

Requesting Organization :	Universal Intervention and Development Organization			
Allocation Type :	Reserve allocation 4			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :	Re equipping of Nutrition service delivery sites in Mayendit South ,Unity state and support of 3PHCUs ad a Mobile clinic in Nyal (Duong ,Nyadong and Kathieth Payams) Panyijar County .			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-15/HSS10/RA4/N/NGO/663	
Cluster :		Project Budget in US\$:	495,042.30	
Planned project duration :	4 months	Priority:		
Planned Start Date :	15/11/2015	Planned End Date :	29/02/2016	
Actual Start Date:	15/11/2015	Actual End Date:	29/02/2016	
Project Summary :	<p>Recent years have seen UNIDO continuously operate 12 outpatient therapeutic feeding centers and 8 targeted supplementary feeding centers in 12 Payam with coverage in all 12 Payam in Mayendit County. Conflict continued to uproot and displace households, preventing many from planting as its their main source of Food and forcing them to sell off assets and livestock for food. Renewed fighting which began in April 2015 worsened the situation by destroying available systems for addressing causes of malnutrition. UNIDO being the Health and Nutrition lead agency in Mayendit County together with other Humanitarian actors have since found it difficult to operate in the area as a result of insecurity. This is evidenced by an attempt by UNICEF to conduct an RRM in Dablual payam ,Northern Mayendit which was unsuccessful in July 2015. Health care and nutrition service coverage is further hindered by geographical constraints and poor transportation infrastructure. The internal and external conflicts resulted to displacement of people as most of the community members sought refuge in the neighboring Panyijar county .The influx of IDPs in Panyijar increased tensions and raised the level of vulnerability among county residents in competition for scarce resources. This is why UNIDO through the Nutrition cluster sought to follow beneficiaries and continue giving them the Nutrition services while in Greater Nyal .This project will address , respond and scale up nutrition needs by targeting 7500 IDPs, and host communities of Kertith, Nyadong and Duong PHCUs . The project is designed to provide both preventive and curative services. Treatment of severe acute malnutrition (SAM) will be provided by UNIDO to prevent children under five from malnutrition caused death. Treatment of moderate acute malnutrition (MAM) done by IRC (The Lead agency in Panyijar) aims to improve the health of children under five and pregnant and lactating women (PLWs), thereby reducing the prevalence of severe acute malnutrition. UNIDO will ensure proper referral system is in place working closely with IRC in achieving this .A mobile Clinic has already been set up by UNIDO in Kertith and once funded we are planning to expand to Mer 1,2 &3 islands where the community is completely cut off from humanitarian services .Awareness campaigns on topics including IYCF ,HIV awareness and hygiene promotion will be provided to the community. UNIDO which has presence in Nyal under Education, Child Protection and FSL sectors will work closely with CHDs to ensure that the community of Nyal receive the needed services. UNICEF and WFP will provide food rations towards treatment of SAM and MAM in children and PLW in Panyijar county of Unity State. Children under five, and PLWs, as well as other vulnerable groups, will be screened in the community and referred accordingly. To avoid duplication of activities with already existing IPs in Panyijar County ,this project is specifically meant to scale up the delivery of the nutrition care services in Kertith, Nyadong and Duong PHCUs which have been hugely affected by the increasing case load caused by the continuous influx of the IDPs from Mayendit, Koch and leer counties into the area.Sign of hope which was covering the aforementioned areas pulled out leaving a huge gap which couldn't be filled by IRC alone as they are overwhelmed with IDPs totaling to 80,000 according to the reports on ground .In Mayendit South , the inter agency assessement conducted in August opened up the area for Humanitarian Aid .Our Health Facilities which were completely destroyed will benefit from the reserve fund as we seek to re equip the OTP sites here in so as to help make implementation of the CHF SA2 smooth as had been planned since CHWs and CNVs now have to work under trees in Mayendit south since the destruction of the only existing PHCC & PHCUs managed by UNIDO.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
3,000	5,000	3,920	4,080	16,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	3,920	4,080	8,000
Internally Displaced People	1,000	1,000	0	0	2,000
People in Host Communities	500	3,000	0	0	3,500
Pregnant and Lactating Women	0	3,500	0	0	3,500

Indirect Beneficiaries :

800 Men will be targeted during IYCF messaging as indirect beneficiaries in Nyal.

Catchment Population:**Link with allocation strategy :**

The project will expand nutrition services from 12 fixed nutrition sites in Mayendit County to include mobile clinics in Kertith & Mer 1,2 3 in Nyal) and static services at Nyadong & Duong PHCUs in areas where there are no nutrition services at the moment , thus expanding coverage. The operation areas are accessible at the moment thus implementation is feasible. In Mayendit South we seek to re establish the infrastructure there in to enable us best deliver to our host and incoming new arrivals from neighboring counties since all our HFs were completely destroyed .There will be collaboration with the SMOH, WFP ,UNICEF & IPs on ground to provide services that respond to the emergency levels of malnutrition and the growing number of IDPs in the project areas. These life-saving interventions will provide critically needed outpatient therapeutic care programming (OTP) to children under five, PLWs, older people and other special cases such as disabilities and cases with compounding medical conditions. (This will relate to cluster objective # 1 and 2). Deliver quality, life-saving, management of acute malnutrition for at least 60% SAM cases and 60% MAM cases in all define vulnerable girls and boys, PLWs, older people and other vulnerable groups living in the malnutrition high burden states and Nutrition objective #2 states: Provide access to integrated programs preventing under nutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups. Needs analysis and reporting will be carried out in collaboration with the community leaders and churches in the area. The community leaders and the churches will be the key players for information sharing and identification of community workers. This relates to Nutrition objective #3, which states: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response. The activities to be conducted will best demonstrate value for money throughout the implementation period and UNIDO having been present in Nyal with other sectorial operations will make Nutrition integration smoother. UNIDO seeks to optimize the resources available to maximize reach and impact for the cost .

