

Project Proposal

Organization	IMC UK (International Medical Corps UK)					
Project Title	Promotion of preventive and lifesaving nutrition interventions in Upper Nile, Jonglei, Central Equatorial and Lakes states of South Sudan					
Fund Code	SSD-15/SA1/N/INGO/392					
Primary Cluster	NUTRITION	Secondary Cluster	None			
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline serv			
Project budget in US\$	199,999.99	Planned project duration	4 months			
Planned Start Date	01/01/2015	Planned End Date	30/04/2015			
OPS Details	OPS Code	SSD-15/H/73003	OPS Budget	0.00		
	OPS Project Ranking		OPS Gender Marker			
Project Summary	<p>International Medical Corps UK (IMC UK), with support from CHF funds, will be able to provide nutrition services for children 0-59 months, and pregnant and lactating women in Akobo East and 1 These counties are in the three conflict-affected states after the crisis that started in December 15, 2013. Akobo East IMC UK provides OTP/TSFP services in 4 Payams, as follows; Alali (Old A Nyadit Payam (Meer & Burmath); Bilkey Payam (Dilule); Denjok Payam (Wechpout & Thokwath), Malakal County in 4 Payams; Central (PoC) Lelo Payam (Lelo); Ogot Payam (Detang) and Soul (Wau-Shiluk). Children and women are amongst the most affected by the crisis. Most of them are now internally displaced person (IDPs). In Akobo East, most of them travelled from far distance Malakal and canal counties, bringing with them very little basics materials, thus hard living conditions expose them to malnutrition, diseases and violence. The implementation of the nutrition prog ensure that these vulnerable groups are prioritized in receiving treatment and prevention for malnutrition. During the implementation, marginalized groups such as people living with HIV and peop disabilities will be targeted for key interventions. Community interventions, mobilization, screening and identification of acute malnutrition and health education, will target all households in the prop by the community nutrition volunteers. IMC UK's nutrition program will apply a do no harm approach in all interventions by ensuring that all targeted individuals (boys, girls, women and men) are t respect and dignity, and that confidentiality is maintained throughout the program. In addition to nutrition services, the beneficiaries will be linked to health services, WASH programs, food security and livelihood initiatives. In this way, individuals and families will receive integrated services and holistic support. Through Infant and Young Child Feeding (IYCF) interventions, IMC UK will engage women and men with information on IYCF practices, and participation will be encouraged through active demonstrations and positive reinforcement. All the nutrition feeding sites will have a shelte women, children and men from environmental conditions and a room for consultation to ensure privacy for beneficiaries.</p>					
Direct beneficiaries		Men	Women	Boys	Girls	Total
Beneficiary Summary		560	39504	14570	11842	66,4'
Total beneficiaries include the following:						
People in Host Communities		340	19450	9250	8320	373
Internally Displaced People		220	20154	5320	3522	292
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	<p>IMC UK nutrition program will address both CHF strategic objectives & nutrition cluster specific objectives as follows: CHF strategic objectives IMC UK will provide life-saving interventions and tr treatment services for boys and girls aged 6-59 months and pregnant and lactating women with acute malnutrition. IMC UK has a total of 11 nutrition feeding sites providing treatment to severe a malnutrition (SAM) and moderate acute malnutrition (MAM) cases in Akobo East and Malakal. Additionally, there are ongoing discussions with MSF-Spain, UNICEF and WFP in Malakal for IMC U over services in Wau Shiluk starting in mid-January 2015. The program will collaborate with other sectors such as health, general food assistance, WASH, food security, and livelihoods in ensur of services. Through community mobilization, screening and identifying acute malnutrition cases, and providing treatment, IMC UK will play a vital role in protecting the rights of most vulnerable g will partner with local authorities to promote safety of beneficiaries though safe access to nutrition services, without any restrictions. In the prevention strategy, mothers, caregivers, and men will IYCF meeting sessions, meant to improve child health care practices. Nutrition cluster specific objectives Nutrition screening and routine surveillance: The community nutrition volunteer structur already established, will be involved in active and routine screening of children 6-59 months, pregnant and lactating women, identifying cases of acute malnutrition at the community level, and refi to appropriate nutrition treatment sites. Management of acute malnutrition cases: Children identified with SAM with or without medical complications will be provided with therapeutic treatment. Ch months and pregnant and lactating women identified and referred with MAM will be treated. The program will provide support to mothers/caregivers to enable children complete the treatment cyc effective referral mechanism as per IMSAM guidelines of South Sudan. IMC UK will also scale up the nutrition activities aimed at reaching more acutely malnourished cases by ensuring timely se delivery, opening new sites near the affected population, and mobilizing the community through community nutrition volunteers (CNVs) and local leaders' platforms. At OTP facilities, all children w administered with systematic treatment, including Vitamin A supplementation. Skills and knowledge building of health workers in management of SAM (in- patient and out- patient) and MAM cases trainings will be a key focus of the program. Prevention of malnutrition: Through IYCF program spearheaded by mother support groups, lactating women will be supported and encouraged to exc breastfeed children aged 0-5 months and gradually introduce complementary foods at the age of 6-23 months. IMC has already established 106 IYCF mother support groups in Akobo East, 52 i plans to expand these services to other areas in Malakal outside the PoC, such as Detang, Lelo and Wau-Shiluk. Vegetable gardening, through working with FSL partners will be implemented.</p>					
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)					
Organization focal point contact details	Name	Title	Phone	Email		
	Samuel Mbuto	Nutrition Coordinator	+211927000124	smbuto@internationalmedicalcorps.org		
BACKGROUND INFORMATION						
1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	<p>Akobo East county (Jonglei state) In Akobo County (East), the host population is estimated to be 91,402, now housing an influx of 32,733 conflict-affected people seeking for humanitarian assist county experienced long dry spell, with the first rain in mid-June, which resulted in late planting and a poor harvest. Seeds distributed to farmers were not enough to cover all Payam, which also ; production. According to the Integrated Food Security Phase Classification (IPC), in September 2014, 28.7% of Jonglei state population remains in crisis and emergency food security phase (Ph Most people depend on humanitarian food assistance. Due to continued conflict, there are limited food supplies in the markets, especially cereals and pulse. Malnutrition remains a significant ha among vulnerable groups such as children age 6-59 months, pregnant, lactating women, and the elderly. There are reports from Akobo county authorities of IDPs influx from Canal county in Up; there are plans to establish an IDP camp, and this will enhance better service provision and improve surveillance of the affected population. IMC UK is ready to provide nutrition treatment suppor enough treatment rations for both SAM and MAM cases till end of January 2015. WFP and UNICEF supplies request and support are most needed to respond. The county Health director, togeth office of SSRRC are collecting information about IDPs and after release of this report it will be shared among the partners, IMC UK will keep UNICEF, WFP and the nutrition cluster updated on th situation. Malakal County (Upper Nile state) IMC UK, since February 2014, continues to provide the nutrition services through CHF and ECHO funding. The nutrition intervention has treat 655 ct months with severe acute malnutrition (OTP cases), 1667 children 6-59 months, 1052 pregnant and lactating women with moderate acute malnutrition. 8,842 children were screened, referral dor appropriately to the nutrition feeding sites. IYCF prevention strategy is ensuring that mothers/caregivers share and encourage one another in adopting IYCF practices. 52 IYCF care groups rem 7842 caregivers reached with IYCF & hygiene messages. New IYCF mother support groups will be established in Wau-Shiluk during 2015. The security situation in Malakal town remains unpre especially during this coming dry season, although there has been relative peace in the past 4 months, especially during the rainy season. On December 5th MSF conducted an assessment in \ reported about 4500 IDPs have arrived from Canal county due to fears of escalation of fighting between government and opposition factions. Panyikang county, IMC UK did an assessment on D 2014, there are no humanitarian partners in this county, health facility most of them destroyed, population started returning back, and especially those that had seek refuge in Wau-Shiluk IDP cai with support from UNICEF and WFP supplies will be starting up the nutrition program in this location.</p>					
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	<p>Akobo East IMC UK conducted an anthropometric and mortality survey in May and June 2014 and found global acute malnutrition (GAM) rate of 31.8% [26.3% ↔ 38.0%, 95% C.I.] and SAM rate [6.9% ↔ 13.0%, 95% C.I.]. After the survey in June, IMC UK scaled up the nutrition activities. In total, 65 children had been admitted in the stabilization center (78.3% of them successfully treatee children admitted and treated in OTP. As of the end of November, 879 children and 1503 mothers were undergoing treatment in TSFP. Malakal County No nutrition assessment was conducted in WHO GAM classifications, although this GAM represented the whole Upper Nile state, the nutrition status of the PoC, could be different due to available basic health services. There is need to cu nutrition assessment to determine the nutrition status in Malakal County. There is need to continue proving the nutrition services, due to high GAM rates in the state, and also that insecurity coul situation worse. The second round of FSNMS, Upper Nile state had a GAM of 15.2% (calculate GAM rate), most people are in IDPs camps.</p>					
3. Description Of Beneficiaries	<p>To implement nutrition program, IMC UK will provide treatment to children 6-59 months, pregnant and lactating women, while prevention will focus mothers/caregivers, adolescents (girls) and boy decision makers in the community, opinion leaders, and men. Treatment of acute malnutrition cases Cases will be identified through screening of children 6-59 months (boys and girls), pregnant women, at community and health facility level. Appropriate referral structure has been established following IMSAM guidelines. The program will consider all individuals in the target group, without discrimination including those with disabilities or with chronic illness such as TB and HIV affected. Routine screening will be done on a weekly basis at the community level and daily at facility level health days, IMC UK team will utilize this opportunity to screen, admit and treat more beneficiaries. Prevention of acute malnutrition Prevention strategy will be given high priority while implementir</p>					

