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 :	Integrated Emergency Nutrition Interventions for Vulnerable Populations in Aweil South County, Northern Bahr el Ghazel		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-17/H/103547	**Fund Project Code :**	SSD-17/HSS10/SA2/N/INGO/6534
Cluster :	Nutrition	**Project Budget in US$:**	276,000.12
Planned project duration :	5 months	**Priority:**	
Planned Start Date :	01/08/2017	**Planned End Date :**	31/12/2017
Actual Start Date:	01/08/2017	**Actual End Date:**	31/12/2017

Project Summary :

The main components of this project are:

1) Management of Severe Acute Malnutrition (SAM) among children under five years of age;

2) Management of Moderate Acute Malnutrition (MAM) among children under five years of age;

3) Management of malnutrition among Pregnant and Lactating Women (PLW).

Treatment will directly target children under 5 years of age without discrimination between boys, girls and PLW.

To ensure quality nutrition services the project will ensure inter-sectoral collaboration with the health sector for provision of stabilization kits for SAM with medical complications. Nutrition Cluster partners will provide malaria screening and referral/treatment for SAM and MAM cases.

The WASH Cluster will support partners in the county to ensure the provision of clean and safe water for OTP/TSFP services, including appetite tests, hand washing, and appropriate ablution facilities.

FSL Cluster partners in the county shall conduct GFD sessions that target households with SAM and MAM beneficiaries.

Throughout the project cycle, community outreach and mobilization will be conducted to ensure early detection and improved coverage of the nutrition services in the targeted areas by the mobile and outreach teams.

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Direct beneficiaries :

Men	Women	Boys	Girls	Total
0	2,936	3,741	4,055	10,732

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	3,741	4,055	7,796
Pregnant and Lactating Women	0	2,936	0	0	2,936

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:

Catchment Population: The catchment population will be the population in Aweil South.

Link with allocation strategy :

This project will address life-saving humanitarian needs in Aweil South County, which is one of the counties with chronically high GAM rates of above 20% and prioritized by the SSHF Secretariat and clusters. According to the allocation strategy, Aweil South is one of the counties with a high GAM rate and IPC of level 4 on the strategy paper severity ranking matrix. The project will be integrated with the health, child protection, WASH and food security sectors supported by UNICEF, WFP and FAO in the county. During this response the IRC will particularly focus on the following to ensure delivery of quality lifesaving interventions as per the allocation strategy for management of SAM among children under five years of age:
• Management of MAM among children under five years of age
• Management of MAM among Pregnant and Lactating Women

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
UNICEF	250,000.00
	250,000.00

Organization focal point :

Name	Title	Email	Phone
Rosalind Montanez	Grants Coordinator	rosalind.montanez@rescue.org	211 920 550 007
Emmanuel Ojwang	Senior Health Coordinator	emmanuel.ojwang@rescue.org	211 920 610 008

BACKGROUND

1. Humanitarian context analysis

According to the June 2017 IPC analysis, food security in South Sudan continued to deteriorate with the population classified as severely food insecure. The population that is food insecure is projected to increase to 5.5 million at the height of the July 2017 lean season. Conflict has continued in multiple locations across the Equatorias and deepened in and around most states. By the end of May, over 2 million people were internally displaced, and more than 1.9 million had fled the country as refugees. Hence, food insecurity has reached unprecedented levels, and malnutrition rates are recorded above the emergency threshold in an increasing number of locations - particularly in most of the conflict and high burden states of Northern Bahr el Ghazel (NBG), where Aweil South is located. GAM rates are above 20%. The coming months are likely to see an increase in the spread of cholera and malaria which brings about susceptibility to malnutrition, as well as the deepening of the food insecurity and malnutrition crisis.

Aweil South County of NBG state is also a high burden county according to the post harvest Nutrition SMART survey conducted jointly by IRC and the Community Health Department (CHD) in January 2017, which showed a GAM rate at 20.2% and a SAM rate of 4.6%. This is is above the WHO emergency classification thresholds (2006) for assessing severity of acute under nutrition prevalence (>15%). Based on IPC (2012) thresholds the GAM prevalence falls into the Emergency Phase 4 classification (15-30%).

