South Sudan
2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

CAP Cluster	NUTRITION

CHF Cluster Priorities for 2012 Second Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	Cluster Geographic Priorities
Cluster objectives and activities as outlined in CAP **Treatment services** for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff **Prevention services** for children under 5 years and P&LW through - micronutrient supplementation U5 & P&LW, community screening (MUAC) and referral of U5, blanket supplementary feeding in hunger gap and in acute emergency 3-36mths, promotion and support of IYCF; includes training health workers, MSGs and CBOs **Strengthen Nutrition emergency preparedness and response capacity -** Cluster coordination, Management and analysis of nutrition information, Rapid assessments and SMART surveys in line with cluster standards, Capacity building of CBOs, MSGs, NNGOs and CHD & SMOH on emergency preparedness and response.	Hot spot areas in high priority states will be prioritized

Project details
The sections from this point onwards are to be filled by the organization requesting for CHF.

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per state)
CCM – COMITATO COLLABORAZIONE MEDICA	Lakes State, Great Yirol (Awerial, Yirol East and Yirol West counties). All payams will be targeted, with main focus on the following payams: - Awerial: Awerial, Abuyong, Bunagok and Dor; - Yirol East: Adior, Malek, Nyang - Yirol West: Abang, Geng Geng, Anuol, Geere
Project CAP Code SSD-12/H/51085/R	
CAP Project Title *(please write exact name as in the CAP)* Enhancing response to nutrition emergencies and improving preventive and curative nutrition service delivery and referral in Greater Yirol, Lakes State	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Secured Funding
US$ 500,000	US$ 275,000	US$ 84,700

Direct Beneficiaries *(scaled appropriately to CHF request)*	
Women:	5,700
Men:	350
Girls:	7,600
Boys:	7,600
Total:	21,250

Indirect Beneficiaries *(scaled appropriately to the CHF)*

Approximately 240,000 people (80% of the total population in the catchment area, including IDPs, returnees and refugees).
Among both direct and indirect beneficiaries, some particularly vulnerable categories will be main project target, including: girls/women in reproductive age, pregnant women, new-born, children, returnees and IDPs due to intra-communal and ethnic clashes

Catchment Population (if applicable)

Lakes State has an estimated population of 695,730 people (males form 52.6% and female 47.4%), out of which approximately 300,000 live in Greater Yirol, composed by Awerial, Yirol East, and Yirol West counties (Source: 2008 Sudan National Census).
Furthermore, up to January 2012 almost 17,400 returnees had reached Lakes State, out of which more than 8,800 are located in Great Yirol.

Beneficiary breakdown indicate where applicable		
Women		
	P&LW MAM	570
	P&LW Micronutrient-supplémentation & deworming	570
	Trainees h/workers, community volunteers, etc	At least 30
	Beneficiaries of IYCF promotion	At least 1,500
	Other - vulnerable	
Men	Trainees h/workers and community volunteers etc	At least 30
	Beneficiaries of IYCF promotion	At least 350
	Other - vulnerable	
Childre n U5 Yrs	SAM	At least 1,150
	MAM	
	BSFP	
	Micronutrient supplementation & deworming	At least 10,600

The total beneficiaries' breakdown does not correspond to the total beneficiaries since some categories of beneficiaries are not included in the breakdown (i.e MUAC screening, P&LWs screenings, etc.)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

Doctors With Africa – CUAMM

CHF Project Duration (max. of 12 months, starting date will be Allocation approval date)

Indicate number of months: 6 months
Start date (mm/dd/yy): 10/01/12
End date: (mm/dd/yy): 03/31/12

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SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population[1]

Greater Yirol (Awerial, Yirol East, and Yirol West) in Lakes State has an estimated population of 217.633 people (106.548 women, 108.264 U17) (Population Census, 2008). Due to socio-economic inefficiencies (lack of infrastructures/networks, low education, poor safety nets), poverty prevalence rate is 48,9%. In 2011, 25.680 new IDPs moved to Greater Yirol, joining 17.589 IDPs recorded in 2010 (OCHA). The 3 counties receive 50,7% of the whole Lakes State returnees' population (8.809 up to June 2012, OCHA) and a relevant number of refugees (1.279 in 2010, OCHA). That has further reduced people' access to the scarce food resources and hindered the low capacity of basic services delivery to MARPs (especially IDPs and returnees). Expectations for returnees' arrivals in 2012 remain high due to relocation of returnees in the two camps of Kadule (Yirol West) and Nyang (Yirol East).

The area is prone to insecurity and hostile environment due to ethnic divide and cattle raids. Erratic/heavy rainfalls cause spread flooding, preventing people from accessing basic services and procuring food (Q1 2012 is marked by dramatic food price inflation, not supported by civil servants' salary increment). The long dry season affects availability of water sources and shrinks grazing ground, resulting into serious clashes: in 2011, 74 conflicts incidents in Lakes State were reported (52 deaths and 27,255 IDPs, out of which 5,885 only in Yirol West). In January 2012, three other main intra-communal conflicts resulting in local displacement occurred. More incidents are expected because of crowding (lack of hygiene and rise of tension) and rains, likewise fuelling the risk of diseases outbreaks (malaria, meningitis and ARIs).

Greater Yirol population has no or poor access to preventive, monitoring, curative and nutrition services and the integration of the nutrition component in the health system is lacking. In most PHCC and PHCUs, MUAC measurement is not part of routine ANC and growth monitoring and it is normally not included amongst the services provided to U5 children.

