

## 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](mailto: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:

<b>CAP Cluster</b>	<b>NUTRITION CLUSTER</b>
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**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.

<b>Cluster Priority Activities for this CHF Round</b>	<b>Cluster Geographic Priorities for this CHF Round</b>
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 organisations to enable emergency response, treatment and prevention activities; and  e) if required, emergency preparedness and response activities.	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.

<b>Requesting Organization</b>	<b>Project Location(s)</b> (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)															
Bangladesh Rural Advancement Committee (BRAC)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">State</th> <th style="width: 10%;">%</th> <th style="width: 60%;">County</th> </tr> </thead> <tbody> <tr> <td>Lakes</td> <td>100%</td> <td>Rumbek North and Rumbek Centre</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State	%	County	Lakes	100%	Rumbek North and Rumbek Centre									
State	%	County														
Lakes	100%	Rumbek North and Rumbek Centre														
<b>Project CAP Code</b>																
SSD-13/H/55055/6422																
<b>CAP Project Title</b> (please write exact name as in the CAP)																
Nutritional support to children, pregnant and lactating women in Lakes state																

<b>Total Project Budget requested in the in South Sudan CAP</b>	US\$ 366,877	<b>Funding requested from CHF for this project proposal</b>	US\$ 119,997
<b>Total funding secured for the CAP project (to date)</b>	US\$ 164,958	<b>Are some activities in this project proposal co-funded?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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:	2220	3470
Girls:	1500	2500
Men:	230	230
Boys:	1500	2500
<b>Total:</b>	5450	8700

**Indirect Beneficiaries**

The family member of the SAM and MAM cases as well as care giver and community leaders. The estimated indirect beneficiaries will be 84,600

**Catchment Population (if applicable)**

**196,254**

CHF beneficiary breakdown

Women	P&LW	1790
	Trainees	180
	Beneficiaries of IYCF promotion	2220
	Other vulnerable	200
Men	Trainees	10
	Beneficiaries of IYCF promotion	220
	Other - vulnerable	0
Children U5 Yrs	SAM	700
	MAM	500 ( WFP food supply)
	BSFP	1253 ( WFP food supply)
	Micronutrient supplementation	700
	Deworming	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 Months ( April - September)

Contact details Organization's Country Office	
Organization's Address	Plot#31; block L/14; Atlabae; Juba; South sudan
Project Focal Person	MM Habibur Rahman, hrahman-brac@yahoo.com, +211922922542
Country Director	Md. Abu Bakar Siddique, siddique261@gmail.com +211922922140
Finance Officer	Md. Ariful Alam, ariful80@yahoo.com; +211922922610

Contact details Organization's HQ	
Organization's Address	BRAC Office; BRAC Centre; 75 Mohakhali; Dhaka 1212; Bangladesh
Desk officer	Jalaluddin Ahmed, jalaluddin.a@brac.net, +8801713042506
Finance Officer	Abhijit Gupta; abhijit.g@brac.net; +8801718339590

