

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

SECTION I:

| | |
|--------------------|------------------|
| CAP Cluster | Nutrition |
|--------------------|------------------|

CHF Cluster Priorities for 2012 First Round Standard Allocation

| Cluster Priority Activities | Cluster Geographic Activities |
|---|---|
| <p>Cluster objectives and activities as outlined in CAP</p> <p>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</p> <p>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</p> <p>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.</p> | <p>Hot spot areas in high priority states will be prioritized</p> |

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) |
| American Refugee Committee (ARC) | 100% Eastern Equatoria State |
| Project CAP Code | Kapoeta East County: |
| SSD-12/H/46193 | <ul style="list-style-type: none"> • Narus Payam – Narus PHCC • Katodori Payam – Lowoyakali PHCU • Loolim PHCU |
| CAP Project Title | Kapoeta South County: |
| Addressing malnutrition in children under 5 and pregnant and lactating women in Kapoeta South and East Counties. | <ul style="list-style-type: none"> • Pwata Payam - Napateit PHCC • Machi II/Katiko Payam – Nakware PHCU • Kapoeta Civil Hospital |

| | | |
|--|----------------------------------|------------------------------|
| Total Project Budget in South Sudan CAP | Amount Requested from CHF | Other Funding Secured |
| US\$ 1,100,945 | US\$ 175,000 | US \$498,039 |

| | |
|-----------------------------------|--|
| Total Direct Beneficiaries | Total Indirect Beneficiary |
| Women: 11581 | 40,000 receive messages of nutrition health education. |
| Men: 135 | Catchment Population (if applicable) |
| Girls: 6370 | 82,723 |
| Boys: 5212 | |

| Beneficiary breakdown | | |
|-----------------------|---------------------------------|------|
| Women | P&LW | 7290 |
| | Trainees | 135 |
| | Beneficiaries of IYCF promotion | |
| | Other vulnerable | |
| Men | Trainees | 135 |
| | Beneficiaries of IYCF promotion | |
| | Other - vulnerable | |
| U5 Yrs | SAM | 422 |
| | MAM | 2007 |
| | BSFP | |
| | Micronutrient supplementation | |
| | Deworming | |

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)
N/A

Project Duration (max. of 12 months, starting from allocation date)
3 months
Start Date (mm/dd/yy): 04/01/12
End Date (mm/dd/yy): 03/31/13

Address of Country Office
Project Focal Person : Florence Lukhumwa
Email & Tel: florence@arcsouthsudan.org; +211 955263831
e-mail country director: cd-ss@arcsouthsudan.org
e-mail finance officer: ssfin@arcsouthsudan.org

Address: Atlabara Block C
Juba Town
South Sudan

Address of HQ
e-mail desk officer: maryd@archq.org
e-mail finance officer: michelleh@archq.org

Address: 615 1st Ave NE
Suite 500
Minneapolis, MN 55403
USA

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 population¹

Due to high levels of food insecurity, Eastern Equatoria is a state often plagued with malnutrition (65% of households in the state were reported to be food insecure including 24% severely food insecure and 41% moderately food in secure - draft annual needs and livelihood assessment, 2011). The unremitting food insecurity has contributed considerably to severe and acute malnutrition rates throughout the state. The magnitude of food insecurity and malnutrition are particularly acute across the greater Kapoeta region with 71% of the population of Kapoeta East classified as food insecure (8% severe and 63% moderate) and 46% of the population of Kapoeta South (8% severe and 38% moderate)². In the arid pastoral areas of Kapoeta East and South Counties the population is especially vulnerable to drought and has access too few primary health facilities (2 per county) to treat common illnesses that are exacerbated by malnutrition. Continued incidents of cattle raiding have contributed to displacement and insecurity of households that negatively affects livelihoods activities and can contribute to increased rates of malnutrition, this internal dynamics continues to impact negatively on the wellbeing of the children and women in the counties and the state as a whole as a result the counties and the state continues to experience high rates of malnutrition recorded in Kapoeta East (GAM: 12.60%.2%;, MAM, 12.60% SAM: 1.60%%) and Kapoeta South (GAM: 11.80%%; MAM, 11,80%, SAM: 3.20%%) counties³ SMO post harvest survey , July, 2012). The situation continues to deteriorate and it threatens the health of children under five as well as pregnant and lactating mothers adversely.