The last Food Security Monitoring System Round (Feb 2012), shows a significant deterioration in SS nutrition standards. In Lakes State, the percentage of moderately malnourished women in child-bearing age has passed from 5% (2011) to 16% (2012) and the one of severely malnourished from 0% to 5%. In U5 the situation seems more stable for SAM (1%) but increasing for MAM (from 6% to 7%). That contributes to persisting dramatic maternal (2,340/100,000 women), neonatal (49/1000) e U5 mortality rate (114/1000) (Statistical Yearbook 2010). Food insecurity is also assessed: 27% of Greater Yirol households are severely food insecure (26% in Yirol East, 10% in Yirol West and 46% in Awerial) and over 40% are moderately food insecure (35% in Yirol East, 33% in Yirol West and 54% in Awerial). Over the past years, food aid has been discontinuous: less then 50% of the population was included in food assistance programs and only 14% received agricultural inputs (OCHA, 2012).

In Yirol County Hospital,and during outreach in Yirol West CUAMM introduced the MUAC measurement collecting impressive data: 15% of MAM and 12% of SAM in U5, 12% of MAM and 8,5% of SAM in women of child bearing age. Regarding neonatal health, on a total of 600 deliveries assisted in 2011 in Yirol Hospital, more than 25% of newborns resulted to weigh less than 2.5 kg. In 2011, nutritional screening in Bunagok PHCC of Awerial county reported 5.32% SAM and 25.2% MAM incidence. In Yirol East, a joint MoH-UNICEF pre-harvesting survey conducted in April 2011 reported a GAM of 13.7% and a SAM of 3.5%.

Few international donors and NGOs intervene in this context (CCM and CUAMM are the only one permanently based in Greater Yirol, partnering LSMoH.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

Greater Yirol is affected by serious gap in the provision of integrated PHC and Nutrition services and safety nets, due to the institutional lack of resources and implementing partners. The increasing demand of health and nutrition services following returnees' flows, internal clashes, outbreaks and food crisis has deteriorated the most vulnerable groups' conditions (i.e., returnees, IDPs, women, newborn and children) and congested the few functioning health facilities.

The humanitarian support provided to Lakes MoH and Greater Yirol CHD is limited and inadequate compared to other regions of SS, taken into higher priority in the allocation of funds (only CCM and CUAMM operate in the area, which is not covered by any of the major Health & Nutrition funding mechanisms). The integration of Federal and State MoH resources with donors' support is crucial to tackle nutrition emergencies, through maintaining functional frontline health services for both local communities and IDPs/returnees.

The project is meant at assisting the MoH in the provision of effective nutrition preventive and curative services and in raising community awareness on safe nutrition in an area (Greater Yirol) where these services have been poorly functional or extremely lacking. Integrating Nutrition surveillance/treatment/prevention services within existing primary and secondary health facilities in the project catchment area and scaling up their capacities for a comprehensive GAM/SAM treatment is key to.meet the needs of P&LWs, U1 and U5 children.

Setting up Nutrition services within existing and recognized health facilities (i.e., Bunagok PHCC in Awerial, Yirol Hospital in Yirol West and Adior Hospital in Yirol East) is not only cost-effective but also in line with RoSS MoH strategy for an Integrated PHC & Nutrition service delivery system. Upgrading the capacities of local health staff absorbed by the institutional health system in the recognition, prevention and treatment of GAM/SAM responds to sustainability criteria. According to the project design, a network of PHCUs will be linked to the main health facilities in Greater Yirol to widen nutrition surveillance, improve referral system and create nutrition awareness among communities.

[1] To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

Since CCM and CUAMM are the only MoH implementing partners in Greater Yirol, up to now donors' resources have been mostly channeled to maintain primary and emergency health services, with no or poor emphasis on nutrition related services. Only UNICEF and WFP contribute basic supplies. Nevertheless, to expand nutrition coverage and ensure follow-up of GAM/SAM cases additional resources are required to:

- ensure local health staff is trained, technically assisted and coached in the service provision,
- equip target health facilities for screening and GAM/SAM treatment both at OPD and IPD level,
- complement the static services at facility level with outreach in the most remote areas,
- undertake a nutrition survey to collect baseline data,
- strengthen the CHD capacities in data collection and reporting.

Added values of the proposal are:

- CCM/CUAMM long-standing partnership with local authorities in supporting health service delivery and their participation in the health coordination mechanisms at state and national level;
- Medium-high sustainability of the project due to the full integration of the nutrition services within the existing institutional health system and to the expansion of the health staff capacities in addressing also nutrition requirements;
- The integration of CHF project within a framework where complementing funds could be availed by other donors (mainly WFP, UNICEF);
- The relevant requirements of the project area of intervention (Greater Yirol), which targets 3 counties of Lakes State affected by lack of institutional resources, full absence of Nutrition implementing partners, high food insecurity levels and high returnees' influx;
- The collection of baseline data for 2 counties where no nutrition surveys ever took place (Awerial and Yirol West) and the consolidation/updates of Yirol East 2010 data.

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core cluster priorities

The overall objective of the project is to set up an effective Nutrition surveillance, prevention and treatment system in Greater Yirol county of Lakes State, where both local and IDPs/returnees communities are currently underserved and affected by high food insecurity rates. The project targets the most vulnerable among U1, U5 (girls and boys) and P&LWs.

