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 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

Concern Worldwide

Project CAP Code

SSD-13/H/55021/8498

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

Integrated nutrition interventions for malnourished children and women in South Sudan

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
Northern Bahr el Ghazal (NBeG)	100	Aweil West and Aweil North

Total Project Budget requested in the South Sudan CAP	US$1,338,265
Total funding secured for the CAP project *(to date)*	US$ 405,000

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

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

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:	6,156	903
Girls:	11,627	22,068
Men:	1,395	
Boys:	10,863	20,617
Total:	30,041	43,588

Indirect Beneficiaries

Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived

Catchment Population (if applicable)

281,124
Source: 5th Sudan Population and Housing Census, 2008 with 2.2% of annual growth rate

CHF beneficiary breakdown		
Women	P&LW	2,059
	Trainees (HHPs/BHC members)	97

	Beneficiaries of IYCF promotion	4,000
	Other vulnerable	
Men	Trainees HHPs/BHC members	290
	Health workers	85
	School health club teachers	20
	Beneficiaries of IYCF promotion	1,000
	Other - vulnerable	
Children U5 Yrs.	SAM	2,125
	MAM	6,666
	BSFP	21,084
	Micronutrient supplementation	0
	Deworming	22,490
	Vitamin A Supplementation	22,490

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

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	Concern Worldwide, P.O. Box 140, Hai Negley, Juba
Project Focal Person	*Sarthak K. Pal,* *sarthak.pal@concern.net* *+211.914687067*
Country Director	*Pradip Sanyal,* *pradip.sanyal@concern.net* *+211.92.8800116*
Finance Officer	*Suresh Pandit,* *suresh.pandit@concern.net* *+211.92.6685115*

Contact details Organization's HQ	
Organization's Address	Concern Worldwide 55 Camden Street Dublin 2, Ireland
Desk officer	*Mireille Ndikumagenge,* *mireille.ndikumagenge@concern.net* *Tel: +353 1 417 7700 (extension 7738),* *Website: www.concern.net*
Finance Officer	*Name, Email, telephone*

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

Northern Bahr El Ghazal (NBeG) South Sudan remains the high risk states for child malnutrition and mortality. According to 2012 Pre Harvest Nutrition Surveys conducted in 20 counties; NBeG reported as 1st in the prevalence of malnutrition and child mortality among the States of South Sudan[1]. FEWSNET anticipates that both Aweil West and Aweil North will be at Stressed Levels of food insecurity by March 2012[2]. While the crop and food security assessment is still going on, a conservative estimate suggests nearly 60% of the population in these two counties i.e. 187,000, will remain hungry.

Acute malnutrition both in its moderate and severe forms has been a chronic public health problem in Aweil West and North counties. Nutrition surveys conducted by Concern Worldwide in April 2012 showed GAM & SAM rates children under 5 of 25.8% and 4.1% respectively[3]. Due to security reasons no pre harvest nutrition survey was conducted in Aweil North in 2012. However previous year's survey conducted in November'11 recorded 16.3% and 3% GAM and SAM rates respectively. Data from Nutrition SMART surveys conducted over the years has shown seasonality trend, with high level of GAM during the pre-harvest season when compared with post-harvest season. This difference could probably be attributed to poor household food security during the lean months. This fact is further corroborated by high caseloads of children under 5 years of age with acute malnutrition admitted to CMAM Program. The other cause of malnutrition in Aweil North and Aweil West is related to poor child care practices. According to a Knowledge Practice Coverage (KPC) study conducted by Concern Worldwide in November, 2012; only 3% of the children 6-23 months were fed with minimum acceptable diet, 16% of children 6-23 months received food from four or more groups in the last 24 hours and 29% of mothers of children 0-23 months consumed iron tablets for 90 days during their last pregnancy. Poor water and sanitation, high morbidity among children under the age of five and gender inequality are some of the contributing factors to the high level of malnutrition in this community. It further reports that only 7% of children aged 3-23 months received meals at minimum frequency. All the SMART survey reports suggest boys are more prone to acute malnutrition than girls.

