

## 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.

#### 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

Kissito Healthcare International (KHI)

#### Project CAP Code

SSD-13/H/55135/15607

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

Provision and expansion of emergency nutrition services to combat malnutrition and strengthen local capacity in Jonglei and Lakes State

**Total Project Budget requested in the in South Sudan CAP** US \$747,691

**Total funding secured for the CAP project (to date)** US \$44,600

**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
Jonglei	100	Pibor

**Funding requested from CHF for this project proposal** US \$179,215

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

Yes  No  (if yes, list the item and indicate the amount under column i of the budget sheet)

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

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	897	7075
Girls:	626	2976
Men:	250	500
Boys:	653	3315
<b>Total:</b>	<b>2426</b>	<b>13866</b>

#### 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)

#### CHF beneficiary breakdown

Women	PLW	897
	Trainees	
	Beneficiaries of IYCF promotion	250
Men	Other vulnerable	
	Trainees	
	Beneficiaries of IYCF promotion	250
Children U5 Yrs	Other - vulnerable	
	SAM	176
	MAM	1102
	BSFP	
	Micronutrient supplementation	2176
	Deworming	2176

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

Plan International-South Sudan

**CHF Project Duration** (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 6.5 Months (15 February-30 August, 2013)

#### Contact details Organization's Country Office

Organization's Address	Kissito Healthcare International-South Sudan Bilpam Road MUNUKI Area ,Block B Juba, South Sudan
Project Focal Person	Daniel Obiero Emergency Nutrition Manager <a href="mailto:Daniel.Obiero@kissito.org">Daniel.Obiero@kissito.org</a> +211.(0)956.928.987
Country Director	Sam Rasoul, <a href="mailto:sam.rasoul@kissito.org">sam.rasoul@kissito.org</a> , +1.540.312.9449
Finance Officer	Scott Montgomery, <a href="mailto:scott.montgomery@kissito.org">scott.montgomery@kissito.org</a> , +256.793.362.533

#### Contact details Organization's HQ

Organization's Address	Kissito Healthcare International 5228 Valleypointe Pkwy Roanoke, VA, 24019, USA
Desk officer	Sam Rasoul, <a href="mailto:sam.rasoul@kissito.org">sam.rasoul@kissito.org</a> , +1.540.312.9449
Finance Officer	Lori Huffman <a href="mailto:Lori.huffman@kissito.org">Lori.huffman@kissito.org</a> +1.540.265.0322

