

<b>Requesting Organization :</b>	Hold the Child Organisation				
<b>Allocation Type :</b>	1st Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
NUTRITION		100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of integrated lifesaving nutrition services to children and women of Fangak County in Jonglei state, South Sudan				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA1/N/NGO/713		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	162,189.53		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/02/2016	<b>Planned End Date :</b>	31/07/2016		
<b>Actual Start Date:</b>	01/02/2016	<b>Actual End Date:</b>	31/07/2016		
<b>Project Summary :</b>	The implementation of "provision of integrated lifesaving nutrition services to children and women in Jonglei state, South Sudan" project in the highly vulnerable and food insecure Fangak county. The project will deliver lifesaving therapeutic and supplementary feeding services for boys and girls under 5 years, and PLWs, which will be coupled with promotion of optimal infant feeding practices in Old fangak center, Toch, Wanghot, Nyantuat, Wenglel, and Chotbora. \$ 1162,189.53 will contribute to reduce morbidity and mortality for 2,216 girls and boys under-fives and 869 PLW due to acute malnutrition in IDP and host communities of Fangak county during the first half 2016.				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	150	869	1,085	1,130	3,234
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	200	850	1,476	1,474	4,000
People in Host Communities	320	1,000	1,476	1,476	4,272
<b>Indirect Beneficiaries :</b>					
<b>Catchment Population:</b>					
<b>Link with allocation strategy :</b>					
<p>Fangak being one of the allocation priority Counties, with IPC ranking 3 (IPC Report Aug-Sept 2015); with cumulative high IDP numbers i.e. 18,534 in Toch and 21,316 in Old fangak (Hold the Child, CCCM DTM reports).The implementation "provision of integrated lifesaving nutrition services to children and women in Jonglei and Upper Nile state, South Sudan" during the first half of 2016 will ensure continued access to lifesaving therapeutic and supplementary feeding services, and strengthen complementarities with health and WASH program partners, increase community referrals, and establish nutrition information among IDP and host communities and contribute to cluster preparedness for response in the area should the IDPs increase in the area.</p> <p>Based on our operational and nutrition technical experience in the implementation area (Fangak), activities and targets proposed under the listed key outcomes are feasible during this implementation period of 6 months. This project therefore directly contributes to the standards allocation strategy and directly contributes to the cluster priority actions under this allocation</p>					
<b>Sub-Grants to Implementing Partners :</b>					
	<b>Partner Name</b>	<b>Partner Type</b>	<b>Budget in US\$</b>		
<b>Other funding secured for the same project (to date) :</b>					