Health indicators suggest that there are gaps in provision of basic services contributing to high rates of mortality and with crude death rates of 0.54 total deaths per 10,000 people per day and under 5 mortality rates of 1.27 deaths per 10,000 people per day[4]. For instance coverage for measles immunization and vitamin A supplementation is 30% and 28% respectively. Reports from the 22 health facilities in Aweil West County supported by Concern Worldwide indicate that malaria (39.1%), acute respiratory infection

[1] Consolidated Appeal 2013, South Sudan
[2] FEWSNET Food Security Outlook October 2012-March 2013
[3] Concern Worldwide, 2012. Findings of SMART Nutrition Assessment and Retrospective Mortality Survey May 2012
[4] Concern Worldwide, 2011. Integrated SMART Anthropometric Nutrition Survey Aweil North

(46.3%) and diarrhoea (15%) are the most prevalent disease burden for the children under 5 years of age during 2012. In addition only 16% mothers reported washing their hands two or more of the five critical times[5]. The situation is compounded by lack of resources in both counties, particularly Aweil North to handle high numbers of malnutrition cases. A Health Facility Assessment conducted as part of the Baseline Survey by Concern Worldwide during November'12 revealed that none of the health facilities in both counties had sufficiently qualified staff and also procedures are weak with only 30% and 50% of mothers receiving nutrition counselling in Aweil West and North respectively. Further, the insecurity due to bombardments by Sudan Armed Forces in Aweil North affected the service provision as well as agriculture due to frequent movement of the population, while the floods in parts of Aweil West County affected the staple harvest.

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.

High prevalence of malnutrition above the emergency threshold of 15% in both Aweil West and Aweil North counties and the high SAM caseload especially in Aweil North coupled with low capacity of the County Health Department (CHD) to address malnutrition suggests continued need for nutrition interventions in this critical *'Hunger Gap'* period, which is expected to start early and expected floods season in October-November. In addition, border insecurity in Aweil North and resulting displacement in November and December (6,600 IDPs were assisted by the UN/NGO community[6]) and flooding in September'12 has resulted in crop loss as well as increased prevalence of waterborne diseases e.g. diarrhoea will affect the nutritional status of the population especially children. Further, Aweil North County has gaps in BPHS coverage and nutrition interventions remain fragmented due to lack of integration within the BPHS. Other factors such as poor hygiene & sanitation and limited access to health services will also keep the population at risk of becoming malnourished. Above all, weak and fragmented community mobilisation due to poor planning at all levels; low level of awareness; lack of access, especially during rainy season when prevalence of diarrhoea and malaria is high; insecurity; low capacity and linkage of facility staff, affects necessary prevention of malnutrition resulting in chronic acute malnutrition. With the poor forecast for food security in 2013 there will be a need to respond to the *'hunger gap'*, which is predicted to set in early. Therefore, there's an imminent need to focus on preventive, curative and promotive aspects malnutrition among the most vulnerable sections of the population, notably children under five years' of age and pregnant and lactating women (PLW) that will reduce the high caseloads of SAM. With poor Infant and Young Child Feeding (IYCF) practices, the intervention of treatment of malnutrition will need to be coupled with behavioural change and promotional activities at health facilities and in the wider community.