The project purpose is perfectly integrated within the Nutrition Cluster strategy for 2012 (even upon completion of the CAP MYR process) and is in line with the Cluster key objectives:

1. Provide services for treatment of acute malnutrition in children under five years, P&LW and other vulnerable groups.
2. Provide services for prevention of under nutrition in children under five years and P&LW
3. Strengthen Nutrition emergency preparedness and response capacities.

ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

Specific objective of the project is to expand access to and utilization of Nutrition preventive and curative services for MARPs (P&LWs, women and U1/U5 living in cattle camps and in remote areas, including returnees) in the underserved Greater Yirol (Awerial, Yirol East and Yirol West counties) of Lakes State. In details, the project aims at: #

- increase of at least 30% the number of SAM cases treated at OPD/IPD level in the project catchment area in 6 months;
- increase of at least 20% the number of SAM patients with medical complications referred to Yirol Hospital Stabilization Centre in 6 months;
- Increase of at least 80% the number of U5/P&LW screened through MUAC measurement at OPD/ANC level
- increase of at least 25% the number of women and care-takers (including men and community leaders) sensitized about Nutrition in 6 months.

For the objective and the 5 identified expected results (see below) specific measurable indicators have been selected, most of which are indicated as Nutrition Cluster priorities and are in line with GoSS MoH strategies. The project timeframe (6 months) is considered adequate to meet the project objectives, since: (i) both implementing partners (CCM and CUAMM) are already operating and have functioning field bases in each target county; (ii) collaboration with Lakes MoH and Greater Yirol CHD has been established and is fruitful, (iii) target health facilities are already existing and functional, at least in terms of health service provision.

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

1. Set up of permanent nutrition service in Yirol County Hospital, Adior Rural Hospital and Bunagok PHCC, to identify and treat moderate and severe malnutrition cases in U5 and PLW

- Refurbishment and basic equipment of a Nutrition Rehabilitation Area (OTP/SC) for residential and daily care and preventive activities in Yirol County Hospital (Yirol West), and of OTP in Bunagok PHCC (Awerial) and Adior rural hospital (Yirol East).
- Procurement and distribution of essential/emergency drugs and non-pharmaceutical supplies for the treatment of severe malnutrition and the related complications at Yirol County Hospital (referral/stabilization unit for Greater Yirol), Bunagok PHCC and Adior Rural Hospital.
- Maintenance of Yirol County Hospital Kitchen for the preparation of therapeutic and supplementary food
- Procurement of medical and non medical supplies for the nutrition rehabilitation area in Yirol County Hospital
- Procurement, storage, preparation and distribution of supplementary and therapeutic food to malnourished U5 and PLWs

- Identification, training, and support to dedicated staff on (i) nutritional status monitoring and SAM/MAM cases identification,(ii) SAM and MAM treatment and follow up (iii) complicated cases emergency referral
- TA and supportive supervision to health staff responsible for nutrition data collection and recording.

Expected beneficiaries:
- N. of GAM/SAM U5 children treated: at least 1,150 children (at least 50% girls)
- N. of U5 children supplemented with Vitamin A: at least 10,600 (at least 50% girls)
- N. of children de-wormed: at least 9,150 (at least 50% girls)
- N. of acutely malnourished P&LWs supplemented with micronutrients: at least 570 hundred
- N. of health staff trained: 60 people (at least 40% women)

2. Prevent severe and moderate malnutrition in U5 and PLW
- Introduction of growth monitoring and MUAC in ANC visits and children consultation, in: (i) Yirol County Hospital and selected Yirol West PHCUs ; (ii) Bunagok PHCC and selected facilities in Awerial (Mingkaman, Awerial Centre Khaltok and/or Abuyong), (iii) Adior rural hospital and selected facilities in Yirol East (Pagarau Wantau, Nyang and/or Khap)
- Procurement of the required equipment and materials and training of selected health staff (CHWs, EPI vaccinators, etc.) on (i) MUAC measurement, (ii) weight measurement, (iii) MAM and SAM cases identification and referring, (iv) nutritional education principles for mothers (IYCF package)
- Design of a plan of integrated health-nutrition outreaches on Greater Yirol area, including Kadule and Nyang returnees' camp and the main cattle camps, selected with local authorities (monitoring, referral, follow up, education)
- Organization of health & nutrition education sessions (breastfeeding, food hygiene and preparation, dietary advices, growth monitoring, etc.) for mothers at Hospital, PHCC, PHCUs and community level,
- Identification and strengthening of local women's CBOs/association to promote peer-to-peer education on Nutrition principles and select community facilitators.

Expected beneficiaries:
- N. of U5 screened through MUAC: at least 15,200 (at least 50% girls)
- N. of women and care takers (including men and community leaders) reached through nutrition education sessions (IYCF): at least 1,500
- N. of women's groups/CBOs/associations revitalized and sensitized on nutrition basics: 3

3. Set up of Greater Yirol Nutrition System within the Health System
- Realization of a quantitative nutrition survey/assessment of malnutrition prevalence in Greater Yirol
- TA to CHD on nutrition data collection and analysis (HMIS) and on their use in defining the related County Strategy, in coordination with State and Government MoH
- Strengthening CHDs, health staff, community leaders on development of e-warning system to prevent and respond to nutrition emergencies, trough continuous nutrition surveillance
- Facilitation of effective coordination and info-sharing with other clusters (i.e. WASH and Health) in Greater Yirol.
- Expected beneficiaries:
- CHD members trained and capacity built: at least 9

NOTE: In the log-frame it is specified which activities are implemented by CCM and CUAMM separately, which ones jointly.