## SECTION II

<p><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> <p>The malnutrition situation in the state of Jonglei is dire. Although coverage of nutrition services has increased over the last 18 months, Jonglei still characterizes some of the worst conditions and least coverage for prevention and treatment services (MYR 2012)<sup>2</sup>. The impact of returnees and IDPs into the state will continue to further impact nutritional vulnerabilities because of their poor living conditions and access to scarce existing services.</p> <p>Jonglei is one of the least developed states in South Sudan with the largest population of all ten states, and poor infrastructure leaving large parts of the state inaccessible during the rainy season. It is marred by insecurity resulting from actions of different militia anti-government groups and constant inter-ethnic fighting. The current humanitarian crisis caused by a recurrence of the cyclic Lou Nuer and the Murle inter-ethnic conflict that started in June but culminated in December 2011 and has so far affected over 250,000 people many in Pibor County. This has been exacerbated by frequent cattle rustling, floods, crop failure and animal diseases all that have occurred in 2012. Erratic rainfall patterns have delayed planting seasons, causing harvests loss which is expected to further extend the hunger gaps. A May 2012 nutrition survey (MSF) revealed the GAM rate to be 22.6% in Pibor and the SAM rate to be 4.2%<sup>3</sup>.</p>
<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.</p> <p>This Project has relevance to the priorities of the Nutrition cluster and requirements of the call in a number of ways. It will help the most vulnerable population (children under 5 and PLW) in Jonglei.</p> <p>Our partner Plan International has committed to funding 20% of total project budget.</p> <p>We have conducted a thorough analysis of the activities of all other Nutrition Cluster partners to ensure we have maximum utilization of CHF funding.</p> <p>In Pibor &amp; Gumruk towns of Pibor County in Jonglei, MSF is running a SC out of the Pibor PHCC and also OTPs out of the Pibor PHCC as well as in Gumruk. KHI will run TSFPs at the health facilities and in the community, as well as extend OTP coverage to community outreach sites. KHI is fully coordinating and communicating with MSF to ensure optimum coverage in the towns of Pibor and Gumruk in order to avoid duplication of efforts.</p> <p>Given the deteriorating situation in these areas, it is critical that the populations of the areas affected are provided with this life-saving care in a quickly, effectively and sustainable manner. The actions proposed here will treat vulnerable populations (children under 5 and PLW) for SAM and MAM cases in the immediate and long-term path. More importantly, the mass influx of returnees &amp; IDPs in Jonglei has increased more pressure on the already overstretched resources.</p>
<p><b>C. Project Description (For CHF Component only)</b></p> <p><b>1. 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.</p> <p>CHF funding to this project will help to promote the integrated management of acute malnutrition in children under 5 and PLW in Pibor and Gumruk towns in Pibor County in Jonglei. This will help to prevent malnutrition through the distribution of micronutrient supplementation and supplementary foods, as well as health and nutrition education. Funding of this project will also allow for the education of front line health workers in the proper management of acute malnutrition and prevention activities.</p> <p><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)</p> <p>During the six month period of this project, KHI will:</p> <ul style="list-style-type: none"><li>• To reduce mortality from severely acute malnutrition and its complications among children under five in Pibor County of Jonglei state by treating 176 SAM cases.</li><li>• To reduce morbidity and mortality from moderately acute malnutrition among children under five in Pibor County of Jonglei state by treating 1,102 MAM cases.</li><li>• To reduce morbidity and mortality from moderately acute malnutrition among PLW in Pibor County of Jonglei state by treating 897 MAM cases.</li><li>• To reduce morbidity from acute malnutrition and its complications among children under 5 and PLW by distributing micronutrient supplements and deworming tablets to 2,176 direct beneficiaries.</li><li>• To strengthen local capacity by training 15 clinical staff and health workers to support community-based MUAC screening and referral of children with acute malnutrition for appropriate treatment.</li><li>• To strengthen local capacity by training 20 HEWs to conduct MUAC screening and education to advocate for healthy child care practices, eating practices, child feeding, EBF and other IYCF practices.</li></ul> <p><b>iii) Proposed Activities</b> 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).