The situations described above strongly suggest continuation of efforts to provide integrated interventions to reduce the burden of malnutrition. Concern Worldwide is one of the lead organisations in the area of nutrition and emergency nutrition responses and therefore and is well placed to continue/scale-up activities in these 2 counties. This has been primarily through pioneering the Community based Management of Acute Malnutrition (CMAM). Currently Concern's programmes have been focusing on nutrition interventions in Aweil West and North, integrated with the existing health interventions. During the past three years the number of health facilities providing nutrition services has increased from 11 in 2010 to 22 in 2012 to ensure increased coverage reducing the distance covered and time spent by women and children in accessing the services. Currently, 22 health facilities in Aweil West and 16 health facilities in Aweil North are supported with health and nutrition interventions. Nutrition services in the health facilities are offered during mid-day. This allows women to complete household chores and/or livelihood activities before attending to these services. In addition the timing of the program are tailored in such a way that mothers are able to go back home before it gets dark, ensuring their safety. Further, in Aweil West food security and livelihoods rehabilitation interventions implemented through Concern's Food, Income and Markets (FIM) programme will help to ameliorate the hunger, which is a major contributing factor towards chronic acute malnutrition. Concern Worldwide has strong collaboration with the SMoH at NBeG and CHDs in Aweil West and North through capacity building of staff as well as strengthening the CHDs' systems and capacities especially prioritising nutrition services provision and supervision by supporting two local nutrition supervisors located within the CHD structure. But low capacity and lack of resources severely restrict desired output. Further, Concern Worldwide has strong partnerships with other health and nutrition actors e.g. UNICEF, WFP, MSF (France), HealthNet TPO, Malaria Consortium, IAS etc. Concern has continuing collaboration with UNICEF and WFP, who support nutrition commodities. Concern Worldwide has secured funding to support nutrition interventions in Aweil West & North Counties from ECHO, which ends in March'13. Concern Worldwide has secured funding for provision of BPHS (excluding nutrition interventions) in Aweil West and North Counties from Crown Agents (DFID) and Irish Aid respectively.

C. Project Description (For <u>CHF Component</u> 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.

Concern Worldwide aims to reduce the burden of malnutrition by supporting provision of preventive, curative and promotive services in Aweil West, Aweil North Counties in Northern Bahr el Ghazal State.

The project interventions will target vulnerable host, returnee and IDP communities in the above two counties.

While, the nutrition commodities (for SC, OTP and SFP) will be secured from UNICEF and WFP, Concern Worldwide will focus on improving programme coverage and quality (delivery, record keeping and supervision) with CHF support. Further, CHF support will help with operational support to deliver all the four (4) components of CMAM in an integrated manner, while Concern has secured the nutrition commodities from UNICEF and WFP respectively. In addition, the support from CHF will be utilised to integrate nutrition interventions at community and facility levels i.e. as part of Community health & nutrition, Primary Health Care (PHC) with a special focus on maternal & child health and nutrition for better programme outcomes.

Provision of Blanket Supplementary Feeding Programme (BSFP) in all the two counties for children 6-36 months during 'hunger gap' will reduce the risk of children deteriorating into MAM and SAM. Similarly, facility based Targeted Supplementary Feeding Programme (TFSP) throughout the programme duration for children under five years of age and PLWs in Aweil West and North counties will reduce their risk of SAM. SAM cases will be treated through the Out-patient Therapeutic Programme (OTP) while children with SAM and medical complications will be referred to Stabilisation Centres (SC). These activities will be conducted directly

[5] Concern Worldwide, 2012. Health Facility Assessment – A Baseline Assessment, November 2012
[6] OCHA South Sudan Weekly Humanitarian Bulletin, 7-13 Jan 2013

by health facility workers with close supervision and support by Concern Worldwide staff. CHF support will help us to maintain operational coverage of the programme interventions mentioned above.

Prevention of malnutrition at community level is implemented through a targeted and action oriented IYCF behaviour change strategy using (but not limited to) 'community conversation' approach with direct involvement of PLWs through Mothers' Groups. Concern Worldwide has already initiated growth monitoring and community screening and Vitamin A supplementation through Home Health Promoters. Further, health and nutrition education and awareness is spread through active engagement where basic personal hygiene and health activities e.g. hand washing, balanced diet etc., are promoted; at schools, community events, etc. CHF support will be helpful to continue these preventive interventions.