program. IMC UK has established IYCF mother support group, which comprise women of reproductive age. The IYCF mother support group, meets on a bi-weekly basis comprising 12:15 men shares the IYCF message. After, each member goes and shares these messages with other women/caregivers including grandmothers taking care of children that are orphans or left behind by while taking other responsibilities. IYCF mother support groups are supported and supervised by community nutrition volunteers that comprise of men and women. Songs with health messages composed. While the group performs the song it attracts other community members including adolescent (boys and girls) and men. In 2015 IMC UK plans to expand the social mobilization strate targeting more youths and men to be able to participate in child health care activities, and also to take appropriate decision regarding right time for marriage especially among the girls to avoid co related to child birth, prematures and children born with low birth weight, hence reducing caseload of chronic and acute malnutrition. Father clubs will be formed, in the PoC Malakal (pilot) the groi popular men entertainment areas (tea, coffee venues) and during this time child care practices topics will be discussed, these clubs will be linked with food security and livelihood actors, in this w be attracted due to economy gain. IMC UK will organize monthly opinion leaders meeting, at Payam level to discuss issue pertaining malnutrition, child health care, mother's wellbeing, strengthen and mobilization of mothers/caregivers to fully participate in the nutrition program. This is aimed to increase coverage, also that the project is community owned, and solutions will be from commt

