

## 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)

**SECTION I:**

<b>Cluster</b>	<b>Nutrition</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.

**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 organisations 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**

CARE International in South Sudan

**Project CAP Code**

SSD-13/H/55019/5645

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

Unity and Jonglei State Emergency Nutrition Project

**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
Unity	100	Rubkona County, Pariang County, Guit County, Mayendit County and Mayam County

**Total Project Budget requested in the in South Sudan CAP**

US\$1,076,538.00

**Total funding secured for the CAP project (to date)**

US\$ 50,588

**Funding requested from CHF for this project proposal**

US \$400,000

**Are some activities in this project proposal co-funded?**

Yes  No

UNICEF and WFP will provide Nutritional commodities and micronutrients in Kind & UNHCR takes care of staff in Nyiel and Pariang while CIDA takes care of the facility in Kaljack.

**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 the CHF Project	Number of direct beneficiaries targeted in the CAP
P & L Women:	7751	3651
M Girls	4950	2052
MAM Boys	4524	1807
SAM Girls:	2369	1421
SAM Boys	1938	1163
<b>Total:</b>	<b>21,532</b>	<b>10,094</b>

**Indirect Beneficiaries**

Total indirect beneficiaries: 33,736

- 19,294 children screened in the targeted community
- 14,400 women and men benefiting from community health education awareness
- 26 Health facility staff benefiting from various trainings
- 16 community members benefiting from IYCF training

**Catchment Population (if applicable)**

<b>Implementing Partner/s</b> (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)
UNICEF In Kind WFP In Kind County Health Departments: Provide Staff HPF Project in kind and staff

<b>CHF Project Duration</b> (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 6 Months (April – September)

<b>Contact details Organization's Country Office</b>	
Organization's Address	CARE South Sudan, Tongping Area Down US Residence RD
Program Focal Person	Jacqueline George, <a href="mailto:jgeorge@ss.care.org">jgeorge@ss.care.org</a> +211955381474
Country Director	Claudia Futterknecht <a href="mailto:FClaudia@ss.care.org">FClaudia@ss.care.org</a> +211956021580
Finance Officer	Biniam Haile, <a href="mailto:BHaile@ss.care.org">BHaile@ss.care.org</a> , telephone

<b>Contact details Organization's HQ</b>	
Organization's Address	CARE South Sudan, Tongping Area Down US Residence RD
Desk officer	Morris, Kolubah <a href="mailto:MKolubah@ss.care.org">MKolubah@ss.care.org</a> +211954439108
Grant Manager	Wahab Ashfaque <a href="mailto:washfaque@ss.care.org">washfaque@ss.care.org</a>

## SECTION II

<b>A. Humanitarian Context Analysis</b>
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>Nutritional activities in Unity State are very challenging due to insecurity and accessibility especially during the rainy season. The Potential incidents of the insecurity are posed by border tension between South Sudan and Sudan. The six targeted counties in Unity State were highly affected by a chain of tribal conflicts and the North-South conflict in which lives were lost; peoples were displaced, property destroyed thus causing significant food insecurity and malnutrition among women, boys and girls. Poor nutrition education and the very limited understanding of the causes of malnutrition make women boys and girls of the six targeted counties extremely vulnerable. Furthermore, the targeted counties are characterised by large number of IDPs, returnees and in Unity state refugees to be specific. This situation has exacerbates further food security and increases the likelihood of Severe Acute Malnutrition (SAM) in children under 5.</p> <p>Assessments</p> <ol style="list-style-type: none"> <li>1. Rapid inter agency Nutritional Assessment in Rubkona County led by MSF-H showed that 2% of SAM; 17%MAM, and 26% at risk of malnutrition.</li> <li>2. A joint assessment between CARE and UNHCR of South Kordofan refugees in Yida on 11th to 13th August 2011 was carried out: The assessment of 52 children under 5 was done using MUAC and the results were as follows; SAM was 8%, MAM was 19%; At risk children was 19%; 54% was well nourished. GAM was found to be 27%.</li> <li>3. With the blockade of Main road leading to North Sudan, food prices have rocketed 3-5 folds in the Unity State. Hence the malnutrition rates are expected to rise very significantly in 2012.</li> </ol> <p>CARE South Sudan is the only provider of health facility based OTPS in the five Counties (Rubkona, Pariang, Guit, Mayendit). Hence continuation of the nutrition services in these counties is very critical. Therefore, CARE will not implement its nutrition program in the state but will expand its nutrition program in 5 counties Rubkona, Pariang, Guit and Mayendit</p>