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
JAMES KEAH NINREW	EXECUTIVE DIRECTOR	ed@unidosouthsudan.org	0927394926
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BACKGROUND**1. Humanitarian context analysis**

The nutrition situation in South Sudan remains precarious with about 3.2 million people being nutritionally insecure .An estimated 229,344 children under 5 are severely malnourished and a further 417,909 moderately malnourished .Global Acute malnutrition is above the emergency threshold in the conflict affected states of Jonglei ,Upper Nile and Unity . An IRNA assessment in Nyal town between 9 – 11th September 2015 by IRC highlighted large gaps to be addressed with a rapid scaling up of WASH activities, gaps in health services including psychosocial and clinical GBV services, and the need for monitoring given the winding down of existing nutrition programmes. With an estimated 100,000 IDPs and 4 IDP sites in the county ,the need is overwhelming for the existing IPs on ground .UNIDO broke ground in Nyal as we sought to follow up beneficiaries . August & in September UNIDO NIS reports showed great need for partners on ground to complement IRC & Sign of Hope who are the only IPs doing nutrition in Nyal .

In Nyal , UNIDO's OTP data, showed that from August to October 2015, 910 (M: 302 F:598) children under five have been screened and 63 enrolled into the OTP programme. Nutrition assessment using MUAC was conducted in Mer Islands 1,2 and 3 where 127 children were screened, 21 (16.5%) cases were SAM, 57 (44.8%) were MAM, and no edema was found.. There will be collaboration with the SMOH, WFP and UNICEF to provide nutrition services that responds to the emergency levels of malnutrition and the growing number of IDPs in the project areas. This will save lives by providing critically needed outpatient therapeutic care programming (OTP) to children under five, PLWs, and other special cases with disabilities or severe medical conditions. Community-based nutrition programming (including outreach, follow-up home visits, and health and nutrition education) complemented by community-based health work activities being implemented in the same project area will be used for maximum coverage and timely early case detection.

An Inter agency assessment in Mayendit town between 15 -17 September 2015 highlighted lack of food at household level, destruction of the PHCC, lack of drugs and nutrition services. The assessment recommended distribution of NFI kits, general food distribution, the re-establishment of primary health care services integrated with nutrition programmes among others thus the need for RA4 request to address the aforementioned. The GAM rate at 24% suffice to say it's alarming. Due to insecurity it has been difficult to conduct a SMART survey over the months .UNICEF however managed to successfully conduct an RRM in October in which UNIDO participated .The overall turnout was wanting as community is back from hiding and are lacking essential basic needs. In October 2015 Medair ERT & UNIDO have gone back to the south and re established the ERT services.. Infant and Young Child Feeding (IYCF) practices are rated low with UNICEF estimating IYCF practices at below 45%.To be able to go back and deliver services, UNIDO needs CHF RA4 to help rehabilitate the sites . The project will seek to rehabilitate the 4 static sites in the south eventually expanding nutrition activities in there.

2. Needs assessment

Malnutrition level in Unity state is particularly high with GAM rate of 34.4 %(Sept IPC). Unity state at large has experienced one of the worst wars between the two warring parties. This war has forced thousands to flee their homes to either POCs in Bentiu and Juba or even to as far as the neighboring countries let alone counties close by i.e Panyijar. All the IDPs are integrated into the community with no IDP camp. The neighboring Panyijar County alone reports a high influx of IDPs (100,257 IDPs according to UNHCR report of October 2015) coming from the peripheral payams and counties. UNIDO in partnership with UNICEF & WFP participated in the RRM exercise which was conducted in October 2015 in Mayendit South where Health and Nutrition gaps were given priority .There are reports of a high number of death casualties from the fighting. Others have been left permanently disabled due to injuries sustained. The situation is even made worse due to lack of enough medical and Nutrition attention in the payam and the county at large The present turmoil in Mayendit and its environs could not allow for proper Representative assessments but GAM rates in the neighboring area of Koch were reported at 23.1% informed IP's decision to come up with an acceptable estimate to calculate the caseloads. However, Mayendit County has been significantly affected by the intensified conflict in Southern Unity State from May 2015 onwards. The entire population which was displaced into the bush and swampy areas are slowly returning, with nutrition programming disrupted. Resulting in acute malnutrition. There is an urgent concern that GAM rates are once again far above emergency levels and far beyond the May 2015 IPC nutrition map projection for May-July 2015 (projected as serious).UNIDO seeks to continue serving the community to eradicate malnutrition related deaths. This is majorly through re establishment of the infrastructure and the assets lost during the fighting.

In Nyal, where most of UNIDO's beneficiaries from Northern Mayendit sought refuge we seek to deliver OTP services to the host and IDPs who are integrated into the community .We will work wit IRC (The lead agency in Panyijar & Sign Of Hope) to ensure we reach out to all vulnerable populations .UNIDO being a strong local NGO is well versed and placed to implement where INGOs cannot reach owing to the fact that we have qualified local staff who are familiar with the Counties we envisage to work in .

3. Description Of Beneficiaries

This reserve allocation seeks to directly reach out to 16,000 beneficiaries .Out of this 980 Boys &1020 Girls U5s , 2500 Host community and 1500 IDPs will be reached in Mayendit .

In Nyal , 2940 Boys & 3060 Girls U5s will be targeted for SAM , 1000 PLWs will be reached in IYCF messages ,2000 will be given Micronutrient supplements while 1000 Men will be indirectly reached through education sessions.