Other Funding Source		Other Funding Amount	
<b>Organization focal point :</b>			
Name	Title	Email	Phone
Kiweesi Alex	Programs Director	kiwesi@holdthechild.org	+211 955 015 259
Kokole Emmanuel	Programs Associate	kokole@holdthechild.org	+211 920 427 197
<b>BACKGROUND</b>			
<b><u>1. Humanitarian context analysis</u></b>			
<p>Malnutrition has been a chronic concern in the underserved communities of Jonglei state with persistent elevated levels of Global Acute malnutrition (GAM) exceeding the emergency threshold of 15%. Studies indicate that these high rates are attributed to sub optimal infant and young child feeding practices (IYCF) among children, chronic food insecurity, increased seasonal incidences of diseases like malaria and diarrhoea, access constraints to health and nutrition services, poor water, hygiene and sanitation (WASH) and social services. Jonglei state being one of the worst hit states during this crisis, the Nutrition cluster HNO characterizes Fangak (September 2015, IPC Emergency level 3) among the vulnerable counties in need of assistance. As the recurrent episode of hostilities in neighbouring Unity state, the situation remains unpredictable with repeated influx of people in Fangak county; Toch Payam has a cumulative of 18,534 IDPs whereas Old Fangak has 21,316 (Hold the Child, CCCM DTM reports).</p> <p>During the IRNA assessment, nutrition data at the Keew PHCC was indicated a proxy GAM rates of 28.3% and 11.5% were recorded among children under five and PLWs respectively. The high proxy GAM rates show worrying nutrition status both among the under-fives and PLWs in reference to the WHO standards. A rapid Needs Assessment during the week of 20th April 2015 (an exhaustive MUAC Screening) in 14 villages in Old Fangak showed that SAM rates peaked at 4.7% with 15.7% GAM in the hard to reach villages of Chotbora, Mulic, Galam, Wangchot, Teguath, Wangmok. It was observed that villages closer to Old Fangak town where the current program covers, the rates decreased to a proxy SAM of 3.9% and GAM of 16%, which describe the need.</p> <p>Hold the Child has embarked on weekly Program outreaches in the outskirts Old Fangak linked to the 4 fixed sites of Old Fangak, Wangchot, Nyatuat, Wenglel and the Newly opened OTP/TSFP, while areas like Nyalual, remain without service coverage. Insecurity threats and rumours restrict access of many patients to the available basic services, especially women, girls and children. Men have joined the armed forces leaving women to maintain households, an estimate of 60% households are now women headed. Food insecurity, reduced immunity and crowded conditions of IDPs, underscores the degrees of vulnerability, reports indicate that morbidly caseloads are dominated by IDPs. Our nutrition program has noted that Boys are at a much higher risk of acute malnutrition than their girls' counter parts, community follow-ups in our supported communities of Fangak (old Fangak center, Toch, Wenglel, Wangchot) indicate that alongside the intermittent general food distribution, people feed on leaves and other plantations for survival due to failure to resume farming and the situation may aggravate during 2016 dry season and hunger gap.</p>			
<b><u>2. Needs assessment</u></b>			
<b><u>3. Description Of Beneficiaries</u></b>			
<p>The survival and welfare of children among the conflict hit communities of Jonglei is heavily threatened by high levels of food insecurity and malnutrition with Fangak County ranked level 3 in the September 2015 IPC. This project will deliver integrated lifesaving therapeutic, supplementary and prevention nutrition services to 2,216 children &lt;5, 869 women and 500 others among the vulnerable IDPs with their strained host populations in Old Fangak, Toch, Wanghot, Nyantuat, Wenglel, and Chotbora where;</p> <ul style="list-style-type: none"> <li>• 388 boys and 404 girls 6-59 months will be treated from both non complicated and complicated acute severe malnutrition;</li> <li>• 698 boys and 726 girls 6-59 months be treated from moderate acute malnutrition</li> <li>• 1,086 boys and 1,130 girls (6-59 months) administered with Vitamin A supplementation</li> <li>• 792 SAM cases cross referred to MAM with the program</li> <li>• 869 women (PLWS) treated from acute malnutrition</li> <li>• 20 mother-mother support groups engaged with optimal IYCF promotion</li> <li>• 1,450 women and 560 men and youths reached with optimal IYCF messages</li> <li>• 3 additional nutrition staffs ( 1 Male and 2 Females) are recruited and trained in the new locations of Wenglel and Toch),</li> <li>• 32 Nutrition and health worker and equipped with knowledge and skills to deliver quality nutrition in Fangak</li> <li>• Children under 5s (boys and girls), and PLWs targeted for the treatment intervention will identified through both outreach and facility based MUAC screening with in the catchment population of the targeted areas; Boy and girls 6-59 targeted for vitamin A supplementation and 24-59 months for deworming will include all children with the accessible catchment areas. Mother support will be led by women to be selected in both IPD and host populations in consultations with local authorities Women (PLWs), youth and men targeted for IYCF key messages will include all PLWs accessible in the target catchment areas</li> </ul>			
<b><u>4. Grant Request Justification</u></b>			

Under this funding allocation of \$ 162,189.53 towards the implementation of this project, it will deliver Transport both therapeutic and supplementary nutrition supplies to target sites that are intermittently separated by river streams, provide progressing trainings and maintain nutrition staffs at all the target sites to deliver quality services for the treatment of 388 boys and 404 girls 6-59 months from both non complicated and complicated acute severe malnutrition; 698 boys and 726 girls 6-59 months from moderate acute malnutrition; 869 women (PLWS) treated from acute malnutrition and administration of Vitamin A for 1,086 boys and 1,130 girls (6-59 months) and deworming of 1,551 (760 boys and 791 girls), support 20 mother-to-mother support groups that will deliver optimal feeding key messages and support to 869 women (PLW) in Old Fangak, Toch, Wanghot, Nyantuat, Wenglel, Chotbora, during the first half of 2016. The implementation of these lifesaving interventions will improve nutrition status of at least 2,216 of children (1,085 boys and 1,130 girls) and 869 PLWS, improve infant and young child feeding practices among catchment communities increase early identification and referral of acute malnutrition of boys and girls <5 and PLWs, and prompt defaulter tracing among hard to reach pockets of Fangak (Old Fangak, Toch, Wanghot, Nyantuat, Wenglel, and Chotbora). And contribute to the reduce morbidity and mortality due to acute malnutrition in emergency affected Fangak communities during the second half of 2016. Based on our operations in Fangak since January 2013, we have built a working relations with the target communities, and are conversant with the operational realities, Our progressive nutrition program has built the relevant operational capacity in the area, and our IDP tracking project has also cultivated our relations with IDPs and host communities in the new targeted areas that have high IDP caseloads. These plus our longstanding working with partner on ground and the cluster coordination mechanism both and state and national levels makes Hold the Child most suitable national organization to undertake the operations as proposed in the this funding applications