</p> <p><b>Treatment</b></p> <ol style="list-style-type: none"><li>1. In the towns of Pibor &amp; Gumruk, KHI will be managing SAM &amp; MAM (U5 &amp; PLW) cases in community outreach OTP and TSFP sites. (2,176 Beneficiaries: 897 Women, 626 Girls, 653 Boys)</li></ol> <p><b>Prevention</b></p> <ol style="list-style-type: none"><li>1. Target mothers and fathers of malnourished children with health and nutrition education. (500 Beneficiaries: 250 Men and 250 Women)</li><li>2. Promote healthy IYCF practices among mothers and fathers. (500 Beneficiaries: 250 Men and 250 Women)</li><li>3. Educate PLW to exclusively breastfeed. (250 Women Beneficiaries)</li><li>4. Distribute micronutrient supplements to children under 5 and PLW. (2,176 Beneficiaries: 897 Women, 626 Girls, 653 Boys)</li></ol> <p><b>Capacity Building</b></p> <ol style="list-style-type: none"><li>1. Build capacity among clinical staff and health workers to support community-based MUAC screening and referral of children with acute malnutrition for appropriate treatment. (15 Clinical Staff)</li><li>2. Train HEWs to conducting MUAC screening and education to advocate for healthy child care practices, eating practices, child feeding, EBF and other IYCF practices. (15 HEWs)</li></ol> <p><b>iv). Cross Cutting Issues</b> Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.</p> <p><b>Gender:</b> In order to improve equity and sustainability, specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring and evaluation. PLW, boys and girls will benefit and participate equally in the project. PLW, boys and girls will benefit from the ready to use therapeutic foods (RUTF). KHI will ensure that female and male representation will be balanced in community mobilization, and during recruitment of health staff at various levels. KHI will continue to encourage and proactively recruit female staff in the above mentioned payams, where the level of literacy and tradition of females working outside home is low. Through an activity focus on nutrition, KHI will work to empower female decision-making for treatment seeking by facilitating male involvement and increasing nutrition promotion activities at the community level. Gender issues will be improved based on the IASC guidelines. All activities will include at least 50% females wherever possible.</p> <p><b>Environment:</b> Awareness on the negative consequences of deforestation to the environment and especially on climate will be highlighted during discussions which will be organized for the community members including women, boys and girls. All of the activities implemented will respect environmental considerations. In addition, it will be ensured that all activities related to this project will avoid depleting natural resources. The proposed project will work to enhance environmental sustainability, of project impact and service delivery. Activities will include creating awareness on proper disposal of medical supplies and keen attention to location and sustainability so that the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources.</p> <p><b>HIV/AIDS:</b> HIV/AIDS prevention activities will be mainstreamed into all community activities. HIV/AIDS issues prevention, control and care of the victims will be addressed during health education sessions in all the proposed nutrition treatment centers of KHI South Sudan. Awareness on HIV prevention, and medical transmission of HIV will be given due attention in community settings. KHI will provide HIV/AIDS awareness training for staff and community to reduce stigma in the community. HIV/AIDS issues will be improved based on the IASC guidelines.</p> <p>KHI is committed to staying beyond the crisis situation to help improve the current malnutrition situation in South Sudan and has considerable experience from other countries in developing programmatic interventions and strategies designed to target the transitional period from relief to development. It is a strategic objective of KHI in South Sudan to develop an early recovery strategy in coordination with the activities of other partners. Through improving information and data management, and working closely with the target communities, KHI will continue to monitor the situation and the root causes of SAM and GAM to adjust programmatic interventions with a view to longer term development objectives.</p> <p><b>v) Expected Result/s</b> Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.</p> <ul style="list-style-type: none"><li>• Increased availability and access to quality nutrition services for children under 5 and PLW</li><li>• Malnutrition among children under 5 and PLW reduced</li><li>• Improved knowledge among communities and health workers to respond to cases of acute malnutrition and prevention.</li><li>• Improved data collection mechanisms at SCs, OTPs and SFP sites.</li><li>• Improved community awareness of integrated management of acute malnutrition, IYCF practices, WASH and common childhood disease prevention.</li></ul>