There are clear indications that poor childcare practices, inadequate hygiene practices, lack of sanitation and limited access to food and basic primary healthcare services are the main drivers to undernutrition in Aweil South. Additional factors contributing to this critical nutrition situation are seasonal changes in food security, flash floods, violence and disease burden.

IRC is currently implementing emergency nutrition interventions in Aweil South County and will continue to build on lessons learned to further enhance the quality of services and to expand the coverage of CMAM and IYCF interventions through community outreach, capacity building, nutrition surveillance, cluster coordination and emergency nutrition response. This project will also strengthen the response to malnutrition in Aweil South county which is currently in dire need of such humanitarian assistance to support the nutrition needs of the affected population. 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 with the other clusters such as health, food security and livelihoods, protection, and WASH will be strengthened to ensure a holistic nutrition response. IRC will also endeavor to work in a coordinated manner with the SMoH, INGO and NGO partners.

2. Needs assessment

There are huge nutrition needs in Aweil South Country due to the ongoing famine and famine like conditions exacerbated by lack of basic primary health care, food insecurity, and ongoing fighting leading to constant population displacements. Like in many South Sudan states poor child care practices, inadequate hygiene practices, and lack of sanitation are also having an effect on the nutrition situation of the population mainly affecting boys, girls, and pregnant and lactating women due to their increased physiological needs. MUAC assessments and Nutrition surveys conducted in Aweil South county indicate a situation above the WHO emergency thresholds of GAM 15% and SAM 2%. This is an alarming situation and if there is delayed and or poor response this would become catastrophic especially for boys, girls, and pregnant and lactating women. The SMART survey in Aweil conducted by IRC and CHD also highlighted an equally dire situation where an estimated 1 in every 5 children is malnourished of which nearly 1 in 20 children is severely malnourished. The complexity of the compounding factors requires a concerted multi-sector effort to address and reverse the effects of the famine conditions in these counties. The nutrition response alone will not address the effects.

3. Description Of Beneficiaries

A total of 10,730 direct beneficiaries will be targeted for the proposed response; this will include SAM treatment 2,499 (1,169girls and 1079 boys), MAM 5,546 (2662 boys and 2,886 girls) and 2,936 PLW for TSFP. Beneficiaries of the proposed project will be identified from their targeted Boma or villages through various mechanisms including community consultations and active case finding during screening and group discussions. For children with SAM/MAM, the identification mechanism will follow the national protocol and will be done at two levels: (1) at the community level through mass screening using MUAC (Mid Upper Arm Circumference) screening and bilateral pitting oedema detection with appropriate referrals; and (2) at the health facility level using MUAC, weight for height expressed in z-score and checking for bilateral pitting oedema. Admission to the SC (Stabilization Center), OTP (Out Patient Therapeutic Program) and TFSP (Targeted Supplementary Feeding Program) will be for 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 into the TSFP if they meet the admission criteria based on MUAC. BSFP beneficiaries shall be identified as per agreed guidelines in place for this response. Additional beneficiaries for IYCF (Infant and Young Child Feeding) activities will include community members reached through community sensitization and education sessions on optimal infant and young children feeding and nutrition education.

4. Grant Request Justification

IRC has been implementing emergency nutrition interventions in Aweil South county since 2013 to respond to the high level of acute malnutrition, and has established a presence among the NBG humanitarian actors in the state.

The IRC has well-established links with the local community in the target areas and a deep understanding of the needs of the affected communities. This is crucial to develop interventions that are responsive and that help to mitigate barriers to service access. The proposed action is a continuation of the emergency response activities already being implemented by IRC. It will complement the IRC's ongoing linkage with other program sectors and build on other humanitarian actors' successes in the area.