4. Grant Request Justification

UNIDO has been active in South Sudan for over 10 years and in Unity State since 2009 supporting health, nutrition, WASH, Education, Child Protection and food security interventions, in Leer, Mayendit and Panyijar Counties. Currently UNIDO supports 12 nutrition sites in Mayendit County and 4 in Panyijar. UNIDO is the lead agency implementing health/ primary health care in Mayendit County where it already has existing structures for health and nutrition sites and recently in Nyal. Due to its presence in the area for long, No much cost will be incurred for setting up/start-up cost. However, some structures were affected by the recent conflict and may need huge rehabilitation for quality service delivery and safe storage of nutrition supplies especially in Southern Mayendit. The NGO is thus better placed to serve and meet the population's needs as the different components are integrated. UNIDO has a good understanding of the geographical area and movement of Host Communities in the phase of shocks such as conflicts.. UNIDO has an existing PCA with UNICEF for SAM supplies. These will enable the organization to timely request for supplies to respond to the nutrition emergency needs in the mentioned counties. Despite the fact that UNIDO is a national NGO, it has a proven technical capacity for offering nutrition services to the needy conflict affected population. UNIDO employs local staffs both men and women for purposes of continuity and sustainability of the program even during shocks such as conflict where International staff would otherwise leave. Throughout its operation in these areas, UNIDO has continually created good working relations with the local authorities and the community thus creating a sense of ownership for the programs and also active participation in program activities. UNIDO has the human technical expertise and financial accountability policy to maximize the under served nutrition services of young children boys & Girls, Pregnant and Lactating Women and also Men who had been experiencing acute malnutrition in the mentioned Counties.. UNIDO will exert more efforts cooperate with implementing agencies in the areas since this intervention is not a standalone activity and will show strong commitment to its core values as well as to project implementation strategies. Capacity building to the CHD and health workers (male and female) through trainings and on job training is ongoing as a way of providing sustainability in the program and ownership. UNIDO will uphold the reserve allocation mandate which looks at providing resources in support of most critical elements of the humanitarian operation in the counties of Koch, Leer, Mayendit and Panyijar in southern Unity focusing primarily on the HRP objective of saving lives and alleviating suffering through multi-sectoral assistance.

5. Complementarity

UNIDO will complement on the previous existing nutrition interventions in Mayendit county implemented by well trained staff and CNVs. This project is a continuation of UNIDO's ongoing nutrition support to host community & IDPs in Mayendit & Panyijar Counties and will help UNIDO to continue responding to nutrition emergency response needs throughout the remainder of 2015 through to 2016. . Given the close link between malnutrition and other illnesses and infections, UNIDO will continue to integrate nutrition programming with Health by participating in NIDs, FSL(Through Kitchen gardens formation), Education (Creating awareness in TLS's) and WASH(Nutrition awareness sessions) activities to strengthen the response. Access to basic services for women , Men and Boys and Girls remain inadequate, therefore UNIDO nutrition team will continue with the close multi sectoral link as mentioned above to address these challenges . In Nyal ,we will work hand in hand with the existing IPs to avoid duplication of activities and adhere to National Nutrition guidelines to achieve maximum outcomes at the end of the project period

LOGICAL FRAMEWORK

Overall project objective

Provision of high-impact nutrition Intervention services to children under 5 years (boys and girls) pregnant and lactating women ,Host community and Disabled persons and other vulnerable groups in the hard-to-reach and conflict affected County of Panyijar in Keitith & Nyal payam (Duong and Nyadong bomas) and Mer islands by February 2016 and Re equipping of nutrition service delivery whose infrastructure and assets were completely destroyed in Mayendit South Counties of Unity state .

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	50
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	25
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	25

Contribution to Cluster/Sector Objectives : This project will contribute to the overall objective of the CHF Reserve allocation strategy to address life-threatening needs due to severe and moderate acute malnutrition in areas where the level of need is serious or critical (IPC Phase 3 or 4). Cluster Objective 1: UNIDO will implement comprehensive nutrition programmes through OTP, and IYCF/IYCF-E service provision including active case finding and defaulter tracing. We will provide services in Mayendit County where a multisectoral project is already in place. Cluster Objective 2: All nutrition interventions are integrated into existing health services by UNIDO. Behavior change communication activities addressing IYCF in emergencies messaging including early, exclusive breastfeeding will also take place, implemented in supported facilities but also within MTMSGs in the community level. Cluster Objective 3: UNIDO will conduct an IRNA to best understand the Nutrition status in Mer Islands which has been cut off from services for a long time. .UNIDO will continue to be an active member of the Strategic Advisory Group and other taskforces (NIWG, IYCF and CMAM) at nutrition cluster level to ensure good coordination and quality programming.

Outcome 1

Nutrition Quality Life saving services in Nyal and Kertith payams for under 5 children, PLW and PLWHIV.

Output 1.1

Description

Technical Capacity building of clinical and Nutrition staff of 3 PHCUs in Nyal payam , Kertith Payam and Mer Islands.

Assumptions & Risks

Security of staff movement prevails.
Willingness of local community to receive new nutrition services.
Political stability

Activities

Activity 1.1.1

Capacity building of clinical staff of PHCUs on IMSAM and OTP management by the end of the project period.

Activity 1.1.2

Capacity building of Nutrition and Clinical staff on principles of CMAM and OTPs so as to reach out to the U5s and PLW s

Activity 1.1.3

Capacity building of Nutrition and clinical workers on Nutrition, HIV/AIDS & Counselling and Follow ups .

Activity 1.1.4

Printing Of 4000 OTP cards and IEC materials for proper implementation and reporting by the Nutrition extension workers

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	10	20			30

Means of Verification : Number of Health care workers trained on CMAM activity registers

Output 1.2

Description

Therapeutic Food Distribution supported for 3 PHCUs and a mobile clinic in Nyal

Assumptions & Risks

Security prevails to allow transportation and pre positioning of supplies.

Activities

Activity 1.2.1

Chartering of supplies to the operational areas (3 charters)

Activity 1.2.2

Enhancing staff visibility in the field to avoid recruitment into the army. 100 T-shirts to be printed.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Core pipeline] Average number of days per partner per month with RUTF and RUSF stock-outs					0

Means of Verification : Health Facility Stock Cards

Output 1.3

Description

Optimize Community Outreach and Referral in Nyal and Kertith payams (Duong ,Nyadong PHCUs) and mobile clinics in Mer 1,2 & 3 isalnds.

Assumptions & Risks

Collaboration with local leaders in ensuring staff are secure to conduct community outreaches.
Accessibility of project areas.
We season does not impend activity implementation.