In order to improve the technical capacities of facility staff, County Health Department (CHD) and Concern staff on CMAM and IYCF, training (including counselling) and refresher courses will be organised. Concern Worldwide's Global technical expertise and experience in CMAM will be utilised to train and mentor staff at all levels. Training on reporting of CMAM activities (minimum reporting procedures) will be conducted as great challenges were faced in 2012 regarding poor quality reporting due to the low capacity of both facility and CHD staff. On the job training will be provided in the form of mentoring to CHD staff during field visits. Special attention will be given to improve community outreach activities through structured training of HHPs as essential component of CMAM on MUAC screening, early identification, referral and follow up of malnourished cases. Practical cooking demonstration will be performed at the community level to prepare locally made nutritious meals for the prevention of malnutrition which will be more acceptable and sustainable. CHF support will help Concern Worldwide, CHDs and HHPs efforts to reduce acute malnutrition, while delivering adequately supervised and quality nutrition services.

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)

- 8,791 children under five years' of age have received standard nutritional and health care through MoH facilities in Aweil West and North Counties from March through August, 2013.
- 2,059 P&LWs have received standard curative and preventive nutritional services at the 38 MoH health facilities in Aweil West and North Counties from March through August, 2013.
- 21,084 children between 6 to 36 months of age are provided with preventive blanket supplementary food ration in Aweil West and North Counties during 'Hunger Gap'.
- Nutrition status assessed through two (2) pre-harvest Surveys conducted following SMART methodology in April, 2013.
- Improved IYCF practices e.g. appropriate breastfeeding, appropriate complementary feeding, and hand washing etc. among the selected Boma Health Committee and Mothers Groups members in Aweil West and Aweil North by August, 2013.
- Capacity of 2 CHDs and organized community groups has improved to respond to future nutritional needs of the communities.

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).

Activities may include but not limited to;

i. Conduct Pre-harvest Nutrition Surveys in the two counties during the month of April, 2013.
ii. Rehabilitation of and equipment for OTP/SFP facilities.
iii. MUAC screening of 22,490 (Boys 10,863 & Girls 11,627) children under five years and 7,028 PLWs from target communities in two counties and referral of identified malnourished cases for appropriate care/treatment.
iv. Provide nutrition care to 6,666 children and 2,059 PLWs moderately malnourished and 2,125 severely malnourished children in 2 counties.
v. 212 severely malnourished children admitted and treated at the stabilization Centre's to resolve medical complications which put the child at a mortality risk.
Training and refresher courses of 76 health workers from 38 health facilities (22 in Aweil West and 16 in Aweil North) and 9 County Health Department staff (2 County Nutrition Officers and 7 Nutrition Supervisors) on CMAM.
vi. Train 4 Concern staff on IYCF, BCC and 2 on SMART survey methodology.
vii. Training and refresher courses for 76 health workers and 9 CHD staff on Infant and Young Child Feeding.
viii. Celebrate Global Breastfeeding Week through awareness sessions and campaigns.
ix. Improved capacity of 387 (Men: 290 & Women: 97) Home Health Promoters (HHPs)/BHC members on MUAC screening, active case findings, referrals and follow ups.
x. CHDs will be supported with fuel and maintenance for ambulance and monitoring and supervisory visit support.
xi. Conduct joint monitoring & supervisory visits with CHD once per month.
xii. In order to improve IYCF practices conduct 1,200 sessions including cooking demonstrations, health & hygiene, health & nutrition education and IYCF sessions targeting PLWs and other caregivers in Aweil West and North counties.
xiii. 20 school health clubs trained on promoting improved hygiene practices in Aweil West and Aweil North Counties.

iv). Cross Cutting Issues

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

Integration and improvement of quality of nutrition services (SC, OTP, SFP and counselling) at the facility level will reduce the burden on women, who are often the first line of service seekers for the children and themselves. This will increase the time for women and enable them into participate in other developmental activities including income generation activities, food security and natural resource management activities. Focussed engagement with men especially traditional chiefs and PLWs in improving their awareness on IYCF practices and diet to prevent malnutrition will empower women to make decisions relating to their and their children's health. Active engagement with Boma/Village Health Committees (including men and women) in assuming responsibility to improve family and community level health and nutrition status will ensure that the root causes of malnutrition are addressed. Practical cooking demonstration sessions will improve knowledge, skills and will promote locally available nutritious foods to increase dietary diversity. This will reduce over-dependence on external inputs to address chronic acute malnutrition. Overall, community mobilisation interventions will focus on sustainable practices those can be followed up by the communities themselves in the long run. Data segregated by age and gender from project activities will be regularly collected, analysed and interpreted towards evidence based planning and action. Services will be provided to the beneficiaries equally in line with Humanitarian Principles of impartiality and solely on needs with no discrimination by gender, age, social status, ethnicity etc. However, special attention will be

given to vulnerable groups such as those who are HIV positive and Female Headed Households (FHHs).

