

Project Proposal

Organization	RI (Relief International)					
Project Title	Provision, strengthening and expansion of life saving community and facility based nutrition services in Longochuk and Maban Counties in Upper Nile State					
Fund Code	SSD-15/HSS10/SA2/N/INGO/517					
Cluster	Primary cluster		Sub cluster			
	NUTRITION		None			
Project Allocation	2nd Round Standard Allocation		Allocation Category Type	Frontline services		
Project budget in US\$	200,000.00		Planned project duration	5 months		
Planned Start Date	01/08/2015		Planned End Date	31/12/2015		
OPS Details	OPS Code	SSD-15/H/73004/R	OPS Budget	0.00		
	OPS Project Ranking		OPS Gender Marker			
Project Summary	<p>According to the South Sudan Humanitarian Response Plan 2015 Mid-Year Update, Longechuk and Maban are classified as highly vulnerable due to critical unmet needs and access constraints. Both counties have reported emergency levels of global acute malnutrition (GAM), and high mortality and morbidity rates. The dire health and nutrition situation is aggravated by emergency and crisis levels of food insecurity, and restricted humanitarian access as a result of conflict and weather constraints.</p> <p>In May 2015, RI conducted a rapid SMART nutrition survey in Upper Nile, which revealed a GAM prevalence of 18.9 percent (12.5 - 27.5) and a severe acute malnutrition (SAM) rate of 7.1 percent in Longechuk. Similarly, in Maban, the prevalence of GAM and SAM stood at 11.7 percent and 4.7 percent, respectively. The nutritional situation is likely worse in areas which were not able to be accessed due to flooding, insecurity and distance.</p> <p>Given the situation, there is an urgent need to expand and integrate SC, OTP, TSFP and IYCF support and promotion services with primary health care (PHC) facilities. Integrating PHC and nutritional services, and strengthening referral services is critical to improving coverage, maximizing impact, and ensuring the utilization of services by mothers and young girls, who are usually burdened with caring for family members, PLW, older people, and individuals with special needs. RI's proposed Basic and Emergency Nutrition Program (BENP) focuses on: the management of SAM and MAM, IYCF in complex emergencies, nutrition surveillance, and micronutrient supplementation in Longechuk and Maban counties. It aims to reach and treat 18,827 pregnant and lactating mothers; 17,472 girls; and 22,416 boys during the given project period.</p>					
Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	60	4139	7162	8807	20,168
	Total beneficiaries include the following:					
	People in Host Communities	53	3850	6661	8191	18755
Internally Displaced People	7	289	501	616	1413	
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	<p>RI's proposed program is linked with the 2015 Nutrition Cluster Second Allocation Strategy. Activities primarily aim to support the first cluster priority, "Management of SAM and MAM; provision of support to IYCF in emergencies; micronutrient supplementation; nutrition surveillance."</p> <p>According to the Nutrition Cluster, 80 percent of counties in the conflict-affected and high-burden states are classified at critical levels of GAM. The increased acute malnutrition rates are largely due to displacement, poor IYCF practices, the disruption of nutrition services as a result of insecurity and conflict. PLWs, young children, and elderly women and men are particularly vulnerable to malnutrition, as are IDPs. RI's proposed program is therefore also aligned with the fifth cluster priorities, "Filling gaps in core pipelines of supplies" in Longechuk and the conflict-affected areas of Maban.</p>					
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)					
Organization focal point contact details	Name	Title	Phone	Email		
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	Emily Johnson	Program Officer	+254 732 046 992	e.johnson@ri.org		

BACKGROUND INFORMATION

<p>1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>According to the most recent IPC forecast, Maban and Longechuk face crisis (IPC III) and emergency (IPC IV) levels of food security. The recent IRNA assessment conducted by the leadership of UNHCR, in Maban the number of internally displaced people (IDPs) has been steadily increasing and currently there are 11 IDP sites with a population of 12, 249 registered. In similar vein, 5,845 IDP HHs are integrated and assimilated with host community this showed how the problem deepening from time and time and need more resource to cover the gap. In Longechuk, humanitarian access remains restricted as a result of seasonal rains and flooding, which also negatively impacts crop production. Limited and inconsistent humanitarian assistance in combination with disruptions to agricultural production has a direct effect on nutrition related problems. Pregnant and lactating women (PLW) and children under five years of age in Maban and Longechuk continue to be the most vulnerable to severe acute malnutrition. In May 2015, a rapid SMART nutrition survey conducted by Relief International revealed a global acute malnutrition (GAM) rate of 18.9 percent (12.5 -27.5) and a severe acute malnutrition (SAM) rate of 7.1 percent in Longechuk. GAM and SAM prevalence in Maban stood at 11.7 percent and 4.7 percent, respectively. The nutritional situation is likely worse in areas which were not able to be accessed due to flooding, insecurity and distance.</p> <p>In the 2015 Nutrition Cluster Response Plan, Longechuk is classified as highly vulnerable (high critical with access constraints): the county reports the highest GAM prevalence, which is compounded with aggravating factors of insecurity, poor food security, high mortality, and disease outbreaks. RI therefore proposes to scale-up nutritional services in Longechuk and Maban.</p> <p>The existing nutrition services in both counties are inadequate to meet the needs of a growing demand of returnees and the host community population. Insecurity is also still a main concern especially in Longechuk which may put the host community in dire need of nutritional support. Vulnerable young children, pregnant and lactating women, disabled and elderly people in the counties have specific nutritional requirements that provide major challenges to be met in the context of the crisis.</p> <p>RI is currently the only agency on the ground in Longechuk for both health and nutrition. It serves thousands of beneficiaries, through eight-supported OTP centers and one SC. There is a need to expand SC, OTP, TSFP and IYCF support and promotion services to all the 12 primary health care (PHC) facilities and to strengthen referral services in order to improve coverage and ensure the utilization of services by mothers and young girls, who are usually burdened with caring for the family, PWL, older people, people with special needs and thus least likely to travel very far to access services.</p> <p>Recently GOAL withdrew from Longechuk. RI is now the only actor on the ground in Longechuk. It is the only agency supporting health, nutrition, and FSL programming. In Maban, although there are other actors, most activities are concentrated in the refugee camps. SP is presently covering the TSFP program in the host community; RI supports the OTP and SC for the host community and IDPs. In addition to RI and SP, no other agencies are working within the host community, despite chronic unmet nutritional needs.</p>
<p>2. Needs assessment. Explain the specific needs of the target group(s).</p>	<p>In Maban and Longechuk counties, vulnerable young children, and pregnant and lactating women have specific nutritional requirements that provide major challenges to meet in the context of crisis. Proposed areas of intervention are also flood affected, and inaccessible except for a few months of the year. Access</p>