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

Project activities have been planned taking into account the following cross-cutting issues:

- GENDER: Girls/women and children care-takers (including men and community leaders) are the project main target, due to their key role in new-born and child-care. Women will play a great role in the successful implementation of the activities through: (i) the active participation of the female health staff in the undertaking of nutrition surveillance and treatment of GAM and SAM, (ii) link with / involvement of any women's groups (even spontaneous groups) in the catchment area to raise awareness on nutrition and healthy feeding during pregnancy and for newborn/children; (iii) the valorization of women's skills and capacities (mediation, knowledge of the context, pear-to-pear communication, etc.) to make nutrition education more effective. In order to have women's needs adequately addressed, the project pursues the following gender-oriented approach: (i) inclusion of men and other child care-takers in Nutrition/Feeding education; (ii) linking with community leaders to promote women's presence in VHCs and CBOs, (iii) identification of female opinion leaders to further raise community awareness on nutrition and dissemination of successful stories to stimulate behavioral changes. Gender mainstreaming is the rationale behind the project design and gender disaggregated data will be collected to monitor equal access to health services.

- HEALTH: in line with GoSS MoH strategies and policies, the project pursues the integration of Nutrition services within the existing and functional primary and secondary health facilities in Greater Yirol. Local health staff, deployed and working in each target facility, will be trained and coached on preventive and curative nutrition principles, in order P&LWs and U5 children to be provided with comprehensive Basic Health Package, which includes the nutrition component. This approach is key in (i) avoiding duplications, (ii) providing cost-effective and efficient basic services, (iii) increasing the sustainability of the project activities, (iv) proactively engaging the institutional partners (CHDs and Lakes State MoH) also in the supervision and follow-up of Nutrition services.

- HIV/AIDS: since malnutrition in P&LWs could be associated also with HIV-positive status, the project pursues a full integration of nutrition surveillance services within the health care system also concerning HIV detection. Counseling for pregnant women to increase the access to VCT services in all the target facilities and to PMTCT services at Yirol hospital level will be integral part of the nutrition education sessions. Further, in Adior Rural Hospital and in Bunagok PHCC synergies are in place and will be strengthened with AAA (managing the two county TB hospitals), in order to organize joint educations sessions comprehensively targeting HIV/TB and Nutrition.

- CAPACITY DEVELOPMENT: theoretical and on the job trainings, workshops and coordination meetings involving both

health personnel and institutional partners (Lakes State MoH and Greater Yirol CHD) have been included as main project activities to concretely enforce the nutrition surveillance system, the data collection/management and the integration of nutrition components within the existing health service delivery system. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholder in the project follow-up and consistent monitoring, as well as in the regular info and data sharing with other stakeholders to better coordinate emergency response and manage integrated resources. As far as health personnel is concerned, when availability of qualified health staff is limited, also the task shifting approach (endorsed by WHO), backed by continuous supportive supervision is pursued.

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to have at the end of the CHF grant period.

1. Permanent nutrition service in Yirol County Hospital, Adior Rural Hospital and Bunagok PHCC is set up, to identify and treat moderate and severe malnutrition cases in U5 and PLWs

- The Nutrition Rehabilitation Area of Yirol County Hospital (Yirol West), Bunagok PHCC (Awerial) and Adior rural hospital (Yirol East) are regularly functioning
- Essential/emergency drugs and non-pharmaceutical supplies for the treatment of severe malnutrition and the related complications are available in the right quantity and quality in Yirol County Hospital, Bunagok PHCC and Adior Rural Hospital.
- Therapeutic and supplementary food is currently procured, stored, prepared and distributed at Hospital and PHCC level
- Yirol Hospital kitchen is adequately equipped and supplied for therapeutic feeding purposes, and food preparation & demonstration corners for preventive and treatment purposes are set
- Training, TA and support to Key staff from MCHC, Maternity, Emergency, OPD and EPI know-how is strengthened on the: (i) monitoring of U5 and PLW nutritional status and identification of SAM/MAM cases (ii) treatment and follow-up of SAM and MAM cases, (iii) complications' emergency referral
- TA and supportive supervision in data collection and recording is provided at facility level

2. Severe and moderate malnutrition in U5 and PLW is prevented

- Growth monitoring is part of the routine services provided during ANC visits and children consultation, in all Greater Yirol through both static and outreach activities (including service provision for MARPs in returnees' camps and cattle-camps),
- Selected health staff from all Greater Yirol is trained on Nutrition prevention, treatment and monitoring and surveillance principles and tools
- Communities are aware of culturally appropriate and sustainable methods to ensure good nutrition to children even with scarce resources
- Mothers of malnourished children acquire sustainable methods and are motivated to properly feed their children
- Local women's CBOs/groups are directly involved in peer-to-peer Nutrition education and promotion
- Health education sessions on nutrition are regularly organized at Hospital, PHCUs and community level
- VHCs and community leaders are involved on Nutrition sensitization at community level.

3. Greater Yirol Comprehensive Nutrition System is set up and integrated within the Health System

- A quantitative assessment of malnutrition prevalence in Greater Yirol has been realized
- CHD regularly collects and analyze nutrition data
- A County Strategy on nutrition, in line with State and Government MoH, is available
- An e-warning system to prevent and respond to nutrition emergencies is in place
- Greater Yirol CHD regularly attends Nutrition, Health and Wash clusters meetings

List below no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators (annexed).