4. Grant Request Justification.

IMC UK is well placed to continue implementing nutrition program in Akobo East, Malakal County (Malakal PoC, Detang and Lelo) Wau Shiluk counties due to the following strengths: Contribute to and reduction of acute malnutrition: Akobo East has very high GAM rate of 31.8% and SAM rate of 9.5%. In Malakal, although no survey has been conducted in 2014, the FMS indicated Upper GAM rate of 24.8% [19.4%-31.1%, 95% C.I] and SAM rate of 9.5% [6.3%-14.0%, 95% C.I]. Established nutrition program; IMC UK is already implementing nutrition program in Akobo East with stabilization center at Akobo Hospital, seven OTP, eight TSFP sites and 106 IYCF mother support groups. In Malakal there are three OTP/TSFP sites, two in PoC, Detang and Lelo Payams, the outside the PoC, expanded regions this year. There are 52 care groups in Malakal PoC, functional and sharing IYCF messages. Nutrition Scale up implementation & plan: This year the IMC scal intervention in Akobo East by strengthening community nutrition volunteers network to carry out more frequent screening, hence timely admission and treatment. 65 children had been admitted & them successfully treated in the SC, 851 children admitted and 89.2% of the successfully treated in OTP. As of end of November, 879 children and 1503 mothers were undergoing treatment in T Malakal IMC UK was able to scale up to Detang and Lelo, there is also complete plan to take over Wau Shiluk program from MSF-Spain. IMC has a working partnership with UNICEF in all these PCA is in place through March 2015. There is an existing FLA with WFP. Discussions have started to extend FLAs with WFP in this location for 2015 TSFP activities. IMC UK regularly reports to UNICEF on status of the supplies by sharing distribution reports and requesting more supplies timely. Additional funding sources: IMC has already submitted two proposals to ECHO and OFDA program support, OFDA will cover partly Akobo East, while ECHO will cover Malakal partly. Therefore CHF funding will enable complete support to planned nutrition interventions. There is need supporting nutrition program through CHF. Enhanced nutrition team: Program staff to receive frequent on job training on management of acute malnutrition, providing them with all necessary tool team motivated. This year, three of the national team members received SMART training, two received IYCF training - thus building a capable team that is ready to respond to any nutrition emerg given team. In 2015, IMC UK intends to strengthen the IYCF prevention component, engage more youths and men; therefore additional staffing is critical to achieve this objective. Monitoring and strategy: In 2014 IMC was able to conduct two SMART surveys in Akobo East and Pochalla County despite great insecurity challenges. During this period, in Malakal IMC UK carried out severa assessments in Detang and Lelo, also before opening nutrition program in Malakal PoC, MUAC assessment was done. On a daily basis the nutrition program is monitored using standard tools, v monthly reports are shared with nutrition cluster, UNICE, WFP and other partners. Strong coordination mechanism: At the county level, state and national level, IMC UK has been an active mem nutrition cluster, CMAM, IYCF and NITWG member at national level.

5. Complementarity.

Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

LOGICAL FRAMEWORK

Overall project objective	To reduce mortality and permanent damage from acute malnutrition through an integrated package of interventions on nutrition overall, health, water, sanitation and hygiene, as well as changes i
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Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives
2015 SSO 1: Deliver quality lifesaving management of acute malnutrition for at least 60% per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need
2015 SSO 1: Deliver quality lifesaving management of acute malnutrition for at least 60% per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response	SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods

Outcome 1	Increased availability, access and utilization of quality acute malnutrition treatment services, among children 6-59 months, pregnant and lactating women.	
Code	Description	Assumptions & Risks
Output 1.1	16,420 Children (8,738 boys & 7,682 girls) aged 6-59 months, 8,680 pregnant lactating women screened using MUAC at community and facility level for acute malnutrition and referred to appropriate nutrition feeding sites.	

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries			
			Men	Women	Boys	Girls
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community		14680	13738	12682
Means of Verification:		Weekly/monthly cluster reports				

Activities

Activity 1.1.1	Organize community based and health facility, routine and mass MUAC screening, case identification and appropriate referrals of children 6- 59 months, pregnant, lactating women.
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Output 1.2	Treatment for acute malnutrition; 2,150 children 6-59 months (1,118 boys & 1,032 girl) treated for SAM without Medical complication and 85 children 0-59 months (44 boys& 41 girls) SAM with medical complication, 3,050 children 6-59 months (1,586 boys & 1,464 girls) and 2864 PLW with moderate acute malnutrition treated.
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries			
			Men	Women	Boys	Girls
Indicator 1.2.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			1118	1032
Means of Verification:		Weekly/Monthly cluster reports OTP/SC register books				
Indicator 1.2.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			1586	1464
Means of Verification:		Weekly/Monthly report TSFP register books				
Indicator	NUTRITION	[Frontline services] [Treatment]Performance of SAM program - Overall SAM program cure rate			0	0