Activities

Activity 1.3.1

Community outreach and Nutrition screening for 3000 people in collaboration with each PHCU

Activity 1.3.2

Purchase of 4 Motor bikes for community Outreach activities in Nyal and Kertith Payams (2) and Mayendit south (2)

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community		1,000	2,450	2,550	6,000

Means of Verification : HF registers							
Indicator 1.3.2	NUTRITION	Number of monthly outreaches to the community in close collaboration with the HFs.					10
Means of Verification : Security permits easy movement through out the project period.							
Output 1.4							
Description							
Enhanced management of Severe Acute Malnourished children in Nyal sites							
Assumptions & Risks							
No pipeline breakages and security prevails to allow for the activities to take place uninterrupted.							
Activities							
Activity 1.4.1							
Treatment and Screening of U5s for SAM treatment reaching 1470 boys and 1530 Girls							
Activity 1.4.2							
De worming and provision of Vitaamin A to 3060 girls and 2940 Boys							
Activity 1.4.3							
3000 PLWs reached with Micro nutrients and IYCF messages							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.4.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			1,470	1,530	3,000
Means of Verification : Facility reports							
Indicator 1.4.2	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			0	0	0
Means of Verification :							
Indicator 1.4.3	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			0	0	0
Means of Verification :							
Indicator 1.4.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)			0	0	0
Means of Verification :							
Indicator 1.4.5	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			2,940	3,060	6,000
Means of Verification : Facility Report							
Outcome 2							
Enhancement coordination of Nutrition service delivery in 3 PHCUs (Nyal & Kertith payams) and Mer Islands.							
Output 2.1							
Description							
Strengthen the capacity of CHD to coordinate and monitor activities in close collaboration with UNIDO.							
Assumptions & Risks							
County Health department collaborates and is willing to support NGO in nutrition service delivery .							
Activities							
Activity 2.1.1							
Capacity building on data reporting and monitoring of individual nutritional assessments targetting nutrition teams of clinical 3 CHWs staff in 3 PHCUs and the mobile clinic team Nutrition head .							
Activity 2.1.2							
Recruitment & allocation at CHD level: 3 IYCF staff , 6 Community Nutrition Volunteers and 2 nutrition Officers for Nyal .							
Activity 2.1.3							
Training of CHD CNVs staff and clinical personnel on assessment 17 participants .							
Activity 2.1.4							
Purchase 3 Solar panels to be used at the PHCC in Mayendit and the Base for internet connection to ensure reports are sent on time from the field.							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] # of employees from partners trained on nutrition surveys	15	15			30
Means of Verification : Traning reports from the field .							
Indicator 2.1.2	NUTRITION	Number of CHD and clinical staff trained on data reporting					30
Means of Verification : Financial and Narrative Training reports							
Outcome 3							
Access to Preventing Malnutrition services improved for under 5s ,PLW and People living with HIV (PLWHIV).							
Output 3.1							
Description							
Strengthening IYCF implementation and prevention of Child health in the community.							
Assumptions & Risks							
Mothers are wiling to participate in the IYCF messaging activities. Security prevails to allow effective outreaches							
Activities							
Activity 3.1.1							
Establish 5 women peer groups for breastfeeding and IYCF promotion.							
Activity 3.1.2							
Conduct 4 community awareness campaigns on IYCF and de worming reaching out to 6,000 under 5s and 3000 PLW							
Activity 3.1.3							
Develop IEC materials with community participation for IYCF messages.							
Activity 3.1.4							
Conduct 4 demonstrations of healthier methods of Food preparation targeting 2000 women and 500 men in the community .							
Activity 3.1.5							
Purchase ,transport and instal a rubhall in Nyal to be boost storage .							
Activity 3.1.6							
Purchase and transportation of iron sheets 24) for rehabilitation of the PHCC							
Activity 3.1.7							
Purchase and transportation of 12 plastic chairs and 4 round tables for the sites in Mayendit South .							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	[Frontline services] [Prevention]Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	0	6,000			6,000
Means of Verification : Activity registers							
Indicator 3.1.2	NUTRITION	Number of meetings conducted by peer support groups in 4 months					10
Means of Verification : Activity registers							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

UNIDO shall monitor the project supervised by the Nutrition officers & Nutrition Assistants on ground and the Nutrition Manager based in Juba. This will be technically supported by the Programme Monitoring & Evaluation Manager who will support field teams to establish a detailed monitoring plan which will be used to guide teams in collecting appropriate and timely data. Monitoring tools (indicator tracking template) will include the Departmental Questionnaires, CHF reporting tool, nutrition cluster tool, Programme Tally sheets, and Pictorial evidence especially during HF visits, we will also use FGDs with the Health Workers and the local Authority to collect views on how the project is impacting on their lives. The above mentioned tools will be used during the implementation cycle which will be part of the monitoring components throughout the life cycle of the program. The tools will allow routine nutrition monitoring data to be collected and analyzed in one place and allow for easy disaggregation across time and geographic location. There will also be monthly joint supervisory visits together with the CHD using the QSC tool in order to see the HF's compliance as per the HSS pillars. The databases and additional monitoring tools such as supervisory checklists, staff appraisals, training reports and post-distribution monitoring reports will feed into an Indicator Performance Tracking Table (IPTT). The IPTT will allow the program to track progress towards results and indicators on a monthly basis throughout the project period. Internal monthly reports will provide information to management on the progress of activities and the impact they are having on the communities. Donor reports will also be submitted as per the time line. Activities will be continuously monitored by the project team and will be formally monitored on a routine basis by the Health and Nutrition Project Manager supported by the Monitoring and Evaluation Officer. UNIDO and its stakeholders and actors will entirely take up the role and responsibilities for collecting, recording, reporting, and using information as M&E is a collective duty. The local authorities in Monitoring and Evaluation is a participatory activity by both UNIDO, the CHD staff and the SSRA. Security is given by the SSRA especially when doing HH visits. The reports are always shared with the CHD for ownership of the project.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Capacity building of clinical staff of PHCUs on IMSAM and OTP management by the end of the project period.	2015											X	X
	2016	X	X										
Activity 1.1.2: Capacity building of Nutrition and Clinical staff on principles of CMAM and OTPs so as to reach out to the U5s and PLW s	2015											X	X
	2016	X	X										
Activity 1.1.3: Capacity building of Nutrition and clinical workers on Nutrition, HIV/AIDS & Counselling and Follow ups .	2015											X	X
	2016	X	X										
Activity 1.1.4: Printing Of 4000 OTP cards and IEC materials for proper implementation and reporting by the Nutrition extension workers	2015											X	X
	2016												
Activity 1.2.1: Chartering of supplies to the operational areas (3 charters)	2015											X	X
	2016	X											
Activity 1.2.2: Enhancing staff visibility in the field to avoid recruitment into the army. 100 T-shirts to be printed.	2015											X	
	2016												
Activity 1.3.1: Community outreach and Nutrition screening for 3000 people in collaboration with each PHCU	2015											X	X
	2016	X	X										
Activity 1.3.2: Purchase of 4 Motor bikes for community Outreach activities in Nyal and Kertith Payams (2) and Mayendit south (2)	2015											X	X
	2016												
Activity 1.4.1: Treatment and Screening of U5s for SAM treatment reaching 1470 boys and 1530 Girls	2015											X	X
	2016	X	X										
Activity 1.4.2: De worming and provision of Vitaamin A to 3060 girls and 2940 Boys	2015											X	X
	2016	X	X										
Activity 1.4.3: 3000 PLWs reached with Micro nutrients and IYCF messages	2015											X	X
	2016	X	X										
Activity 2.1.1: Capacity building on data reporting and monitoring of individual nutritional assessments targetting nutrition teams of clinical 3 CHWs staff in 3 PHCUs and the mobile clinic team Nutrition head .	2015											X	X
	2016	X	X										
Activity 2.1.2: Recruitment & allocation at CHD level: 3 IYCF staff , 6 Community Nutrition Volunteers and 2 nutrition Officers for Nyal .	2015											X	
	2016												
Activity 2.1.3: Training of CHD CNVs staff and clinical personnel on assessment 17 participants .	2015											X	
	2016												