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. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

constraints also have a negative impact on crop production and food availability, which further poses challenges to basic health and nutrition needs. The violence which erupted in mid-December 2013, worsened the existing under nutrition problem; displaced high number of households, which directly disrupted the seasonal cultivation practice. Food insecurity and conflict has put a significant proportion of the population at high-risk. Although the situation in Maban was relatively stable, there was a recent outbreak of violence which affected the remote villages of Bananshowa, Bugaya, Jinqueta and Jenmageda. In addition, there are many unmet needs within the host population in Maban as humanitarian agencies are largely concentrated in the IDP settlement.

Maban and Longechuk Counties are heavily affected by severe acute malnutrition, contributing to the concerning nutrition situation in Upper Nile State and South Sudan in general. In May 2015, a rapid SMART nutrition survey conducted by Relief International revealed a global acute malnutrition (GAM) rate of 18.9 percent (12.5 -27.5) and a severe acute malnutrition (SAM) rate of 7.1 percent in Longechuk. GAM and SAM prevalence in Maban stood at 11.7 percent and 4.7 percent, respectively. The nutritional situation is likely worse in areas which were not able to be accessed due to flooding, insecurity and distance. In the cluster response plan, Longechuk County is classified as high vulnerable (high critical with access constraints), with the highest global acute malnutrition (GAM) rates. The nutritional situation is aggravating by factors of insecurity, poor food security situation, high mortality rates and disease outbreaks justifies the need for scaling up the service in all parts of the county.

The existing nutrition services in both counties are inadequate to meet needs of a growing demand of IDPs and host community population. Insecurity is also still a main concern especially in Longechuk which may put the host community in a dire need of nutritional support. Vulnerable young children, pregnant and lactating women in the counties have specific nutritional requirements that provide major challenges to meet in the context of crisis. The need to expand SC, OTP, TSFP and IYCF support and promotion services to primary health care (PHC) facilities together with strengthening referral services is critical to improve coverage and ensure utilization of services by mothers, young girls, who are usually burdened with caring for the family, PWL older people, people with special needs and thus least likely to travel very far to access services

The purpose of this project is to reach children under 5, PLW, older people and other vulnerable groups in remote villages of Longechuk and Maban County and in areas which are not covered. RI will also maintain the existing services in Longechuk and Maban respectively where the current funding from CHF and UNICEF is coming to an end. The project will focus on saving lives and reducing the existing burden of SAM and MAM rates in order to prevent under nutrition in children 6-59 months and PLW. Targeted locations include: Audier, Jak, Guelguk, Chotbora, Dajo, Wichlual payams of Longechuk County; and the remote villages of Khoer Almhar, Jinqueta and Jin Makeda in Maban County.

3. Description Of Beneficiaries
The proposed project will target: children under five years, and pregnant and lactating women in the two counties. Moreover, lead mothers will also benefit from capacity building activities as part of the IYCF component.

4. Grant Request Justification.
According to Humanitarian Situation Mid-Year Review (2015), Longechuk and Maban face IPC levels IV and IPC III, respectively. Basic, immediate humanitarian intervention is required to prevent these areas from further deteriorating. In Longechuk, RI is the only agency currently supporting nutrition, health, and WASH programming and in Maban, it is one of the few organizations working with the underserved host community. This project will target the most vulnerable in the proposed areas of intervention (e.g. children under five, PLW, the elderly, and households located in remote, hard-to-reach villages of Longechuk and Maban). RI will also prioritize areas not covered by other humanitarian agencies and not supported with funding from the CHF 2015 first allocation. Using the CHF funding, this project will aim to increase access to high-quality and effective community and facility-based therapeutic and supplementary nutrition services; and to improve the treatment and management of severe and moderate acute malnutrition among children under five and pregnant, lactating women, older vulnerable grounds.

At the same time, RI will work to address capacity gaps of health and nutrition workers at various levels of Upper Nile through routine trainings in Longechuk and Maban. The community and health and nutrition workforce have limited skills and knowledge on how to mitigate health and nutritional problems. RI – through its current presence and local and global expertise – will focus on increasing access to services and improving the overall capacity of health workers and volunteers to both prevent and treat malnutrition using the community management of acute malnutrition (CMAM) approach.

