South Sudan
2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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 project 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 project proposal should explain and justify the activities for which CHF funding is requested and 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 CLUSTER**

CHF Cluster Priorities for 2013 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

Cluster Priority Activities for this CHF Round

Cluster priority activities for the first round standard allocation are:

a) the integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;

b) the prevention of malnutrition in pregnant and lactating women and children under five through micronutrient supplementation, the provision of supplementary foods, support of infant and young child feeding, and health and nutrition education;

c) procurement and management of key pipelines to enable priority a) and b)

d) capacity building of health workers, partners, key community members and community organizations to enable emergency response, treatment and prevention activities; and

e) if required, emergency preparedness and response activities.

Cluster Geographic Priorities for this CHF Round

Cluster geographic priorities for the first round standard allocation are:

a) Jonglei (Pibor, Akobo)

b) Upper Nile (host communities around Maban, Renk)

c) Unity (likely northern counties but also in the south such as in Mayendit county)

d) Northern Bahr el Ghazal (all counties)

e) Warrap (Twic, Tonj East)

f) High risk spots of Western Bahr el Ghazal, Eastern Equatoria and Lakes.

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

Requesting Organization

ACF-USA / Action Against Hunger

Project CAP Code:

SSD-13/H/55015/14005

CAP Project Title *(exact name as in the CAP)*

Assessment, treatment and prevention of severe and moderate acute malnutrition in Warrap, Northern Bahr el Ghazal and Lakes states

Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)

State	%	County
Warrap	40	Twic
Northern Bahr el Ghazal	10	Aweil Centre
	50	Aweil East

Total Project Budget requested in the in South Sudan CAP	US$ 4,041,160
Total funding secured for the CAP project *(to date)*	US$ 0

Funding requested from CHF for this project proposal	US$ 550,000

Are some activities in this project proposal co-funded?
Yes ☒ No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	36,304	81,000
Girls:	5,252	24,480
Men:	9,934	39,500
Boys:	5,455	26,520
Total:	**56,945**	**171,500**

Indirect Beneficiaries

231,190 (Calculated by taking the number of women and men beneficiaries and assuming each one of them will disseminate nutrition information to influence behavior on positive changes of knowledge, attitude and practice for an average of five close family members and relatives/friends)

Catchment Population (if applicable)

CHF beneficiary breakdown		
Women	P&LW	3,928
	Trainees	61
	Beneficiaries of IYCF promotion	32,314
	Other vulnerable	
Men	Trainees	84
	Beneficiaries of IYCF promotion	9,851
	Other - vulnerable	
Children U5 Yrs	SAM	2,723
	MAM	2,356
	BSFP	0
	Micronutrient supplementation	3,928
	Deworming	
	U5 Children screened during surveys	1,700

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

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 6 (April to September 2013)

Contact details Organization's Country Office	
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Contact details Organization's HQ	
Organization's Address	247 West 37th Street, 10th Floor. New York, U.S.A. 10018, Telephone: +1(212)967-7800
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Finance Officer	Lindsay Farnsworth e-mail: lfarnsworth@actionagainsthunger.org Tel: (212) 967-7800 ext. 129

SECTION II

A. Humanitarian Context Analysis

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

Warrap and Northern Bahr el Gazal (NBeG) States are located at the northern border areas of South Sudan with Sudan. These States are conflict-prone and have a high concentration of IDPs who fled from inter-communal conflicts and tensions as well as returnees. In 2012, humanitarian actors recorded 243 conflict-related incidents[2] in South Sudan, with about 170,000 people being displaced from their homes. During the year, about 151,673 South Sudanese arrived from Sudan[3] with the largest numbers of returnees (34% of the total tracked returnees) concentrated in the border states of NBeG, Unity and Upper Nile. This brings the total number of returnees arrived to South Sudan until Nov 2012 to be 1,786,084 individuals, as registered at the village-level, through the Area of Return Tracking system (AOR). Among them, those who registered as final destination in NBeG and Warrap were 460,150 and 145,297, respectively[4].

A WFP Report released in October 2012[5] showed that 10% of the HHs at national level to be severely food insecure, while 30% of households were moderately food insecure. In addition, 40% of the households had inadequate food consumption score with 16% poor food consumption score. Although the 2013 harvest is expected to be near average, agriculture is practically incapable of providing the needs of its growing population, with chronic underproduction contributing to widespread food insecurity and malnutrition. Limited agriculture production makes many households to be reliant on markets to access their food needs. In 2012, several risk factors that affected food insecurity in these areas may continue with unaffordable prices for the majority of the population and adverse changes in security along the border area, droughts and floods[6].