### 5. Complementarity

The implementation of this project will benefit from our existing capacity for CMAM and optimal IYCF promotion on the ground in Fangak County with community support and contacts established by our CCCM/IDP tracking activities and this will enable quick start of the activities in the newly and proposed and plan nutrition sites in Nyalual, Pulita and Wenglel. Field movements and outreaches will be complemented by our logistical capacity build from our nutrition over 2 years' of our nutrition program in the county. During this project cycle, Hold the Child will too implement education interventions composed of mobile ECD and classrooms which will provide opportunities for rapid MUAC screening and identification of malnourished children and a window to reach women with key child survival messages. Day to day operations, and periodic supervision of this project will complete current going UNICEF support nutrition activities in Old Fangak.

### LOGICAL FRAMEWORK

#### Overall project objective

Reduce morbidity and mortality due to acute malnutrition in emergency affected Fangak, during the first half of 2016 by providing nutrition services for 2,216 girls and boys under-fives, 869 P&LW, and other vulnerable groups through integrated and community based approaches

### NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	50
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	35
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	15

**Contribution to Cluster/Sector Objectives :** The implementation of this project will directly contribute to the "Management of SAM and MAM & Provision of support to IYCF in emergencies & Micronutrient supplementation, nutrition surveillance" one of the core cluster priority as defined by the cluster strategy. The project will also explore opportunities of harnessing complimentary child survival initiatives alongside IYCF promotion. During the project cycle Hold the Child will too work closely with the Nutrition cluster coordination mechanisms both at the state and national levels to ensure continuous cluster guidance on the rolling emergency nutrition initiatives in Fangak County

#### Outcome 1

Improved nutrition status and reduced nutrition related morbidities for atleast 2,216 of children (1,085 boys and 1,130 girls) under 5, and 869 PLWs in IDP and host communities of Fangak

#### Output 1.1

##### Description

Treated 792 children 6-59 months (388 boys and 404 girls) with Acute Severe Malnutrition (non complicated) in the supported OTP sites of Fangak using SPHERE standards and IMSAM guidelines

##### Assumptions & Risks

Continued access to target locations, Stable core cluster pipelines

##### Activities

##### Activity 1.1.1

Maintain operation of 6 OTP sites in Fangak including (Old Fangak, Toch, Wanghot, Nyantuat, Wenglel and Chotbora mobile site ), and treat 388 boys and 404 girls 6-59 months from severe acute malnutrition (non-Complicated)

##### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			388	404	792

**Means of Verification :** Admission cards, treatment cards, project reports, photos, testimonies

Indicator 1.1.2	NUTRITION	Core pipeline Estimated # of girls and boys (Under 5) reached by RUTF supplies from the pipeline			388	404	792
<b>Means of Verification</b> : End point distribution reports, Waybills and beneficiary testimonies							
Indicator 1.1.3	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					6
<b>Means of Verification</b> : Monthly reports, photos, physical visit							
<b>Output 1.2</b>							
<b>Description</b>							
Provided treatment for 2,293 individuals (698 boys, 726 girls 6-59 months, and 869 PLW) with moderate acute malnutrition in supported TSFP sites of fangak using SPHERE standards and IMSAM guidelines							
<b>Assumptions &amp; Risks</b>							
Stable supplies core pipelines, Positive community participation							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Maintain operations of 6 TSFP sites in Fangak including (Old fangak, Toch, Wangchot, Nyantuat, wanglel and Chotbora mobile site), and treat 698 boys and 726 girls 6-59 months and 869 PLW from Moderate acute malnutrition							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.2.1	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			698	726	1,424
<b>Means of Verification</b> : Regular reports, photos, testimonies							
Indicator 1.2.2	NUTRITION	Core pipeline Estimated # of PLWs reached by supplies from pipeline		869			869
<b>Means of Verification</b> : Reports, registers, treatment and ration cards							
Indicator 1.2.3	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)					6
<b>Means of Verification</b> : Reports, photos, physical visits, community testimonies							
<b>Output 1.3</b>							
<b>Description</b>							
Provided 2216 children <5 (1,086 boys and 1,130 girls) with micronutrient supplementation in target locations in Fangak County based on IMSAM guidelines							
<b>Assumptions &amp; Risks</b>							
Stable supplies pipelines, Continued access to target locations, positive community participation,							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
Provide Vitamin A supplementation for 1,086 boys and 1,130 girls (6-59 months) with in the catchment IDP-host population of the all the target sites in Fangak							
<b>Activity 1.3.2</b>							
Provide deworming for 760 boys and 791girls (24-59 months) with in the catchment IDP-host population of the all the target sites in Fangak							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.3.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			1,086	1,130	2,216
<b>Means of Verification</b> : Distribution sheets, reports, photos, registers, testimonies							
Indicator 1.3.2	NUTRITION	Frontline services # of children (12 -59 months) dewormed			760	791	1,551
<b>Means of Verification</b> : Distribution sheets, registers, testimonies							
<b>Output 1.4</b>							
<b>Description</b>							
Trained 32 health workers ( from supported OTP/TSFP sites in Fangak on IMAM principles to deliver quality nutrition services							
<b>Assumptions &amp; Risks</b>							
Good cadres are appropriately identified, training content is well understood							
<b>Activities</b>							