In the local context, the static clinic-based malnutrition treatment model is insufficient to meet the complex needs. RI therefore will strive to cover all payams in proposed areas of intervention through outreach services. The proposed project will enable RI to undertake facility and community-based nutrition screening in order to identify vulnerable individuals for malnutrition (including both severe and moderate acute malnutrition). In addition, proposed activities will strive to support the management and referral of severe and moderate acute malnutrition in children, pregnant and lactating women and the nutritionally vulnerable; to reduce defaulter rates; and to increase access and coverage of the program for mothers by decreasing the walking period and waiting period often required for static-based services. Lastly, OTP services will be provided in three PHCUs and six outreach sites in Maban County to ensure optimal geographic coverage. With a goal of increasing service uptake, all nutrition centers will be fully integrated with existing health facilities. To promote integration and project synergies, health staff will also be involved in OTP outreach activities.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.
RI has been working Upper Nile over the last seven years, implementing life-saving health, nutrition and FSL programming. RI always seeks to promote and support program integration in order maximize outcome and impact. Complementarity is achieved by integrating different projects, fostering synergies, and encouraging staff in different sectors to understand the dynamism and how projects complement each other. In Maban and Longechuk, RI intends to explore linkages between FSL, WASH and health programming.

Currently, RI has USAID / OFDA funding to support emergency nutrition programming in Malual and Chatbora payams within Longechuk. RI also receives in-kind nutritional supplies and basic operational support from UNICEF to manage seven OTP sites and one SC in Longechuk (payams include Mathiang, Malual, Wetbar, Jongolith, Warweng, Jangok, and Belwang). In Maban, RI only receives support from UNICEF, which supports five OTPs and one SC. CHF funding will therefore be used to support community-based management of malnutrition (CMAM) programming. Specifically, RI will provide training to nutrition staff, community volunteers, and IYCF lead mothers on CMAM guidelines and IYCF. In addition, CHF will enable RI to purchase needed furniture at supported OTP and SC sites, as much was destroyed during December 2013 and the subsequent outbreaks of violence in 2014 / 2015. Finally, CHF will provide funds for important technical and community-based staff not covered through other projects, such as community mobilizers and OTP technical supervisors. These staff will enable RI to better monitor the delivery of life-saving humanitarian assistance.

LOGICAL FRAMEWORK

Overall project objective To reduce morbidity and mortality as a result of malnutrition

Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
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	60
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	30
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	10

Outcome 1 Improved un-restricted and non-discriminatory access to comprehensive nutrition treatment services for women, men, girls, boys and vulnerable groups including ethnic minorities, returnees/IDPs/refugees

Code **Description** **Assumptions & Risks**

Output 1.1 Over 15,000 vulnerable people have improved access to nutrition treatment programs

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			5696	3797	9493
		Means of Verification:	MUAC screening / referrals, treatment center reports and records, routine monitoring				
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment		1899			1899
		Means of Verification:	MUAC screening / referral, treatment center records and reports, routine monitoring				

Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment					3544	4952	8496
		Means of Verification:	MUAC screening / referrals, SC reports and records, routine monitoring						
Indicator 1.1.4	NUTRITION	Number of new stabilization center sites established and / or strengthened							3
		Means of Verification:	SC records, routine monitoring						
Indicator 1.1.5	NUTRITION	Number of new TSFP sites established							5
		Means of Verification:	TSFP records and reports, routine monitoring						
Indicator 1.1.6	NUTRITION	Number of Out-patient Therapeutic Program (OTP) sites supported							7
		Means of Verification:							

Activities

Activity 1.1.1	Strengthen referral systems in order to ensure children with severe acute malnutrition (SAM) with medical complications to Stabilization Centre (SC)
Activity 1.1.2	Conduct screening for children between 6-59 months and PLWs to identify with malnutrition cases
Activity 1.1.3	Strengthen the existing seven Out-patient Therapeutic Program (OTP) sites in Longechuk through minor infrastructure rehabilitation, furniture provision, and training
Activity 1.1.4	Admit children (under-5) for the treatment of SAM
Activity 1.1.5	Admit and treat children with severe acute malnutrition (SAM) but without medical complication to Outpatient Therapeutic Program (OTP)
Activity 1.1.6	Strengthen the two existing stabilization centers in Longechuk and Maban through minor infrastructure rehabilitation, furniture provision, and training
Activity 1.1.7	Support the establishment of five TSFP sites (with anticipated additional in-kind support from WFP) in Longechuk
Activity 1.1.8	Strengthen the existing five Out-patient Therapeutic Program (OTP) sites in Maban through minor infrastructure rehabilitation, furniture provision, and training

Output 1.2 Improved IYCF practices among target communities through lead mothers

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	20	20			40
		Means of Verification:	Training reports				
Indicator 1.2.2	NUTRITION	Number of IYCF lead mothers trained					240
		Means of Verification:					
Indicator 1.2.3	NUTRITION	Number of IEC campaigns carried out					2
		Means of Verification:	Activity reports, photographs				

Activities

Activity 1.2.1	Provide training to at least 240 IYCF lead mothers to lead sensitization and awareness campaigns in their respective payams (120 IYCF lead mothers in Longechuk and 120 IYCF lead mothers in Maban)
Activity 1.2.2	Raise awareness among mothers to exclusively breastfeed infants aged 0 to 6 months in Maban and Longechuk through IEC / BCC materials and awareness raising campaigns