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

ARC began to work in Kapoeta South and East to treat malnutrition in 2011. During the course of the project, the lack of health infrastructure and trained medical staff to deliver high impact health services to the communities is still a major challenge facing the implementation of a nutrition program in the counties. In both counties, health workers are undereducated about basic nutrition and lack the skills and resources they need to properly advise and treat patients. In addition, a lack of health education and dearth of health seeking behaviors among these transient, pastoralist communities has limited the number of families utilizing health services. This situation particularly affects women who primarily feel the burden of supplying food for their families. In the latter half of 2011, ARC has trained and supported county health workers to provide outpatient management of malnutrition and referrals to the Kapoeta Civil Hospital. New health facilities have been constructed and continuing outreaches and health education by Home Health Promoters (HHPs) while targeting pastoralist communities to improve health seeking behavior and participate in their own health. ARC has worked closely with community network structure to insure accountability of the health facilities staff is done as well as resources in a bid to increase health services utilization at all levels. ARC as also provided capacity building sessions to the current staff at the facilities through on job supervision and continued medical Education that is done on a weekly basis based on the outcome and the gaps identified during supervision. Basic anthropometric equipments have been procured and supplied to the facilities, as well as provision of growth monitoring, screening for malnutrition at the health facilities and at the community levels. ARC has continued to pay incentives, and supported the counties in establishing nutrition coordination mechanisms that is done every quarter where issues related to malnutrition in the counties continue to be addressed. In these two counties, ARC continues to be a play a key role in providing nutrition services and health. Despite these gains, the challenge of malnutrition in Kapoeta South and East Counties remains. While ARC has funding to continue primary health care operations in four health facilities in these areas in 2012, and possibly in 2013, there are some gaps in funding for the nutrition services in the counties. The counties continues to experience inflation of food prices, pressure due to austerity measure undertaken by ROSS, unreliable rain and inter-tribal conflicts is expected to continue in these areas throughout the year. ARC is requesting support so she can address the challenges of malnutrition in the two counties by scaling up services on the current CHF grant in a bid to address the situation of the most

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.

² Draft annual needs assessment and livelihood analysis, 2011

³ Pre-Harvest Nutrition Survey, 2011

vulnerable communities of Kapoeta east and south adequately.

In addressing the nutrition cluster objectives of (providing access to services for management of acute malnutrition and prevention of under-nutrition in child under 5 and P&LW), ARC will undertake a multi-prong approach to its intervention. ARC seeks scale up services that will contribute to increasing the community awareness on prevention and treatment of malnutrition with a focus on the infant and young feeding as well as increase access to quality and timely treatment services for children under 5, at the stabilization centre set up in Narus PHCC, pregnant and lactating women (PLW). ARC seek to scale up services through establishment of referral networks through the use of HHPs, in that ARC will provide air time and installed a mobile desk phone at the PHCC in Narus and at Napateit as well as provide an incentive to HHPs upon referrals of the malnutrition children from the communities. A voucher system of payment as an incentive will be provided at the time the HHP hold monthly review meetings. Due to the severity of the impact of malnutrition on the overall health of the population, ARC will work through HHPs to provide malnutrition detection, feeding and treatment services to all affected community members, BHC, and TBAs, with an emphasis on pregnant women, infants, children, and women headed households since women and children are at greater risk of discrimination and violence. In a bid to increase access to quality food preparation and best practices, ARC will scale up services in hard to reach communities, monthly food preparations and demonstration would be carried out in the communities through the use of locally available food while the communities will be taught and shown the best ways to prepare a balance diet. In consultation with the ROSS department of health promotion and UNICEF, ARC will seek to design, develop and distribute culturally sensitive IEC materials that will be translated in Toposa language and English while using the images from the communities. A set of designed murals will be drawn at the Narus PHCC and Napateit PHCC with IEC messages and colorful pictures that psychologically communicates with the kids while they are at the stabilization centre in a pictorial form through the HHPs, ARC will regularly monitor the nutrition status of the target population while utilizing the Community Management of Acute Malnutrition (CMAM) approach which has shown to greatly reduce the cost and expand the reach of treatment to permit more timely identification of need. Facility-based OTP services will be supported at Kapoeta civil hospital, and Loolim PHCU as part of a scale up activity for under this arrangement in and outpatient treatment will ensure that all key targeted beneficiaries receive the timely treatment required for both MAM and SAM. In Kapoeta South and East, ARC will partner with the County Health Departments (CHDs) to support government health facilities to provide quality services. ARC supports health facility staff to implement Integrated Management of Severe Acute Malnutrition (IMSAM) approach in communities in Kapoeta South and East.