## SECTION II

A. Humanitarian Context Analysis
<p>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<sup>1</sup></p> <p>South Sudan, the youngest nation in the world, has some of the lowest socio-economic and health indicators in the world. The general health service coverage is only 30%. The country has one of the highest maternal mortality rates (2054/100,000 live births) and under 5 years mortality rates (135/1000 live births). More than 90% of the population lives on less than a dollar a day. The health and nutrition status of children and women in Lakes State of South Sudan are issues of much concern with high MMR (22,43)<sup>2</sup>, infant, and under five mortality rates. Severe stunting among children under age of 5 years, severe under weight and wasting in Lakes State are 13.8%; 6.4% and 3.5%<sup>3</sup> respectively. The access to health care services is very limited like other parts of the country. Recent nutritional assessments (SMART surveys) conducted by state ministry of health and BRAC in Lakes state in July 2011 and April 202, showed high SAM rate (between low 2.6% to highest 5.1%) among under five years children. The survey results also shows that the knowledge on infant young child feeding, personal hygiene and timely treatment initiation of illness is very poor in Lakes states. Only 31.1% children are given exclusive breast milk up to five months, 21.15% households has acceptable level of food consumption, 14.58% respondents in Rumbek North wash their hand after defecation (SAM Survey Report, P. 22 ad 23). The capacities of health facility staff in the state is also limited especially regarding malnutrition and prevention of such conditions in children.</p> <p>In June, 2012, two rapid nutritional assessments were conducted by BRAC in Cueibet and Rumbek East counties and the assessments found high percentages of SAM and GAM in Cueibet County (6.4% and 20.9% respectively) through MUAC screening.</p> <p>Livelihoods of the population of Lakes are mostly agro-pastoral with scarce safe drinking water supplies and sanitary systems. In 2012, flood affected some parts of the state, which lead to less production of crops especially in Awerial and Rumbek North County. There are some food distribution programmes (FFT, BSFP for children under 36 month, TSFP for P&amp;LW, MAM) being carried out by WFP with the partnership of NGOs like BRAC.</p> <p>There is an increasing flow of IDPs and returnees in the state. From 2010 to July 2012, the number of IDPs and returnees in four camps of Rumbek Centre stood more than 22,000.</p> <p>Gender specific nutrition information could not be found from national institutions. However, we can get a gender specific nutrition status form the SMART survey 2012, which shows prevalence of severe acute malnutrition among under five boys (7%) are more</p>

<sup>1</sup> 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.

<sup>2</sup> Statistical year book for South Sudan 2010 ( page-82)

<sup>3</sup> Statistical year book for South Sudan 2010

than girls (3%). However, the survey findings did not show any significant difference between the boys and girls in terms of feeding practice, exclusive breast feeding, and treatment seeking practices. In the next SMART surveys, it should be emphasized to identify and investigate the underlying reasons behind the high prevalence of malnutrition among boys. In 2012, the numbers of boys and girls admitted in the OTPs for SAM treatment are almost same (1192 and 1188 respectively). The average days for recovery from malnutrition among girls and boys are 53 and 47 days respectively.

BRAC first initiated the nutrition program in Lakes state in 2011. BRAC established two OTPs where 2531 SAM cases have been registered and treated by 2012.

## **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.

Poor basic health service delivery and accessibility to service centers, high morbidity and mortality scenario and poor health-nutrition awareness among the community in Lakes State especially remote and inaccessible Rumbek North and Rumbek Centre County are matters of serious concerns from humanitarian perspective. Interventions to maximize the access to basic health services and create proactive service seeking behavior among community people are crucial to improve the health nutrition status, reduce mortality, and morbidity in the state.

BRAC is implementing nutrition program in two counties under Common Humanitarian Funding with the assistance and technical support of nutrition cluster. Through this program, BRAC staffs assess the nutritional status of 6-59 month children in OTPs. Besides, to meet the nutrition need of the children in remote and inaccessible areas, BRAC operates mobile clinics in those areas. Total **2,380 SAM and 308 MAM, and 348 PLW** cases were identified and treated from the OTPs and TSFP sites in 2012. In the OTPs, now more than 300 SAM cases are taking therapeutic treatment.

The health volunteers of BRAC work as change-agents in the community and play a vital role to assist and identify SAM, MAM cases in the community and they can refer cases to the health facility/OTPs before complication. BRAC with the support of ACF international prepare training module for the community health volunteers and organize 19 batches training for 360 health volunteers. In the proposed program, BRAC will keep close contact with 360 health volunteers and sharpen their knowledge to ensure quality education for prevention, early identification and referral.

Beside the OTPs and mobile clinics, BRAC in the collaboration with SMOH trained 57 health facility staff in 2011 and 2012. In this programme, BRAC is proposing for refreshers training for facility staff to sharpen and keep their knowledge update to ensure better service delivery from the facilities.

BRAC will also take special initiatives in refugee settlement camps for awareness raising, nutrition assessment and providing therapeutic treatment which will reduce the vulnerability of those people.

The success of BRAC in identification and providing treatment to SAM and MAM cases, creation of awareness among community people and knowledge gained from SMART survey and field experience justify the continuation of the BRAC's nutrition programme. Based on the lessons learned from previous years, BRAC can efficiently and effectively implement the program to achieve greater impact.