Each programme activity will be assessed to reduce HIV/AIDS related risks. Further, HIV/AIDS related issues will also be addressed at the community and facility levels during preventive and curative services. Awareness campaigns and PMTCT will be the main focus on this cross-cutting component. This is critical as only 4% of the mothers are aware of at least three effective ways of preventing HIV transmission[7].

Environmental awareness will be promoted through different focus groups e.g. PLWs/Care Groups, BHCs, HHPs to promote production and utilisation of local food items e.g. vegetables, fruits & leafy vegetables to improve diet quality & diversity. HHPs will be utilised to promote environmental sanitation reducing the prevalence of waterborne diseases and infections e.g. diarrhoea.

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.

1. 22,490 (10,863 Boys & 11,627 Girls) children of 6-59 months and 7,028 PLWs identified, referred and followed up for appropriate care.
2. 1,913 children under five years' without medical complication treated in OTP.
3. 212 children treated in Stabilization Centre until medical complications are resolved.
4. 6,666 children and 2,059 PLWs treated in TSFP.
5. 85 CHD staff has improved capacities on CMAM & IYCF.
6. 4 Concern staff has improved capacities on IYCF, BCC and SMART methodology.
7. 387 HHPs have improved capacities in carrying out outreach activities.
8. 5,000 men & women have good knowledge of IYCF practices as a result of 1,200 sessions conducted on IYCF & cooking demonstrations.
9. Children in 20 schools are practicing and promoting personal hygiene actions.

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 Children (under-5) admitted for the treatment of SAM Number of Stabilisation Centres providing standard services Number of OTP sites providing standard services	Total Children treated for SAM: 2,125 (Boys: 1,026 and Girls: 1,099) Total Children SAM with medical complications: 212 (Boys: 103 and Girls: 109) No. of Stabilisation Centres: 3 No. of OTP sites: 38
X	2	Outpatient Therapeutic Program meet acceptable Sphere standards; i. Cure Rate (%) ii. Default Rate (%) iii. Death Rate (%)	i. >75% *SPHERE standard* ii. <15% *SPHERE standard* iii. <10% *SPHERE standard*
X	3	Number of Children (under-5) and PLWs admitted for the treatment of Moderate Acute Malnutrition (MAM) Number of TSFP sites	Children: 6,666 (Boys:3,219 & Girls: 3,447) PLWs: 2,059 No. of TSFP sites: 38
X	4	Targeted Supplementary Feeding Program meet acceptable SPHERE standards; i. Cure Rate (%) ii. Default Rate (%) iii. Death Rate (%)	i. >75% *SPHERE standard* ii. <15% *SPHERE standard* iii. <3% *SPHERE standard*
X	5	Number of Children de-wormed	Total: 22,490 (Boys: 10,863 & Girls: 11,627)
X	6	Number of Children supplemented with Vitamin A	Total: 22,490 (Boys: 10,863 & Girls: 11,627)
X	7	Health and nutrition workers trained (includes health facility, CHD level) in CMAM & IYCF as per South Sudan guidelines.	Total staff: 85 CMAM: 85 IYCF: 85
X	8	Training of Concern staff on IYCF, BCC and SMART methodology.	Total: 4 IYCF & BCC: 3 SMART: 2
	9	Training of Home Health Promoters on MUAC screening, identification, referral and follow up.	Total HHPs: 387 Male: 290 Female: 97
	10	IYCF & cooking demonstration sessions conducted	Total sessions: 200 Total participants: 5,000 Men: 1,000 Women: 4,000
X	11	Number of SMART Surveys Conducted Number of SQUEAC Surveys Conducted	Total SMART surveys: 2 Pre-harvest: 2 No. of counties: 2 SQEAC Survey: 2
X	12	No. of joint monthly supervisory visits conducted	38 (38 health facilities each receiving one joint visit in 6 months)
X	13	No. of pregnant women receiving micronutrient	2,059 PLW receive vitamin A capsule and or iron/folate.