Activity 2.1.4: Purchase 3 Solar panels to be used at the PHCC in Mayendit and the Base for internet connection to ensure reports are sent on time from the field.	2015																		X	X
	2016																			
Activity 3.1.1: Establish 5 women peer groups for breastfeeding and IYCF promotion.	2015																		X	
	2016																			
Activity 3.1.2: Conduct 4 community awareness campaigns on IYCF and de worming reaching out to 6,000 under 5s and 3000 PLW	2015																		X	X
	2016	X	X																	
Activity 3.1.3: Develop IEC materials with community participation for IYCF messages.	2015																		X	
	2016																			
Activity 3.1.4: Conduct 4 demonstrations of healthier methods of Food preparation targeting 2000 women and 500 men in the community .	2015																		X	X
	2016	X	X																	
Activity 3.1.5: Purchase ,transport and instal a rubhall in Nyal to be boost storage .	2015																		X	
	2016																			
Activity 3.1.6: Purchase and transportation of iron sheets 24) for rehabilitation of the PHCC	2015																		X	X
	2016																			
Activity 3.1.7: Purchase and transportation of 12 plastic chairs and 4 round tables for the sites in Mayendit South .	2015																		X	X
	2016																			

OTHER INFO

Accountability to Affected Populations

UNIDO seeks to be accountable to the women, men, boys and girls whose lives it aims to improve, and places this responsibility at the core of its humanitarian policy. As a matter of human rights and meaningful programming, UNIDO defines Accountability to Affected Populations (AAP) as “an active commitment by the organization to use power responsibly by taking account of, giving account to and being held to account by the people it seeks to assist”.

By being more accountable to affected populations Men, Women, Boys and Girl UNIDO will do this by increasing Nyal, Kertith and Mer Communities participation and feedback in programme identification, design, delivery and lesson learning. UNIDO seeks to achieve programmes of higher quality, with greater and more sustainable impact. The project will increase the space for Mayendit ad Nyal community to shape their own recovery especially after the recent invasion by government forces and for UNIDO to better deliver against its commitments to stakeholders, including the people UNIDO assists and the resource partners who make assistance possible UNIDO will ensure effective information sharing and communication channels by sharing information about UNIDO programmes in a timely, accessible and inclusive way. This will put Mayendit and Nyal community in a position to understand and shape decisions that impact their lives. UNIDO is committed to ensure that people receiving support participate in and influence all steps of the programme cycle, including initial assessment, project design, beneficiary selection, implementation, monitoring and evaluations. Systems of community representation must be fair and representative, enabling the most marginalized, vulnerable and affected to have a voice. UNIDO will use FGDs using focus groups as a method of participation gives a voice to those in the community who are unable to speak up in a larger meeting or setting. Mayendit and Nyal community members will use this format on a recurring basis to gain community input. With attention to their composition, such groups can counter unrepresentative power structures, gender imbalances, and fear of losing assistance when issuing a complaint or other factors that may inhibit free and open speech.

Implementation Plan

In view of carrying out the integrated Community management of Acute malnutrition in 3 PHCUs in Nyal, SAM cases identification will be carried out at both community level (HH) and facility level by our trained CHWs and CNVs. UNIDO has been trained and has expertise ready to roll out the new IYCF guidelines in South Sudan which will be more participatory at community level implemented by the IYCF counselors to be recruited spearheaded by the trained Nutrition Officers. As a result of the continuing conflict in Unity state, staff turnover due to displacements is a major concern which is already being looked into. This nutrition project will be directly implemented by UNIDO personnel in close collaboration with the local authority, other IPs and stakeholders. Clear definition of management responsibilities, clear arrangements for coordination of implementation across different stakeholders and IPs, financial management will put be in place to manage the successful implementation of the project arrangements. Monthly management reports in line with project targets, the state of financial resources, and summary of expenditures, shall be compiled. These will result to quarterly programmatic and financial reports detailing progress made in accordance with the project activity implementation requirements. UNIDO nutrition manager and finance manager will ensure that all necessary reports are prepared, compiled and submitted at the end of each quarter. Various tools e.g. observation, review of documentation, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of project success. This will help UNIDO in restructuring the project implementation course (if needful) in order to maximally deliver the project objectives. Above all UNIDO nutrition department will coordinate with its FSL, WASH, HEALTH, EDUCATION and PROTECTION departments to ensure multi sectoral approach to humanitarian Aid in Nyal. Re equipping of nutrition service delivery sites in mayendit south will be done by our logistics department