In 2012, Greater Bahr el Ghazal and Warrap were among the most affected in seasonal flood[2] in Warrap 4 out of 7 counties and in NBeG 4 out of 5 counties being affected[7]. This made the number of people affected with the recent flood to be 13,352 and 7,202, respectively. The overall impact in 2012 was felt across the country, with inflation peaking up to 80%. While cereal prices increased from 100% to 200%[8]. In late months of the year, food prices were on decline, in line with seasonal trends[9]. In most markets, food and fuel prices increased forcing households into further difficult situation. Infant feeding practices are inadequate, with levels of exclusive breastfeeding of infants to six months of age being as low as 45%.

ACF conducted anthropometric nutrition surveys (SMART) in Aweil East (April 2012) that revealed GAM rates of 28.7%. In anthropometric nutrition survey conducted in Twic County by Goal in April 2012 also showed high GAM rate (32%). Similarly, the SAM rates in Aweil East and Twic Counties were 6% and 7.5%, respectively.

Additionally, ACF noted a significant increment (22%) in admissions during 2012. This might have been attributed to many factors that include the deteriorating humanitarian situation in NBeG and Warrap; insecurity, influx of IDPs and returnees, diminished food insecurity at the household level, increased food prices, inadequate infant feeding and care practices.

Humanitarian needs have remained consistently high throughout 2012. Boys and girls below the age of 5 years (20% of the population) and Pregnant and Lactating Women (representing 8% of the population are the most affected groups of the population. Therefore, the overall situation analysis of 2012 indicates a need for continued response through provision of emergency nutrition services in 2013 for vulnerable returnees, IDPs and host communities in Warrap and NBeG.

B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The areas, NBeG and Warrap states, targeted by ACF are amongst the priority areas identified by the nutrition cluster. Since many years these areas are affected by high acute malnutrition rates, which are exceeding WHO emergency thresholds.

Through this project ACF will contribute to achieving the nutrition cluster objectives namely; the integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups; the prevention of malnutrition in pregnant and lactating women and children under five through micronutrient supplementation, the provision of supplementary foods, support of infant and young child feeding, and health and nutrition education; capacity building of health workers, partners, key community members and community organizations to enable emergency response, treatment and prevention activities; required, emergency preparedness and response activities.

ACF has been implementing nutrition activities in NBeG and Warrap states since 2007. ACF has gained a lot of expertise, experience and knowledge on implementing nutrition treatment programs (TFP and SFP) and capacity building of partner organizations, MoH and communities. ACF has accumulated lessons learnt from the past experiences for accelerated behavioral change for tackling malnutrition in the community. ACF's recognizes the value of addressing immediate and underlying causes of malnutrition as well as treatment of acute malnutrition. Therefore, ACF's pursues as much as possible to implemented integrated Nutrition, WASH and Food security and livelihood programs. ACF has well trained staff at the community level that will facilitate

[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] OCHA database (31 October 2012)
[3] IOM data, January-September 2012
[4] ERS weekly report, 30 Nov - 6-Dec, 2012
[5] WFP 'South Sudan Food Security Monitoring' Round 8, October 2012
[7] OCHA, Humanitarian Bulletin, South Sudan, 29 October - 4 November 2012
[8] WFP Market Monitoring Database
[9] Food Security & Nutrition Working Group, Dec 2012

project implementation at the grass root level.

Due to its long presence in South Sudan, ACF established a good working relationship with the Ministry of Health. Additionally, ACF supports the nutrition cluster through co-leading the nutrition cluster at Juba level and active participation in the survey technical working group, IMAM working group and information working group. ACF is also the focal agency for nutrition cluster activities in NBeG.