1.2.3		(SPHERE standards > 75%)					
Means of Verification:		Cluster report					
Indicator 1.2.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)				0	0
Means of Verification:		Cluster report					
Indicator 1.2.5	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)				0	0
Means of Verification:		Cluster report					
Indicator 1.2.6	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)				0	0
Means of Verification:		Cluster report					
Indicator 1.2.7	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program death rate (SPHERE standards)				0	0
Means of Verification:		Cluster report					
Indicator 1.2.8	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)				0	0
Means of Verification:		Cluster report					

Activities

Activity 1.2.1	Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.
Activity 1.2.2	Provide therapeutic and medical treatment to boys and girls aged 0-59 months with Severe Acute Malnutrition with medical complication i.Stabilization Center.
Activity 1.2.3	Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.
Activity 1.2.4	Support early prepositioning of nutrition supplies to project sites

Outcome 2 Strengthen and support prevention of undernutrition among boys and girls aged 0-59 months, pregnant and lactating women.

Code	Description	Assumptions & Risks
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Output 2.1	183 IYCF mother support groups, supported and 50 newly established mother support groups
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries			
			Men	Women	Boys	Girls
Indicator 2.1.1	NUTRITION	[Frontline services] [Prevention] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	560	27960		
Means of Verification:		Monthly Cluster reports				

Activities

Activity 2.1.1	Training IYCF lead mother support groups, on IYCF and hygiene
Activity 2.1.2	Refresher training of the community nutrition volunteers, on IYCF messages
Activity 2.1.3	Establish new IYCF mother support groups in Wau-Shiluk
Activity 2.1.4	Organize bi-weekly IYCF mother support groups, sessions

Output 2.2	5,910 children aged 6-59 months (3125 boys & 2885 girls) receive Vitamin A supplementation.
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries			
			Men	Women	Boys	Girls
Indicator 2.2.1	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			3125	2885
Means of Verification:		Cluster reports				

Activities

Activity 2.2.1	Provide Vitamin A supplementation to boys and girls aged 6-59 months
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Outcome 3 Nutrition coordination, Emergency preparedness and response team strengthened and supported, in the project area.

Code	Description	Assumptions & Risks
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Output 3.1	60 (45 male & 15 Female) MoH and IMC nutrition staff, 68 (25 male & 43 female) community nutrition volunteers trained and supported to identify and treat cases of acute malnutrition and conduct nutrition assessments.
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries			
			Men	Women	Boys	Girls
Indicator 3.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	70	58		
Means of Verification:		Training reports, Cluster reports				
Indicator 3.1.2	NUTRITION	[Frontline services] [Capacity and emergency prepare] # of employees from partners trained on nutrition surveys	12	6		
Means of Verification:		Training and cluster reports				
Indicator 3.1.3	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken				
Means of Verification:		Survey report				

Activities

Activity 3.1.1	Capacity building of MoH and IMC nutrition staff on CMAM and IYCF
Activity 3.1.2	Refresher training of community nutrition volunteers on screening, identification and referral pathways for acute malnutrition cases identified.
Activity 3.1.3	County health department, health facility based, and nutrition staff trained on conducting SMART survey and participate in the assessment.
Activity 3.1.4	Conduct anthropometric and mortality survey in Akobo East county
Activity 3.1.5	Continue with cluster coordination of the nutrition activities at the county, state and national level

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year													
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	N		
	Activity 1.1.1 Organize community based and health facility, routine and mass MUAC screening, case identification and appropriate referrals of children 6- 59 months, pregnant, lactating women.	2015	X	X	X	X									
	Activity 1.2.1 Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.	2015	X	X	X	X									
	Activity 1.2.2 Provide therapeutic and medical treatment to boys and girls aged 0-59 months with Severe Acute Malnutrition with medical complication i.Stabilization Center.	2015	X	X	X	X									
	Activity 1.2.3 Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.	2015	X	X	X	X									
	Activity 1.2.4 Support early prepositioning of nutrition supplies to project sites	2015		X											
	Activity 2.1.1 Training IYCF lead mother support groups, on IYCF and hygiene	2015		X	X	X									
	Activity 2.1.2 Refresher training of the community nutrition volunteers, on IYCF messages	2015	X		X										
	Activity 2.1.3 Establish new IYCF mother support groups in Wau-Shiluk	2015		X											
	Activity 2.1.4 Organize bi-weekly IYCF mother support groups, sessions	2015	X	X	X	X									
	Activity 2.2.1 Provide Vitamin A supplementation to boys and girls aged 6-59 months	2015	X	X	X	X									
	Activity 3.1.1 Capacity building of MoH and IMC nutrition staff on CMAM and IYCF	2015		X	X										
	Activity 3.1.2 Refresher training of community nutrition volunteers on screening, identification and referral pathways for acute malnutrition cases identified.	2015		X	X										
	Activity 3.1.3 County health department, health facility based, and nutrition staff trained on conducting SMART survey and participate in the assessment.	2015			X										
	Activity 3.1.4 Conduct anthropometric and mortality survey in Akobo East county	2015					X								
	Activity 3.1.5 Continue with cluster coordination of the nutrition activities at the county, state and national level	2015	X	X	X	X									