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

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

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The gender analysis in UNIDOs needs assessment justifies this project in which all activities and all outcomes advance gender equality. The project assists W,G,B or M that have special needs or suffer discrimination equally. Targeted activities aim to reduce the barriers encountered for the targeted group to access and exercise their rights, responsibilities and opportunities. The project focuses all activities on building gender specific services or more equal relations. The analysis identifies rifts or imbalances in male/female relations that generate violence, that undermine the wellbeing of the affected population or that prevent the humanitarian aid rule of reaching everyone in need. Other than the usual SADD between boys and girls admitted in the program, monthly analysis of the OTP/TSFP/IYCF data will be done to continue identifying any gender discrepancies in admissions and reach. It has previously been identified that significantly more girls were admitted than boys. Community FGDs with different age and by gender will be conducted to identify the reasons behind the discrepancy and find solutions to address it .UNIDOs Activity implementation and dissemination of findings will also be gender sensitive to avoid bias.

Protection Mainstreaming

Man made (War) and natural (Floods) emergencies in South Sudan affect girls, boys, women and men differently; each is susceptible to different risks and each is victimised in different ways. UNIDO's has given priority to the safety and dignity of beneficiaries and considered the principles of Do No Harm in the proposed project .Nutrition dept will work closely with the Child protection dept as we seek to understand these differences and ensure that the project assists the most vulnerable in Mayendit and Nyal without putting anyone at increased risk. Building a protective environment for Boys, Girls, Men and Women involves understanding the distinct nature and the extent of violence, exploitation and abuse that girls, boys, Men and Women experience. It also involves ensuring that all response activities take into account the different needs, concerns and capacities of girls and boys. UNIDO will in Collaboration with its other departments promote activities that gear towards protection mainstreaming which include and not limited to ;Addressing harmful attitudes, customs and practices ,Encouraging open discussion on child protection issues in the community and broader society, Develop children's life skills, knowledge and participation; Implementing ongoing and effective monitoring, reporting and oversight among others.Children in emergencies may be at particular risk of violence, exploitation and abuse given their level of dependence, their limited ability to protect themselves and their limited and relative power and participation in decision-making processes. Because they have had relatively little experience of life, children are more easily exploited, tricked or coerced than adults. UNIDO through this project will analyse and take into consideration the needs, priorities and capacities of both the female and male population which are far more likely to improve the lives and dignity of those affected by conflict or disaster. The above will support the development of self-protection capacities and assist affected population's to claim their rights.

Country Specific Information**Safety and Security**

UNITY state is one of the 3 conflict affected states in South Sudan with sporadic attacks and fighting. The beneficiaries here in have recently experienced dire humanitarian need for assistance across board. UNIDO having been operational in Mayendit and Nyal for the longest time now understands and is well conversant with the community's needs and measures to take to ensure the safety of the host community and UNIDO staff is well. Though not easy ,UNIDO staff are dedicated to serve the community and as we speak ,the grass root staff i.e The nutrition Assistants,CNV and CHWs are on ground serving the community together with relocatable staff.UNIDO has a policy that ensures Staff security is Prioritized at any given time. Evacuations (especially for international staff) are planned on need basis by UNIDO through the logistics department in coordination with other IPs in the Area of Operation and the Logs Cluster. Both Mayendit south and Nyal are secured for implementation .

Access

Mayendit south and Nyal are both accessible by air .The southern Part gets cut off during the rainy season and as a result UNIDO has in the past used canoes and Boats to transport supplies to the South since the Logs cluster had not Green lighted the Airstrip in Mayendit Headquarter for landing and supplies were delivered to the neighboring Leer county which then posed a crisis on serving the southern community. This is why if given RA4 we would use charters to ferry supplies directly to the Areas of operation from Juba since Leer has not opened up yet.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nutrition Manager (50%)	D	1	4,000.00	4	50%	8,000.00
	<i>The Nutrition Manager is responsible for the project implementation and project reporting the LoE is 50%. (50% * 4000usd * 4months</i>						
1.2	Nutrition Project Officers (100%)	D	2	2,500.00	4	100%	20,000.00
	<i>The project will have 2 Nutrition Officer that is 1 in Nyal and 1 in Mayendit the LoE is 100% receiving 2500usd per month this include all the allowance and 10% PIT.</i>						
1.3	Nutrition Extension Workers (100%)	D	6	700.00	4	100%	16,800.00
	<i>The project will have 6 NEW 2 in each facilities in Nyal because this are newly established facilities in Nyal the LoE is 100% each NEW will receive 250usd per month</i>						