<b>B. Grant Request Justification</b>
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.
<ol style="list-style-type: none"> <li>1. This project shall meet several cluster priorities; specifically assessing and monitoring nutritional status in high risk areas, the management of acute malnutrition among at-risk populations, the provision of micronutrient supplements to at-risk populations, and to identify and train Infant and Young Child Feeding counsellors and support groups in high risk areas. The proposal supports both Cluster Objectives. Objective 1: Provide access to therapeutic services for management of acute malnutrition in children and women. Objective 2: Provide access to micronutrient for children under 5, pregnant and lactating women.</li> <li>2. CARE did a pre-harvest SMART Survey in Rubkona County of unity state in May 2012 and it shows a GAM rate of 30%, SAM 7.5% and crude mortality 0.89 and U5MR 1.75 (but this GAM rate should be interpreted with caution because there is evidence emerging from nutrition studies and surveys over the past two decades that have shown that prevalence estimates of GAM rate in pastoralist communities tend to be over-estimated given the differences in body shape. CARE SS household livelihood study (2012 HLSA Report) concluded that the nutrition situation of the targeted counties was likely to deteriorate further, with a hike in food prices as a result of prolonged hunger season related to the erratic and delayed rains at the start of the main cropping season; poor road conditions and the high fuel prices due to the North-South trade blockade.</li> </ol>

<b>C. Project Description (For CHF Component only)</b>
<b>i) Contribution to Cluster Objectives</b>
Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.
The proposed project will be implemented in the priority Counties of northern Unity State. The project is designed to treat and manage acute and moderate malnutrition, treat SAM and MAM in children U5 years, P&LW. The project will focused on Prevention of Acute Malnutrition through provision of micronutrient supplementation to children U5 and P LW, and Protect, promote and support appropriate infant and young child feeding.
<b>ii) Project Objective</b>
State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)
To contribute to the treatment and management of severe and acute malnutrition in children U5 years and P&LW by increasing access to the Outpatient Therapeutic Program (OTP) for 43,830 vulnerable IDPs, returnees and host communities, capacity building of frontline staff, establishment of an effective and coordinated emergency preparedness and response system, as well as mainstreaming gender based violence and child protection services in 5 counties of Unity State.
<b>iii) Proposed Activities</b>

<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.

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).

CARE South Sudan is the leading NGO which provides Primary Health Care in Unity State operating in 6 Counties of the State. However the grants secured from different donors do not cover nutritional services. Hence the proposed funds from CHF will make it possible for CARE to continue/sustain the OTP service it started in 2013 funded by CHF.

Provide OTP nutrition service in 10 PHC facilities in four Counties to manage severe and moderate acute malnutrition to boys and girls age 6-59 months.

1. Provide services to address treatment and management of moderate and acute malnutrition for children under 5, pregnant and lactating mothers and vulnerable groups including community based and health facility screening of under fives using MUAC and referral of MAM and SAM cases without medical complications to SFP and OTP respectively
2. Strengthen the linkages between SAM and MAM programs through a wide scale community based therapeutic services, prevention education to both men and women will be through sessions at community and facility level and also through Bentiu FM Radio delivering nutrition messages and awareness of services available.
3. Train Young Child Feeding (YCF) counselors to both women, men & frontline health workers on MUAC, YCF, and behavior change communication, management of referral systems, Child growth assessment and management of severe malnutrition.
4. Increase access to the OTP services through strengthening the capacity of SMOH and CARE outreach staff and village Health committees on overcoming local barriers to uptake; promoting community case-finding and referral; and conducting follow-up home visits to support household understanding of and compliance with treatment.
5. Establish a preparedness and emergency response system in coordination with the Primary health care facilities, the Ministry of Agriculture and the Ministry of Health through regular food security and malnutrition surveillance/assessments, construction of storage facilities and repositioning pipelines at the county level; training on nutrition intervention protocols that meet the minimum standards; integrating community expertise in community based Therapeutic Care interventions; and advocating for an improved operating environment during Emergencies.
6. Participate in cluster coordination meetings at state level, share surveillance data and reports, and promote information management and emergency interventions at the State level.
7. Conduct Nutrition Education at facility level and on individual level in the house to house daily home visits through:
  - a) Promotion and support of appropriate infant and young child feeding during ANC and PNC sessions.
  - b) Development and dissemination of nutrition messages in the relevant local languages through radio broadcast program over local FM radio station.
  - c) Integration of Nutrition, food security and WASH community health and hygiene education messages in the target area.
  - d) Provision of Micronutrients e.g. Vitamin A, de worming and Folic acid to children under fives and pregnant and lactating mothers.