[7] Concern Worldwide, 2012. Health Facility Assessment – A Baseline Assessment, November, 2012.

		supplementation.	
X	14	No. of children screened in the community.	22,490 (Boys: 10,863 and Girls: 11,627).

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 project will be implemented directly by Concern Worldwide through the MoH facilities and catchment communities in close collaboration with the respective CHDs. Curative services including TSFP, OTP, SC will be provided in minimum of 38 targeted health facilities in Aweil West, Aweil North counties in NBeG State. Community mobilisation activities will be facilitated through HHPs in close collaboration with BHCs and Mother Care Groups. Capacity building of the CHD and Home Health Promoters will be done using MoH protocols towards treatment and prevention of acute malnutrition.

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 analyse and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)[8].

- Joint monitoring & supervisory visits by Concern Worldwide staff along with CHD representative(s) at County level to health facilities and communities will be conducted once per month.
- Monthly, quarterly and annual reports will be prepared by Concern Worldwide staff using standard nutrition templates by nutrition team of Concern Worldwide. These will show the progress in terms of number of target beneficiaries reached, results achieved and help to improve programming to achieve objectives.
- Monthly, quarterly and annual reports prepared by Concern Worldwide staff in collaboration with the health facility and CHD M&E staff will be submitted timely.
- All the monthly, quarterly and annual reports will be analysed against the activities completed, the targets achieved, gaps identified and way forward on the basis of lessons learnt jointly by Concern Worldwide and CHD.
- SQEAC Coverage Survey and SMART Nutrition surveys will be conducted by Concern Worldwide and CHD will provide service coverage and nutritional status of the population, which will help in future planning.

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)
ECHO (No Cost Extension ends on 31st March'13)	~75,000
Irish Aid Programme Fund (IAPF) (January to December'13) to co-fund Health & Nutrition interventions in NBeG	~305,000
Crown Agents/ DFID (January to August'13) for HPF	~25,000

[8] 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.

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/55021	**Project title:** Integrated nutrition intervention for children and women in South Sudan	**Organisation:** Concern Worldwide

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 quality emergency nutrition services to reduce burden of malnutrition among children under five years, PLWs and other vulnerable groups in Aweil West and North Counties of NBeG State.	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • SAM 75% coverage. • MAM 75% coverage.	**How indicators will be measured:** *What are the sources of information on these indicators?* • SMART survey. • SQUAEC survey. • Monthly reports.	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?*	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative*	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?*	**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?*
	• To reduce the prevalence of acute malnutrition among children under-five years in Aweil West and North Counties.	• Wasting <15% • SAM <2%	• SMART surveys.	• Positive and timely health seeking behavior by beneficiaries in accessing the services. • Availability of supplies i.e., RUTF & RUSF from UNICEF & WFP without breakdown of supply chain. • Access to services is not hampered by insecurity and flooding. • Availability of adequate and skilled health workers at the health facility level.
Resultse	**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*. • Improved nutritional status of all the children 6-59 months & PLWs in their	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Wasting <15%.	**How indicators will be measured:** *What are the sources of information on these indicators?* • Nutrition monthly, quarterly and	**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?* • Positive attitude of the