To secure alternative funding, ACF has approached several donors and managed to secure a limited amount of funding. ACF will still continue to raise more funds so that the targets set in the CAP 2013 will be achieved.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

ACF will use the CHF funding to contribute to four of the five priority activities of the Nutrition cluster. The details are described below:

- **Integrated management of acute malnutrition**: ACF is providing treatment for acute malnutrition through implementation of community management of acute malnutrition (CMAM). This approach encompasses the implementation of stabilization centres(SC), Outpatient therapeutic programme and Targeted Supplementary Feeding programme (TSFP). The treatment programmes are complemented by detection, referral at community level and community mobilization. The stabilization centre provides 24-hour care for severely malnourished children under-5 years with medical complications and/or poor appetite. In the SC beneficiaries receive systematic medical treatment, treatment for complications and therapeutic milk. The OTP provides outpatient care to children under-5 who are severely malnourished and don't have any medical complications. The OTP treatment comprises of provision of systematic treatment (antibiotics, vitamin A, de-worming, Folic acid), nutritional follow up and provision of weekly ration of Ready to Use Therapeutic Food (RUTF). The TSFP targets moderately malnourished children under-5 years children. The TSFP provides systematic treatment (Vitamin A and de-worming) as well as nutritional follow up and bi-weekly food rations (ready to use therapeutic food). Prior to admission, children under-5 years are screened for acute malnutrition. When found acutely malnourished following the admission criteria in IMSAM and MAM guidelines, children will admitted.

  ACF will strive for advocating towards increased ownership of the MOH so that proper integration of CMAM into the national health systems will be made in an efficient way. Advocacy has been in place for strengthening health service delivery at different levels (state, county and boma). The CHF fund will support the training of the existing health workers for proper integration of the CMAM programming along with the health service delivery. ACF is working on systems for efficient referral linkages among the different programs and health structures that will provided some base for integrated management of acute malnutrition.

- **Prevention of malnutrition**:

  A central part of the nutrition activities implemented by ACF is the provision of health and nutrition promotion messages. The health and nutrition promotion message promote hygiene and care practices, importance of breastfeeding and complementary feeding practices (IYCF). ACF will provide health and nutrition promotion at the nutrition treatment centre and community level. Additionally for the promotion of positive IYCF practice ACF will implement mother to mother support groups (MSG) at the OTP centres. The MSGs are targeting pregnant and lactating women including caretakers of SAM and MAM beneficiaries and other PLW from the community.

  Through the nutrition treatment programme and bi-annual campaigns, ACF will provide micro-nutrient supplementation and de-worming to children under-5 years and PLW, for the prevention of acute malnutrition and micro-nutrient deficiencies

- **Capacity building**:

  To capacitate health workers, partners working in health and nutrition, key community members and community based organizations to respond effectively to nutrition emergencies, different levels of trainings will be provided. These include provision of trainings for MoH, INGOs, CBOs, community volunteers and nutrition workers on management of acute malnutrition. The training will focus on management of SAM and MAM, IYCF, and screening andreferral at community level. In general, the trainings will focus on both prevention and treatment aspects of malnutrition

- **Emergency preparedness and response activities**:

  As the ACF operational counties are located at the border areas, the CHF fund will be essential for emergency preparedness and possible responses. This include working with the SMOH, UN agencies and other partners in developing response plan, conducting inter-agency assessment, pre-positioning of supplies and responding to emergencies for IDPs, returnees and vulnerable host communities.

ii) Project Objective

State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To reduce morbidity and mortality from acute malnutrition among boys and girls of U5 years and PL&W in Warrap and NBeG states of the Republic of South Sudan, through the provision of nutrition services (assessment, treatment,prevention and capacity building), from March 2013-February 2014.

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 (broken down by age and gender to the extent possible).

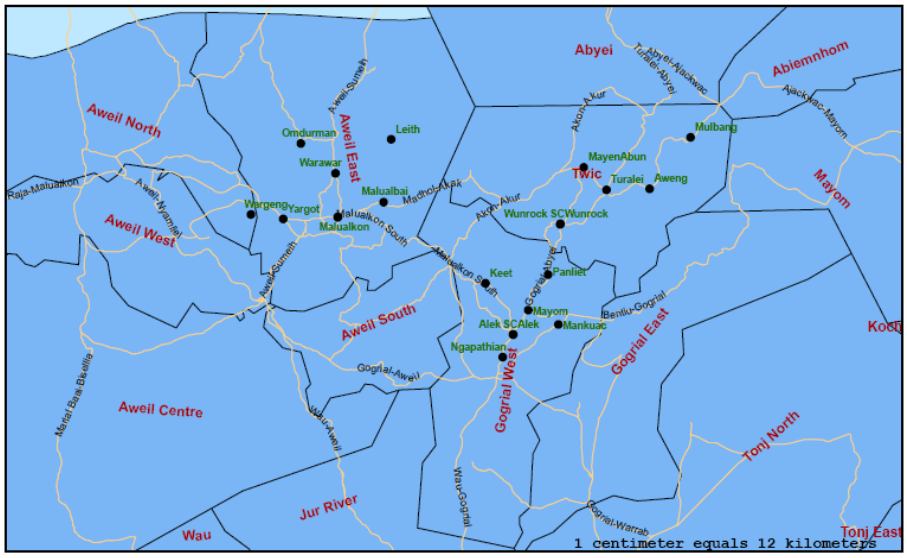
The main activities to be implemented using the 1st round CHF funding include:

- Conduct 10 rapid assessments in hot-spot areas in Aweil East and Twic Counties, as these two Counties are the most

vulnerable (screening of **100** U5 during each assessment),

- Responding to the current high need in SAM treatment through admitting **2,618** malnourished U5 children in the OTP centers,
- Make weekly, follow-ups for the admitted malnourished children, as per the IMSAM guideline,
- Running SC for admission and treatment of **105** SAM U5 children with health complications,
- Update mapping of all villages in the catchment areas of each OTPs,
- Conduct nutrition outreach activities, one day in a week, in relation to defaulters tracing and active case finding,
- Community mobilization linked with screening, targeting mothers, care-takers and community members (**29,850**),
- Strengthen effective referral system for acute malnutrition linkages of the nutrition programs (24 OTPs, 9 TSFPs and 3 SCs),
- Preparedness for scale-up of emergency nutrition response up to 3 additional mobile services, as per needs arising through inter-agency rapid assessments,
- Screening, admission and treatment of **2,356** MAM U5 children,
- Strengthen data collection system (admission data, including GAM and SAM rates disaggregated by age, sex and physiological status),
- Conduct effective monitoring and evaluation with regular facility supervision at each OTP and SC sites as well as the nutrition out-reach activities. The following quality indicators will be constantly monitored:
    - Program cure rate (> 75%, SPHERE standards)
    - Program defaulter rate (< 15%, SPHERE standards)
    - Program death rate (< 10%, SPHERE standards)
- Using the IMSAM/IMAM guideline for South Sudan and applying modules for SC, OTP, TSFP and community mobilization, trainings will be provided for MoH, INGOs, CBOs, community volunteers and nutrition staff on prevention and treatment of acute malnutrition. A total of **89** (8 at SC, 37 at OTP, 20 MAM, 51 in IYCF, and 29 in screening/ referral) people will be targeted for training. The training for health providers will focus on prevention and treatment aspects while for community members it will focus on detection, prevention and treatment of malnutrition.
- Conducting micronutrient supplementation and de-worming campaign for **7,856** PL&W and U5 children in the community,
- Actively work on prevention of acute malnutrition using appropriate nutrition education messages for **11,940** care-takers at nutrition facilities as well as community members in all villages of the OTP catchment areas (60% at OTP/facility based and 40% at community level),
- Promoting exclusive breastfeeding for the first 6 months, introduction of appropriate complementary foods, hand washing and sanitary practices, immunization, proper use of RUTF, as well as prevention of diarrhea, malnutrition, and malaria at the nutrition treatment sites and in the community,
- Establish **25** mother to mother support groups (15 mothers in each group) in the OTP catchment areas
- Conduct an anthropometric/mortality (SMART) and screen **700** U5 children for referral

Fig. 1. Locations of ACF nutrition treatment centers in Warrap and NBeG:



iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

Gender

For treatment and prevention of acute malnutrition to U5 children, both boys and girls are targeted. All the other ACF nutrition programs have a high percentage of female beneficiaries, as women are traditionally the main caretakers (especially for childcare) in South Sudan context. Although the majority of care-takers of children coming to ACF nutrition centre are women, those fathers who bring their children for screening or to attend nutrition education at community level will also benefit from the program. Female beneficiaries engaged as caretakers of malnourished boys and girls in the nutrition program will get IYCF nutrition/health education at OTPs and SCs. Mother to mother support group will focus on women. The micronutrient supplementation and de-worming targets PL&W. In addition, women who qualify for Community Nutrition Workers (CNW) position as well as key nutrition positions will be given priority for selection.

Environment

Disposal of used medical supplies will be undertaken with efforts to minimize any environmental adverse/negative impact, if any, on the environment. All measures will be taken to ensure safe handling and disposal of pharmaceutical waste and empty RUTF/RUSF

sachets.