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

- This project will work to reduce the acute problem of malnutrition in two highly vulnerable communities – Kapoeta South and Kapoeta East. ARC will work through an existing network of PHCCs and PHCUs and community based Home Health Promoters to deliver a high impact, low cost nutrition intervention in the targeted payams. ARC will aim to increase health seeking behaviors and engage in active case finding through its network of HHPs. At the health facility level, ARC will provide outpatient (6 facilities) and inpatient (1) interventions to screen and treat children under five and pregnant and lactating mothers. Carry out food preparation demonstration, distribute IEC materials, conduct monthly HHPs review meetings, increase referrals of the malnourished children to seek help and care, ARC in this project will establish a women social network for nutrition - this will immediately act as a support group for breastfeeding mothers, support group for mothers with malnourished children and form a forum where mothers can be taught on proper nutrition and prevention of malnutrition. The group will be linked to livestock and food security programs for sustainability it anticipated that such an initiative can help reduce relapse cases. The program will provide incentive to HHP who for the number of referrals made, training of the health facility staff through CME, and also installation of desk phones at the two PHCCs along with the supervisions and coordination meeting. Through this approach, ARC will aim to reduce the incidence of malnutrition in vulnerable populations in Kapoeta South and East, Eastern Equatoria State.

ii) Objective

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

To decreased incidence of malnutrition among children under 5 and pregnant and lactating women in Kapoeta East and Kapoeta South Counties in 2012 to March 2013.

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.

ARC's approach will center around four key components:

1. Access to nutrition services increased through prevention of MAM and SAM through health education and active case finding by the trained Home Health Promoters
2. Access to maternal/child health services improved through Integrated Management of Moderate Acute Malnutrition at the OTP And management of Severe Acute Malnutrition (SAM) without medical complications.
3. Promote the running of the stabilization center at Narus PHCC and strengthen referral linkages for SAM with medical complications.
4. Increased local capacity to deliver quality nutrition services through capacity building of the CHDs

Key activities that will contribute to the successful implementation of this approach include:

Components 1: Prevention of MAM and SAM: Through health education and active case finding

- Conduct health education promotion campaign on malnutrition and positive health seeking behaviors (specifically targeting women) including Infant and Young Child Feeding (IYCF)
- Conduct nutrition screening using mid-upper arm circumference (MUAC) and assessment of bilateral edema.
- Conduct home visits to follow up with children who graduate or default from treatment programs.
- Support the communities in demonstration and preparation balanced diet based on locally available food

Components 2: Outpatient Integrated Management of MAM and SAM

- Screen children under five and P&LW for malnutrition
- Procure products for treatment of SAM and MAM in line with national protocols and distribute to health facilities

- Provide logistics support to health facilities and CHDs for transport of equipment and supplies
 - Monthly support supervisory visits to the OTP sites
- Component 3: Inpatient Care**
- Monthly support supervisory visits to the in-patient stabilization site
 - Support 1 facility with stabilization stations with and routine medications for in-patient therapeutic care where children and P&LW receive intensive medical care 24 hours a day until they are medically stabilized.
 - Strengthen referral linkages for severe acute malnutrition for 4 facilities.
 - Procure and supply anthropometric basic equipment
 - Provide hygiene materials to the s OTPs and Stabilization centre sites
- Components 4: Coordination**
- Monthly performance review meetings with the health facility staff
 - Monthly home health promoters network meetings
 - Establish and provide of a voucher to HHPs to improve referrals and utilization

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

ARC has been active in South Sudan since 1994 and has demonstrated a proven ability to support the delivery of high impact, quality of health, HIV & AIDS, gender-based violence, livelihoods, infrastructure support, capacity building, women empowerment, and protection and WASH services. In all the sectors, ARC ensures equal distribution of resources to its beneficiaries without discrimination. In particular, gender mainstreaming, and equity is an areas that cannot be underestimated while the challenges of people living with HIV/AIDS, harmful cultural practices will be addressed through this project through nutrition screening of positive clients and participation in malnutrition treatment. Correspondingly gender will be addressed through proactive and inclusive community education that specifically targets both men and women in the community to ensure both sexes have unique understanding of good nutrition practices and the effect of nutrition issues on the family.

v) Expected Result/s
List below the results you expect to have at the end of the CHF grant period, and provide 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.