<b>Activity 1.4.1</b>							
Recruit and train 3 additional nutrition staffs (1 Male and 2 Female) in the locations of Toch and Wanglel							
<b>Activity 1.4.2</b>							
Provide progressive on site coaching to 32 nutrition staff (26 male and 6 females) in line with IM SAM guidelines and optimal IYCF promotion across the project targeted sites							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.4.1	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	28	4			32
<b>Means of Verification</b> : Training reports, attendance sheets, payment slips, training photos							
<b>Outcome 2</b>							
Improved infant and young child feeding practices among catchment communities of Old fangak, Toch, Wanchot, Nyantuat, Wenglel, and Chotbora							
<b>Output 2.1</b>							
<b>Description</b>							
Created and maintained 32 community based mother support groups for increased coverage of optimal IYCF promotion in communities of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora							
<b>Assumptions &amp; Risks</b>							
Positive community participation, Stable communication network							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Continued supportive supervision and mentoring for 20 existing mother support groups among target catchment communities of Old fangak, Wangchot, Nyantuat, Wenglel and Toch							
<b>Activity 2.1.2</b>							
Continued provision of optimal IYCF key messages at all target nutrition sites during health education sessions							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Frontline services # of functional mother-to-mother support groups					32
<b>Means of Verification</b> : Regular field reports, photos, testimonies							
Indicator 2.1.2	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	150	1,450			1,600
<b>Means of Verification</b> : Reports, photos, testimonies							
<b>Output 2.2</b>							
<b>Description</b>							
Provided 2216 children <5 (1,086 boys and 1,130 girls) with micronutrient supplementation in target locations in Fangak County based on IMSAM guidelines							
<b>Assumptions &amp; Risks</b>							
<b>Activities</b>							
<b>Activity 2.2.1</b>							
Provide Vitamin A supplementation for 1,086 boys and 1,130 girls (6-59 months) with in the catchment IDP-host population of the all the target sites in Fangak							
<b>Activity 2.2.2</b>							
Provide deworming for 760 boys and 791girls (24-59 months) with in the catchment IDP-host population of the all the target sites in Fanagk							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			1,086	1,130	2,216
<b>Means of Verification</b> : Distribution sheets, patient cards, project reports							
Indicator 2.2.2	NUTRITION	Frontline services # of children (12 -59 months) dewormed			760	791	1,551
<b>Means of Verification</b> : Distribution sheets, patient cards, project reports							