#### iv). Cross Cutting Issues

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

CARE South Sudan's five year strategic plan identified two Impact Groups (i) vulnerable rural women and girls of reproductive age and (ii) marginalized and vulnerable rural male youth aged 14 to 35 years. CARE has a strategy for increasing women's participation in the provision of basic services by ensuring their active involvement and participation in project decision making structures and empowerment through trainings. Under this project, these two impact groups will actively participate in nutrition and health education - on exclusive breastfeeding, appropriate complementary feeding, hygiene and environmental sanitation and HIV/AIDS awareness, prevention and control campaigns.

There will be a particular focus on the targeting of rural women and girls of reproductive age, under five children and youth who represent the most vulnerable segments within the identified counties. CARE's approach under this project will be based on extensive previous and ongoing studies of expressed community needs that will ensure inclusion of the most marginalized groups in primary health care decision making. The project is designed to contribute significantly to address environmental indicators such as; constructions and usage of latrines; promotion of personal hygiene; burning of grass; destruction of water wells; fencing off areas, disposal of garbage and waste products around health facilities will be monitored. Strengthen community awareness on the prevention and socio-economic and cultural effect of the HIV/AIDS on households and communities through village health workers and committees. Community outreach workers are also actively involved in home visits to do MUCA screening and raising awareness on the service delivery sites. Mothers who receive services will also be encouraged to inform others about the services.

#### 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.

- Result 1: Access to OTP services for vulnerable returnees, IDPs and host communities has increased and incidence of SAM decreased through provision of outpatient therapeutic services and staff capacity building in 6 Primary Health Care facilities in 5 hotspot counties of Unity State,
- Result 2: Communities are informed and supportive of the community based nutrition services in the community leading to decreased incidence of SAM and MAM among children, pregnant and lactating mothers, as well as other vulnerable groups.
- Result 3: The health actors in the State are better prepared to address Acute Malnutrition in emergencies and have established preparedness and emergency response plans, strengthened staff capacity and developed protocols emergency interventions.

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	Number of Out Patient Therapeutic Program (OTP) sites for the treatment boys and girls with Severe Acute malnourished (SAM)	10 OTP sites New OTP to be established : 3 site
X	2	Total number of boys and girls admitted for treatment of SAM	2584 (boys: 1163, girls: 1421).
X	3	Quality of SAM Program	Overall SAM program cure rate ≥ 75% Overall SAM program defaulter rate < 15% Overall SAM program death rate < 10%
X	4	New MAM treatment centers/TSFP sites established	3 sites
X	5	Total number of boys and girls admitted for the treatment of Moderate Acute Malnutrition (MAM)	3859 (boys: 1807, girls:2052)
X	6	Total number of pregnant and lactating women admitted for treatment of moderate acute malnutrition (MAM)	3651 PLW