- Expected Results:
- Components 1: Prevention of MAM and SAM: Health Education and Active Case Finding**
- 50 Home Health Promoters (HHPs – 50% women) trained on CMAM, health education, community mobilization and MUAC screenings.
 - Twenty four health education outreaches conducted (12 per county) on malnutrition and health seeking behaviors and how to prepare balanced diet based on locally available food
 - 4000 children under five and 1,654 pregnant women screened for malnutrition using mid-upper arm circumference (MUAC) and assessment of bilateral edema.
 - 80% of children graduating or defaulting from treatment programs receive home visits to follow up
- Components 2: Outpatient Integrated Management of MAM and SAM**
- 16 health service providers at 4 OTPs on management of moderate acute malnutrition and severe acute malnutrition
 - 4 health facilities are appropriately supplied to treat SAM and MAM in line with national protocols
 - Training of BHC, TBA on at community level on importance of Nutrition
- Component 3: Inpatient Care**
- Follow up on 10 staff trained on Therapeutic Feeding Care (TFC)
 - Support one (1) facility has in-patient therapeutic care where children and P&LW will receive intensive medical care 24 hours a day until they are medically stabilized.
 - Referral linkages from 4 PHCUs and 1 PHCC to stabilization centers established
 - Basic equipment and supplies for inpatient care procured for 1 health facility.
 - Continuous medical education carried out for staff at the health facilities
- Components 4: Coordination**
- 12 performance review meetings held with facility staff
 - Participate in one(1) , state and county level coordination meetings attended by ARC nutrition staff
 - Two (2) meetings of Kapoeta East/South nutrition coordination forum held

| | Indicator | Target (indicate numbers or percentages) |
|---|--|---|
| 1 | Number of community members educated on good nutrition practices through community education sessions. | 20,000 |
| 2 | Number of children screened in the community | 4000 |
| 3 | Number health and nutrition workers trained (includes facility and community level health workers) | 16 |
| 4 | Number of children admitted/treated for GAM | 600 |
| 5 | Number of pregnant and lactating women admitted/treated for MAM | 380 |

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.

ARC supports the provision of quality and sustainable basic health care services in Kapoeta East and South Counties, Eastern Equatoria State. ARC partners with the County Health Departments (CHDs) to support a total of four government-run facilities throughout the counties. ARC's approach is to build up government capacity to manage basic services whenever possible and ARC works hand in hand with these CHDs, providing training and resources for basic administrative functioning, reporting and county-level coordination. Together with the CHD, ARC conducts joint supervision and data collection at health facilities. ARC also supplies health facilities with equipment and rehabilitates basic health infrastructure and provides essential equipment to health facilities. ARC supports the CHD efforts in improving the quality of care at the health facilities by providing incentives for staff at supported

health facilities. ARC supports the CHD through capacity building of health facility staff and resource mobilization.
 ARC supports the CHD through capacity building of health facility staff and resource mobilization.

vii) Monitoring Plan

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

ARC's Nutrition Officer in Kapoeta will be responsible for collecting information as well the required data from the health facilities and communities. The overall health manager in Kapoeta will provide on the ground oversight and regular monitoring of the program indicators and activities. ARC's M&E Officer will be responsible for the overall M&E system, ensuring that appropriate M&E tools and forms are available to project staff. In Kapoeta East and South, the Program Manager will be responsible for data collection and entry on monthly basis and to ensure validity of this information, it will be reviewed for accuracy by the relevant technical program coordinator. The M&E Officer will summarize information from the project sites for project reports, and a report will be submitted to Nutrition Cluster on a monthly basis for regular tracking. In addition, regular financial and the programmatic reports will be provided to UNDP/CHF.