<b>Outcome 3</b>							
Increased quality of data on malnutrition status of boys and girls <5 and PLWs, and strengthened referrals between supplementary and therapeutic feeding programs among catchment communities of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora							
<b>Output 3.1</b>							
<b>Description</b>							
Screened 35,767 children and PLWs for prompt management of cases of malnutrition among hard to reach pockets of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora							
<b>Assumptions &amp; Risks</b>							
Positive community participation, Target communities remain accessible							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
Conduct regular rapid assessments through MUAC across the Vulnerable target communities; at the commencement; Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora							
<b>Activity 3.1.2</b>							
Screen and refer all health care contacts aged 6-59 months with MUAC with in the target locations of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 3.1.1	NUTRITION	Frontline services # of children screened in the community			17,5 26	18,2 41	35,767
<b>Means of Verification</b> : Photos, admission cards, referral cards, registers, testimonies							
<b>Output 3.2</b>							
<b>Description</b>							
Conducted Pre-harvest SMART survey to determine the risk of malnutrition in catchment areas of Old Fangak, Toch, Nyantuat, Wanglel, Wangchot and Chotbora							
<b>Assumptions &amp; Risks</b>							
Security situation is stable, minimal negative impacts of changes in economic situation in the country							
<b>Activities</b>							
<b>Activity 3.2.1</b>							
Conduct pre-harvest SMART survey in Fangak catchment areas							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 3.2.1	NUTRITION	Frontline services # of SMART surveys undertaken - Pre-harvest					1
<b>Means of Verification</b> : Training reports, SMART survey report, training attendance list, SMART survey receipt vouchers							
<b>Additional Targets</b> :							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							
Based on the outlined project outcomes and indicators outlines above (iii), with reference to the project activity plan the following forms the monitoring plan: i. Report on training sessions including participants, and training schedule will be compiled at every end of each training session by the project officer, ii. Children reached with Rapid screening, admissions for OTP and SFP, IYCF counseling, Training sessions will be compiled on a monthly basis by the nutrition assistants; and filled in the standard Nutrition cluster reporting format by the project officer iii. Field visits by the management team to the project sites will be scheduled regularly after two months to support the teams on ground iv. Testimonies from the project beneficiaries will be compile at different instances during the project cycle v. The finance officer will keep track of the project expenditures will posted and Financial reports will be generated and reported based in CHF standards							
Monthly field meetings will be organized and the field base in Old fangak to review the progress and identify actions points for the new month in line with the project plans. These reports will be summarized into one monthly narrative report that will also include the challenges faced in the reporting period. Reports will be submitted to the cluster using the standards cluster reporting tools. Monthly cluster reports (5Ws) will also be completed and regularly shared by the Project officer Quarterly CHF reports will also be compiled by the project officer along with the programs coordinator with inputs from the monthly reports							
<b>Workplan</b>							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Maintain operation of 6 OTP sites in Fangak including (Old fangak, Toch, Wangchot, Nyantuat, Wanglel and Chotbora mobile site ), and treat 388 boys and 404 girls 6-59 months from severe acute malnutrition (non-Complicated)	2016		X	X	X	X	X	X					
Activity 1.2.1: Maintain operations of 6 TSFP sites in Fangak including (Old fangak, Toch, Wangchot, Nyantuat, wanglel and Chotbora mobile site), and treat 698 boys and 726 girls 6-59 months and 869 PLW from Moderate acute malnutrition	2016		X	X	X	X	X	X					
Activity 1.3.1: Provide Vitamin A supplementation for 1,086 boys and 1,130 girls (6-59 months) with in the catchment IDP-host population of the all the target sites in Fangak	2016		X	X	X	X	X	X					
Activity 1.3.2: Provide deworming for 760 boys and 791girls (24-59 months) with in the catchment IDP-host population of the all the target sites in Fangak	2016		X	X	X	X	X	X					
Activity 1.4.1: Recruit and train 3 additional nutrition staffs (1 Male and 2 Female) in the locations of Toch and Wanglel	2016		X	X									
Activity 1.4.2: Provide progressive on site coaching to 32 nutrition staff (26 male and 6 females) in line with IM SAM guidelines and optimal IYCF promotion across the project targeted sites	2016		X	X	X	X	X	X					
Activity 2.1.1: Continued supportive supervision and mentoring for 20 existing mother support groups among target catchment communities of Old fangak, Wangchot, Nyantuat, Wenglel and Toch	2016		X	X	X	X	X	X					
Activity 2.1.2: Continued provision of optimal IYCF key messages at all target nutrition sites during health education sessions	2016		X	X	X	X	X	X					
Activity 2.2.1: Provide Vitamin A supplementation for 1,086 boys and 1,130 girls (6-59 months) with in the catchment IDP-host population of the all the target sites in Fangak	2016		X	X	X	X	X	X					
Activity 2.2.2: Provide deworming for 760 boys and 791girls (24-59 months) with in the catchment IDP-host population of the all the target sites in Fangak	2016		X	X	X	X	X	X					
Activity 3.1.1: Conduct regular rapid assessments through MUAC across the Vulnerable target communities; at the commencement; Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora	2016		X	X	X	X	X	X					
Activity 3.1.2: Screen and refer all health care contacts aged 6-59 months with MUAC with in the target locations of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora	2016		X	X	X	X	X	X					
Activity 3.2.1: Conduct pre-harvest SMART survey in Fangak catchment areas	2016					X							

## OTHER INFO

### Accountability to Affected Populations

The implementation of this project in the target IDP settlements i.e. Toch , Wenglel, Wangchot, Nyantuat, and Old Fangak center will involve project beneficiary communities at various levels i.e.