Therefore, the justifications of this project include:

1. High morbidity and mortality of children and mothers in Rumbek North and Rumbek Center counties strongly demand such interventions in the region.
2. BRAC has been operating two OTP centers since 2011 in the intervention areas. Over last two years, the OTPs have become the centers of reliable services to the community people. The awareness created among the community through BRAC OTPs and outreach services help to increasing flow of SAM and MAM cases in the OTPs. In each month BRAC OTP staff organizes 4 outreaches in distance remote place to screen to identify SAM cases among boys and girls as well as nutrition promotion education to community both male and female. To ensure the treatment of huge number of SAM and MAM case and overcome other nutrition related risks continuation of this program is vital.
3. To provide health and nutrition services to the people in remote and inaccessible areas, the continuation of mobile clinics run by BRAC health team is crucial.
4. The program also includes awareness creating interventions on IYCF, personal hygiene, water sanitation, important of immunization, prompt diarrhea and malaria treatment that help to improve nutritional status of children, women and man. BRAC staffs will organize group meetings with mothers in the OTPs and remote

and inaccessible areas (through mobile clinics) to educate them on health and nutrition issues.

### 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.

This project aims to ensure treatment and prevention of SAM and MAN cases in children aged U5, P&LW and other vulnerable groups who are being served through present program (keep functional the existing OTP centre) and will be continued in the proposed project activities. BRAC in collaboration with SMOH and RRC in Lake state, will assess the nutritional status of IDP/returnees and will conduct a SMART survey in the targeted area to assess health and nutrition status and prepare for meeting emergency needs. The findings of the surveys will be shared with other partners working in nutrition and nutrition cluster, who will use the findings in health policy advocacy.

BRAC will refresh the knowledge and capacity of health facility staff and community nutrition volunteers. BRAC will organize community awareness among the community especially pregnant, lactating women and care giver;

#### 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 improve access to nutrition services in two intervention counties and provide treatment to 700 SAM (boys & girls) cases in the 6 month of project period.
- Increase SAM case cured rate more than 86% and reduce death rate related malnutrition less than 2% in the in the 6 month project period
- To improve knowledge and sharpen about nutrition and child care practices for boys and girls of U5 years in the 6 month project period among 1270 mothers/caregivers.
- To increase micro nutrient supplementation among U 5 children 700 and pregnant & lactating women 1000 in the 6 month of project period.
- Conduct one SMART survey and prepare report to share with partners and nutrition cluster in the 6 month project period.
- To improve the capacity of health care workers both male and female in CMAM (20 health worker) and IYCF for (180) volunteers through refresher training in the 6 month project period
- To strictly follow the quality indicators in management of acute malnutrition as per SPHERE standard
- To improve coordination among all partners and ensure regular monthly 6 cluster meeting in state level with in 6 month project period

#### 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).

1. Conduct Rapid Nutritional Assessments in two counties of Lakes State (Rumbek East, Cuibet)
2. Carry out one SMART surveys (pre-harvest in April,13) and rapid assessment in the counties of Lakes state to get gender wise disaggregated information related to malnutrition..
3. Keep functional OTP centre to support and management of 700 severe acute malnutrition cases among U5 children
4. Conduct nutritional education meeting and community outreach in 2 counties of Lakes State (Rumbek North, Rumbek Centre) to sharpen knowledge, screening SAM, MAM to prevent malnutrition among U5 children (boys and girls) and PLW in the community.
5. Provide micronutrient supplementation to children (Vit –“A”) and PLW and promote IYCF practices.
6. Provide de-worming tablet to the SAM treated cases
7. Conduct Refresher Training of CHD, PHCU, PHCC, hospitals, and other healthcare providers on support and care of SAM, MAM, and IYCF practices
8. Conduct refresher training to community nutrition volunteers to ensure education and prompt referral for prevention and treatment, follow –up.
9. Perform mass communication meetings at Payam levels with local community members and support other BCC activities to disseminate health and nutrition messages.
10. Work as the state nutrition cluster focal point and ensure monthly cluster meeting.
11. Participate in the process of emergency preparedness.