Output 1.3 Over 9,000 children and PLW have improved nutrition through micro-nutrient supplementation

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	NUTRITION	[Frontline services] [Prevention] Number of 6-23 reached with Micro-nutrient powders			3873	3361	7234
		Means of Verification:	Facility records, patient records				

Activities

Activity 1.3.1	Provide micronutrient vitamins and minerals to children 6-59 months and PLW (including 2,962 children in Maban and 4,272 children in Longechuk)
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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	Nov	Dec
	Activity 1.1.1 Strengthen referral systems in order to ensure children with severe acute malnutrition (SAM) with medical complications to Stabilization Centre (SC)	2015								X	X	X	X	X
	Activity 1.1.2 Conduct screening for children between 6-59 months and PLWs to identify with malnutrition cases	2015								X	X	X	X	X
	Activity 1.1.3 Strengthen the existing seven Out-patient Therapeutic Program (OTP) sites in Longechuk through minor infrastructure rehabilitation, furniture provision, and training	2015								X	X	X	X	X
	Activity 1.1.4 Admit children (under-5) for the treatment of SAM	2015										X	X	X
	Activity 1.1.5 Admit and treat children with severe acute malnutrition (SAM) but without medical complication to Outpatient Therapeutic Program (OTP)	2015								X	X	X	X	X

Activity 1.1.6 Strengthen the two existing stabilization centers in Longechuk and Maban through minor infrastructure rehabilitation, furniture provision, and training	2015									X	X	X	X	X
Activity 1.2.1 Provide training to at least 240 IYCF lead mothers to lead sensitization and awareness campaigns in their respective payams (120 IYCF lead mothers in Longechuk and 120 IYCF lead mothers in Maban)	2015									X	X	X		
Activity 1.3.1 Provide micronutrient vitamins and minerals to children 6-59 months and PLW (including 2,962 children in Maban and 4,272 children in Longechuk)	2015										X	X	X	X
Activity 1.2.2 Raise awareness among mothers to exclusively breastfeed infants aged 0 to 6 months in Maban and Longechuk through IEC / BCC materials and awareness raising campaigns	2015									X	X	X		
Activity 1.1.7 Support the establishment of five TSFP sites (with anticipated additional in-kind support from WFP) in Longechuk	2015											X	X	X
Activity 1.1.8 Strengthen the existing five Out-patient Therapeutic Program (OTP) sites in Maban through minor infrastructure rehabilitation, furniture provision, and training	2015										X	X		

M & R DETAILS

<p>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 .</p>	<p>RI has developed rigorous M&E framework and information management system for interventions. This toolkit has been adapted to the context and is equipped with reporting formats and data collection tools for various activities, integrated system of traditional monitoring: data collection on inputs, outputs, and outcomes, and community based participatory monitoring mechanisms. Data will be disaggregated by sex and age wherever possible. Meetings will be facilitated in a participatory manner to ensure equal voice of all groups, including marginalized and vulnerable populations. Feedback will be both qualitative and quantitative and will include methods such as ranking and scoring matrices.</p> <p>Biweekly Reporting and Local Monitoring: RI's expatriate nutrition coordinator, in collaboration with other RI senior teams, will develop detailed performance monitoring and work plans to be used as key implementation guides by national staff at all RI target areas. These plans will form the basis of progress monitoring throughout the program period. Five major parameters will be assessed in all monitoring activities including outputs, inputs, whether progress of activities are according to the objectives, decision making processes and context analysis. To clarify, progress towards achieving deliverables and quality of services rendered will be monitored by an expatriate nutrition coordinator via weekly meetings with all local staff, community volunteers and community workers in the RI field office in Maban and Longechuk, as well as field visits. Local staff and community workers will report to the RI Nutrition Coordinator who spend most of his time in Maban and Longechuk and the coordination office twice a month to update on activities and address and resolve implementation challenges with the Program Manager based in Juba. This is also a methodology that is building local skills in support of RI's sustainability and transition strategies.</p> <p>Field Visits: Expatriate field visits to RI target sites are critical to monitor the quality and integrity of RI's programs in remote program locations at a minimum monthly basis. RI's Program Manager is required to spend 50% or more of his time at program sites. Senior country leadership, namely the Country Director, will continue this practice during the CHF program period with routine and sometimes extended stays in Longechuk and Maban to facilitate oversight, work plan and finance reviews, and course correction discussions.</p> <p>Midterm Evaluation (Coverage survey) This will be conducted in a quarter bases, by the project to: review the appropriateness of the project goal and outcomes; Assess progress towards meeting the targets (with a goal of determining which targets need to be revised); Assess the effectiveness and efficiency of the strategies adopted (e.g. appropriateness of activities and whether these need to be revised, whether they are cost effective) and an analysis of the major challenges that have affected project implementation. The outcome of the midterm evaluation will be used to make appropriate adjustments in the project design Nutritional assessment and surveillance The results obtained from past experiences, signaled the need RI to set a surveillance system in place to monitor the trends in malnutrition using the SMoH/UNICEF recommended SMART methodology. In addition to participating in integrated rapid assessments for rapid response with other partners (e.g. UNOCHA), RI will conduct a SMART nutrition survey in both counties and share the results with the Nutrition team and relevant stakeholders.</p>
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OTHER INFORMATION