- The day to day site activities will be handled by field staff who were recruited from among the beneficiary communities and trained to refresh knowledge on IMAM
- All sections of IYCF lead mothers (for mother-mother support groups) will be selected from the target communities through a consultative processes that will first of all refine the criteria with the local authorities and local leaders in each of the target locations, and then identify individuals. Women groups will be a priority in this selection process
- IYCF initiatives will involve sensitization sessions with local leaders and among other community members
- Where village health committees exist, the project will involve such in drawing plans for community mobilization/outreaches
- Monthly coordination meeting with stakeholder will be a continuous practice though the project to capture additional inputs from the beneficiaries into the operation of the project in the subsequent implementation period
- Focused group discussion with women and men on optimal child feeding (IYCF) will be periodically organized by the project in order to capture additional feedback

In line with the organization feedback mechanisms, a suggestion box and notice boards based at the field base will be utilized

### Implementation Plan

Hold the Child will directly implementation this project in the vulnerable IDP settlements i.e. Old fangak, Toch, Wangchot, Nyantuat, Wenglel, Nyalual, and Pulita through the following modalities

- The Head of program will oversee the implementation of the project, and will work with project officer who will manage the day today running of the project.
- The project officer and CMAM supervisor will also under the rapid training sessions for health workers/nutrition staffs, the Project Officer along with CMAM supervisor draw will monthly plans; and the CMAM supervisor will work with the facility teams on daily basis to ensure proper implementation of schedule activities.
- Services for SAM and MAM and IYCF counselling, and administration dewormers, Vitamin A and Iron & Folate will be undertaken by the nutrition assistants and mobilisers at the facilities/units; with the guidance of with the guidance of the CMAM supervisor and Project officer, these teams will also a adopt outreach schedules some hot spot uncovered areas should they be identified as the access situation improves
- Community mobilisers will conduct MUAC rapid screening in the IDP concentrated areas and the screening report will be drawn by the CMAM supervisor
- The CMAM supervisor will work with IYCF mobilisers/promoters in collaboration with local leaders to support and to mother-mother support groups; prepare demonstration sites and sessions with locally available resources
- Delivery of supplies from UNICEF and WFP to the project sites will be coordinated by the Project officer and the logistics officer
- Monthly reports on OTP/SFP, IYCF will be compiled by the nutrition assistants, CMAM supervisor and verified by the CHD at county level and Project officer
- The monitoring and evaluation of the project including performance ranking, reprogramming due to unforeseen realities will be handled by the Head of Programmes, Project officer and the County Health Department who will work in collaboration with the whole field team;
- The finance officer will keep track of the project expenditures