#### iv). Cross Cutting Issues

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

BRAC will ensure, identify and treatment of SAM & MAM cases both boys and girls without any discrimination. BRAC will analysis the report of SAM case admission, treatment outcome to share nutritional aspects and gender. In the time of SMART survey report preparation will be analyze gender wise segregated IYCM practice, treatment behavior, and nutritional status to address to specific

gaps, practice and attitude. BRAC will disseminate nutrition, health and hygiene knowledge both men and women with emphasis pregnant & lactating in the OTP and as well as in the community where women can easily access. In the past BRAC monthly nutrition report shows that there is no basic difference of boys and girls SAM case admission in OTP but average days to cure SAM case is less for the girls.

The proposed project will create Community awareness on health services through organizing regular community meetings. In the meetings, the participants will be made aware of the negative effects of deforestation and burning charcoal. They will also be encouraged to use improve stoves. The project also plans to create awareness among the community about sanitation, hygiene and waste disposal in proper place. The sanitation knowledge of the community people is expected to result in increased number of covered pit latrines in the area. This awareness creating activities will help to ensure healthy environment in the intervention area and will directly play a role in reducing water-borne diseases and improving nutrition status of the community people.

The ANC surveillance data of Rumbek hospital shows that the HIV prevalence in the area is 6% which is double of the HIV prevalence rate in South Sudan (3%). To address this alarming situation, in this project, it has been planned to organize community orientation programmes in villages as well as in OTPs to raise awareness on HIV/AIDS. BRAC staff will encourage pregnant women to do VCT for HIV/AIDS. Awareness on HIV/AIDS, its transmission and prevention, relation between HIV/AIDS and malnutrition are the topics of community meetings and P&Lw counseling in OTPs. Usage of condom will also be promoted to prevent HIV/AIDS as well as sexual transmitted disease. BCC material related HIV/AIDS will be displayed in OTPS.

#### 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.

**Assessment:** BRAC will conduct SMART survey to understand the nutritional scenarios of the Lakes State and health hygiene practice. Discrimination in exclusive breastfeeding practice, food sharing among boys and girls in household and feeding practice during pregnancy & lactation period will be observed that helps to plan nutrition education and treatment.

BRAC will conduct Rapid assessment to assess quick nutritional status in the state and necessary initiative to improve nutritional status.

BRAC will take initiative for a quick nutritional assessment in IDP/ returnees camp to identify nutritional situation and ensure therapeutic treatment and referral as required that help mortality and morbidity related to nutrition.

**Prevention:** BRAC will create IYCF awareness among women in OTP centers and provide counseling services to ensure proper take care of malnutrition children (both boys and girls) for recovery improvement of nutritional status.

BRAC South Sudan will take initiatives to conduct quick assessment of nutritional status among children under five in working areas and raise awareness among women who are main caretaker of children and men through group meeting and using BCC materials that reduce malnutrition.

BRAC will ensure supply of micronutrient to SAM cases and P&LW to improve the micronutrient deficiency. Distribute anti de-worming drug to SAM children both boys and girls to improve nutritional status.

BRAC will organize community awareness through mass community meeting at the payam level with elders who has an influence in the community. Individual and group meeting with community elders (male and female) are also included in the program activities.

**Treatment:** BRAC South Sudan will take initiative to keep the existing OTP centers functional for ensuring therapeutic treatment of SAM cases for improvement of nutritional status that helps to reduce morbidity and mortality related to malnutrition.

BRAC will ensure identification of SAM cases (boys and girls) for providing therapeutic treatment and referral when required. MAM case will be identified for proper nutritional education also supplementation if WFP continues its support.

**Capacity building:** BRAC will organize capacity building refresher training programmes for the health facility staff and community volunteers. The training curriculum will be CMAM and IYCF respectively. The health volunteers who got training last year will be included in refreshers' training programme to sharpness their knowledge. BRAC will also organize refresher training of their existing BRAC staff.

**Other Activities:** To maintain the quality of the program and get better outcomes, BRAC will do regular program monitoring and reporting.

