- Expat staff support	D	1	5,777.47	6	100.00	34,664.82
	*9 main office expat support staff budgeted at 3% level of effort with 27.75% benefits, R&R at $ 765 * 3%,one homeleave of $ 1500*5% , hardship allowance at 10*500*3%*						
1.3	Staffing - National staff nutrition programme	D	1	38,845.07	6	100.00	233,070.42
	17 national programme staff Aweil South budgeted at 50% with 23% benefit for NSSI and gratuity and medical at $ 75, 40 CNVs at 50% level of efforts with allowances and 10 national programme staff budgeted at 50% level of effort with 23% benefit for NSSI and gratuity and medical at $ 75 and 68 CNV with allowances in Nyal						
1.4	Staffing - National staff support	D	1	7,168.70	6	100.00	43,012.20
	18 Aweil South based staff budgeted at 7% level of effort, 18 Nyal based staff budgeted at 14% level of effort and 38 Juba based budgeted at 3% level of effort support; all with 23% benefit for NSSI and gratuity and medical at $ 75						
	Section Total						**366,065.10**
Supplies, Commodities, Materials							
2.1	Trainings of Nutrition workers on CMAM and IYCF(refreshements, transport refund, meals, hall hire and training materials etc)	D	1	6,250.00	1	100.00	6,250.00
	CMAM training will be 3 days simplified training and 2 days IYCF training so in total in will be 5 days training in Panyijar and 5 days in Aweil. The training will be for 65 CNWs in Panyijar and 35 in Aweil south. Facilitation will be by the current IRC program staff.						
2.2	Trainings CNVs on CMAM and IYCF(refreshements, transport refund, meals, hall hire and training materials etc)	D	1	5,000.00	1	100.00	5,000.00
	The CMAM training for CNVs will be simplified for 1.5 days focusing more on screening and doing the MUAC and Weight measurements. Another 1.5 days will be for IYCF simplified training using pictorials.						
2.3	SC running cost (hygiene/cleaning supplies, weighing basins, plastic tables, chairs, mats,plates, cups, water containers, kitchen untensils, food for SC caregivers, bed sheets etc…	D	1	19,200.00	1	100.00	19,200.00
	Stabilization center running cost are the operational costs for running an SC including replacing or adding on equipment that might be needed in the SC. A big amount will go to food for caretakers as at times they even come with 1-2 other children.						
2.4	Community awareness mass screening and referal to OTPs	D	1	19,200.00	1	100.00	19,200.00
	This will be a community activity done once a month per location to screen all children door to do and ensure that all malnourished are referred to nutrition centres.						
2.5	Support suppervision to OTPs/TFSP	D	1	3,600.00	1	100.00	3,600.00
	Supportive supervision visits are carried out on a daily basis by the nutrition supervisors but also by nutrition officers and managers.						
2.6	CNVs monthly incentives	D	1	20,250.00	1	100.00	20,250.00
	Community Nutrition Workers (CNVs) are community based and are responsible for screening children in the villages assigned to them usually near them. They get a monthly incentives. They also follow up in the homes for defaulters						
2.7	Transportation of nutrition supplies to sites	D	1	23,400.00	1	100.00	23,400.00
	This is transportation of supplies from Ganyliel or Nyal to nutrition sites in the field. This is usually done by casuals carrying boxes on their heads and or canoes in the rain season.						

2.8	Motorbike repair and fuel	D	1	8,820.00	1	100.00	8,820.00
	Motorbikes are used for supportive supervision of sites.						
2.9	Communication	D	1	1,500.00	1	100.00	1,500.00
	Communication between bases and the fields and also with Juba. Internet, Mobile phones						
2.10	Charter	D	1	3,500.00	2	100.00	7,000.00
	This charter is to take supplies to Ganyliel and or Nyal. This would ensure we do not have stock outs. It will only be used if its atall necessary to ensure programs do not stop						
2.11	Warehouse	D	1	626.38	8	100.00	5,011.04
	Warehouse space rental for nutrition supplies.						
	Section Total						**119,231.04**
Travel							
5.1	Domestic Travel / air travel	D	1	3,048.00	6	100.00	18,288.00
	Airfare, accomodation, and air travel for Ganyiel, Juba and Aweil South field travels budgeted at $ 3,048 for 6 months combined. Rate is at $ 500 per travel, per diem at $64 and accommodation at $ 120						
5.2	International Travel	D	1	1,023.75	6	100.00	6,142.50
	*Visa fees budgeted at $ 165 for 6 months. Juba 10*2*100*5% and 3*100*100%*2*						
	Section Total						**24,430.50**
General Operating and Other Direct Costs							
7.1	Running Expenses Juba Office	S	1	2,500.50	6	100.00	15,003.00
	*Running costs for Juba main office(Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, teambuildin, generator costs and postage) budgeted at 2,430.17 *6 @ 3% Loe per month*						
7.2	Running Expenses Field Office	S	1	3,477.98	6	100.00	20,867.88
	*Running costs for field office(Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, team building, generator costs and postage) budgeted at 3,488.14 *48*						
	Section Total						**35,870.88**
SubTotal			19.00				**545,597.52**
Direct							509,726.64
Support							35,870.88
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							38,191.83
Total Cost							**583,789.35**

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 South	50		3,948	4,196	4,367	12,511	
Unity -> Panyijiar	50		3,948	4,196	4,367	12,511	

Documents

Category Name	Document Description
Budget Documents	CHF Nutrition- Staff breakdown details.xlsx
Budget Documents	CHF Nutrution - Office Running Costs.xlsx
Budget Documents	CHF Nutrition- Staff breakdown details-REVISED.xlsx
Budget Documents	CHF-Nutrition- Office Running Costs-REVISED.xlsx