The IRC's current nutrition intervention offers nutrition services for severe and moderate acute malnutrition management in 10 static OTPs/TSFPs in Aweil South county with one stabilization center in Panthou. IRC shall continue to operate static OTPs/TSFPs in the current locations and recruit, train and deploy additional workers to ensure adequate human resources for optimum nutrition services at these sites. Leveraging funding support from SSHF's previous allocation, IRC built the first Stabilization Centre of its kind at Panthou PHCC in Aweil South county with a 20-bed capacity. Severely malnourished children with complications are being treated at the site with support from UNICEF, WHO and WFP who provide in-kind nutrition supplies, inpatient SAM kits and inpatient caretaker food supplies, respectively. The site has a monthly average admission rate of 20-25 children.

The activities under this project will build on the IRC-developed strategies for reaching those in need of nutrition assistance through enhanced community mobilization, coordination, engagement, and logistics to support the scale up of available services.

IRC has a Project Cooperation Agreement (PCA) with UNICEF and a Field Level Agreement (FLA) with WFP for provision of additional nutrition supplies to complement this project and ensure health and nutrition integration. Through WHO, IRC shall continue to receive supplies of SAM inpatient kits, and RDTs for malaria testing. SSHF will provide additional funds that will complement UNICEF and WFP grants. As such SSHF will provide 60% of the support staff cost in order to scale up nutrition interventions

5. Complementarity

The proposed project aims to complement IRC's ongoing nutrition programme in Aweil South county and will be vital to help reduce morbidity and mortality of children under 5 years of age. IRC has current 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 Aweil south county.

During the implementation of this project, the IRC will work in an integrated manner, complementing the work of other sectors, IRC is already supporting 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.
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 with FSL interventions in Aweil South where the caretakers of malnourished children can be targeted as beneficiaries of FSL interventions for greater economic wellbeing.

LOGICAL FRAMEWORK

Overall project objective

To save lives and alleviate suffering for those most in need of assistance and protection by providing quality integrated emergency nutrition interventions for children 0-59 months of age and for pregnant and lactating women in Aweil South county, NBG 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

The affected communities in 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, OTPs and TSFPs in Aweil South county.

Assumptions & Risks

• Insecurity and limited access due to poor infrastructure and population movements.
• Looting and interruption of supplies delivery to the field due to lack of 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 the Health, FSL and WASH sectors.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	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			1,079	1,169	2,248
Means of Verification : Monthly reports							
Indicator 1.1.2	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			2,662	2,886	5,548
Means of Verification : Monthly reports							
Indicator 1.1.3	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		2,936			2,936
Means of Verification : Monthly reports							
Indicator 1.1.4	NUTRITION	Number of health workers trained in CMAM					62
Means of Verification : Training attendance sheet.							
Indicator 1.1.5	NUTRITION	[Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services					80
Means of Verification : Monthly reports							
Indicator 1.1.6	NUTRITION	[Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services					75
Means of Verification : Monthly SC/OTP admission and discharge reports							
Indicator 1.1.7	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			3,741	4,055	7,796
Means of Verification : Medical records at the health facility							

Activities

Activity 1.1.1

Screening for malnutrition and referral of boys, girls, pregnant and lactating women for appropriate treatments.

Activity 1.1.2

Admission and treatment of 1,079 boys and 1,169 girls aged between 0-59 months of age with Severe Acute Malnutrition into SC and OTP centers.

Activity 1.1.3

Admission and treatment of 2,662 boys and 2,886 girls aged 6-59 months with Moderate Acute Malnutrition.

Activity 1.1.4

Admission and treatment of 2,936 PLWs with MAM using the agreed national protocol.

Activity 1.1.5

Procure bicycles for use by the Community Nutrition Workers.

Output 1.2

Description

Community health committees involved in monthly health facility meetings.

Assumptions & Risks

Facility health committees are functional.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.					75
Means of Verification : Medical records at the complaints desk							

Indicator 1.2.2	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs					75

Means of Verification : Feedback survey

Activities

Activity 1.2.1

Conduct 5 monthly health facility meetings with the community health committees.

Activity 1.2.2

Feedback mechanism established in the affected population.

Outcome 2

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

Output 2.1

Description

Caretakers and pregnant and lactating women receive IYCF promotional messages, IYCF counselling, and hygiene promotion messages at nutrition centers.