	Indicator	Target (indicate numbers or percentages)
1	Number of acutely malnourished boys and girls under-five and P&LWs treated in line with Sphere standards (Cluster).	At least 1,150 U5 (boys and girls) (Baseline: N/A) At least 570 P&LWs (Baseline: N/A)
2	Number of health workers trained in SAM, MAM and IYCF protocols (Cluster).	At least 60 Hospital/PHCC/PHCUs health workers (Baseline: 15)
3	Community members (men and women) made aware through the community education sessions (Cluster)	At least 1,500 women (Baseline: 700) At least 350 men
4	Number of Nutrition surveys undertaken in the whole project catchment area	1 Nutrition Survey for Greater Yirol (Baseline: 0).
5	Number of monthly and quarterly reports submitted according to DHIS/IDRS systems (Cluster)	6 monthly report per county (baseline: 0); 2 quarterly reports per county (baseline: 0).

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

Project implementing partners are the INGOs CCM (Comitato Collaborazione Medica) and CUAMM – Doctors with Africa, respectively operating in Awerial/Yirol East and Yirol West. CCM and CUAMM share similar vision/mission, core sectors of intervention (primary and secondary health care, with close focus on RH) and approaches (strengthening of local health system rather than duplication of efforts / establishment of parallel health structures) and are already used in collaboration and info sharing both at HQ, SS Country and field offices level. Both of them are registered INGOs in SS and acknowledged by federal MoH and Lakes State MoH. Since present in Greater Yirol for more than 10 years (CCM even longer) smooth collaboration with CHD and

other local institutions (Counties Manager, Commissioners, etc.) is already in practice.

The partnership between the two appealing agencies is aimed at ensuring integration of services as well as proper support and supervision to integrated PHC & Nutrition service delivery and emergency response in all Greater Yirol. Existing coordination among the three identified facilities for static health care services (Yirol referral Hospital, Adior Rural Hospital and Bunagok PHCC) will be strengthened in order to guarantee continuous and effective frontline and emergency service provision in the catchment area. Expansion of outreach and establishment of effective referral system at Greater Yirol level are meant at widening population access to and utilization of frontline and emergency nutrition services, as well as to expand the nutrition surveillance capacities.

The project design is based on proactive and continuous collaboration between the project implementing partners (CCM and CUAMM) and health institutions at Lakes State and Greater Yirol level. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), 2 project coordination bodies will be purposely established and meet on regular basis to ensure achievement of expected results:

- MANAGEMENT COMMITTEE: Composed of Greater Yirol CHD Manager, CCM and CUAMM Project Managers, the MC will meet on monthly basis and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities carried out and in pipeline, (iii) debating possible project implementation challenges and identifying the related way forward, (iv) providing technical assistance in the project supervision, (v) consolidating quarterly project reports, (vi) representing the Project board in front of local stakeholders and when project-related decisions are taken. A specific project MoU will be signed among Greater Yirol CHD, CCM and CUAMM to facilitate the project implementation and endorse the MC mandate.
- STEERING COMMITTEE: Composed of Lakes State MoH DG (or his/her delegate), CCM and CUAMM Country Representatives in South Sudan, the SC will meet on quarterly basis and will be responsible for: (i) supervising the general project implementation and provide related feedback/advice to the Management Committee, (ii) facilitating integration of the project with other health activities in the catchment areas, (iii) linking with other stakeholders at federal and state level (Nutrition & Health Clusters, WaSH clusters, UNFPA, WHO, UNICEF, other INGOs, etc.) to facilitate the project implementation and promotion.

With regard to data collection and analysis, utilization of DHIS will ensure integration of project data within the MoH reporting system.

vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

Continuous monitoring of project activities will be ensured by:

- EFFECTIVE REPORTING SYSTEM: (i) compilation of daily/weekly/monthly health facility registers, (ii) compilation of outreach reports, (iii) compilation of monthly and quarterly reports for Greater Yirol CHD and Lakes State MoH, (iv) compilation of quarterly progress report for the SC and the donors, (v) monthly and quarterly reports to HQ project department;
- EFFECTIVE FINANCIAL MONITORING SYSTEM: (i) CCM accounting systems is based on the double-entry system which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of HQ administrative department; II) Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; III) compilation of financial report is elaborated by CCM/CUAMM country administration with the support of a Project accountant and subsequently approved by HQ administrative department.
- QUALIFIED TECHNICAL ASSISTANCE: both implementing partners have envisaged employment of technical human resources skilled in PHC management and supervision, responsible for assisting local health staff at both facility and outreach level. They will be based in each main project location (Bunagok, Yirol and Adior) and will ensure daily supervision of the quality of the services provided.
- STEERING COMMITTEE: among the SC ToR, supportive supervision and technical assistance to the MC throughout the project implementation is included;
- M&E OFFICER: CCM staff includes a M&E officer based in SS Head Office (Juba), who will be responsible of periodic visits in the project areas, to check about indicators, targets and performances. The same role will be played by CUAMM Country Manager;
- EXTERNAL MONITORING: implementing partners will share periodical information and data on the project implementation with Health Cluster focal persons both at Lakes State and federal level, to share views and get additional inputs and comments.

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms.