Accountability to Affected Populations	<p>To ensure accountability to affected and targeted populations, RI will:</p> <ol style="list-style-type: none"> 1. Actively engage all segment of the community for planning exercises 2. Balance of both sexes in staff hiring process 3. Actively engage women groups in project planning, implementation and monitoring exercise. 4. At the commencement of the project organizing launching ceremony with all key stake holders to explain the project objectives and scope including setting joint planning and monitoring exercise 5. Regular and periodic review of projects with key stake holders and strengthening the feedback mechanisms with the beneficiaries
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	<p>Building on more than seven years of programming experience in Upper Nile State - specifically in Maban and Longechuk counties - RI will continue to strengthen the accessible, equitable, and enduring health and nutrition care delivery structure it has helped to develop in the proposed project areas. This proposed project will be run through these vital healthcare facilities and linked with an intensified community component. RI's Nutrition Coordinator will be responsible for ensuring the technical implementation of the project in line with national and international standards.</p> <p>RI started operations in Maban since 2007 and in Longechuk in 2011. It has implemented health, nutrition, WASH, protection, FSL, and IYCF programs. Currently, RI is implementing the FSL program in both counties. RI has some experienced nutrition staff in the county, however, recruiting and maintaining high-quality local staff has been challenging. As such, RI deploys some expatriates in Longechuk and deploys well qualified staff from other areas in South Sudan or from the region.</p> <p>RI will implement the project in collaboration with the Nutrition and Logistics Clusters, as well as with WFP, UNICEF, and UNMISS. RI has an active PCA with UNICEF for both counties. RI also approached WFP and is in the process of preparing proposal for new agreement to support the TSFP component of the program for payams which is not covered by the existing partner agencies in both counties. RI will employ a system where all stakeholders participate in all cycles of project management including project implementation. Community leaders/representatives and government partners will play a major role in implementing project activities. Moreover, RI will pursue an integrated strategy whereby the links between nutrition, health, food security, water and sanitation activities are strengthened to allow programs to have more synergies. RI will work closely with the existing health lead agency to integrate the nutrition and primary health care activities and the RI food security staff, work closely with the nutrition team and the existing lead mothers for IYCF promotion will be revitalized and trained to maximize the project inputs. The range of nutrition components that will be implemented are:</p> <ul style="list-style-type: none"> • Stabilization Centers (SC) in elected PHCCs. • Outpatient Therapeutic Program (OTP) in all health facilities and health delivery points. • Treatment of MAM in children in all health facilities and health delivery points. • Micronutrient supplementation for children and PLWs in all health facilities and health delivery points • Growth monitoring and promotion in all health facilities and health delivery points. • Nutrition education and IYCF promotion in all target communities. • Training of community and facility based health and nutrition workers.
Coordination with other Organizations in project area	
Environmental Marker Code	
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	<p>Women play a large and important role in both productive and reproductive activities, though their contribution is overlooked due to male dominance and the patriarchy system. Women are not represented in any decision making positions and there are few to no opportunities for women to be accepted in public roles, or for their voices to be heard publically. In order to alleviate such problems, RI will empower women using available opportunities that allow women to participate in decision making processes. One of the available opportunities to involve women in public interest is this nutrition project, where women will be actively involved in trainings that can build their capacity while increasing their visibility and their bargaining power. In order to improve equity and the sustainability of nutrition activities, specific measures like placing women in leadership and decision making positions will take place to fulfill their strategic needs. All activities will include at least 50 percent females where possible. In addition, the project focuses on children and mothers where the majority (61%) of project recipients are envisioned to be female. Gender is already mainstreamed in all RI projects in all project cycle management.</p> <p>As is true in other African countries, in rural areas of South Sudan, women are the primary caretakers and providers in their households. When women suffer, the entire family suffers. RI is committed to a focus on women and their roles in households, and a primary goal of nutrition programming will be to significantly improve women's access to nutrition services.</p>
Protection Mainstreaming	Women are playing a vital role both in productive and reproductive activities, though their contribution is overlooked due to the male dominance and patriarchy

system in South Sudan in general particularly in the context of Maban and Longechuck. Women are not represented adequately in any decision making position and there is limited opportunity to accept women in public places and hear their voice. In order to alleviate such problem the project will give attention to improve their engagement in the project implementation process. The situation in the county getting worse due to the current violence where high number of women's and children displaced and much is expected in the coming period as the area is serving as immigration route to neighboring Ethiopia. This Disrupted their so The project team will assess the situation and respond for the immediate protection needs for this targeted group in collaboration with elders, church leaders and local authorities in the area and advocate the problem at various levels for issues which is beyond the project scope and mandate. The planned project activities also target children and mothers to be benefited from all components of the project. Specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring, and evaluation. For example, RI will try to ensure that female and male representation will be balanced in community nutrition volunteers, and during recruitment of nutrition staff at various levels. RI will continue to encourage and proactively recruit female staff in the county where the level of literacy and tradition of females working outside the home is low.

Through an activity focus on maternal health, RI nutrition team will work closely with the health staff to ensure that lactating and pregnant women get the required support in line with nutrition counseling, micronutrient supplementation and regular screening for malnutrition. Traditional birth attendants will also be supported through the core activity of disseminating nutrition education and referring malnourished cases to the nearby nutrition center in addition to referring complicated deliveries and high risk pregnancies (women) to the health facilities. The planned IYCF activity will be fully implemented by the selected lead mothers from each location that gives opportunities for the mother to get knowledge and skill to promote the recommended nutrition practices. RI will also ensure/recognize the full representation of women groups (women associations) in all project activities which needs community level decision and engagement. RI will provide training for staff on Sexual and Gender Based Violence (SGBV) targeted at identifying potential cases and referring survivors for appropriate treatment and counseling. In light of the potential for increased incidences of SGBV related to potential conflict, insecurity, and mass population movements in 2015, RI will look to increase awareness amongst staff and communities regarding SGBV, with training targeted at appropriate and timely care seeking for rape victims.