BRAC will take initiatives of coordination among partners and state ministry of health about nutritional activities in the state.

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)
<b>Treatment</b>			
X	1.	Number of out-patient Therapeutic Program (OTP) sites for the treatment of children (U-5) experiencing Severe Acute Malnutrition (SAM)	2 Existing Sites
X	2.	New OTPs	0
X	3.	Children (under 5) admitted for the treatment of SAM	700 ( Girls- 300 and Boys- 400)
X	4.	Quality of SAM program	
X		Overall SAM program cure rate ( > 75% SPHERE Standards)	80%

X		Overall SAM program default rate (< 15% SPHERE standards)	13%
X		Overall SAM program death rate (< 10% SPHERE standards)	7%
X	5.	Number of MAM treatment centers/ TSFP sites	2 Existing TSFP sites
X	6.	New MAM treatment/ TSFP sites	0
X	7.	Children (under 5) admitted for the treatment of Moderate Acute Malnutrition MAM	500 ( Girls-240 and Boys- 250)
X	8.	Pregnant and Lactating women (PLWs) admitted for MAM	200
X	9.	Quality of MA program	
X		Overall SAM program cure rate (> 75% SPHERE Standards)	82%
X		Overall SAM program default rate (< 15% SPHERE standards)	15%
X		Overall SAM program death rate (< 10% SPHERE standards)	3%
<b>Prevention</b>			
X	10.	Children de-wormed	700 ( Girls-300 and Boys-400)
X	11.	Children supplemented with Vitamin A	700 ( Girls-300 and Boys-400)
X	12.	PLW and Children (U 5) receiving micronutrient supplementation	1,700
X		PLW	1000
X		Children	700
X	13.	PLW and children (6-35 months) received supplementary food through BSFP	1235 ( Girls- 600 and boys- 653)
X	14.	Children screened in the community	3000 ( Girls-1500 and Boys-1500)
X	15.	New Mother support group formed	20
<b>Assessment, Supervision, and coordination</b>			
X	16.	Number of survey undertaken during the reporting period	1 SMART Survey and 2 Rapid assessment
X	17.	Supervisory visits /quarter/ to the nutrition treatment sites during reporting period	12 visits / quarter per site
X	18.	Cluster coordination meeting attended in the reporting period ( State & National)	12 ( State level -6 and National level -6)
	19.	Timely and complete monthly reporting period	6
<b>Training, Capacity building and awareness session</b>			
X	20.	Community member made awareness through education session on nutrition and IYCF	2450
X		At Community level women	1220
X		At Community level men	200
X		At facility level women (OTP)	1000
X		At facility level men	30
	21.	Capacity building of community nutrition volunteers	Refresher of 180 nutrition volunteer
	22.	Trained health facility staff in outpatient treatment of SAM protocols	20 staff ( refresher training)

#### 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.

#### 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 workplan (Section III)<sup>4</sup>.

To ensure quality of the program BRAC management staff will supervise regularly. Program manager and area coordinator will visit field activities according to monthly plan. Monitoring and evaluation officer of nutrition program will visit OTP center, observed the activities, register maintenance, card preservation. She also took exist interview of mothers to judge their knowledge on IYCF, HIV/AIDs and other cross cutting issues. House of SAM case randomly will be visited to observe the practice and improvement of the child. Every month four monitoring visit will be done by Area Coordinator. Project manager will visit monthly project side as well OTP, SAM cases in the field.

A check list will be follow to monitoring visit. According to checklist indicator Manager, Area Coordinator and M&E officer will monitor the activities.

<sup>4</sup> 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.

- Cleanness of OTP
- Nutritional assessment equipment all are in place, register, cards are available
- Observe weight keeping/ height taking/ MUAC measurement, Maintaining SAM child card, register and proper therapy.
- Check stock position and compare with SAM case treated
- Randomly picks under treated SAM children for field monitoring

BRAC South Sudan has an independent monitoring team that monitor periodically monitor different program according prescribe check list. Health program has in their priority list. According to program indicator and target will be monitored periodically by the team. In each month monthly report will be analyze to see the achievement in the line of indicator and target.