<b>Coordination with other Organizations in project area</b>							
<b>Name of the organization</b>		<b>Areas/activities of collaboration and rationale</b>					
CMA		Fangak/Health					
NPA		Fangak/GFD					
CHD		Fangak/County health department					
ACF		Fangak/Wash activities					
Nile Hope		Fangak/WASH activities					
<b>Environment Marker Of The Project</b>							
A: Neutral Impact on environment with No mitigation							
<b>Gender Marker Of The Project</b>							
2a-The project is designed to contribute significantly to gender equality							
<b>Justify Chosen Gender Marker Code</b>							
The project will deliver integrated lifesaving service to boys and girls, and pregnant and lactating women Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora; Project staffing will give an opportunity to male and females, and optimal IYCF inventions ie Mother-to-mother support groups will involve women who are the immediate care takers and key message dissemination efforts will target both male and females							
<b>Protection Mainstreaming</b>							
<p>This project will undertake a number of measures to mainstream the key protection aspects of the beneficiaries;</p> <ul style="list-style-type: none"> <li>• All field recruitments will be done on merit, after a competitive selection from among the beneficiary communities; no external people will take to such communities</li> <li>• All section of IYCF lead mothers (for mother-mother support groups) will be in consultations with the local leaders among IDP and host communities, to reduce incidence of tension among community members</li> <li>• The project will deliberated target both women and men with optimal IYCF messaging so as to relived the power imbalance as we drive towards optimal child feeding practices</li> <li>• Admissions for CMAM will be open to all children identified/diagnosed for Malnutrition in the target catchment areas for each nutrition site under this project.</li> </ul> <p>The project implementation will maximize and build on the existing close collaboration that Hold the Child has with the partners on ground and local authorities</p>							
<b>Country Specific Information</b>							
<b>Safety and Security</b>							
<p>Fangak is one of the opposition held areas, it has not has significant fighting during this crisis apart from a few exchanges in the northern part; but is subject to any possibilities; Our field base is situated in the south (Old fangak) one of the regional safe heaven. Based on our the team diversity; only indicated communities will be involved with direct implementation of the project</p> <ul style="list-style-type: none"> <li>• Prior to movement to the field, notifications about the teams and items moving into the county will be done through our County based team leader</li> <li>• Only 2 staffs from Equatorial will be involved with day to day operations i.e. project officer, and the CMAM supervisor, these will be appropriately introduced to the local authorities and their movements with between sites will be accompanied by a local team members.</li> <li>• Visibility initiatives will be maximized to reduce tendencies of attacks our teams</li> <li>• All our staff will appropriately oriented to our safety standards and be required to observe them at all times.</li> <li>• and should there be a need for evacuation, The 3 relocatable staff under this project will be part of those to be evacuated through the humanitarian system</li> </ul>							
<b>Access</b>							
<p>Fangak communities are intermittently divided by river streams, and a flood prone areas with likelihoods of having a share of the 2015 annual floods,</p> <p>With this working context, we have maintained our operations in these areas and continuously improved the quality of our interventions through approaches such as;</p> <ul style="list-style-type: none"> <li>• Strong partnership with local communities, to enable us to target locations of high grounds with high populations or receive people as the move to due to floods, and such locations are usually accessible by boats in the most parts of the year</li> <li>• Activity plans that are season sensitive i.e. preposition of supplies in locations that are higher levels</li> </ul> <p>This project is targeting IDP settlements with populations that are on high grounds and are accessible by boats all year round. During the funding cycle hold the Hold the Child will harness working relations with partners on ground to maximize the on the costs of movements with the target areas and to ensure consistent follow-ups with the operations at the project sites. Fangak has been relatively stable since the onset of the crisis and its currently one of the safe havens, the county is served by 3 landable air strips i.e. Old fangak, Juiabor and Toch if one area like old fangak is accessible the 2 options will be explored for landing during the monitoring visits. If there are no accessible points, Hold the Child will work with local authorities and the social networks to remotely continue the operation at a minimal level until the situation improves for direct supervision and support</p>							
<b>BUDGET</b>							
<b>Code</b>	<b>Budget Line Description</b>	<b>D / S</b>	<b>Quantity</b>	<b>Unit cost</b>	<b>Duration Recurrence</b>	<b>% charged to CHF</b>	<b>Total Cost</b>
<b>Staff and Other Personnel Costs</b>							
1.1	Programs Director	S	1	2,500.00	6	27%	4,050.00

	<i>30% of the time committed to the project</i>						
1.2	Programs Associate	D	1	1,500.00	6	100%	9,000.00
	<i>100% of the time committed to the project</i>						
1.3	Finance Officer	D	1	1,500.00	6	40%	3,600.00
	<i>50% of the time committed to the project</i>						
1.4	Operations and logistics Asistant	D	1	800.00	6	80%	3,840.00
	<i>100% of the time committed to the project, Supporting supplies tacking, and deliveries to sites</i>						
1.5	CMAM Supervisor	D	1	1,100.00	6	100%	6,600.00
	<i>100% of the time committed to the project, Field base project management and stakeholders engagement</i>						
1.6	Nutrition Assistants	D	12	350.00	6	100%	25,200.00
	<i>2 nutrition assistants per site to handle both SAM and MAM cases; and 1 revolving person to for progressing mentoring</i>						
1.7	Community Nutrition Mobilisers	D	6	280.00	6	100%	10,080.00
	<i>1 Per site to support active case finding, MUAC screening along with CNVs</i>						
1.8	IYCF promoters	D	6	280.00	6	100%	10,080.00
	<i>1 Per site to support IYCF site counseling sessions, Work with Mother-Mother support groups among communities</i>						
1.9	Security guards at the sites	D	6	200.00	6	100%	7,200.00
	<i>2 at Old fangak site and base, and 1 for each other site</i>						
	<b>Section Total</b>						<b>79,650.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	IEC materials reproduction (Potter and banners for IYCF promotion)	D	1	500.00	6	100%	3,000.00
2.2	Facility registers and admission cards and referral slips	D	2	300.00	6	100%	3,600.00
	<b>Section Total</b>						<b>6,600.00</b>
<b>Travel</b>							
5.1	UNHAS return Tickets	D	3	400.00	2	100%	2,400.00
5.2	Peridiems during the travels	D	3	300.00	2	100%	1,800.00
	<b>Section Total</b>						<b>4,200.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Costs for a pre-harvest SMART survey	D	1	25,003.00	1	100%	25,003.00
	<i>including teams training, incentives, and technical expenses</i>						
7.2	Refresher training for nutrition workers	D	26	10.00	5	100%	1,300.00
	<i>32 nutrition staff each at 20\$ per training day for 5 days</i>						
7.3	Refresher Training of MSGs leaders	D	30	18.00	3	100%	1,620.00
	<i>60 lead women each at 15\$ per training day for 3 days</i>						
7.4	Incentives for MSGs in all the target locations	D	20	100.00	1	100%	2,000.00