	respective programs.	• Underweight <20%.	annual reports. • SMART Nutrition survey reports.	beneficiaries towards treatment. • Willingness of the communities to participate and play their role responsibly.
	• Improved access to quality OTP and SFP services among children 6-59 months and PLWs.	• Cure rate of >75% • Death rate < 10% in OTP & <3% in SFP. • Defaulter rate <15% • Coverage >50%.	• Nutrition monthly, quarterly and annual reports. • Coverage survey reports.	• Community willingness to participate in program activities. • Availability of supplies. • Health Facility staff are committed and willing to provide quality nutrition services.
	• Improved access to micronutrient supplementation and deworming medicine.	• 50% of children 6-59 months received vitamin A supplementation. • 50%r of children 12-59 months received deworming medicines. • 70% of pregnant women received iron & foliate supplementation.	• Nutrition survey reports. • Immunization campaign reports. • Monthly, quarterly and annual reports.	• Access to the immunization campaigns and facility based services. • Community willingness to participate in program activities. • Availability of supplies.
	• To improve IYCF practices among the target communities in Aweil West and Aweil North.	• 60% of children 0 – 5 months are exclusively breastfed. • 5% of children 6 – 23 months meet the minimum acceptable diet. • 28% of children 6 – 23 meet the minimum meal frequency. • 20% of caregivers washing hands at 2 critical times.	• Nutrition survey reports. • KPC survey report.	• Community willingness to participate in IYCF activities. • No floods, drought and displacements due to insecurity which will negatively affect household food security. • Accessibility to all the areas of intervention throughout the year.
	• Men & women have good knowledge of IYCF practices as a result of participation in IYCF related activities.	• 20% of men & women who know the importance of exclusive breastfeeding. • 30% of men & women who know at least 2 of the 5 critical times of hand washing.	• Nutrition survey reports. • KPC reports	• Community willingness to participate in program activities.

	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 • Children & PLWs receive quality & timely treatment for MAM and SAM.	• 8,791 (Boys 4,246 & Girls 4,545) children 6-59 months and 2,059 PLWs with MAM and SAM are treated. • Cure rate of >75% • Death rate < 10% in OTP & <3% in SFP. • Defaulter rate <15%	• Monthly, quarterly and annual reports.	• Active case finding & referral by the community HHPs is active and motivated to continue. • Community is transformed and positive to health seeking behaviour.
	2. Prevention • Children 6-36 months old in Aweil West & North counties who are provided with preventive BSFP monthly ration. • Community level IYCF sessions conducted. • Appropriate micronutrient supplementations are provided to children and PLWs.	• A minimum of 11,641 children of 6-35 months old, who received BSFP ration. • Minimum of 20 IYCF sessions conducted. • Minimum of 200 mothers/caregivers who attended IYCF sessions. • 50% of children 6-59 months received vitamin A supplementation. • 50% of children 12-59 months received deworming medicines. • 70% of pregnant women received iron & foliate supplementation. .	Monthly, quarterly and annual reports Monthly, quarterly and annual reports Monthly, quarterly and annual reports of NIDs, screening and Vit A supplementation campaigns	• Community willingness to participate in these activities. • Accessibility to all the areas of intervention throughout the year. • Constant availability of supplies

	3. Improved capacity • Improved capacity of health workers (county and facility based staff) on CMAM & IYCF. • Improved capacity of HHPs/BHC members on IYCF, MUAC screening, referral and follow up of children and PLWs in program. • Improved capacity of school health club teachers on health and nutrition issues. • Joint monitoring and supervisory visits conducted to program sites.	• 85 CHD staff trained on CMAM & IYCF. • 387 Home Health Promoters (HHPs) trained on MUAC screening, referral, follow ups and IYCF. • At least 10 Boma Health Committee (BHCs) members trained to oversee H&N activities at community and health facility level. • 20 school health club teachers trained on management of school health clubs • Minimum of 38 joint monitoring visits conducted.	• Training reports. • Monthly, quarterly & annual reports.	• Active participation of relevant staff in delivering the services. • Literacy level of participants allows them to comprehend concepts. • Willingness of community structure (BHS & HHPs) members to participate.
	4. Assessment and coordination • Pre- harvest SMART nutrition survey conducted in two counties. • Active participation in County, State and national nutrition meetings and workshops.	• 1 post & pre harvest nutrition survey conducted in each County. • Minimum 6 county, state and national nutrition meetings attended.	Nutrition Survey Reports. Monthly, quarterly and annual reports	• Security situation remains stable • Accessibility, rain season does not start earlier than usual pattern.
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* Activities include; **1. Treatment** • Rehabilitate SFP/OTP sites/shelters. • Conduct MUAC screening of children under-five years and PLWs from target communities in two counties and referral to the nearby health facilities. • Admit and treat children and PLWs experiencing acute malnutrition in 38 health facilities. • Provide necessary supplies and equipment to CHD for effective management of acute malnutrition. **2. Prevention of Acute Malnutrition** • Provide BSFP ration to children 6-36	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* Inputs may include but not limited to; • Equipment. • Therapeutic & Supplementary Food supplies. • Vehicles and related cost (fuel & maintenance). • Incentives for CHD staff & HHPs. • Stationary and IEC materials. • Incentives for training & surveys participants. • CHD support inputs i.e., incentives, fuel, stationary and transportation for supervision. • Salaries of staff. • Transportation support to carry		**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?* • Food commodities and supplies are available without pipeline breakdown. • All the health facilities are accessible around the year. • Staff in the health facilities and communities providing nutrition services are aware of their roles & responsibilities and proactively participate.