BRAC will maintain register to keep important program information and generate KPIs (Key Performance Indicators) report for area office and where needed. It also is used as monitoring tools.

Monthly/ quarterly performance review is another way to monitoring performance.

From the two OTP sites OTP supervisors will prepare monthly report and send to the Area Coordinators following the Nutrition Cluster reporting format. The Area Coordinator will analyze the report and compare the achievement with set targets for that month. The Monitoring and Evaluation officer of this project will also prepare monthly report based on his field observation. The monitoring report will also be shared with the Area Coordinator. The Area Coordinator will organize monthly meeting with the OTP supervisors and nutrition workers, where the findings of the monitoring report, monthly report will be shared. In the meeting, based on the feedback from monitoring and OTP supervisors report, corrective measures or necessary actions are determined. Both the monitoring and OTP supervisors' monthly reports are submitted to the Programme Manager for programmatic decision.

#### 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)
PSI (up to April to September'13 contribution for this project)	8,344
BRAC USA (up to April to September'13 contribution for this project)	17,857
Unicef ( in-kind supply)	33,435
	59,636

### 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/55055		Project title: Nutritional support to children, pregnant and lactating women in Lakes state_		Organisation: BRAC
Overall Objective	<p><b>Cluster Priority Activities for this CHF Allocation:</b> What are the Cluster Priority activities for this CHF funding round this project is contributing to:</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>	<p><b>Indicators of progress:</b> What are the key indicators related to the achievement of the CAP project objective?</p> <ul style="list-style-type: none"> <li>• SAM 70% needs coverage</li> <li>• MAM 70% needs coverage</li> </ul>	<p><b>How indicators will be measured:</b> What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> <li>• SMART survey result analysis and rapid assessment</li> <li>• Monthly OTP /TSFP sites reports</li> </ul>	
Purpose	<p><b>CHF Project Objective:</b> What are the specific objectives to be achieved by the end of this CHF funded project?</p> <ul style="list-style-type: none"> <li>• Nutritional support to children, pregnant and lactating women in two counties ( Rumbek centre and Rumbek North) of Lakes state</li> </ul>	<p><b>Indicators of progress:</b> What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</p> <ul style="list-style-type: none"> <li>• SAM rates in the county stay below emergency threshold levels (&lt;2%)</li> </ul>	<p><b>How indicators will be measured:</b> What sources of information already exist to measure this indicator? How will the project get this information?</p> <ul style="list-style-type: none"> <li>• SMART survey</li> </ul>	<p><b>Assumptions &amp; risks:</b> 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?</p> <ul style="list-style-type: none"> <li>• Services for the treatment of MAM remain available</li> <li>• BSFP for 6-36 months available</li> <li>• No emergency health outbreaks</li> <li>• No large population movements or displacement</li> <li>• On-going funding</li> </ul>
Results	<p><b>Results - Outcomes (intangible):</b> 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.</p> <p><b>Quality SAM/MAM program implement</b></p> <ul style="list-style-type: none"> <li>• SAM/ MAM case cure rate</li> <li>• SAM/MAM case default rate</li> <li>• SAM/ MAM case death rate</li> </ul>	<p><b>Indicators of progress:</b> What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</p> <ul style="list-style-type: none"> <li>• SAM Cure rate 80%. MAM cure rate 82%</li> <li>• SAM default rate 13%; MAM default rate 15%</li> <li>• SAM death rate 7%; MAM death rate 3%</li> </ul>	<p><b>How indicators will be measured:</b> What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> <li>• OTP and MAM treatment site records and reports</li> <li>• OTP and MAM treatment site records and reports</li> <li>• OTP and MAM treatment site records and reports</li> </ul>	<p><b>Assumptions &amp; risks:</b> 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?</p> <ul style="list-style-type: none"> <li>• No emergency health outbreaks</li> <li>• No tribal conflict</li> <li>• Natural disasters do not take place</li> <li>• On-going funding</li> </ul>