M & R DETAILS

Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project.	International Medical Corps has already developed a work plan that will guide implementation of the program. Using the existing tools (check list, daily, weekly, monthly reporting form, training report, supplies consumption reports) the nutrition staff will be able to capture information and report appropriately. The nutritionist (field based) will ensure that supervision and support at field level is done. Activities are not merely completed, but should demonstrate positive impact. Evidence documents will be used to verify accomplishment of activities such as pictures of completed rehabilitated shelter, check weekly and monthly data, submitted by the nutrition teams and provide immediate feedback on areas to improve. Throughout implementation focus group discussion will be held, to assess population getting services, provide feedback to the team, on main cross cutting issues, thus minimizing exploitation, discrimination or increasing vulnerability. Institutional monitoring: to assess p implementation of the program with respect to ongoing programs, monitoring and evaluation technical support will be provided by a Monitoring and Evaluation coordinator, based in Juba. In accordance with nutrition cluster IMSAM guidelines, the M&E Manager will ensure databases are maintained, and feedback mechanisms and M&E tools that are tailored to the context of the emergency. The nutrition coordinator at Juba level will provide technical support to the field team, ensure teams have all reporting tools, standard anthropometric measurement tools and equipment, in addition, he/she will monitor and adhere to treatment protocols, meet with local leaders and get feedback on the program relevancy. Through active program monitoring, International Medical Corps uses performance indicators in addition to monitoring and evaluation matrix to track and measure progress of donor specific indicators. Given the contextual range of conflict related emergencies, the performance indicators are determined by the assessment. Information is shared with the nutrition cluster and the Ministry of Health. Results-based monitoring of nutrition programs, including disaggregated data (sex, age, and event type) conducted daily and is reported in weekly activity reports. The M&E Manager actively monitors information flow from Site Managers at each site, to assess trends in nutrition data and coordinate nutrition coordinator and field based nutritionist to ensure qualitative information is captured from program activities. The data will also allow staff to determine any disparities in nutrition outcomes gender and age. In this event, activities will be modified to encourage accessibility and equity in program activities. Data collection and analysis: Field based staff will gather treatment, screening, data, IYCF and training reports, which will be compiled and shared. The following tools will be used to collect information at nutrition treatment facility: Weekly screening report forms (CNVs), Weekly report forms (used by nutrition assistant), Weekly TSFP report forms (used by the nutrition assistant), Weekly IYCF reports forms (used by Nutrition Social behavior change assistant) Weekly r cluster report forms (used by nutrition supervisor) ? Monthly nutrition cluster form (used by the nutritionist) The M&E coordinator conducts periodic reviews of weekly activity reports and assesses quality, quantity, and timeliness of results and activities, the use of resources, and validates constraints of unforeseen events and assumptions. Furthermore, systematic reviews include the coc internal and external stakeholders such as other INGO's, community leaders, local aut
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OTHER INFORMATION

Accountability to Affected Populations	IMC will keep the county official updated on the starting and the end period of the project, target beneficiaries, the criteria for selection and how beneficiaries will exit the program. This is aimed at ensuring that leaders are able to send the right message to communities about the program, hence acceptance, which will increase usage of this services. IMC has already established a strong link with Paya leader on monthly basis the program staff meets with leaders and discusses the achievements made so far by the program, and the challenges during the time of implementation. The leaders provide feedback on how to handle challenges and even they do play a big role in taking the right message to beneficiaries about the program. Through the local leaders beneficiaries are easily mobilized ensuring that all targeted members of the community gets the services. IMC will as well invite the county health department for field visit with IMC team during the nutrition feeding days, in this way will be able to meet with beneficiaries and discuss with them about the program progress and also be able to give feedback on areas to improve. During this project IMC will undertake anthropometric mortality survey, the community will be informed about the importance of this activity and later after the survey; results will be shared among the county leadership, which will help work out the recommendation to improve the nutrition status of the affected community. During the nutrition treatment days, mothers will receive explanation, about the program, its importance, the process how supplies reach them from the donors and how it is important to use the therapeutic supplies for its sole purpose. IMC will share monthly reports with the CHD, attend the meetings and keep the C informed of the nutrition program activities. At the community level, the PHCC and PHCU in-charges will be involved to ensure that nutrition program is fully integrated with health facility services.				
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	Direct implementation and linkage with other partners: International Medical Corps will implement the proposed intervention directly, working closely with the MoH, nutrition cluster partners at county national level. IMC will as well adhere to security, guidelines and measures and work with UNDS to ensure that staffs are not put at high risk while carrying out their duties, security assessments done, before operating in new areas. IMC will work closely with food security partners, WASH and Health to ensure that beneficiaries do get additional services that together will reduce malnutrition. Skilled and motivated personnel: IMC has dedicated and competent nutrition team, this is to ensure quality, follow up and timely delivery of services. Where personnel gaps exist, hiring high skilled will cover this. Nutrition supplies: IMC has already secured PCA with UNICEF for SAM supplies and already submitted proposals to WFP for 2015 TSFP program for the proposed locations. Although have been challenges in transporting this commodities, IMC with CHF support will be able to airlift supplies and preposition supplies in a timely manner. We will ensure that the treatment supplies to the right beneficiaries' mothers/caregivers provided with adequate information on usage, maintaining high level of hygiene and the next round of services. Effective coordination and emergency response: continue working closely with the Jonglei and Upper Nile States MoH, WFP and UNICEF in order provide coordinate and prioritize for lifesaving nutrition services and responds to the requests appropriately. International Medical Corps will share reports and information regarding implementation progress, challenges and lessons learnt with partners in cluster meetings at all levels. Local will be informed of progress made during implementation and on a monthly basis. CHD will be supported to continuously host nutrition cluster meeting and be involved in monitoring of the field activity on regular basis. Program monitoring: IMC will also ensure that the program is well monitored and evaluated periodically; this will help inform the partners and the cluster at large on the gaps, and recommendations on reducing malnutrition rates. We intend to carry out an anthropometric and mortality survey in Akobo East. IMC Monitoring and reporting team has already put in place report mechanisms that the field staff find friendly to use, and detailed to provide in-depth information about the progress of the nutrition program				
Coordination with other Organizations in project area	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">Name of the organization</th> <th style="width: 70%;">Areas/activities of collaboration and rationale</th> </tr> </thead> <tbody> <tr> <td>1. Save the children, Nile Hope and ACTED</td> <td>Intergrated FSL and nutrition services, linking the mother support groups in IYCF project to partners implementing FSL</td> </tr> </tbody> </table>	Name of the organization	Areas/activities of collaboration and rationale	1. Save the children, Nile Hope and ACTED	Intergrated FSL and nutrition services, linking the mother support groups in IYCF project to partners implementing FSL
Name of the organization	Areas/activities of collaboration and rationale				
1. Save the children, Nile Hope and ACTED	Intergrated FSL and nutrition services, linking the mother support groups in IYCF project to partners implementing FSL				
Environmental Marker Code	A: Neutral Impact on environment with No mitigation				

Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	MC UK's nutrition program involves and encourages participation of boys, girls, women and men in the program as follows: Community and health facility screening, identification for acute maln All children aged 6-59 months (boys and girls), women (pregnant and lactating) will be screened, identified and referred to nutrition feeding sites, treatment will initiated immediately. Health educat will target mostly mothers, men, youths (male & female) and other caregivers, on prevention and treatment of malnutrition. IYCF program will look to involve both women and men, through IYCF I support care groups that are already in place. In addition to the existing services, the new planned locations will serve to scaling up nutrition interventions (Wau-Shiuk in Malakal county). Men in been a challenging venture due to less time committed by men in participating in childcare practices. This project plans to engage men using men forums and common men leisure venues (coffee meeting places). Through the formation of fathers clubs—anticipated to meet biweekly—men will share and discuss child care practices and will receive health education, information and commur materials. To ensure more participation and involvement of men, the fathers club will be linked to other partners implementing food security and livelihoods program. In Akobo East, IMC UK is in c with Help Age International to include the elderly (men and women) in the nutrition program. Older people have specific needs in relation to their general food intake, micronutrient requirement and food, which makes them particularly vulnerable to disruptions in food security. A nutrition assessment (anthropometric and mortality SMART survey) will be undertaken to capture children aged 1 (boys and girls). Survey methodology will ensure that all households within the cluster are given equal chances for participation, in this way all family members (boys, girls, women, and men) are especially during the demographic and mortality section of the survey.
Protection Mainstreaming	IMC-UK is a global partner in protection cluster, therefore will ensure that the affected populations by the conflict have access to nutrition services, that safety and their dignity is a priority. The p prevent and minimize any negative effects that might increase vulnerability of the beneficiaries; therefore integrating nutrition activities with other services such as food security will help support t population to produce their own food and not to entirely depend on general food distribution. All beneficiaries will be served equally without discrimination, therefore as so long as they fit in the nuti admission criteria as per IMSAM and MAM guidelines, all children of age group from 6-59 months, pregnant and lactating women will benefit from this project. IMC-UK will promote means of provi community; the beneficiaries with information on the progress of the project, supplies availability and usage, beneficiaries on the other hand will be encouraged to provide feedback to the nutrition areas for improvement, in this way accountability to beneficiaries will be ensured. The affected community will be engaged to fully participate in the program, implementation phase, lessons learnt phase will be vital in designing the second phase of the project, in the second allocation of the CHF funds. Prevention of Sexual Exploitation and Abuse training is done for all staff on a yearly bas country level, and all staff is required to read, acknowledge, and sign the IMC Code of Conduct as well as PSEA policy. IEC regarding PSEA is posted at offices and staff houses, and computers are available at the office to allow staff to report allegations of misconduct. IMC is a non-political, non-denominational organization that provides medical assistance to those in need. In situations c inter-tribal violence, it is especially important to maintain this principle of neutrality.
Safety and Security	Through field teams and local counterparts, International Medical Corps remains updated regarding the conflict dynamics in existing and prospective areas of operation. Operations in Juba also with the UN system to ensure staff evacuation in conflict areas and are dependent on the UN Humanitarian Air Service remaining operational and charter flights are available, ensuring cargo and transportation to remote sites. Risks may arise in the transport of materials in program areas and in the management of supplies staff at facilities.
Access	IMC UK will continue carrying out rapid nutrition assessments, where there are nutrition gaps, new influx of IDPs, following the population moving back to their origin home with nutrition services. will ensure that no discrimination all eligible beneficiaries will receive the services equally. In most times logistical and security problems do hinder access to project services, IMC UK will ensure security clearance and advise, in order not to put the staff and the beneficiaries at risk.