Assumptions & Risks

• Insecurity and limited access due to poor infrastructure and population movements.
• Looting and interruption of supplies delivery to the field due to limited 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 the Health, FSL and WASH sectors.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Number of IYCF promotion activities conducted					24
Means of Verification : Monthly SC/OTP/TSFP/PLW reports							
Indicator 2.1.2	NUTRITION	Proportion of mothers provided with counselling at sites					80
Means of Verification : Monthly reports							
Indicator 2.1.3	NUTRITION	[Frontline] Number of functional mother-to-mother support groups					24
Means of Verification : Records at the OTP/TSFP sites.							

Activities

Activity 2.1.1

Conduct group IYCF promotion activities at nutrition centres and include cooking promotion.

Activity 2.1.2

Conduct IYCF counselling for caretakers and mothers with breastfeeding problems.

Activity 2.1.3

Establish mother care groups in the community to support and promote breastfeeding.

Activity 2.1.4

Facilitate the joint supervision of Nutrition Programme with the CHD & SMOH

Outcome 3

Nutrition, Health, Protection, and FSL sectors are integrated.

Output 3.1

Description

Nutrition, Health, Protection, and FSL sector integrated programming is established 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 limited 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 the Health, FSL and WASH sectors.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Number/Percentage of nutrition facilities with adequate water					100
Means of Verification : Monthly reports							
Indicator 3.1.2	NUTRITION	Percentage of caretakers GBV team referred for care					100
Means of Verification : Medical records at the health facilities.							
Indicator 3.1.3	NUTRITION	Proportion of nutrition facilities with functioning community complaints/feedback mechanism					90
Means of Verification : Medical records at the health facilities.							
Indicator 3.1.4	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					40
Means of Verification : Training Reports, 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			1,079	1,169	2,248
Means of Verification : Medical records at the health facility							

Activities

Activity 3.1.1

Ensure all children in nutrition centers are tested and treated for Malaria.

Activity 3.1.2

Ensure all OTPs/TSFPs have adequate water for appetite test and hand washing.

Activity 3.1.3

Ensure all caretakers, and pregnant and lactating women who need specialized counselling for GBV are connected with the Protection team.

Activity 3.1.4

Renovate the waiting shade and store at SC.

Additional Targets :

M & R

Monitoring & Reporting plan

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. The Nutrition Coordinator and the Nutrition Manager will conduct monitoring visits to CMAM sites. Qualitative and quantitative tools will be used to capture, record and analyze the data collected on a monthly basis. For quality assurance purposes, technical support on specific program activities will be provided by the Deputy Country Director for Programs, Senior Heath Coordinator and Nutrition Technical Advisors .
The Field staff will collect relevant numerical data to feed into the IRC database, DHIS and NIS. Qualitative data, human success stories, lessons leant and best practices will be documented by the teams and fed 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 activities. 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 as well as participate in supervision of construction/ renovation work. During hygiene promotion sessions – soap and other supplies distribution to caretakers at OTPs/TSFPs will occur and forms will be signed by beneficiaries, relevant authorities and IRC for this distribution. 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 with 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: Screening for malnutrition and referral of boys, girls, pregnant and lactating women for appropriate treatments.	2017								X	X	X	X	X
Activity 1.1.2: Admission and treatment of 1,079 boys and 1,169 girls aged between 0-59 months of age with Severe Acute Malnutrition into SC and OTP centers.	2017								X	X	X	X	X
Activity 1.1.3: Admission and treatment of 2,662 boys and 2,886 girls aged 6-59 months with Moderate Acute Malnutrition.	2017								X	X	X	X	X