X	7	Quality of MAM Program	Overall MAM program cure rate ≥ 75% Overall MAM program defaulter rate < 15% Overall MAM program death rate < 3%
X	8	Total number of boys and girls de-wormed	1500 (boys: 700, girls 800)
X	9	Total number of boys and girls who have received Vitamin A	2584 (boys: 1163, girls: 1421).
X	10	P&L Women, boys and girls age 6-59 months who have received multiple micronutrient supplement	3000 ( boys: 1163, girls: 1421 & P&LW: 416)
X	11	Total number of boys and girls age 6-59 months screened in the community	19,294 (boys: 7,718, girls: 11,576)
X	12	Health and Nutrition workers and volunteers trained ( includes facility and community level health and nutrition workers and lead mothers)	In outpatient treatment of SAM protocols – 26 In treatment of MAM protocols – 12 On IYCF practices – 42 On screening and referral - 26
X	13	Total number of community members made aware through education sessions on nutrition and IYCF	At community Level – Women – 4500 At community Level – Men – 2300 At facility Level – Women - 4000 At facility Level – Men- 3600
X	14	Total number of surveys undertaken during the reporting period	1
X	15	Total number of supervisory visits/quarterly to the nutrition treatment sites during the reporting period	4
X	16	Total number of cluster coordination meetings attended in the reporting period at national and state level	12 (national level: 6 , State level 6)
X	17	Timely and complete monthly reports submitted in the reporting period	6
X	18	Number of months therapeutic foods to treat SAM are prepositioned in key locations at 30%	2

#### 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.

Implementation: The strategy of implementation will involve partnerships with state Ministry of Health at its various levels. The County/ Payam authorities and the beneficiaries will actively participate to develop sense of ownership and sustainability of the services. The project will always collaborate with UN agencies and INGO actors on ground to ensure collaborative approach and avoid duplication of interventions. Most of the staff will be seconded from the SMOH, while CARE will hire professional health staff to fill the gaps that SMOH cannot fill. The SMOH staff will receive incentives from CARE while their salaries and other benefits will be paid by the SMOH. CARE will build the capacity of the SMOH staff through training in technical health areas as well as on community participation. CARE will facilitate the improved provision of primary health care services through essential material support (in form of medical drugs equipment and supplies) to the health facilities augmented by capacity building of SMOH staff in technical health and organizational/management issues.

#### 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 techniques 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)<sup>2</sup>.

The M&E activities will be under direct supervision of the CARE South Sudan Program Quality and Learning Coordinator who will pay regular field visit to ensure that the designed project M&E system is implemented in accordance to the objectives and activities in the project proposal including the expected results.

The tools and techniques to be used for monitoring and evaluation of this project will be:

- Monitoring visits to service delivery areas using health facility checklist to ensure the essential equipment and supplies are in place.
- Observations of case managements to assess the practical skills of the service providers.
- Conduct user (beneficiary) exit interview to understand beneficiaries' satisfaction.
- Regular review meetings monthly (at health facility level) and quarterly (at project level) with staff and partner on the progress of implementation of project plan against the targets as well as discussions on identified challenges and remedial solutions.
- Financial Monitoring. Examination of the project activities against approved budget and the actual expenditures. The project will also undergo mid-term internal audit and final external audit and evaluation at the end of the project
- Field Visits including spot checks, focus group discussions and key informant interviews on project progress and challenges. The monitoring and evaluation officer will conduct scheduled visits to all centres. Project staff will collect raw activities data from the PHCCs on regular basis (weekly, monthly and quarterly). The information collected will be analyzed shared with the relevant partners. The results will be used to improve project implementation and inform decision-making.

<sup>2</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.

- Monthly report writing to CARE, cluster and SMoH.
- Community beneficiary feedback mechanisms will be instituted to adequately understand and appropriately response to beneficiaries concerns of the provided nutrition services.
- Nutrition Assessments(SMART methodology)

**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)
UNICEF Child Protection and SGBV (9 months Funding as of December 2012)	500,000 SSP
Health Pooled Fund- Unity State Integrated PHC Project	524,000