1.4	IYCF Counsellors (100%)	D	3	500.00	4	100%	6,000.00
<i>The project will have 3 IYCF Counsellor 1 in each facilities in Nyal the LoE is 100% the IYCF is entitled to 200usd per month</i>							
1.5	Executive Director (20%)	S	1	7,818.00	4	20%	6,254.40
<i>The Executive Director is responsible for accountability of funds and project implementation with the stakeholders the LoE is 20% (20% * 7818usd * 4 months)</i>							
1.6	Program Coordinator (20%)	S	1	5,600.00	4	20%	4,480.00
<i>The program coordinator is responsible for program coordination will have the LoE of 20% (20% * 5600usd * 4 months)</i>							
1.7	Finance Manager (20%)	S	1	7,396.00	4	20%	5,916.80
<i>Finance Manager is responsible for Financial Reporting and Budget Control will have 20% LoE (20% * 7396usd * 4months)</i>							
1.8	M & E Manager (20%)	S	1	5,500.00	4	20%	4,400.00
<i>M & E manager is responsible preparing monitoring and evaluation reports to the stakeholders will have 20% LoE (20% * 5500usd * 4 months)</i>							
1.9	Logistics and Procurement Manager (20%)	S	1	3,700.00	4	20%	2,960.00
<i>Logistics and Procurement Manager is responsible for project supplies procurement and logistical support will have 20% LoE (20% * 3700usd * 4 months)</i>							
1.10	Human Resources Officer (20%)	S	1	1,500.00	4	20%	1,200.00
<i>Human Resources Manager is responsible for handling project staffing recruitment and the loE is 20% (20% * 1500 * 4months)</i>							
1.11	Finance Officer (20%)	S	1	3,000.00	4	20%	2,400.00
<i>Finance Officer is responsible for preparing Field Finance reports of the project the staff LoE is 20% (20% * 3000usd * 4months)</i>							
1.12	Staff Medical allowance (10%)	D	1	9,221.60	1	100%	9,221.60
<i>The total staff cost is 92216.8 *10% for the whole project period</i>							
1.13	Staff NSIF 17% Employers contribution	D	1	15,676.80	1	100%	15,676.80
<i>The total staff cost is 92216.8 *17% for the whole project period</i>							
Section Total							103,309.60
Supplies, Commodities, Materials							
2.1	Conduct 4 community awareness campaign on IYCF and de - worming out to 6000 under 5s and 3000 PLW	D	1	3,500.00	4	100%	14,000.00
<i>There will 4 session of the awareness campaign every month each is costed at lump sum 3500usd to carter for hiring public address system transport refund biscuit and the remuneration</i>							
2.2	Conduct 4 demonstration of healthier methods of food preparation	D	1	3,500.00	4	100%	14,000.00
<i>There will 4 session of the awareness campaign every month each is costed at lump sum 3500usd to carter for hiring public address system transport refund biscuit and the remuneration</i>							
2.3	Establish 5 women peer groups for breastfeeding and IYCF promotion.	D	21	170.00	4	100%	14,280.00
<i>incentive for 21 women peer group leaders at 170 usd each every month</i>							
2.4	Training of CHD, CNV staff and clinical personnel on assessment 17 pp	D	17	50.00	5	100%	4,250.00
<i>17 pax for 5 days @ cost 50usd per pp to carter for meal, water and soda</i>							
2.5	Capacity building of data reporting and monitoring of individual nutritional assessment targeting nutrition team 3CHWs staff in 3 PHCUs and mobile clinic	D	21	50.00	3	100%	3,150.00
<i>21 pax for 3 days @ cost 50usd per pp to carter for meal, water and soda</i>							
2.6	Capacity building of clinical staff of PHCUs on IMSAM and oTP Management	D	25	50.00	5	100%	6,250.00
<i>25 pax for 5 days @ cost 50usd per pp to carter for meal, water and soda</i>							
2.7	Capacity building of nutrition and clinical staff on principes of CMAM and OTP	D	25	50.00	3	100%	3,750.00
<i>25 pax for 3 days @ cost 50usd per pp to carter for meal, water and soda</i>							

2.8	Capacity building of nutrition and clinical workers on Nutrition, HIV/AIDS and counselling follow up	D	25	50.00	3	100%	3,750.00
	<i>25 pax for 3 days @ cost 50usd per pp to carter for meal, water and soda</i>						
2.9	Community outreach and nutrition screening of 300 pp in collaboration with each PHCUs	D	1	3,500.00	4	100%	14,000.00
	<i>There will 4 session of the awareness campaign every month each is costed at lump sum 3500usd to carter for hiring public address system transport refund biscuit and the remuneration</i>						
	Section Total						77,430.00
Equipment							
3.1	Purchase of solar to be used in PHCC in Mayendit South	D	3	8,000.00	1	100%	24,000.00
	<i>The cost is lumpsum to carter for Batteries panel, inverters accessories and the installation costs 1 in Nyal base, 1 in UNIDO compound in Mayendit, 1 in Mayendit PHCC</i>						
3.2	Printing of 4000 oTP cards for proper reporting by the Nutrition Extension Workers	D	4000	2.00	1	100%	8,000.00
	<i>each cards cost 2usd for 4000card</i>						
3.3	Printing of 100 pcs of T - Shirts	D	100	50.00	1	100%	5,000.00
	<i>1 T - Shirt is cost 50usd</i>						
3.4	Purchases of 4 Motorbike for community outreach in Nyal Kertith Payam and Mayendit	D	4	5,000.00	1	100%	20,000.00
	<i>1 motorbike cost 5000usd this include the cost of insurance log book, number plates</i>						
3.5	Develop IEC materials with community participation of IYCF messages	D	100	200.00	1	100%	20,000.00
	<i>1 IEC cost 200usd this is itemized at the cost of materials printing and labour cost for fixing the IEC</i>						
3.6	Purchase of rubhall materials	D	4	7,500.00	1	100%	30,000.00
	<i>1 complete rubhall cost 7500usd 2 in Nyal 2 in Mayendit</i>						
3.7	Purchases of Iron sheet Wooden Poles and Transport for OTP Buildings	D	160	195.00	1	100%	31,200.00
	<i>Rehabilitation of FIVE OTP centers destroyed by the war (Madol 1, Madol 2, Pabuong, Malkuerand Mayendit) - (56square feet per facility using 160 iron sheets and local timber— iron sheet cost 100 usd x Included is the cost of one charter to send the iron sheets to Mayendit South 6800 usd, Cost of Labor and Ground Transport for Materials Wooden poles and Iron sheets 8400 usd</i>						
3.8	Purchases of plastic chairs and round table for the sites in Mayendit South	D	30	60.00	1	100%	1,800.00
	<i>20 plastic chairs @ 60usd and 10 round table @ 60usd</i>						
	Section Total						140,000.00
Travel							
5.1	Flight tickets of project staff (6 Flight to and from Juba to Mayendit and Nyal)	D	16	200.00	1	100%	3,200.00
	<i>There will be 16 rotational flight from Juba to Mayendit and Nyal 2 ways for 1 Nutrition officer to Nyal, 2 ways for 1 Nutrition Officer from Juba to Mayendit 4 ways for both Nutrition Manager and M & E Manager for supportive and supervisory visit to Nyal and Mayendit. each at 200usd</i>						
5.2	Ground travel per diem within project areas	D	4	25.00	30	100%	3,000.00
	<i>4 ground per diem for the staff in the project areas the is M & E Manager and Nutrition Manger and the Project officer</i>						
5.3	Visa and Work Permit renewal	D	3	50.00	4	100%	600.00
	<i>3 Visa for three project staff charged at 50usd per month</i>						
5.4	Air charter to transport Nutrition Materials	D	8	6,800.00	1	100%	54,400.00
	<i>15 metric tons of plumpynut in each location from Juba to Mayendit and Nyal divided into 8 rotation 3 to Nyal and 5 to Mayendit each charged at 6800usd.</i>						
5.5	Ground transportation and distribution of Nutrition supplies to the facilities.	D	16	3,600.00	1	100%	57,600.00
	<i>Transportation and distributions of the supplies</i>						
	Section Total						118,800.00