HIV/AIDS

- There is no discrimination on beneficiaries based on the status of HIV/AIDS.
- Raise HIV awareness and empower communities.
- Provide nutritional support to people living with HIV and malnutrition.
- Those suspected to be affected by HIV/AIDS will be referred for appropriate counseling/testing.

v) Expected Result/s

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

- Improved access to quality CMAM services for identifying and treating severe and moderate acutely malnourished U5 children (OTP, SC and TSFP)
- The nutritional status of children U5 years monitored through screening at community, facility and surveys
- Hot spot areas are identified through rapid assessments and nutrition responses scaled-up to meet the need
- Strengthened capacity and involvement of MoH and the community in detection, referrals, treatment, and assessment of acute malnutrition
- PL&W and U5 children received micronutrient supplementation and de-worming
- Community members acquired knowledge on improved health/nutrition behaviour and care practices through promotion of improved child nutrition for addressing its underlying causes of malnutrition
- Contribution to reduction in mortality rates associated with malnutrition
- The effectiveness of ACF health/nutrition education activities in 2012 in changing health/nutrition behaviors of the community is measured through KAP

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1	Stabilization centers (SCs)	3 sites
		New SCs established	None
X	2	Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)	24 sites
		New OTP sites established	3 sites
X	3	Children (under-5) admitted for the treatment of SAM	**2,723**
		Girls	1,307
		Boys	1,416
X	4	Quality of SAM program	
		Overall SAM program cure rate (> 75%, SPHERE standards)	>75%
		Overall SAM program default rate (< 15%, SPHERE standards)	<15%
		Overall SAM program death rate (< 10%, SPHERE standards)	<10%
X	5	Number of MAM treatment centers/TSFP sites	9
		New MAM centers/TSFP sites established	None
X	6	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	**2,356**
		Girls	1,131
		Boys	1,225
X	7	Quality of MAM program	
		Overall MAM program cure rate (>75%, SPHERE standards)	>75%
		Overall MAM program default rate (<15%, SPHERE standards)	<15%
		Overall MAM program death rate (< 3%, SPHERE standards)	<3%
X	8	PLW and children (under- 5yrs) receiving micronutrient supplementation	**7,856**
		PLW	3,928
		Girls	1,964
		Boys	1,964
X	9	Children screened in the community	**29,850**
		Girls	14,925
		Boys	14,925
	10	Children screened during survey (SMART)	**1,700**
		Girls	850
		Boys	850
X	11	Number of Mother Support Groups	**25**
		New Mother Support Groups formed	25
X	12	Health and nutrition workers and volunteers trained (includes facility	**89**

		and community level health and nutrition workers and lead mothers)	
		in inpatient treatment of SAM/SC protocols	8
		in outpatient treatment of SAM protocols	37
		in treatment of MAM protocols	20
		in IYCF	12
		in screening and referral	12
X	13	Community members made aware through education sessions on nutrition and IYCF	**11,940**
		at the community level – women	3,821
		at the community level – men	1,433
		at the facility level- women	5,731
		at the facility level – men	955
X	14	Number of surveys undertaken during the reporting period	**1**
	15	Number of rapid assessments conducted	10
X	16	Cluster coordination meetings attended in the reporting period (state and national)	**16**
		National	8
		State	8
X	17	Timely and complete monthly reports submitted in the reporting period	**12**

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.

The nutrition treatment activities will be implemented using CMAM approach and will target all villages surrounding each OTP. ACF promotes targeted and integrated approach for tackling of underlying causes of malnutrition in most vulnerable communities. Given the large catchment of villages under OTP sites (10km radius), priority will be given to villages which are seen to contribute the highest case loads to the OTP. This will be achieved by providing OTP program (OTP) and targeted supplementary feeding (TSFP). Children under-5 years will be admitted according to the admission criteria as per the IMSAM guidelines and draft MAM guideline for South Sudan. Weight, height, age and MUAC will be recorded on admission for SAM cases but MUAC will be used for admission in TSFP. On the other hand, SAM children with medical complications will be admitted at stabilization centres. The community-based nutrition programming (including outreach, follow–up home visits, and health and nutrition education) complements the community-based health work and food security and livelihood focusing on integration of nutrition services along with its food security and WASH activities. Community mobilization is the key component of the project for maximum coverage, making the services more accessible to the highest possible proportion of the malnourished population through timely activities being implemented by ACF in the same project area. Hence, ACF is early case detection and management. These activities will be planned and executed through day to day follow-up of the program managers, supervisors and team-leaders. It will have a working system for appropriate use of community nutrition volunteers (CNVs) and key community leaders. ACF will use its existing community nutrition workers and CNVs for active engagement in home visiting, community sensitization, early case detection and defaulter tracing. The project will encourage active participation from the community. The local community leaders and influential people will be informed of the project, and be requested to disseminate the information and also to make the necessary supports to the program team, when needed. Defaulter tracing will be a main component of the nutrition treatment programme as well as community mobilization and screening.