Source/donor and date (month, year)	**Amount** (USD)
Italian Ministry of Foreign Affairs (CUAMM)	20.700 USD
UNICEF (CCM) – September 2012	64,000 USD

SECTION III:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

LOGFRAME		
CHF ref. Code: SSD-12/□□51085/R	**Project title:** Enhancing response to nutrition emergencies and improving preventive and curative nutrition service delivery and referral in Greater Yirol, Lakes State	**Organisation: CCM (impl. partner: CUAMM)**

Overall Objective: *What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.* To set up an effective Nutrition surveillance, prevention and treatment system in Greater Yirol county of Lakes State, where both local and IDPs/returnees communities are currently underserved and affected by high food insecurity rates.	**Indicators of progress:** *What are the key indicators related to the overall objective?* At least 50% of the population in the catchment area has knowledge of Nutrition Services offered in the project catchment area At least 25% of the population in the catchment area (Greater Yirol) actively utilizes nutrition services	**How indicators will be measured:** *What are the sources of information on these indicators?* • Quarterly and Annual project reports, • Greater Yirol CHD registers	
Specific Project Objective/s: *What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.* To expand access to and utilization of Nutrition preventive and curative services for MARPs (P&LWs, women in cattle camps, U1/U5 living in remote areas, including returnees) in the underserved Greater Yirol (Awerial, Yirol East and Yirol West counties) of Lakes State. In details, the project aims at: # - increasing of at least 30% the number of SAM cases treated at OTP/SC level in the project catchment area in 6 months; - increasing of at least 20% the number of SAM patients referred to Yirol Hospital Stabilization Centre in 6 months; - increasing of at least 25% the number of health facilities providing timely and adequate nutrition surveillance data according to IDRS/DHIS system in 6 months.	**Indicators of progress:** *What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?* - at least 30% of the functioning health facilities in the project area able to provide Nutrition services • At least 170 of the SAM patients treated at SC level referred from health facilities in the project catchment area • 6 monthly nutrition reports provided at CHD and LSMoH level	**How indicators will be measured:** *What are the sources of information that exist and can be collected? What are the methods required to get this information?* • Quarterly and Annual project reports, • Health facilities registers, • Project Monitoring reports, • Steering Committee meetings minutes.	**Assumptions & risks:** *What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?* • Political stability, • Availability of funds, • RoSS MoH confirmation of health priorities in SS, • Stable population; • Utilization of health services offered.

Results - Outputs (tangible) and Outcomes (intangible): • *Please provide the list of concrete DELIVERABLES - outputs/outcomes (**grouped in Workpackages**), leading to the specific objective/s:*	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?*	**How indicators will be measured:** *What are the sources of information on these indicators?*	**Assumptions & risks:** *What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?*
RESULT N. 1 Permanent nutrition service in Yirol County Hospital, Adior Rural Hospital and Bunagok PHCC is set up, to identify and treat moderate and severe malnutrition cases in U5 and PLWs	- At least 1,150 children (at least 50% girls) of GAM/SAM U5 children treated: - At least 10,600 U5 children (at least 50%girls) supplemented with Vitamin A: - at least 9,150 (at least 50% girls) de-wormed: - At least 570 hundred acutely malnourished P&LWs supplemented with micronutrients: -At least 60 health staff trained on SAM/MAM/IYCF (at least 40% women)	• Quarterly and monthly project reports, • Health facilities registers, • Project Monitoring reports, • Management Committee meetings minutes, • Trainings attendance sheets.	• Conducive local environment for functioning Health facilities; • Cooperative attitude from Lakes MoH and Greater Yirol CHD; • Collaboration with Health facilities • Human resources availability (no staff turnover);
RESULT N. 2 Severe and moderate malnutrition in U5 and PLW is prevented	- At least 15.200 U5 screened through MUAC (at least 50% girls) - At least 1,500 women and care takers (including men and community leaders) reached through nutrition education sessions (IYCF); - 3 women's groups, CBOs, associations revitalized and sensitized on nutrition basics.	• Quarterly and monthly project reports, • Outreach reports, • Project Monitoring reports, • Management Committee meetings minutes, • Trainings attendance sheets.	• Conducive local environment for functioning frontline health services; • Cooperative attitude from Lakes MoH and Greater Yirol CHD; • Collaboration with Health facilities • Human resources availability (no staff turnover); • Freedom of movement
RESULT N. 3 <u>Greater Yirol Comprehensive Nutrition System is set up and integrated within the Health System</u>	• 1 Nutrition assessment undertaken in Greater Yirol • 6 monthly DHIS/IDRS reports submitted from the CHD to the LSMoH, • 6 Inter-sectors Clusters meeting attended by project partners, • At least 9 CHD members trained and capacity built on nutrition surveillance, early warning and reporting.	• Nutrition Assessment final report / outcomes • Quarterly and monthly project reports, • Health facilities registers, • Project Monitoring reports, • Management Committee meetings minutes.	• Human resources availability; • Receptive local communities, IDPs and returnees, • Integration of Nutrition services into the Health System
Activities: *What are the key activities to be carried out (**grouped in Workpackages**) and in what sequence in order to produce the expected results?*	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?*		**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?*