	<p><b>Treatment accessibility of SAM</b></p> <p><b>Improve Child care practice</b></p>	<ul style="list-style-type: none"> <li>• At least 50% SAM case get therapeutic treatment from</li> <li>• Targeted lactating women practicing exclusive breast feeding among children up to 6 month (increase 6%)</li> </ul>	<ul style="list-style-type: none"> <li>• SMART survey result estimate, treatment card, register</li> <li>• SMART survey result and PNC follow up information</li> </ul>	
	<p><b>Immediate-Results - Outputs (tangible):</b>  <i>List the products, goods and services (<b>grouped per areas of work</b>) 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.</i></p> <ul style="list-style-type: none"> <li>• Ensuring functional OTPs</li> <li>• SAM treatment provided to U5 children through OTPs</li> <li>• MAM treatment Provide</li> <li>• Provide vitamin "A" to SAM cases</li> <li>• Provide de-worming to SAM cases</li> <li>• Provide micro nutrient supplementation to PLW</li> <li>• Protection of children (6-36 months) and PLWs from malnutrition</li> <li>• Conduct rapid assessment</li> <li>• Conduct SMART survey</li> <li>• Ensure Supervision visit</li> <li>• Ensure presence in coordination meeting</li> <li>• Organize mass communication meeting</li> <li>• Ensure group education on IYCF to PLWs</li> </ul>	<p><b>Indicators of progress:</b>  <i>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.</i></p> <ul style="list-style-type: none"> <li>• Functional OTPs/ treatment providing -2</li> <li>• SAM treatment provide 700</li> <li>• MAM treatment 200</li> <li>• Supply vitamin "A" to 700 SAM case</li> <li>• Supply de-worming medicine to 700 SAM case</li> <li>• Distribute micronutrient to 1700 PLW</li> <li>• BSFP food distribute to 1235 children</li> <li>• Complete 2 rapid assessment</li> <li>• Complete SMART survey -1</li> <li>• Complete 48 supervisory visit</li> <li>• Attend in 12 coordination meeting</li> <li>• Complete mass communication meeting - 4</li> <li>• Complete IYCF education to 2450 PLWs through group meeting</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>• OTP SMA case treatment register</li> <li>• Treatment register, card and monthly report</li> <li>• MAM treatment card, register and report</li> <li>• OTP treatment register and patient card</li> <li>• OTP treatment register and patient card</li> <li>• Micronutrient distribution list and register</li> <li>• BSFP food distribution register and report</li> <li>• Rapid assessment report</li> <li>• SMART survey report</li> <li>• Supervision report</li> <li>• Coordination meeting attendance sheet</li> <li>• Mass communication meeting participant list and report</li> <li>• Group education participant list</li> </ul>	<p><b>Assumptions &amp; risks:</b>  <i>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?</i></p> <ul style="list-style-type: none"> <li>• Political and social stability</li> <li>• Normal climatic conditions</li> <li>• Security in the target areas remains sufficiently stable to allow access to conduct humanitarian activities</li> <li>• On-going support and willing participation of local authorities, MoH and beneficiaries</li> <li>• Absence of high inflation rate and commodities price.</li> <li>• Appropriate funding is received</li> <li>• No staff drop out</li> </ul>