Safety and Security

A Do No Harm approach (DNH) will be pursued to cater to quality nutrition services. RI will oversee and analyze the level of conflict sensitive issues while discharging the responsibilities. All staff will be advised to understand and demonstrate expected professionalism, impartiality and maintain confidential issues of clients and respect the local culture. RI also ensures equal access to services by doing program awareness activities at all stages of program implementation. RI undertakes regular conflict monitoring analysis to reinforce security and stability. Moreover RI strictly follows its internal security management guidelines and UNDS advise in the respective areas.

Access

The recurrence of floods created due to heavy rain and overflow from the high level grounds resulted in decreased access to both counties. Security is another challenge, especially to transport supplies to Longechuck County. RI will address this challenge by using the road route via Pagak to Longechuck during the dry season. Mathiang and Pagak airstrips are accessible by UNHAS weekly flights; chartered private flight company and locally hired tractors are also viable transport supplies from Pagak to Longechuck; however, these modes have high cost implications on the project. Additionally RI will work with cluster; WFP and UNICEF to get support from logistic cluster and UNMISS. There is also an access challenge in a remote locations/payams in both counties due to poor road access, flooding and poor condition of the road in most time of the year and insecurity. RI will address these challenges by establishing community networks, integrated program approach with the existing health service, comprehensive outreach programs, prepositioning of supplies during dry seasons, joint operation with partner organizations in the area and using other means of transport like tractors.

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		Quarterly Total
								Q3	Q4	
1.1	Country Director	S	1	8500	5	10.00%	4,250.00	2,125.00	2,125.00	4,250.00
	RI's country director will provide oversight on the project as part of the larger country portfolio; He/she will dedicate 10% of his/her time.									
1.2	Program Manager	D	1	6000	5	10.00%	3,000.00	1,500.00	1,500.00	3,000.00
	Overall coordinator/manager of project, responsible for oversight and supervision of all program and operations aspects, including liaising with partners, engaging government, organizing training programs, and working with other stakeholders. The position will dedicate 10% of his/her time to the project									
1.3	Country Finance Manager	S	1	5500	5	10.00%	2,750.00	1,375.00	1,375.00	2,750.00
	He will provide high level finance management support, including review of all finance reports and donor compliance accountability. He will dedicate 10% of his time to the project.									
1.4	Deputy Finance Manager - Field Based	S	1	4500	5	10.00%	2,250.00	1,125.00	1,125.00	2,250.00
	The Deputy Finance Manager is based in the field sites and provides technical backstopping to field offices. He rotates on the various field offices to ensure compliance with donor regulations. The Deputy FM backstops the Country finance manager during his absence and also works closely with the program team in the field in terms of budget interpretation and utilization. 15% of their time will be dedicated to this project									
1.5	Sr. Operations Manager & Security Coordinator	S	1	5500	5	10.00%	2,750.00	1,375.00	1,375.00	2,750.00
	RI's Security coordinator and Operations manager provides each project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent procurement policies and also over the security of the RI staff, beneficiaries and properties as advice as appropriate. He/she will dedicate 15% of time to the project									
1.6	Nutrition Technical Coordinator	D	1	5500	5	30.00%	8,250.00	4,125.00	4,125.00	8,250.00
	He will provide expertise, technical oversight, and support capacity building for all aspects of the program related to Nutrition, The position will dedicate 50% of his/her time to the project. The Technical coordinator will be directly involved in the day to day technical issues relating to the project, the other portion of the LoE will be supplemented by the UNICEF nutrition program in the same location.									
1.7	Emergency Nutrition officer	D	1	1500	5	100.00%	7,500.00	3,750.00	3,750.00	7,500.00
	Responsible for the technical direct implementation oversight in respective project locations supervised by Nutrition Technical Coordinator. The position will dedicate 100% of his/her time to the project.									
1.8	CMAM supervisor	D	1	750	5	100.00%	3,750.00	1,875.00	1,875.00	3,750.00
	CMAM supervisor are responsible for supervising and reporting activities and staff at the Static and mobile Community-based Management of Acute Malnutrition (CMAM) programming clinic and services.									
1.9	5 OTP Nurses	D	5	500	5	100.00%	12,500.00	6,250.00	6,250.00	12,500.00
	OTP Nurses are responsible for patient registration, keeping the patients' records, make the reports, community mobilization, and managing the nutrition unit as facility in charges. They will dedicate 100% of their time to the project									
1.10	5 CMAM Outpatient Assistants	D	5	350	5	100.00%	8,750.00	4,375.00	4,375.00	8,750.00
	CMAM outpatient Assistance are responsible in managing, caring for and supporting outpatients. They will dedicate 100% of their time to the project.									
1.11	3 CMAM Patient Assistants	D	3	350	5	100.00%	5,250.00	2,625.00	2,625.00	5,250.00
	CMAM Outpatient Assistants are responsible for managing, caring for and supporting inpatients. They will dedicate 100% of their time to the project.									
1.12	5 CMAM outreach workers	D	5	200	5	100.00%	5,000.00	2,500.00	2,500.00	5,000.00
	CMAM outreach workers are responsible working and making home visits to identify patients, motivate and conduct community mobilization session. They work hand in hand with community volunteers and volunteers to support Community-based Management of Acute Malnutrition (CMAM) programming. They will dedicate 100% of their time to the project.									
1.13	SFP Supervisor	D	1	800	5	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
	The SFP supervisor is responsible for supervising and reporting activities and staff for supplementary feeding program services, in the drive improve the nutritional status of vulnerable children, pregnant and lactating mothers. He / she will dedicate 100% of their time to the project.									
1.14	CMAM Community Mobilizer	D	1	450	5	100.00%	2,250.00	1,125.00	1,125.00	2,250.00
	The CMAM Community Mobilizer will be deployed to engage his / her community on the objectives of the program's nutrition intervention. They will dedicate 60% of their time to									