Activity 1.1.4: Admission and treatment of 2,936 PLWs with MAM using the agreed national protocol.	2017								X	X	X	X	X
Activity 1.1.5: Procure bicycles for use by the Community Nutrition Workers.	2017								X	X	X	X	
Activity 1.2.1: Conduct 5 monthly health facility meetings with the community health committees.	2017								X	X	X	X	X
Activity 1.2.2: Feedback mechanism established in the affected population.	2017								X	X	X	X	X
Activity 2.1.1: Conduct group IYCF promotion activities at nutrition centres and include cooking promotion.	2017								X	X	X	X	X
Activity 2.1.2: Conduct IYCF counselling for caretakers and mothers with breastfeeding problems.	2017								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
Activity 2.1.4: Facilitate the joint supervision of Nutrition Programme with the CHD & SMOH	2017								X	X	X	X	X
Activity 3.1.1: Ensure all children in nutrition centers are tested and treated for Malaria.	2017								X	X	X	X	X
Activity 3.1.2: Ensure all OTPs/TSFPs have adequate water for appetite test and hand washing.	2017								X	X	X	X	X
Activity 3.1.3: Ensure all caretakers, and pregnant and lactating women who need specialized counselling for GBV are connected with the Protection team.	2017								X	X	X	X	X
Activity 3.1.4: Renovate the waiting shade and store at SC.	2017								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 and with women representatives (especially CNVs and other women).
• IRC will ensure that a complaints/feedback mechanisms understood by the population is in place for feedback. Feedback community committees, feedback boxes, and anonymous letters will be used as a way of communicating 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 staff 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, needs and capacity.
• The project will integrate 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 be headed by a nutrition manager in both counties, who would have deputy nutrition managers as subordinates , followed by Nutrition Officers, then IYCF Counselors and Nutrition Supervisors who in turn supervise Community Nutrition Workers (CNWson-site. CNWs 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 to do joint targeting of the beneficiaries of SAM/TSFPs.
CHDs (county health departments)	Overall project oversight- joint support supervisions

Environment Marker Of The Project

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

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

IRC's project was marked 2a as it will take into account the unique needs for women, men, boys and girls from the initial stage of the needs assessment design through the end of the project implementation. The project will consider gender balance in the assessment interview and ensure that questions are tailored according to each 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 directly targets children under 5 years of age without discrimination between boys and girls. Any variations in representation between the genders will be monitored to ensure immediate action is taken when gaps are identified.

Protection Mainstreaming

The project mainly focuses on children under five and PLWs. The IRC has a Protection Team and a Women's Protection & Empowerment (WPE) 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 will be informed of any unaccompanied children on site and the WPE team shall be informed of mothers suffering from gender-based violence.

Country Specific Information

Safety and Security

The IRC will build on and 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, and 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 camps 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 in turn report any security incidents to the office.

Access

The IRC shall implement the nutrition services in targeted Payams in Aweil South county for both host communities and IDPs. In rural communities where OTPs/TSFPs do 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 the county 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
1. Staff and Other Personnel Costs							
1.1	Staffing - Expat Staff Nutrition Programme	D	1	1,734.60	5	100.00	8,673.00
	1 staff budgeted at 3% and 5 at 2.40% 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	S	1	2,508.40	5	100.00	12,542.00
	*8 main office expat support staff budgeted at 2.4% 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	10,119.60	5	100.00	50,598.00
	23 national programme staff Aweil South budgeted at 45% with 23% benefit for NSSI and gratuity and medical at $75 per month						
1.4	Staffing - National Staff Support	S	1	5,323.60	5	100.00	26,618.00
	21 Aweil South based staff budgeted at 30% level of effort, and 41 Juba based budgeted at 3% level of effort support; all with 23% benefit for NSSI and gratuity and medical at $ 75						
1.5	Technical unit cost	D	1	438.19	16	100.00	7,011.04
	*1 staff at $352 per day * 15.61 days*						
	Section Total						**105,442.04**
2. Supplies, Commodities, Materials							
2.1	Facilitate community leaders/stakeholder sensitization on mass screening and referral	D	2	350.00	5	100.00	3,500.00