RESULT N. 1 Permanent nutrition service in Yirol County Hospital, Adior Rural Hospital and Bunagok PHCC is set up, to identify and treat moderate and severe malnutrition cases in U5 and PLWs			
Activity 1.1 The Nutrition Rehabilitation Area of Yirol County Hospital (Yirol West), Bunagok PHCC (Awerial) and Adior rural hospital (Yirol East). are regularly functioning (CCM/CUAMM)	**Inputs:** - Human resources: Procurement Officer - Logistic capacities - Collaboration with concerned institutions (federal and state MoH, CHD, Commissioner, etc.) - Coordination among partners on the ground		• Conducive institutional environment for Customs exemption; • Road accessibility • Supplies availability.
Activity 1.2 Essential/emergency drugs and non-pharmaceutical supplies for the treatment of severe malnutrition and the related complications are available in the right quantity and quality at Hospital level, and in Bunagok PHCC and Adior rural hospital. (CCM/CUAMM)	**Inputs:** - Human resources: Procurement Officer - Logistic capacities - Collaboration with concerned institutions (federal and state MoH, CHD, Commissioner, etc.) - Coordination among partners on the ground		• Conducive institutional environment for Customs exemption; • Road accessibility.
Activity 1.3 Therapeutic and supplementary food is currently procured, stored, prepared and distributed at Hospital and PHCC level (CCM/CUAMM)	**Inputs:** - Human resources: Procurement Officer, PHC Supervisors and trainers, - Collaboration with Lakes MoH to sustain local qualified health staff, - Collaboration with Greater Yirol CHD and other stakeholders on the ground - Link with MoH at federal level to ensure continuous update on training strategies, manuals, priorities, etc. - Cultural mediation - Community involvement		• No staff turnover; • Collaborative attitude from local authorities and stakeholders on the ground
Activity 1.4 Yirol Hospital kitchen is adequately equipped and supplied for therapeutic feeding purposes and food preparation & demonstration corners for preventive and treatment purposes are set (CUAMM)	**Inputs:** - Human resources: Procurement Officer - Logistic capacities		• Conducive institutional environment for Customs exemption; • Road accessibility. • Availability of construction materials.

Activity 1.5 Training, TA and support to Key staff from MCHC, Maternity, Emergency, OPD and EPI know-how is strengthened on the: (i) monitoring of U5 and PLW nutritional status and identification of SAM/MAM cases (ii) treatment and follow-up of SAM and MAM cases, (iii) complications' emergency referral (CCM/CUAMM)	**Inputs:** - Human Resources: PHC Supervisors, Nutrition Experts, - Infrastructural capacities - Collaboration with stakeholders on the ground		• Availability of guidelines • No/poor staff turnover • Availability of nutrition drugs and emergency kits;
Activity 1.6 TA and supportive supervision in data collection and recording is provided at facility level (CCM/CUAMM)	**Inputs:** - Human resources: Trainers - Collaboration with CHD - Basic data collection/management capacities; - Functioning communication network;		• Collaborative attitude from CHD
RESULT N. 2 Severe and moderate malnutrition in U5 and PLW is prevented			
Activity 2.1 Growth monitoring is part of the routine followed during ANC visits and children consultation, in all Greater Yirol through both static and outreach services (including service provision for MARPs in returnees' camps and cattle-camps), (CCM/CUAMM)	**Inputs:** - Logistic/Movement capacities; - Collaboration with CHD; - Collaboration with Lakes State MoH - Collaboration with health and no health stakeholders on the ground (IOM, UNHCR, INGOs, etc.)		• Collaborative attitude from CHD and local communities • Road accessibility, • Availability of Nutrition supplies
Activity 2.2 Selected health staff from all Greater Yirol is trained on Nutrition prevention, treatment and monitoring and surveillance principles and tools (CCM/CUAMM)	**Inputs:** - Human resources: PHC supervisors and trainers; - Data collection and reporting capacities (DHIS) - Link with MoH at federal level to ensure continuous update on training strategies, manuals, priorities, etc.		• Collaborative attitude from CHD; • Basic IT capacities;
Activity 2.3 Communities are aware of culturally appropriate and sustainable methods to ensure good nutrition to children even with scarce resources (CCM/CUAMM)	**Inputs:** - Human resources: community mobilizers, - Movement capacities - Collaboration with CHD; - Community participation; - Women's groups involvement		• Freedom of movement; • Road accessibility; • Collaborative attitude of communities (including elders, VHCs, etc.).

Activity 2.4 Mothers of malnourished children acquire sustainable methods and are motivated to properly feed their children (CCM/CUAMM)	**Inputs:** - Human resources: community mobilizers - Movement capacities; - Basic IEC material - Collaboration with CHD; - Community participation; - Women's groups involvement - Coordination with other stakeholders on the ground		• Freedom of movement; • Road accessibility; • Collaborative attitude of communities (including elders, VHCs, etc.).
Activity 2.5 Local women's CBOs/groups are directly involved in peer-to-peer Nutrition education and promotion (CCM/CUAMM)	- Human resources: community mobilizers - Movement capacities; - Collaboration with CHD; - Community participation; - Women's groups involvement		• Freedom of movement; • Road accessibility; • Collaborative attitude of communities (including elders, VHCs, etc.).
Activity 2.6 Health education sessions on nutrition are regularly organized at Hospital, PHCUs and community level (CCM/CUAMM)	- Human resources: PHC & Nutrition Supervisors, local health staff - Community participation; - Basic IEC material - Movement capacities,		• Poor/no staff turnover, • Road accessibility; • Collaborative attitude of communities (including elders, VHCs, etc.).
Activity 2.7 VHCs and community leaders are involved on Nutrition sensitization at community level (CCM/CUAMM)	- Human resources: community mobilizers, Nutrition Supervisors - Community participation; - Basic IEC material - Movement capacities		• Road accessibility; • Collaborative attitude of communities (including elders, VHCs, etc.). • Freedom of movement;
RESULT N. 3 Greater Yirol Comprehensive Nutrition System is set up and integrated within the Health System			
Activity 3.1 A quantitative assessment of malnutrition prevalence in Greater Yirol has been realized (CCM/CUAMM)	**Inputs:** - Human resources: Research/Nutrition Expert, cultural mediator - Data collection/analysis capacities, - Movement and Logistic capacities, - Collaboration with the Lakes State MoH and other Nutrition stakeholders on the ground (namely UNICEF), - Community participation;		• Road accessibility Collaborative attitude from LSMoH, and from other stakeholders • Collaboration from local communities