Caretakers of acutely malnourished children and community members will receive health, nutrition, and hygiene education addressing acute malnutrition and its underlying causes, using the UNICEF BCC materials, mother to mother support groups as well as nutrition counseling cards. Through collaboration with the health partner (MoH, IRC, Goal and NCA) biannual micronutrients supplementation (vitamin A) as well as de-worming for children between 6 and 59 months will be conducted. The supplementation and de-worming, will be conducted bi-annually, following intensive community sensitization.

ACF will have PCA with UNICEF and FLA with WFP for accessing RUTF and food commodities, respectively. ACF will collaborate with the SMoH, WFP and UNICEF to provide nutrition services that responds to the emergency levels of malnutrition for vulnerable host community, returnees and IDPs. Trainings on management of severe acute malnutrition both at OTP and SC level as well as moderate acute malnutrition will be provided to health workers, community members and staff using modules developed from the national guidelines.

ACF will conduct regular measurements (anthropometric) and in some cases rapid assessments in some selected areas to monitor the status of children under the program. To identify barriers to nutrition treatment and address the challenges, ACF will conduct coverage investigations using the SQUEAC methodology. Additionally, ACF intends to assess the nutritional status of children under-5 years through implementation anthropometric surveys using SMART methodology.

vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) activities have been conducted, b) results have been achieved, c) cross-cutting issues have been addressed, and d) project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)[10].

[10] CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

ACF has a management structure with a technical coordination team in Juba who are visiting the field frequently and who have a direct line with the program managers. They are supported by a logistics and administration coordinators. Furthermore Heads of Bases in each location facilitate coordination and support in the field. At a technical level the New York head quarter also supports through technical advisors on implementation of appropriate monitoring system and reporting. At field level the day to day activities are followed through weekly activity performance that is reported in bimonthly SITREPS (Situation reports) and program based follow up forms and checklists. Monthly narrative and quantitative activity progress reports and analyses are also part of the stringent monitoring tools in ACF programming. Observation, day to day and periodic filed visits by program and support staff at different level is another way of monitoring applied to follow progress and performance of the programs. There is a trend of quarterly monitoring of the implementations by the coordination team to review the overall status of the implementation. Budget follow up is also shared by the administration and finance department for financial monitoring and follow up. Findings of these assessments will enable ACF to realign and make adjustments to activities and estimate the actual impact of the program.

Baseline and end-line KAP survey, SMART survey, and other relevant tools are also part of the system to generate information for improving implementation and focus areas for monitoring.

The performance of CNWs on applying the right admission criteria is monitored by the day to day supervision of staff assigned for this purpose from each base. To avoid double counting of beneficiaries for health educations at facility level, the reporting will focus by making all beneficiaries in one week to receive similar messages. Hence, all beneficiaries coming to the facility on any day of the week will get the message and be counted. Hence, the whole nutrition education messages will be completed during 2 months stay of a single care-taker. Beneficiaries admitted at OTP and SC programs will not be counted as separate admissions. They will have a specific individual case number that they will remain the same in different components of the nutrition centers. Hence, there will be effective follow up of beneficiaries with a method of tracking. A follow-up card will be provided to the care-takers. In TSFP, a ration card with the case number will be given to the care taker that will be monitored during food distribution. During the follow-ups, the medical condition of the malnourished child, the nutritional and RUTF/food commodity provided will be recorded regularly. The recordings are to be regularly relieved by assigned supervisors. If a child is not showing weight growth on the weekly visits or deteriorates, the care-taker will be consulted and receive advise. Supervisors and team-leaders evaluate output and outcomes on regular basis. This will be compared with the planned target. The supplies management system is also monitored. The amount of supplies used in relation to the number of beneficiaries is correlated. The quality of health education provided to the care-takers at facility level as well as at the community level is also monitored.