### 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: CHF13_Nutrition_CARE_13/H/55359_20 13-01-27		Project title: <u>Unity State Emergency Nutrition Project</u>		Organisation: <u>CARE International in South Sudan</u>
Overall Objective	<p><b>Cluster Priority Activities for this CHF Allocation:</b> <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <p>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 number of displaced persons or returnees.</p>	<ul style="list-style-type: none"> <li>SAM 70% need coverage</li> <li>MAM 70% need coverage</li> </ul>	<ul style="list-style-type: none"> <li>SMART Survey</li> <li>Nutrition Monthly Report</li> </ul>	
Purpose	<p><b>CHF Project Objective:</b> <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <p>To contribute to the treatment and management of severe and acute malnutrition in children U5 years, P&amp;LW in the priority northern counties of Unity State</p>	<p><b>Indicators of progress:</b> <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <p>GAM rate has been reduced by 10% in the targeted counties</p>	<p><b>How indicators will be measured:</b> <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> <li>SMART Survey</li> </ul>	<p><b>Assumptions &amp; risks:</b> <i>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?</i></p> <ul style="list-style-type: none"> <li>Political and security situation remain stable in the project areas.</li> <li>The operational areas remain accessible during the implementation period.</li> <li>No natural disaster happens</li> <li>WFP and UNICEF provide in kind nutritional supplies</li> <li>Funds are available</li> </ul>
Results	<p><b>Results - Outcomes (intangible):</b> <i>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.</i></p> <ul style="list-style-type: none"> <li>Access to OTP/TSFP services for vulnerable returnees, IDPs and host communities has increased</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 outcomes?</i></p> <ul style="list-style-type: none"> <li>60% of the targeted of infants caregivers practicing exclusive breastfeeding at 6 months</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>Nutrition Monthly Report</li> <li>SMART Survey</li> <li>OTP Register Books</li> <li>Rapid Assessments Report</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>Same as above</li> </ul>

<ul style="list-style-type: none"> <li>• Positive infant care practices improved</li> <li>• Incidence of SAM decreased through provision of outpatient therapeutic services and staff capacity building in 6 Primary Health Care facilities in 6 hotspot counties of Unity State,</li> </ul>	<ul style="list-style-type: none"> <li>• 70% of mothers with appropriate care seeking behaviour for sick child</li> <li>• SAM treatment achieves SPHERE standards (&lt;10% died, &gt;75% recovered and &lt;15% defaulted)</li> <li>• Access to therapeutic care for undernourished u5s is at SPHERE standards (&gt;50% in rural areas)</li> </ul>		
<p><b>Immediate-Results - Outputs (tangible):</b>  <i>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.</i></p> <p><b>1. Treatment</b></p> <ul style="list-style-type: none"> <li>• Children are treated for SAM</li> <li>• OTP sites are operating</li> <li>• Increase in the number of OTP sites</li> </ul> <p><b>2. Prevention of acute malnutrition</b></p> <ul style="list-style-type: none"> <li>• PLW and children 6-59m are provided with micronutrient supplementation</li> <li>• Children aged 6-59 months attending health facility receive Vitamin A supplementation</li> <li>• Children 12-59 months attending health facility receive de-worming tablet as per WHO guidelines</li> <li>• Mothers receive IYCF education and support through mothers support groups</li> </ul> <p><b>3. Improved capacity building</b></p> <ul style="list-style-type: none"> <li>• Improved capacity for health workers on</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>• 2584 (boys: 1163, girls: 1421) of severely malnourished children who were admitted in the program discharged cured</li> <li>• 10 OTP sites are functional and delivering quality service</li> <li>• Established 3 OTP and 3 TSFP new sites for the management of acute malnutrition</li> <li>• PLW (3860) and (girls 482 and boys 482) children 6-59 months who visited the health facility received Vitamin A supplementation</li> <li>• 1500 (boys: 700, girls 800) Children 12-59 months attending health facility receive de-worming tablet as per WHO guidelines</li> <li>• Raise awareness of men (5900) and women (8500) in the community about appropriate IYCF practices</li> <li>• More than 8,000 mothers counseled on appropriate IYCF practices</li> <li>• 26 Health workers trained on</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>• Nutrition Monthly Report</li> <li>• SMART Survey</li> <li>• OTP Register Books</li> <li>• Training Reports</li> <li>• Rapid Assessments Report</li> <li>• Quarterly donor report</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> <p>Same as above</p>