Activity 3.2 CHD regularly collects and analyzes nutrition data (CCM/CUAMM)	**Inputs:** - Human Resources: Trainer, Nutrition Supervisor - Basic IT capacities - Basic office equipment - Collaboration with CHD; - Collaboration with Hospital/PHCC MT		• Road accessibility • No/poor staff turnover • Collaborative attitude from the CHD and LSMoH
Activity 3.3 A County Strategy on nutrition, in line with State and Government MoH, is available (CCM/CUAMM)	**Inputs:** - Coordination among national and state MoH, including also CHD collaboration; - Collaboration with Hospital/PHCC MT and health staff - Training capacities and staff; - Link with Goss MoH on training priorities, guidelines, manuals, etc		• Conducive institutional environment • Proactive attitude of national and LSMoHs
Activity 3.4 An e-warning system to prevent and respond to nutrition emergencies is in place (CCM/CUAMM)	**Inputs**: - Human resources: Trainers, supervisors, - Training capacities and staff; - Link with Goss MoH on training priorities, guidelines, manuals, etc, - Functional communication network, - Basic IT and office supplies		• No staff turnover; • Proactive attitude of national and LSMoHs and CHDs, • Movement capacities • Road accessibility
Activity 3.5 Greater Yirol CHD regularly attends Nutrition, Health and Wash clusters meetings (CCM/CUAMM)	**Inputs:** - Coordination among national and state MoH, including also CHD collaboration, - Movement capacities, - Collaboration from the CHD and health partners on the ground, - Links with Health and WaSH cluster partners		• Conducive institutional environment • Proactive attitude of national and LSMoHs, • Movement capacities

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activities	Q3/2012			Q4/2012			Q1/2013			Q2/2013			Q3/2013		
			Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Result 1 Permanent nutrition service in Yirol County Hospital, Adior Rural Hospital and Bunagok PHCC is set up, to identify and treat moderate and severe malnutrition cases in U5 and PLWs															
Activity 1.1 The Nutrition Rehabilitation Area of Yirol County Hospital (Yirol West), Bunagok PHCC (Awerial) and Adior rural hospital (Yirol East). are regularly functioning				X	X	X	X	X	X						
Activity 1.2 Essential/emergency drugs and non-pharmaceutical supplies for the treatment of severe malnutrition and the related complications are available in the right quantity and quality at Hospital level, and in Bunagok PHCC and Adior rural hospital.				X	X	X	X	X	X						
Activity 1.3 Therapeutic and supplementary food is currently procured, stored, prepared and distributed at Hospital and PHCC level				X	X	X	X	X	X						
Activity 1.4 Yirol Hospital kitchen is adequately equipped and supplied for therapeutic feeding purposes and food preparation & demonstration corners for preventive and treatment purposes are set				X	X	X									
Activity 1.5 Training, TA and support to Key staff from MCHC, Maternity, Emergency, OPD and EPI know-how is strengthened on the: (i) monitoring of U5 and PLW nutritional status and identification of SAM/MAM cases (ii) treatment and follow-up of SAM and MAM cases, (iii) complications' emergency referral				X	X	X	X	X	X						
Activity 1.6 TA and supportive supervision in data collection and recording is provided at facility level				X	X	X	X	X	X						
Result 2 Severe and moderate malnutrition in U5 and PLW is prevented															
Activity 2.1 Growth monitoring is part of the routine followed during ANC visits and children consultation, in all Greater Yirol through both static and outreach services (including service provision for MARPs in returnees' camps and cattle-camps)				X	X	X	X	X	X						
Activity 2.2 Selected health staff from all Greater Yirol is trained on Nutrition prevention, treatment and monitoring and surveillance principles and tools					X	X		X	X						
Activity 2.3 Communities are aware of culturally appropriate and sustainable methods to ensure good nutrition to children even with scarce resources				X	X	X	X	X	X						
Activity 2.4 Mothers of malnourished children acquire sustainable methods and are motivated to properly feed their children				X	X	X	X	X	X						
Activity 2.5					X	X		X	X						

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activities	Q3/2012			Q4/2012			Q1/2013			Q2/2013			Q3/2013		
Local women's CBOs/groups are directly involved in peer-to-peer Nutrition education and promotion															
Activity 2.6 Health education sessions on nutrition are regularly organized at Hospital, PHCUs and community level				X	X	X	X	X	X						
Activity 2.7 VHCs and community leaders are involved on Nutrition sensitization at community level					X	X		X	X						
Result 3: Greater Yirol Comprehensive Nutrition System is set up and integrated within the Health System															
Activity 3.1 A quantitative assessment of malnutrition prevalence in Greater Yirol has been realized							X	X							
Activity 3.2 CHD regularly collects and analyzes nutrition data				X	X	X	X	X	X						
Activity 3.3 A County Strategy on nutrition, in line with State and Government MoH, is available					X	X	X	X	X						
Activity 3.4 An e-warning system to prevent and respond to nutrition emergencies is in place				X	X	X	X	X	X						
Activity 3.5 Greater Yirol CHD regularly attends Nutrition, Health and Wash clusters meetings				X	X	X	X	X	X						

*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%