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quar Total
								Q1	Q2	
1.1	Nutrition coordinator-Juba Coordinates all nutrition interventions in country. 1 person, total cost includes salary and fringe.	D	1	9501.3	4	70.00%	26,603.64	13,301.82	13,301.82	
1.2	Nutritionist (Akobo) Implements all nutrition interventions in Akobo. 1 person, total cost includes salary and fringe.	D	1	10472.42	4	70.00%	29,322.78	21,992.09	7,330.69	
1.3	Nutritionist (Malakal) Implements all nutrition interventions in Malakal. 1 person, total cost includes salary and fringe.	D	0	0	0	100.00%	0.00	0.00	0.00	
1.4	Site Manager (Akobo) Manages all program interventions in Akobo. 1 person, total cost includes salary and fringe.	D	1	9661.95	4	10.00%	3,864.78	2,898.60	966.18	
1.5	Project manager Manages program implementation covering Malakal and Akobo East. Based in Juba 1 person, total cost includes salary and fringe.	D	1	8778.75	3	35.00%	9,217.69	6,913.27	2,304.42	
1.6	Country Director Manages all IMC South Sudan Operations. 1 person, total cost includes salary and fringe.	S	1	17196.19	4	2.00%	1,375.70	1,031.77	343.93	
1.7	Medical Director Supervises technical health program implementation. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	12784	4	2.00%	1,022.72	767.04	255.68	
1.8	Senior HR Manager Manages all IMC HR services in South Sudan. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	11374.25	4	2.00%	909.94	682.45	227.49	
1.9	Program Officer Supports implementation of all IMC South Sudan operations. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	10469.38	4	2.00%	837.55	628.16	209.39	
1.10	Logistics Coordinator Manages all IMC South Sudan logistics services. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	10174.25	4	2.00%	813.94	610.45	203.49	
1.11	Logistics Manager In charge of logistical operations covering Akobo and Malakal. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	9571	4	2.00%	765.68	574.26	191.42	
1.12	Security Manager Manages all IMC South Sudan security services and staff safety. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	11580.75	4	2.00%	926.46	694.84	231.62	
1.13	Finance Director Manages all IMC South Sudan finance services. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	13709.36	4	2.00%	1,096.75	822.56	274.19	
1.14	Finance Manager In charge of finance services covering Akobo, Pochalla and Malakal. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	9171	4	2.00%	733.68	550.26	183.42	
1.15	Finance Admin Manager In charge of finance support services. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	10263.42	4	2.00%	821.07	615.80	205.27	
1.16	Program coordinator Coordinates program implementation. Based in Juba. 1 person, total cost includes salary and fringe.	S	1	9180	4	2.00%	734.40	550.80	183.60	
1.17	Deputy Nutrition Manager Support nutrition program implementation. 1 person, total cost includes salary and fringe.	D	1	1726.591	4	20.00%	1,381.27	1,035.95	345.32	
1.18	Senior Nutrition Officer Support nutrition program implementation. 1 person, total cost includes salary and fringe.	D	1	1508.111	4	50.00%	3,016.22	2,262.16	754.06	
1.19	IYCF Officer (Akobo) Implement IYCF activities. 1 person, total cost includes salary and fringe.	D	1	690.6365	4	50.00%	1,381.27	1,035.95	345.32	
1.20	IYCF Officer (Malakal) Implement IYCF activities. 1 person, total cost includes salary and fringe.	D	1	948.676	4	50.00%	1,897.35	948.67	948.68	
1.21	Nutrition Officer (Akobo)	D	1	856.3387	4	50.00%	1,712.68	1,284.51	428.17	

1 speed boat at 30,000 USD. Necessary as main transport of supplies and personnel for nutrition programs.												
Section Total										1,200.00	1,200.00	0.00
4 Contractual Services (please list works and services to be contracted under the project)												
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quar Total		
								Q1	Q2			
4.1	Nutrition SMART survey/SQUEAC survey	D	1	10000	1	100.00%	10,000.00		0.00	10,000.00		
1 nutrition surveys including consultant, training and support staff. 1 in Akobo Cost based on 2 SMART surveys completed in 2014.												
Section Total							10,000.00		0.00	10,000.00		
5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)												
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quar Total		
								Q1	Q2			
5.1	National Staff Travel peridorm	D	1	12	20	100.00%	240.00	120.00	120.00			
Travel and from duty sites. Calculated at total of 20 days for 6 month period at 12 USD per day.												
5.2	National & International Staff Travel accommodation	D	2	25	4	100.00%	200.00	100.00	100.00			
Staff accommodation, 2 days per month for 6 months calculated at 25 USD per day.												
5.3	In country travel - airfare	D	1	400	4	100.00%	1,600.00	800.00	800.00			
1 round trip per month at 400 USD based on current UNHAS travel cost.												
Section Total							2,040.00	1,020.00	1,020.00			
6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)												
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quar Total		
								Q1	Q2			
Section Total							0.00		0			
7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)												
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quar Total		
								Q1	Q2			
7.1	Guest House/Office/warehouse Rental & Maintenance (site and Juba)	D	1	39000	4	2.00%	3,120.00	2,340.00	780.00			
Cost of offices, staff houses and warehouse space in Juba, Pochalla and Akobo. Calculated monthly. Contribution of 3%.												
7.2	Office utilities and Supplies - sites	D	2	1340	4	40.00%	4,288.00	3,216.00	1,072.00			
Office utilities and supplies for Akobo, Pochalla and Malakal. Calculated monthly for 6 months.												
7.3	Office utilities and Supplies - Juba	S	1	14000	4	2.00%	1,120.00	840.00	280.00			
Services for head office, 14,000 per month 3% contribution												
7.4	Postage/Courier	D	1	180	4	2.00%	14.40	11.00	3.40			
Postage												
7.5	Fuel and Maintenance of Generators - sites	D	2	1500	4	40.00%	4,800.00	3,600.00	1,200.00			
Generator fuel and maintenance, monthly for 3 sites Pochalla Akobo and Malakal at 1500 40% contribution												
7.6	Fuel and Maintenance of Generators - Juba	S	1	6325	4	2.00%	506.00	380.00	126.00			
Generator fuel and maintenance, monthly for Juba head office at 6325 3% contribution												
7.7	Legal Fees (including NGO forum registration fee)	S	1	2783	4	2.00%	222.64	167.00	55.64			
Legal fees												
7.8	Software licences	S	1	403	4	2.00%	32.24	24.00	8.24			
Software licenses												
7.9	Bank Charges and Cash Facilitator Fees	D	1	8970	4	2.00%	717.60	538.00	179.60			
Bank charges												
7.10	General insurance	S	1	2300	4	2.00%	184.00	138.00	46.00			
Insurance												
7.11	Security company services	D	1	6497.5	4	2.00%	519.80	259.90	259.90			
Security												
7.12	Physical and Operational Security Upgrades	D	1	497.5	1	100.00%	497.50	248.75	248.75			
For 3 sites Akobo and Malakal												
7.13	Communication - sites	D	2	800	4	40.00%	2,560.00	1,920.00	640.00			