General Operating and Other Direct Costs							
7.1	Car fuel	S	2500	1.10	4	20%	2,200.00
<i>Fuel for two Land cruiser Vehicles - 20% charged to the project.</i>							
7.2	Juba office rent	S	1	4,000.00	4	20%	3,200.00
<i>Juba office Rent - 20% charged to the project.</i>							
7.3	Juba office Internet Subscription	S	1	1,200.00	4	20%	960.00
<i>Internet for Juba Office - 20% charged to the project</i>							
7.4	Stationeries	S	1	5,000.00	4	20%	4,000.00
<i>Office stationery used in Juba and Field Offices - 20% charged to the project</i>							
7.5	Electricity	S	1	2,500.00	4	20%	2,000.00
<i>Costs for Office Generator - 20% charged to the project</i>							
7.6	Thuraya phone Airtime	S	1	900.00	4	100%	3,600.00
<i>Airtime to facilitate field project staff communicate to Juba (Area lacks Cellphone networks) 100% charged to the project</i>							
7.7	Mobile airtime	S	1	1,000.00	4	20%	800.00
<i>Airtime for Juba Project staff communicating to Cluster and other stakeholders - 20% charged to the project</i>							
7.8	Car repairs and maintenance	S	1	3,000.00	4	20%	2,400.00
<i>Repairs for 2 Land cruiser vehicles (Tyres , Oils and other repairs) 20% charged to the project</i>							
7.9	Nyal base maintenance	S	1	2,500.00	4	20%	2,000.00
<i>Costs for running Staff Base in Nyal- (power, water, repairs & Maintenance) 20% charged to the project</i>							
7.10	Mayendit base maintenance	S	1	2,500.00	4	20%	2,000.00
<i>Costs for running Staff Base in Mayendit - (power, water, repairs & Maintenance) 20% charged to the project</i>							
Section Total							23,160.00
SubTotal			7,115.00				462,699.60
Direct							411,928.40
Support							50,771.20
PSC Cost							
PSC Cost Percent							7%
PSC Amount							32,342.70
Total Cost							495,042.30
Total Audit Cost							4,950.42
Grand Total CHF Cost							499,992.72

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Mayendit	56	1,000	3,000	980	1,020	6,000	Activity 1.1.4 : Printing Of 4000 OTP cards and IEC materials for proper implementation and reporting by the Nutrition extension workers Activity 1.2.1 : Chartering of supplies to the operational areas (3 charters) Activity 1.2.2 : Enhancing staff visibility in the field to avoid recruitment into the army. 100 T-shirts to be printed. Activity 1.3.1 : Community outreach and Nutrition screening for 3000 people in collaboration with each PHCU Activity 1.3.2 : Purchase of 4 Motor bikes for community Outreach activities in Nyal and Kertith Payams (2) and Mayendit south (2) Activity 2.1.4 : Purchase 3 Solar panels to be used at the PHCC in Mayendit and the Base for internet connection to ensure reports are sent on time from the field. Activity 3.1.4 : Conduct 4 demonstrations of healthier methods of Food preparation targeting 2000 women and 500 men in the community . Activity 3.1.5 : Purchase ,transport and instal a rubhall in Nyal to be boost storage . Activity 3.1.6 : Purchase and transportation of iron sheets 24) for rehabilitation of the PHCC Activity 3.1.7 : Purchase and transportation of 12 plastic chairs and 4 round tables for the sites in Mayendit South .
Unity -> Panyijiar	44	1,000	3,000	2,940	3,060	10,000	Activity 1.1.1 : Capacity building of clinical staff of PHCUs on IMSAM and OTP management by the end of the project period. Activity 1.1.2 : Capacity building of Nutrition and Clinical staff on principles of CMAM and OTPs so as to reach out to the U5s and PLW s Activity 1.1.3 : Capacity building of Nutrition and clinical workers on Nutrition, HIV/AIDS & Counselling and Follow ups . Activity 1.1.4 : Printing Of 4000 OTP cards and IEC materials for proper implementation and reporting by the Nutrition extension workers Activity 1.2.1 : Chartering of supplies to the operational areas (3 charters) Activity 1.2.2 : Enhancing staff visibility in the field to avoid recruitment into the army. 100 T-shirts to be printed. Activity 1.3.1 : Community outreach and Nutrition screening for 3000 people in collaboration with each PHCU Activity 1.4.1 : Treatment and Screening of U5s for SAM treatment reaching 1470 boys and 1530 Girls Activity 1.4.2 : De worming and provision of Vitaamin A to 3060 girls and 2940 Boys Activity 1.4.3 : 3000 PLWs reached with Micro nutrients and IYCF messages Activity 2.1.3 : Training of CHD CNVs staff and clinical personnel on assessment 17 participants . Activity 3.1.1 : Establish 5 women peer groups for breastfeeding and IYCF promotion. Activity 3.1.2 : Conduct 4 community awareness campaigns on IYCF and de worming reaching out to 6,000 under 5s and 3000 PLW Activity 3.1.3 : Develop IEC materials with community participation for IYCF messages. Activity 3.1.4 : Conduct 4 demonstrations of healthier methods of Food preparation targeting 2000 women and 500 men in the community .

Documents

Category Name	Document Description