	<p>management of SAM</p> <ul style="list-style-type: none"> <li>Improved capacity for community workers and volunteers (including lead mothers) on IYCF</li> <li>Conduct workshop on establishment of preparedness and emergency response</li> </ul> <p><b>4. Assessment and coordination</b></p> <ul style="list-style-type: none"> <li>Valid nutrition assessment conducted in the targeted counties</li> <li>Active coordination with other nutrition actors.</li> </ul>	<p>management of acute malnutrition (SAM, MAM, P&amp;LW), community mobilization and outreach activities, IYCF Practices and Growth monitoring</p> <ul style="list-style-type: none"> <li>16 community members trained on IYCF</li> <li>1 workshop conducted on establishment of preparedness and emergency response</li> <li>19,294 (boys: 7,718, girls: 11,576) children under 5 years nutritional status assessed through MUAC screening</li> <li>6 National and 6 State nutrition cluster meetings attended</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> <p><b>1. Treatment</b></p> <ul style="list-style-type: none"> <li>Open one OTP site</li> <li>Screen children in the community 6- 59 m months</li> <li>Admit and treat PLW, and boys and girls age 6-59 months with uncomplicated severe acute malnutrition</li> <li>Continues monitoring of nutrition status children 6-59 months in the catchment areas</li> </ul> <p><b>2. Prevention</b></p> <ul style="list-style-type: none"> <li>Provide Vitamin A to all children 6-59m who deem necessary to receive in the program.</li> <li>Provide de-worming tablets to all children in the program aged 12- 59 months</li> <li>Provide micronutrient product to all pregnant women attending for antenatal care and children in the OTP</li> </ul> <p><b>3. Improved capacity building:</b></p> <ul style="list-style-type: none"> <li>Train all nutrition staff and community</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> <ul style="list-style-type: none"> <li>Staff time</li> <li>Contractor for the repair of the OTP site</li> <li>Weighing scale</li> <li>Height board</li> <li>Benches</li> <li>OTP Treatment &amp; Ration Cards</li> <li>Table and chairs</li> <li>Flip charts</li> <li>Water dispenser</li> <li>MUAC Tapes</li> <li>Plumpy nut, deworming tablets, antibiotics</li> <li>Staff time</li> <li>Vitamin A</li> <li>Deworming tablets</li> <li>Micronutrient products</li> <li>IYCF Messages</li> <li>Training venue</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>Same as above</li> </ul>

<p>health workers on IM-SAM guidelines.</p> <ul style="list-style-type: none"> <li>• Provide training on IYCF to community health workers and mothers support group leaders</li> <li>• Conduct workshop on establishment of preparedness and emergency response</li> </ul> <p><b>4. Assessment and coordination</b></p> <ul style="list-style-type: none"> <li>• Recruit and train team in SMART methodology</li> <li>• Conduct pre-harvest SMART surveys in targeted Payams in-line with South Sudan country guidelines</li> <li>• Present results to nutrition team and relevant stakeholders</li> <li>• Attend cluster coordination meetings</li> </ul>	<ul style="list-style-type: none"> <li>• IMSAM training curriculum</li> <li>• Travel expenses for staff</li> <li>• Refreshments for training sessions</li> <li>•</li> <li>• Staff time</li> <li>• Questionnaires and record sheets</li> <li>• Height boards</li> <li>• Scales</li> <li>• MUAC tapes</li> <li>• Computer equipment for input</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	
• Open one OTP site			x											
• Admit and treat PLW, and boys and girls age 6-59 months with uncomplicated severe acute malnutrition			x	x	x	x	x	x						
• Continues monitoring of nutrition status children 6-59 months in the catchment areas			x	x	x	x	x	x						
• Provide Vitamin A to all children 6-59m who deem necessary to receive in the program.			x	x	x	x	x	x						
• Provide deworming tablets to all children in the program aged 12- 59 months			x	x	x	x	x	x						
• Provide micronutrient product to all pregnant women attending for antenatal care and children in the OTP			x	x	x	x	x	x						
• Train all nutrition staff and community health workers on IM-SAM guidelines.			x			x								
• Provide training on IYCF to community health workers and mothers support group leaders					x									
• Conduct workshop on establishment of preparedness and emergency response					x									
• Recruit and train team in SMART methodology				x										
• Conduct pre-harvest SMART surveys in targeted Payams in-line with South Sudan country guidelines				x										
• Present results to nutrition team and relevant stakeholders				x										
• Attend cluster coordination meetings			x	x	x	x	x	x						

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