For identifying the level of beneficiaries' satisfaction, ACF has instituted entry and exit questionnaire for care-takers at OTP and SC level. This information is entered in to computer and analyzed.

ACF monitors not only its programs but also the overall context surrounding the programs. Context analysis is one approach in this regard. The surveillance component is another approach. ACF will also apply SQUEAC methodology for evaluating program coverage. In addition, evaluation of the nutritional status will be done using surveillance applying SMART methodology.

Reports are prepared at facility level by proper compilation of daily accomplishments. They are filled on a format for weekly report submission. The supervisors countercheck and approve and be submitted to the program managers for final validation and entry, on a weekly basis. On the last day of each month, a general meeting is being conducted with CNWs to discuss on issues related from the monitoring and also on reporting. Such meetings are important to learn lessons from gaps observed in other facilities.

E. Total funding secured for the CAP project
Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	**Amount** (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.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.
Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55015	**Project title:** Assessment, treatment and prevention of severe and moderate acute malnutrition in Warrap, and Northern Bahr el Ghazal	**Organisation:** ACF-USA / Action Against Hunger

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* Ensure provision of emergency nutrition services in priority states, focusing on high-risk underserved communities and areas where there is food insecurity, high malnutrition, and/or high numbers of displaced people and returnees	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* *SAM 70% needs coverage* *MAM 70% needs coverage*	**How indicators will be measured:** *What are the sources of information on these indicators?* SMART survey (needs) Monthly reports from treatment records Program coverage survey	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* To contribute to the response to the nutrition emergency in two counties (Aweil East and Twic) by providing quality nutrition services for the prevention of acute malnutrition and treatment of severe acute malnutrition.	**Indicators of progress:** *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* SAM rates in the county stay below emergency threshold levels (<2%)	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* SMART survey Coverage survey Monthly activity reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Services for the treatment of MAM remain available • No emergency health outbreaks • No large population movements or displacement • On-going funding
Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*. Quality treatment for SAM is provided Undernourished U5s have good access to SAM treatment Infant and young children care practices improved Trained health workers and community members on management of malnutrition	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* SAM treatment achieves SPHERE standards (<10% died, >75% recovered and <15% defaulted) Access to therapeutic care for undernourished u5s is at SPHERE standards (>50% in rural areas) Percentage of target community practicing exclusive breastfeeding at 6 months (50%) Number of trained health workers and	**How indicators will be measured:** *What are the sources of information on these indicators?* Treatment cards and facility reports Treatment cards, monthly reports and SMART survey estimations Results of KAP survey Monthly activity report and attendance	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • No emergency health outbreaks • No large population movements or displacement • On-going funding • Natural disasters (e.g. flooding) do not take place • MoH makes health workers available for trainings

		community members	sheets	
	Immediate-Results - Outputs (tangible): *List the products, goods and services **(grouped per areas of work)** that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.*	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.*	**How indicators will be measured:** *What are the sources of information on these indicators?*	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?*
	1. Treatment			
	• U5 children are treated for SAM	• Number of U5 children treated for SAM (1,416 boys, 1,307 girls)	Feeding centre records	
	• OTP sites are operating	• Number of OTP sites (24 sites)	Monthly reports	
	• Increase in the number of OTP sites	• Number of new mobile OTP sites (3 sites)	Monthly reports	
	• SC sites operating	• Number of SC sites (3)		• Political and social stability
				• Absence of large scale humanitarian crisis or disasters
	• U5 children are treated for MAM	• Number of U5 children treated for MAM (1,225 boys and 1,131 girls)		• Normal climatic conditions
	• MAM treatment sites are operating	• Number of MAM sites (9)	Food distribution reports	• Security in the target areas remains sufficiently stable to allow access to conduct humanitarian activities
	2. Prevention of acute malnutrition			• On-going support and willing participation of South Sudan Relief and Rehabilitation Commission (SSRRC) counterpart, local authorities, MoH and beneficiaries
	• PLW and children U5 are provided with micronutrient supplementation	• Number of PLW and children receiving micronutrient supplementation (3,928 PLW, 1,964 girls, 1,964 boys)		• Absence of extreme price or exchange rate shifts.
	• Mothers receive IYCF education and support through mothers support groups	• Number of mothers support groups (25); number of mothers (375)		• Localised conflict or emergencies do not result in inability to remotely monitor programme
	• Nutrition/health education provided	• Number of women and men received education: *Women at the community level (*3,821) *Men at the community level (*1,433) *Women at the facility level (*5,731) *Men at the facility level (*955)	Monthly training report	• Appropriate funding is received
	3. Improved capacity building			
	• Improved capacity for health workers on management of SAM • Improved capacity for community workers and volunteers (including lead mothers) on IYCF	• Number of health workers received training on *inpatient treatment of SAM protocols (*8) • Number of health/community workers received training on *outpatient treatment of SAM protocols (*37) • Number of health/community workers received training on *treatment of MAM protocols (*20) • Number of community workers and volunteers rece*ived training on IYCF (12)* • Number of community members rece*ived*	Training attendance sheets and monthly reports	