	months. • Conduct deworming and vitamin A campaigns. • Conduct 200 IYCF mother care group sessions. • Conduct Global Breastfeeding Week awareness sessions and campaigns. **3. Capacity Building** • Train health workers from 38 health facilities on CMAM & IYCF. • Train Concern staff on IYCF, BCC and SMART survey methodology. • Train 387 Home Health Promoters (HHPs) on MUAC screening, referral, follow up and IYCF. • Train Boma Health Committee members. • Train school health clubs' teachers on health and nutrition education. • Conduct joint monitoring & supervisory visits with CHD. • Provide IEC material to 20 school health clubs. • Provide IEC materials to HHPs and BHCs members. **4. Assessment & Coordination** • Conduct SMART nutrition surveys in the two counties. • Conduct SQEAC coverage Survey. • Participate in coordination meetings at County, State and National level.	supplies from UNICEF & WFP to warehouse/store and finally to health facilities. • Stationary and supplies for trainings and community sessions.		

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 Rehabilitate SFP/OTP shelters/sites.				×	×										
Activity 2 MUAC screening of children under five years and PLWs from target communities and necessary referral of identified malnourished cases for appropriate care/treatment.				×	×	×	×	×	×						
Activity 3 Provide appropriate nutrition care for malnourished children and PLWs in 38 facilities.				×	×	×	×	×	×						
Activity 4 Provision of necessary supplies & equipment to the facilities				×											
Activity 5 Provision of BSFP in collaboration with WFP					×	×	×	×	×						
Activity 6 Conduct deworming and vitamin A supplementation campaign					×		×								
Activity 7 Conduct 200 sessions including cooking demonstrations, health & hygiene, health & nutrition education and IYCF sessions.				×	×	×	×	×	×						
Activity 8 Support Breastfeeding awareness				×	×	×	×	×	×						
Activity 9 Training and refresher courses of all health workers from 38 health facilities on CMAM & IYCF.				×	×	×									
Activity 10 Train Concern staff on IYCF, BCC and SMART survey methodology.					×	×		×	×						
Activity 11 Train 387 Home Health Promoters (HHPs) and BHC members on IYCF, MUAC screening, active case findings, referrals and follow ups.				×	×	×	×	×	×						
Activity 12 Train Boma Health Committee members				×			×								
Activity 13 Train school health clubs' teachers on health and nutrition education.				×											
Activity 14 Conduct joint monitoring & supervisory visits with CHD once per month.				×	×	×	×	×	×						
Activity 15 Provide IEC material to 20 school health clubs and to 387 HHPs and BHCs members.								×	×						
Activity 16 Conduct Pre Harvest Nutrition Surveys in Aweil West and Aweil North counties.				×											
Activity 17 Conduct SQEAC Survey				×											
Activity 18 Participate in Cluster Coordination & Technical Working Group meetings				×	×	×	×	×	×						

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