	the project. The other portion of the LoE for the community mblizer will be covered under other funding from UNICEF which is currently ongoing in the same location.									
1.15	Logistics Officer	S	1	1500	5	20.00%	1,500.00	750.00	750.00	1,500.00
	RI's Logistics Officer will provide dedicated project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI. He / she will dedicate 20% of their time to the project.									
1.16	Admin/HR officer	S	1	1500	5	20.00%	1,500.00	750.00	750.00	1,500.00
	RI's Admin/HR Officer will provide support on program oversight including on personnel recruitment and human resources matters, along with associated cross-cutting administration for operations and activity implementation in accordance with RI finance, audit, and HR standards; he/she will dedicate 20% of time to the project									
1.17	Finance officer	S	1	1100	5	20.00%	1,100.00	550.00	550.00	1,100.00
	RI's National Finance Officer will provide daily oversight on project finances and finance staff as part of the larger country portfolio, reporting project expenditures and accounts to the finance manager ; he/she will dedicate 20% of time to the project									
1.18	Security Guards (4)	S	4	350	5	20.00%	1,400.00	700.00	700.00	1,400.00
	The Office/ Guesthouse / Warehouse guards provide each project site with daily coverage of compound/warehouse security, necessary in the current fluid context , in accordance with RI safety and security procedures; They will dedicate 20% of their time to the program									
1.19	Cook / Cleaner (2)	S	2	300	5	20.00%	600.00	300.00	300.00	600.00
	The Cook / Cleaner will keep the office clean in accordance to RI standards They will dedicate 20% of their time to the project.									
1.20	Driver (1)	S	1	500	5	20.00%	500.00	250.00	250.00	500.00
	Driver provide each project site with daily transport coverage and support in the deliverance of the activities in the field and country office level.									
1.21	Monitoring and Evaluation Support	S	1	750	5	20.00%	750.00	350.00	400.00	750.00
	Monitoring and Evaluation Support consists of an associate, senior officer, and director level program assistance that backstops and monitors the project at the country level.									
	Section Total						79,600.00	39,775.00	39,825.00	79,600.00
2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)										
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
2.1	Freight, transport & storage(Juba-Maban-Longchuk by Boat, truck,tractors etc)	D	1	12000	1	100.00%	12,000.00	6,000.00	6,000.00	12,000.00
	This will support costs for the freight, transport and storage of program supplies (e.g. nutrition supplies and equipment) from Juba to Maban and / or Longchuk. This will be 100% covered by the project.									
2.2	Printing/laminating guidelines and protocols	D	2	2800	1	100.00%	5,600.00	2,800.00	2,800.00	5,600.00
	This will support printing and laminating costs associated with the production of nutrition education materials, training materials, and tools (e.g. maternal nutrition and IYCF cards).									
2.3	Furnitures for SC/OTP and TSFP	D	4	2300	1	100.00%	9,200.00	4,600.00	4,600.00	9,200.00
	This will support furniture for the three stabilization centers and the 20 OTPs in Maban and Longchuk.									
2.4	OTP,SC and TSFP supplies/Equipments	D	0	0	0	100.00%	0.00	0.00	0.00	0.00
	This will support supplies and equipment for the three stabilization centers and the 20 OTPs in Maban and Longchuk. RI intends to receive these in-kind from UNICEF.									
2.5	Nutrition measurement Materials / Equipment	D	0	0	0	100.00%	0.00	0.00	0.00	0.00
	This will support materials and equipment for the three stabilization centers and the 20 OTPs in Maban and Longchuk. RI intends to receive these in-kind from UNICEF.									
2.6	Training of Nutrition Staff and CHD on CMAM and IYCF	D	2	2600	1	100.00%	5,200.00	2,600.00	2,600.00	5,200.00
	This covers training costs on CMAM and IYCF for CHD and nutrition staff.									
2.7	Training of community Nutrition Volunteers	D	2	1800	1	100.00%	3,600.00	1,800.00	1,800.00	3,600.00
	This covers training costs associated with training nutrition volunteers.									
2.8	Training of Lead Mothers and community Nutrition Volunteers as per IYCF guidelines	D	2	2700	1	100.00%	5,400.00	2,700.00	2,700.00	5,400.00
	This covers training costs associated with training 120 lead mothers and nutrition volunteers.									
	Section Total						41,000.00	20,500.00	20,500.00	41,000.00
3 Equipment (please itemize costs of non-consumables to be purchased under the project)										
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	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		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	0.00
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		Quarterly Total
								Q3	Q4	
5.1	Staff travel - Per diem	D	6	450	1	100.00%	2,700.00	1,350.00	1,350.00	2,700.00
	The budget line will be used to provide per diems and accommodation allowance for the staff working under this program.									
5.2	Local Flights for Staff Travel - Juba-Maban - Longchuk	D	2	400	3	100.00%	2,400.00	1,200.00	1,200.00	2,400.00
	These funds will be used to cater for the travels for the program staff to and from the field sites.									
5.3	Travel Expat Staff to Field/Home Return with	D	2	750	3	100.00%	4,500.00	2,250.00	2,250.00	4,500.00