2.2	Joint supportive supervision with CHD and SMoH to Nutrition program sites	D	2	250.00	5	100.00	2,500.00
2.3	Transportation of Nutrition supplies to hard to reach nutrition sites	D	2	450.00	5	100.00	4,500.00
2.4	OTP/ SC Supplies-caretakers buffer food and hygiene supplies	D	3	550.00	5	100.00	8,250.00
2.5	Conduct Training- Refresher for Nutrition workers on CMAM and IYCF	D	20	25.00	5	100.00	2,500.00
2.6	Conduct Training- Refresher for Coomunity Nutrition volunteers on CMAM and IYCF	D	30	50.00	5	100.00	7,500.00
2.7	Conduct Training- Refresher for Nutrition Supervisors on CMAM	D	10	50.00	5	100.00	2,500.00
2.8	Bicycle for Community Nutrition Workers for community mobilization- Panthou	D	20	200.00	5	100.00	20,000.00
2.9	OTP/SC IEC Materials printing and lamination of job aid	D	3	350.00	5	100.00	5,250.00
2.10	Motor bike fuel/ spare parts for supportive supervision	D	3	450.00	5	100.00	6,750.00
2.11	Community Nutrition Volunteers- Monthly Promotive Incentive	D	60	25.00	5	100.00	7,500.00
2.12	Nutrition workers- monthly incentive	D	20	200.00	5	100.00	20,000.00
2.13	Renovation of waiting shade and store at SC	D	1	17,413.00	1	100.00	17,413.00
2.14	Office supplies	D	1	682.00	5	100.00	3,410.00
2.15	Plumpy Nut		0	0.00	0	0.00	0.00
2.16	Plumpy Sup		0	0.00	0	0.00	0.00
2.17	CSB+		0	0.00	0	0.00	0.00
	Section Total						**111,573.00**
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**

4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
5.1	Domestic Travel / air travel	D	1	2,097.60	5	100.00	10,488.00
	Airfare, accomodation, and air travel for Aweil East, Juba and Aweil South field travels budgeted at $3,657.60 for 5 months combined. Rate is at $ 500 per travel, per diem at $64 and accommodation at $120						
5.2	International Travel	D	1	936.00	5	100.00	4,680.00
	*Visa fees budgeted at $ 165 for 5 months. Juba 10*2*100*5% and 3*100*100%*2*						
	Section Total						**15,168.00**
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
7. General Operating and Other Direct Costs							
7.1	Running Expenses Juba Office	S	1	1,819.60	5	100.00	9,098.00
	Running costs for Juba main office (Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, teambuilding, generator costs and postage) budgeted at $2,047.68 @ 2.4% per month						
7.2	Running Expenses Field Office	S	1	3,332.60	5	100.00	16,663.00
	Running costs for field office (Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, teambuilding, generator costs and postage) budgeted at $5,653.50 per month						
	Section Total						**25,761.00**
SubTotal			186.00				**257,944.04**
Direct							193,023.04
Support							64,921.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							18,056.08
Total Cost							**276,000.12**

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	100		2,936	3,741	4,055	10,732	Activity 1.1.1 : Screening for malnutrition and referral of boys, girls, pregnant and lactating women for appropriate treatments. Activity 1.1.2 : Admission and treatment of 1,079 boys and 1,169 girls aged between 0-59 months of age with Severe Acute Malnutrition into SC and OTP centers. Activity 1.1.3 : Admission and treatment of 2,662 boys and 2,886 girls aged 6-59 months with Moderate Acute Malnutrition. Activity 1.1.4 : Admission and treatment of 2,936 PLWs with MAM using the agreed national protocol. Activity 2.1.1 : Conduct group IYCF promotion activities at nutrition centres and include cooking promotion. Activity 2.1.2 : Conduct IYCF counselling for caretakers and mothers with breastfeeding problems. Activity 2.1.3 : Establish mother care groups in the community to support and promote breastfeeding. Activity 3.1.1 : Ensure all children in nutrition centers are tested and treated for Malaria. Activity 3.1.2 : Ensure all OTPs/TSFPs have adequate water for appetite test and hand washing. Activity 3.1.3 : Ensure all caretakers, and pregnant and lactating women who need specialized counselling for GBV are connected with the Protection team.

Documents

Category Name	Document Description
Budget Documents	SSHF staff and running expense breakdown.xlsx