<i>At a costs of 490 \$ per group Mother-Mother support groups will be provided with in kind support during the project cycle</i>							
7.5	Contribution towards utilities for Fangak field base	D	1	312.0 0	6	100%	1,872.00
7.6	Boat running costs (Fuel and Maintenance) in Fangak	D	1	1,800 .00	6	100%	10,800.00
7.7	Contribution to Juba coordination office utilities	D	1	490.0 0	6	100%	2,940.00
7.8	Project management stationery	D	1	300.0 0	6	100%	1,800.00
7.9	Contribution to Internet connection	D	1	299.0 0	6	100%	1,794.00
7.10	Communication air time for Thuraya and cellular networks	D	1	300.0 0	6	100%	1,800.00
7.11	Shelter materials for Toch sites establishment	D	1	2,000 .00	1	100%	2,000.00
7.12	Costs for supplies handling and Charter to Fangak	D	1	8,200 .00	1	100%	8,200.00
<b>Section Total</b>							<b>61,129.00</b>
<b>SubTotal</b>			129.00				<b>151,579.00</b>
Direct							147,529.00
Support							4,050.00
<b>PSC Cost</b>							
PSC Cost Percent							7%
PSC Amount							10,610.53
<b>Total Cost</b>							<b>162,189.53</b>
<b>Grand Total CHF Cost</b>							<b>162,189.53</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	100	150	869	1,085	1,130	3,234	<p>Activity 1.1.1 : Maintain operation of 6 OTP sites in Fangak including (Old fangak, Toch, Wangchot, Nyantuat, Wanglel and Chotbora mobile site ), and treat 388 boys and 404 girls 6-59 months from severe acute malnutrition (non-Complicated)</p> <p>Activity 1.2.1 : Maintain operations of 6 TSFP sites in Fangak including (Old fangak, Toch, Wangchot, Nyantuat, wanglel and Chotbora mobile site), and treat 698 boys and 726 girls 6-59 months and 869 PLW from Moderate acute malnutrition</p> <p>Activity 1.3.1 : Provide Vitamin A supplementation for 1,086 boys and 1,130 girls (6-59 months) with in the catchment IDP-host population of the all the target sites in Fangak</p> <p>Activity 1.3.2 : Provide deworming for 760 boys and 791girls (24-59 months) with in the catchment IDP-host population of the all the target sites in Fanagk</p> <p>Activity 1.4.1 : Recruit and train 3 additional nutrition staffs (1 Male and 2 Female) in the locations of Toch and Wanglel</p> <p>Activity 1.4.2 : Provide progressive on site coaching to 32 nutrition staff (26 male and 6 females) in line with IM SAM guidelines and optimal IYCF promotion across the project targeted sites</p> <p>Activity 2.1.1 : Continued supportive supervision and mentoring for 20 existing mother support groups among target catchment communities of Old fangak, Wangchot, Nyantuat, Wenglel and Toch</p> <p>Activity 2.1.2 : Continued provision of optimal IYCF key messages at all target nutrition sites during health education sessions</p> <p>Activity 3.1.1 : Conduct regular rapid assessments through MUAC across the Vulnerable target communities; at the commencement; Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora</p> <p>Activity 3.1.2 : Screen and refer all health care contacts aged 6-59 months with MUAC with in the target locations of Old fangak, Toch, Wangchot, Nyantuat, Wenglel, and Chotbora</p> <p>Activity 3.2.1 : Conduct pre-harvest SMART survey in Fangak catchment areas</p>

**Documents**

Category Name	Document Description