	4. Assessment, coordination and reports • Nutrition survey (SMART methodology) conducted • Rapid assessment • Active coordination with other nutrition actors • Partners report submission	*training on screening and referral (12)* • Number of SMART surveys conducted (1) • Numbers of rapid assessments conducted (10) • Number of national nutrition cluster meetings attended (8) • Number of state level nutrition cluster meetings attended (8) • Monthly report submission to partners (12)	SMART survey report Nutrition cluster meeting minutes Cluster report follow-up	
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* **1. Treatment** • Repair and supply OTP, SC and MAM sites • Create awareness in the community • Screen children 6- 59 m months, in the community • Work with community members and local health providers to establish referral pathways for children with severe acute malnutrition • Admitting and making follow-ups for treating SAM & MAM cases **2. Prevention** • Provision of micronutrient supplementation to pregnant women and U5 children during biannual campaign in the community • Encourage mothers of malnourished children and pregnant women to form mothers support groups • Support mothers support groups with space, resources and facilitations • Provision of nutrition/health education **3. Improved capacity building:**	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Staff time • Contractor for the repair of the OTP site • Mats • Weighing scale • Height board • Benches • Table and chairs • Flip charts • Water dispenser • MUAC Tapes • Staff time • Plumpy nut, deworming tablets • Routine medication at SAM and MAM • Assorted medication for SC • Buckets for beneficiaries • Record cards • Water • Staff time • Vitamin A • Deworming tablets • IYCF counseling cards • Take home messages • Microphone • Mats • Space in the hall • IMSAM training curriculum • Travel expenses for staff • Stationeries • Staff time		**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?* • Stable security situation • Accessibility, rainy season does not start earlier than the usual pattern • Localised conflict and emergency. • Peaceful disarmament • Mothers willing to engage in groups and be trained on IYCF Absence of large scale humanitarian crisis or disasters • Access to UNICEF SAM supplies pipeline • Access to WFP MAM supplies pipeline • Funding can be secured

	• Train all nutrition staff and community health workers on IM-SAM guidelines. • Provide training on IYCF to community health workers and mothers support group leaders **4. Assessment and coordination** • Recruit and train team in SMART methodology • Conduct pre-harvest SMART surveys in targeted county in-line with South Sudan country guidelines • Present results to nutrition team and relevant stakeholders • Attend cluster coordination meetings	• Refreshments for training sessions • Staff time • Questionnaires and record sheets • Height boards • Scales • MUAC tapes • Computer equipment for input		

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	**Q1/2013**			**Q2/2013**			**Q3/2013**			**Q4/2013**			**Q1/2014**		
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Activity 1 Mapping of all villages				x											
Activity 2 Screening, admission and treatment of acute malnutrition (SAM)				x	x	x	x	x	x						
Activity 3 Screening, admission and treatment of acute malnutrition (MAM)				x	x	x	x	x	x						
Activity 4 Scale-up of emergency nutrition response (mobile OTPs)					x	x	x	x							
Activity 5 Rapid assessments				x	x	x									
Activity 6 Conduct nutrition outreach activities				x	x	x	x	x	x						
Activity 7 Monitoring and evaluation (Supervision for program quality)				x	x	x	x	x	x						
Activity 8 Training for MoH, INGOs, CBOs, community volunteers and nutrition staff				x		x			x						
Activity 9 Conducting micronutrient supplementation and de-worming campaign					x										
Activity 10 Provision of nutrition education				x	x	x	x	x	x						
Activity 11 Establish mother to mother support groups								x	x						
Activity 12 Conduct an anthropometric/mortality (SMART)				x											

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