<p><b>Activities:</b>  <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ul style="list-style-type: none"> <li>• <b>Treatment</b> <ul style="list-style-type: none"> <li>- Ensure functional existing OTPs</li> <li>- Provide SAM case treatment</li> <li>- Provide MAM case treatment</li> </ul> </li> <li>• <b>Prevention</b> <ul style="list-style-type: none"> <li>- Children screen in the community</li> <li>- Formed mother support group</li> <li>- BSFP food distribution among 6-36 months children</li> <li>- Ensure de-worming medicine among treated SAM children</li> <li>- Supply vitamin "A" to SAM treated children</li> <li>- Ensure micronutrient to PLW</li> </ul> </li> <li>• <b>Assessment, Supervision, coordination</b> <ul style="list-style-type: none"> <li>- Conduct rapid assessment</li> <li>- Conduct pre-harvest SMART survey</li> <li>- Prepare and submit SMART &amp; rapid assessment</li> <li>- Follow-up default and non-response under treated children</li> <li>- Participate cluster meeting</li> <li>- Prepare and submit monthly report</li> </ul> </li> <li>• <b>Capacity building</b> <ul style="list-style-type: none"> <li>- Refresher training of PHCC/PHU staff</li> <li>- Conduct mass communication meeting at Paya level</li> <li>- Individual and group education on IYCF in the community</li> </ul> </li> </ul>	<p><b>Inputs:</b>  <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>- OTP staff, equipment, RUFT, medicine</li> <li>- Staff time, treatment card, register, equipment, RUFT, medicine</li> <li>- Staff time, Plumpy Sup, register, cards</li> </ul> <p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>- Staff time, screening equipment, register, transport</li> <li>- Staff, community people (women), register</li> <li>- Staff, FWP food, card, register</li> <li>- Staff, de-worming medicine, register</li> <li>- Vitamin "A", staff, register</li> <li>- Staff, micronutrient, register</li> </ul> <p><b>Assessment, Supervision, Coordination</b></p> <ul style="list-style-type: none"> <li>- Training on assessment, Assessment format, equipment, assessor, transport</li> <li>- Training of surveyor s, training module, surveyor, supervisor, village list SMART survey format, equipment, transport.</li> <li>- Assessment and survey data, staff (data entry, report writer) , computer</li> <li>- Staff time, default follow-up checklist, transport</li> <li>- Staff time, transport</li> <li>- All register, information, treatment outcome data, staff time</li> </ul> <p><b>Capacity building</b></p> <ul style="list-style-type: none"> <li>- Trainer time, training module, participant, invitation letter, training venue, transport, money, attendance format</li> <li>- Staff time, transport, entertainment items, BCC materials., attendance format</li> <li>- BCC materials, staff time, participant attendance format</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b>  <i>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?</i></p> <ul style="list-style-type: none"> <li>• Stable security situation</li> <li>• Accessibility, rainy season does not start earlier than the usual pattern</li> <li>• Localised conflict and emergency.</li> <li>• Mothers willing to engage in groups and be trained on IYCF Absence of large scale humanitarian crisis or disasters</li> <li>• Access to Unicef pipeline for nutrition supplies</li> <li>• Funding can be secured</li> <li>• No staff drop out</li> </ul>
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## 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
<b>Result 1 Human resource</b>													
Activity (1.1) Recruit and deployment			X										
<b>Result 2 treatment</b>													
Activity (2.1) Ensure functional of existing OTPs			X										
Activity (2.2) Provide SAM case Treatment			X	X	X	X	X	X					
Activity (2.3) Provide MAM case Treatment			X	X	X	X	X	X					
<b>Result 3 Prevention</b>													
Activity (3.1) Children screen in the community			X	X	X	X	X	X					
Activity (3.2) Formed Mother support group			X	X	X	X	X	X					
Activity (3.3) BSFP food distribution among 6-36 month children			X	X	X	X	X	X					
Activity (3.4) Ensure de-worming medicine to SAM treated children			X	X	X	X	X	X					
Activity (3.5) Supply vitamin –“A” to SAM treated children			X	X	X	X	X	X					
Activity (3.5) Ensure micronutrient to P&LW			X	X	X	X	X	X					
<b>Result 4 Assessment, Supervision and coordination</b>													
Activity (4.1) Conduct rapid assessment			X										
Activity (4.2) Conduct Pre- harvest SMART survey			X	X									
Activity (4.3) prepare and submit SMART report, rapid assessment report					X								
Activity (4.3) Conduct supervision visit to OTP centers			X	X	X	X	X	X					
Activity (4.4) Follow-up default and non response child in the community			X	X	X	X	X	X					
Activity (4.5) Participate cluster meeting			X	X	X	X	X	X					
Activity (4.6) Prepare and submit monthly report			X	X	X	X	X	X					
<b>Result 5 Capacity building</b>													
Activity (5.1) Refresher Training of PHCC/ PHCU staff				X	X								
Activity (5.2) Mass communication meeting at Payam level				X	X	X	X	X					
Activity (5.3) Individual and group education session organized on IYCF			X	X	X	X	X	X					

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