	For 3 sites Akobo and Malakal										
7.14	Communication - Juba	S	1	8000	4		2.00%	640.00	480.00	160.00	
	Communication										
7.15	Vehicle/Motorbikes/boats Registration/Insurance/Maintenance -sites	D	2	1300	4		40.00%	4,160.00	3,120.00	1,040.00	
	For 3 sites Akobo and Malakal										
7.16	Vehicle/Motorbikes Registration/Insurance/Maintenance - Juba	D	1	5800	4		2.00%	464.00	348.00	116.00	
	registration										
7.17	Vehicle/Boat/Motorbike Fuel - sites	D	2	1200	4		40.00%	3,840.00	2,880.00	960.00	
	For 3 sites Akobo, Pochalla and Malakal										
7.18	Vehicle Fuel/rent - Juba	S	1	5800	4		2.00%	464.00	348.00	116.00	
	fuel										
	Section Total								28,150.18	20,858.65	7,291.53

Sub Total Direct Cost

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)

Audit Cost (For NGO, in percent)

PSC Amount

Quarterly Budget Details for PSC Amount	2015		Total
	Q1	Q2	
	6,589.54	6,365.03	12,954.57

Total Fund Project Cost**Project Locations**

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Akobo	55	250	15230	7440	5210	28130	Activity 1.1.1 : Organize community based and health facility, routine and mass MUAC screening, case identification and appropriate referrals of children 6- 59 months, pregnant, lactating women. Activity 1.2.1 : Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Malnutrition without medical complications. Activity 1.2.2 : Provide therapeutic and medical treatment to boys and girls aged 0-59 months with Severe Acute Malnutrition with medical complication i.Stabilization Center. Activity 1.2.3 : Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with acute malnutrition. Activity 1.2.4 : Support early prepositioning of nutrition supplies to project sites Activity 2.1.1 : Training IYCF lead mother support groups, on IYCF and hygiene Activity 2.1.2 : Refresher training of the community nutrition volunteers, on IYCF messages Activity 2.1.4 : Organize bi-weekly IYCF mother support groups, sessions Activity 2.2.1 : Provide Vitamin A supplementation to boys and girls aged 6-59 months Activity 3.1.1 : Capacity building of MoH and IMC nutrition staff on CMAM and IYCF Activity 3.1.2 : Refresher training of community nutrition volunteers on screening, identification and referral path acute malnutrition cases identified. Activity 3.1.4 : Conduct anthropometric and mortality survey in Akobo East county
Upper Nile -> Malakal	45	310	24275	7130	6632	38347	Activity 1.1.1 : Organize community based and health facility, routine and mass MUAC screening, case identification and appropriate referrals of children 6- 59 months, pregnant, lactating women. Activity 1.2.1 : Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Malnutrition without medical complications. Activity 1.2.3 : Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with acute malnutrition. Activity 1.2.4 : Support early prepositioning of nutrition supplies to project sites Activity 2.1.1 : Training IYCF lead mother support groups, on IYCF and hygiene Activity 2.1.2 : Refresher training of the community nutrition volunteers, on IYCF messages Activity 2.1.3 : Establish new IYCF mother support groups in Wau-Shiluk Activity 2.1.4 : Organize bi-weekly IYCF mother support groups, sessions Activity 2.2.1 : Provide Vitamin A supplementation to boys and girls aged 6-59 months Activity 3.1.1 : Capacity building of MoH and IMC nutrition staff on CMAM and IYCF Activity 3.1.2 : Refresher training of community nutrition volunteers on screening, identification and referral path acute malnutrition cases identified. Activity 3.1.3 : County health department, health facility based, and nutrition staff trained on conducting SMART participate in the assessment.

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