E. Committed funding

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

| Source/donor and date (month, year) | Amount (USD) |
|--|--------------|
| BSF, OFDA, BPRM (support costs) | 498,039 |
| UNICEF – Expected nutrition supplies in kind but exact amount is not known | |

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/H/46193 | Project title: Reducing malnutrition in Kapoeta East and South Counties, Eastern Equatoria State | Organisation: <u>American Refugee Committee</u> | |
| Overall Objective: | Indicators of progress: | How indicators will be measured: | |
| <ul style="list-style-type: none"> To decrease prevalence of malnutrition among children under 5 and pregnant and lactating women in Kapoeta East and Kapoeta South Counties in 2012. To March 2013 | <ul style="list-style-type: none"> % of estimated under 5 population meeting the global definition for acute malnutrition (MAM or SAM) | <ul style="list-style-type: none"> Health Facility Registers | |
| Specific Project Objective/s: | Indicators of progress: | How indicators will be measured: | Assumptions & risks: |
| <ul style="list-style-type: none"> Increase access to services to treat malnutrition Decrease incidence of malnutrition in targeted communities | <ul style="list-style-type: none"> # children under 5 and pregnant and lactating women screened for malnutrition % of screened children under 5 and pregnant women meeting the global definition for acute malnutrition | <ul style="list-style-type: none"> Outreach records Health Facility Registers | <ul style="list-style-type: none"> Continued malnutrition in Kapoeta East and South Support of County Health Departments Acceptance of community |
| Results - Outputs (tangible) and Outcomes (intangible): | Indicators of progress: | How indicators will be measured: | Assumptions & risks: |
| <p>Outcome 1: Health education and active case finding campaigns conducted</p> <ul style="list-style-type: none"> 50 Home Health Promoters (HHPs – 50% women) trained on CMAM, health education, community mobilization and MUAC screenings. Twenty four health education outreaches conducted (6 per county) on malnutrition and health seeking behaviors and how to prepare balanced diet based on locally available food 11,581 children under five and 1,654 pregnant women screened for malnutrition using mid-upper arm circumference (MUAC) and assessment of bilateral edema. 80% of children graduating or defaulting from treatment programs receive home visits to follow up | <ul style="list-style-type: none"> # Community members educated on good nutrition practices through community education sessions. # of food preparation demonstration done # of children admitted/treated for GAM # of pregnant and lactating women admitted/treated for | <ul style="list-style-type: none"> Outreach records Health Facility Registers Training Reports | <ul style="list-style-type: none"> Continued malnutrition in Kapoeta East and South Support of County Health Departments Acceptance of community |

| | | | |
|--|---|--|---|
| <p>Outcome 2: Increased access to services for outpatient integrated management of MAM and SAM</p> <ul style="list-style-type: none"> - 16 health service providers at 4 OTPs on management of moderate acute malnutrition and severe acute malnutrition - 4 health facilities are appropriately supplied to treat SAM and MAM in line with national protocols <p>Outcome 3: Increased access to services for inpatient management of SAM with medical complications</p> <ul style="list-style-type: none"> - 10 staff trained on Therapeutic Feeding Care (TFC) are followed and supervised - 1 facility has in-patient therapeutic care where children and P&LW will receive intensive medical care 24 hours a day until they are medically stabilized. - Referral linkages from 2 PHCUs and 1 PHCC to stabilization centers established - Basic equipment and supplies for inpatient care procured for 1 health facility. <p>Outcome 4: Increased local capacity to manage and coordinate nutrition programs in (2) counties.</p> <ul style="list-style-type: none"> - Twelve (12) performance review meetings held with facility staff - National, state and county level coordination meetings attended by ARC nutrition staff | <p>MAM</p> <ul style="list-style-type: none"> • # health and nutrition workers trained • # CHD staff trained and mentored • # of HHPs receiving a voucher as an incentive for making referrals of malnourished children, pregnant and lactating mothers. | | |
| <p>Activities:</p> <p>Outcome 1: Health education and active case finding campaigns conducted</p> <ul style="list-style-type: none"> - Train Home Health Promoters (HHPs) on (CMAM, health education, community mobilization and MUAC screenings) - Conduct a health education promotion campaign on malnutrition and positive health seeking behaviors (specifically targeting women) - Conduct nutrition screening using mid-upper arm circumference (MUAC) and assessment of bilateral edema. - Conduct home visits to follow up with children who graduate or default from treatment programs. <p>Outcome 2: Increased access to services for outpatient integrated management of MAM and SAM</p> <ul style="list-style-type: none"> - Train health service providers at 4 OTPs on management of moderate acute malnutrition and severe acute malnutrition - Screen children under five and P&LW for malnutrition | <p>Inputs:</p> <ul style="list-style-type: none"> • Program Staff • Support Staff • HHP incentives • Health facility equipment and supplies • Training supplies • Nutrition Consultant • Outreach supplies | | <p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Appropriate and efficient operations procedures • Adequate cash flow • Qualified staff |