	Visa and Inoculation										
	These funds will cater for the travel of the technical coordinator in charge of the project.										
5.4	Vehicle/tractor rental	D	1	2500	2	100.00%	5,000.00	2,500.00	2,500.00	5,000.00	
	These funds will be used to hire vehicles/tractor for movement and transportation of the Nutrition team and materials in the field										
	Section Total						14,600.00	7,300.00	7,300.00	14,600.00	

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		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	0.00

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		Quarterly Total	
								Q3	Q4		
7.1	Stationary and office materials for maban and longechuk	D	1	1200	6	40.00%	2,880.00	1,440.00	1,440.00	2,880.00	
	This budget will be used to purchase stationary and other relevant office materials in the field sites where the project is being implemented.										
7.2	Renovation and maintenance for field offices	D	1	6300	1	50.00%	3,150.00	1,575.00	1,575.00	3,150.00	
	Due to harsh weather, the field sites where the project is being implemented require continual maintenance and renovation in order to ensure the staff are able to work within a conducive, safe working environment, maximizing the delivery and quality of program objectives										
7.3	Renovation and maintenance for SC/OTP/TSFP centers	D	6	1700	1	100.00%	10,200.00	5,100.00	5,100.00	10,200.00	
	These funds will be used to renovate and maintain the various centers used for the program. These include providing new thatching materials for the roofs, doors and windows as well as painting the rooms / building.										
7.4	Office/GH/Stores rental (Maban, Longechu)	D	2	8000	1	20.00%	3,200.00	1,600.00	1,600.00	3,200.00	
	These funds will be used to pay for office, guesthouse and warehousing rentals in the field site where the project is being implemented.										
7.5	Utilities for field Offices (Maban, Longechuk)	D	2	1300	2	50.00%	2,600.00	1,300.00	1,300.00	2,600.00	
	These funds will be used to pay for water, garbage collection and other services in the field locations of the project.										
7.6	Communications (Longechuk, Maban & Juba)-Mobile,Internet and Thuraya	D	2	4800	2	20.00%	3,840.00	1,920.00	1,920.00	3,840.00	
	The budget will be utilized to buy thuraya airtime and other related communication supplies with the field locations for the purpose of reporting and dissemination of information in a timely manner.										
7.7	Printing / Photocopying	D	1	1900	1	100.00%	1,900.00	950.00	950.00	1,900.00	
	Funds will be used to print and reproduce materials and pamphlets to be used for the program activities in the field sites.										
7.8	Maintenance and fuel for power generation (Maban and Longechuk)	D	2	1400	2	50.00%	2,800.00	1,400.00	1,400.00	2,800.00	
	Funds will be used to procure fuel for use to generate power for use in the offices where the program is being implemented in the day to day running of the office activities.										
7.9	Postage and Courier	D	1	698.5	1	100.00%	698.50	698.50	0.00	698.50	
	These funds will be used for posting/courier program related materials to/from head office. These include supporting documentations for technical staff whose costs are levied from Headquarters as well as signed agreements										
7.10	Juba office/GH rent	S	1	10500	5	20.00%	10,500.00	5,250.00	5,250.00	10,500.00	
	These budget will be utilized to partly finance the rent of the main office in Juba as well as the Guesthouse for the support staff.										
7.11	Vehicle rental (Four Wheel and light vehicle)	D	2	1100	5	30.00%	3,300.00	1,650.00	1,650.00	3,300.00	
	These funds are for renting vehicles for the use of supporting the program activities during the various campaigns and trainings.										
7.12	Vehicle Fuel and Maintenance	D	1	750	5	50.00%	1,875.00	1,000.00	875.00	1,875.00	
	These funds will be used to purchase fuel for the vehicles as well as maintenance of the vehicles during the project implementation										
7.13	Banking charges	D	1	412	5	100.00%	2,060.00	1,030.00	1,030.00	2,060.00	
	These will be used to pay for the bank charges-ledger fees as well as swift charges and any other related charges during the cash handling of the funds.										
7.14	Insurances (Non-Personnel)	D	1	600	1	100.00%	600.00	300.00	300.00	600.00	
	This will cover insurance for the vehicles and premises upon which the staff working under the program are using.										
7.15	Legal Fees	S	1	261.73	1	100.00%	261.73	100.00	161.73	261.73	
	These are fees used to pay for legal services during the program duration. Only a portion of the legal fees will be charged to the project equivalent to 20%.										
	Section Total						49,865.23	25,313.50	24,551.73	49,865.23	

Sub Total Direct Cost	185,065.23
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)	7%
Audit Cost (For NGO, in percent)	1%
PSC Amount	12,954.57

Quarterly Budget Details for PSC Amount	2015		Total
	Q3	Q4	
	6,477.00	6,477.57	12,954.57

Total Fund Project Cost	198,019.80
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Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile -> Longochuk	60					0	
Upper Nile -> Maban	40					0	

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