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> - Procure products for treatment of SAM and MAM in line with national protocols and distribute to health facilities - Provide logistics support to health facilities and CHDs for transport of equipment and supplies <p>Outcome 3: Increased access to services for inpatient management of SAM with medical complications</p> <ul style="list-style-type: none"> - Continue supervision of health staff on Therapeutic Feeding Care (TFC) - Support the running of in-patient therapeutic care at (1) facility where children and P&LW will receive intensive medical care 24 hours a day until they are medically stabilized. - Strengthen referral linkages for severe acute malnutrition to 4 facilities. - Support 1 facility with stabilization stations with routine medications <ul style="list-style-type: none"> - Procure and supply and replenish anthropometric basic equipment <p>Outcome 4: Increased local capacity to manage and coordinate nutrition programs in 2 counties.</p> <ul style="list-style-type: none"> - Monthly performance review meetings with the health facility staff - Monthly home health promoters network meetings - Participate in state and county level coordination meetings attended by ARC nutrition staff | | | |
|--|--|--|--|

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The work plan must be outlined with reference to the quarters of the calendar year.

| Activity | Q1 / 2012 | | | Q2 / 2012 | | | Q3 / 2012 | | | Q4 / 2012 | | | Q1. / 2013 | | |
|--|-----------|-----|-----|-----------|-----|-----|-----------|-----|------|-----------|-----|-----|------------|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
| Result 1: Health education and active case finding campaigns conducted | | | | | | | | | | | | | | | |
| Activity (1.1) Train Home Health Promoters (HHPs) on (CMAM, health education, community mobilization and MUAC screenings) | | | | | | X | X | | | | | | | | |
| Activity (1.2) Conduct a health education promotion campaign on malnutrition and positive health seeking behaviors (specifically targeting women) including demonstrations on proper methods of food preparation | | | | | | | | | | | | | X | X | X |
| Activity (1.3) Conduct nutrition screening using mid-upper arm circumference (MUAC) and assessment of bilateral edema. | | | | | | | X | X | X | X | X | X | X | X | X |
| Activity (1.4) Conduct home visits to follow up with children who graduate or default from treatment programs. | | | | | | | X | X | X | X | X | X | X | X | X |
| | | | | | | | | | | | | | | | |
| Result 2: Increased access to services for outpatient integrated management of MAM and SAM | | | | | | | | | | | | | | | |
| Activity (2.1) Train health service providers at 4 OTPs on management of moderate acute Malnutrition and severe acute malnutrition activities | | | | | | X | X | X | | | | | | | |
| Activity (2.2) Screen children under five and P&LW for malnutrition | | | | | X | X | X | X | X | X | X | X | X | X | X |
| Activity (2.3) Procure products for treatment of SAM and MAM in line with national protocols and distribute to health facilities | | | | | X | X | X | | | | | | | | |
| Activity (2.4) Provide logistics support to health facilities and CHDs for transport of equipment and supplies | | | | | X | | X | | | X | | | X | | |
| Result 3: Increased access to services for inpatient management of SAM with medical complications | | | | | | | | | | | | | | | |
| Activity (3.1) Train health staff on Therapeutic Feeding Care (TFC) | | | | | | X | X | | | | | | | | |
| Activity (3.2) Establish in-patient therapeutic care at 2 facilities where children and P&LW will receive intensive medical care 24 hours a day until they are medically stabilized. | | | | | | X | X | X | X | X | X | X | X | X | X |
| Activity (3.3) Strengthen referral linkages for severe acute malnutrition to 4 facilities. | | | | | X | X | X | X | X | X | X | X | X | X | X |
| Activity (3.4) Support 1 facility with stabilization stations with routine medications | | | | | X | | X | | | X | X | X | X | | X |
| Activity (3.5) Procure and supply anthropometric basic equipment | | | | | X | X | X | | | | | | X | | |
| | | | | | | | | | | | | | | | |
| Activity (.4.1) Monthly performance review meetings with the health facility staff | | | | | X | X | X | X | X | X | X | X | X | X | X |
| Activity (.4.2) Monthly home health promoters network meetings | | | | | X | X | X | X | X | X | X | X | X | X | X |
| Activity (4.3) HHP actively making referrals | | | | | | | | | | X | X | X | X | X | X |

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