<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> UNOCHA, Consolidated Appeal Mid-Year Review-South Sudan, 2012 .

<sup>3</sup> MSF-Belgium, Nutritional and Retrospective Mortality Survey, May 2012.

<ul style="list-style-type: none"> <li>Increased nutrition awareness and behavioral change practices in the community.</li> <li>Increased utilization of therapeutic and preventive nutrition services.</li> <li>Coordination and capacity of all nutrition partners including communities and line ministries to deliver quality and sustainable nutrition services through a variety of approaches strengthened.</li> </ul>							
List below the output indicators you will use to measure the progress and achievement of your project results. <u>At least three</u> 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	Children (under-5) admitted for the treatment of SAM	176 children treated (90 boys and 86 girls)				
(X)	2	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	1,102 children treated (563 boys and 539 girls)				
(X)		Pregnant and Lactating Women (PLW) admitted for MAM	897 PLW treated				
(X)		Children de-wormed	1,102 children de-wormed				
(X)		PLW and children (under- 5yrs) received micronutrient supplementation	2,176 PLW and children under 5 treated (897 PLW, 653 Boys, 626 Girls)				
(X)		Health and nutrition workers trained in inpatient treatment of SAM protocols	15 health and nutrition workers trained in inpatient treatment of SAM protocols				
(X)		Health and nutrition workers trained in outpatient treatment of SAM protocols	15 health and nutrition workers trained in outpatient treatment of SAM protocols				
(X)		Health and nutrition workers trained in outpatient treatment of MAM protocols	15 health and nutrition workers trained in treatment of MAM protocols				
(X)		Health and nutrition workers trained in IYCF	15 health and nutrition workers trained in IYCF				
(X)		Health and nutrition workers trained in screening and referral	15 health and nutrition workers trained in screening and referral				
(X)		Community members made aware through education sessions on nutrition and IYCF	20 men at the community level educated				
(X)		Community members made aware through education sessions on nutrition and IYCF	40 women at the community level educated				
(X)		Cluster Coordination meetings attended in the reporting period (National)	6 Cluster coordination meetings attended in the reporting period at the national level				
<p><b>vi) Implementation Mechanism</b> 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.</p> <p>Project implementing partner is Plan International-South Sudan. Other partners include MSF operating in Pibor. KHI, Plan International, and MSF share similar vision/mission, core sectors of intervention (health and nutrition) and approaches (strengthening of the existing local system rather than duplication of efforts / establishment of parallel structures) and are already used in collaboration and info sharing both at HQ, SS Country and field offices level. All the NGOs are registered INGOs in SS and acknowledged by federal MoH and Pibor MoH. The partnership between the agencies is aimed at ensuring integration of services as well as proper support and supervision to integrated PHC &amp; Nutrition service delivery and emergency response in Jonglei. Existing services will be strengthened in order to guarantee continuous and effective frontline and emergency service provision in the catchment area. Expansion of outreach and establishment of effective referral system are meant at widening population access to and utilization of frontline and emergency nutrition services, as well as to expand the nutrition surveillance capacities.</p> <p>The project design is based on proactive and continuous collaboration between the project implementing partners (KHI, Plan, and MSF) at Jonglei. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), project coordination bodies will be purposely established and meet on regular basis to ensure achievement of expected results.</p>							
<p><b>vii) Monitoring and Reporting Plan</b> Describe how you will monitor and report on the progress and achievements of the project. Notably:</p> <ol style="list-style-type: none"> <li>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</li> <li>Indicate what monitoring tools and technics will be used</li> <li>Describe how you will analyze and report on the project achievements</li> <li>Ensure key monitoring and reporting activities are included in the project work plan (Section III)<sup>4</sup>.</li> </ol> <ol style="list-style-type: none"> <li>The successful implementation of the project will be achieved by establishing a robust monitoring and evaluation (M &amp; E) system, including key gender sensitive indicators. It will be a continuous process of collecting information and presenting data, throughout the project cycle, in order to assess the impact and lead to improvements in the effectiveness of the project.</li> <li>Our monitoring efforts in the project will ensure compliance with IMAM guidelines and SPHERE standards and policies and relevant learning is documented, disseminated to staff and used to make future decisions. Timely reporting mechanisms will be developed and field focal points will verify project implementation and evaluations regularly. Data will be collected (disaggregated by sex), synthesized and analyzed for summary and thematic reports on M&amp;E findings.</li> <li>We will develop and facilitate training materials and presentations for capacity building of project staff on M&amp;E. The project will regularly review and improve the M&amp;E system by seeking stakeholder inputs and through consultations with other organizations working in the region. Quarterly M&amp;E meetings with stakeholders and partner agencies will be convened. Annual impact assessment will be conducted at the end of each year to review progress on achieving the project objectives and next steps to promote sustainable activities. Annual review of the project objectives, activities and outcomes will help identify gaps in implementation.</li> <li>Continuous monitoring of project activities will be ensured by: <ul style="list-style-type: none"> <li>Effective Monitoring System: (i) compilation of daily/weekly/monthly health facility registers, (ii) compilation of outreach reports, (iii) compilation of monthly and quarterly reports for Pibor and Lakes State MoH, (iv) compilation of quarterly progress report for the SC and the donors, (v) monthly and quarterly reports to HQ project division</li> <li>Effective Financial Monitoring System: (i) KHI accounting systems will be based on a robust system. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable will be recorded using a specific accounting software which is reconciled on a daily/weekly/monthly basis under the supervision of HQ administrative department; II) Budget follow-up will be elaborated and approved by HQ project department together with the request for funds (ii) procurement plan will be elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; III) compilation of financial report will be elaborated by KHI country administration with the support of a Project accountant and subsequently approved by HQ administrative department IV) Annual financial audit will be conducted.</li> <li>Qualified technical Assistance: Both implementing partners have envisaged employment of technical human resources skilled in management and supervision, responsible for assisting local nutrition staff at both facility and outreach level. They will be based in each main project location (Pibor Town, Gumruk) and will ensure daily supervision of the quality of the services provided.</li> <li>M&amp;E Officer: KHI staff will include an M&amp;E officer based in SS Head Office (Juba), who will be responsible of periodic visits in the project areas, to check about indicators, targets and performances. The same role will be played by KHI Country Head.</li> <li>External Monitoring: All the implementing partners will share periodical information and data on the project implementation with Nutrition Cluster focal persons in Pibor, to share views and get additional inputs and comments.</li> </ul> </li> </ol>							
<p><b>E. Total funding secured for the CAP project</b> Please add details of secured funds from other sources for the project in the CAP.</p> <table border="1"> <thead> <tr> <th>Source/donor and date (month, year)</th> <th>Amount (USD)</th> </tr> </thead> <tbody> <tr> <td>Plan International-20% Matching Grant for CHF Project</td> <td>\$44,600</td> </tr> </tbody> </table>				Source/donor and date (month, year)	Amount (USD)	Plan International-20% Matching Grant for CHF Project	\$44,600
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Plan International-20% Matching Grant for CHF Project	\$44,600						

<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.

**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/55135		Project title: Provision and expansion of emergency nutrition services to combat malnutrition and strengthen local capacity in Jonglei State.		Organisation: <u>Kissito Healthcare International</u>
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> <p>SAM 70% needs coverage</p> <p>MAM 70% needs coverage</p>	<p><b>How indicators will be measured:</b> What are the sources of information on these indicators?</p> <p>SMART survey (needs)</p> <p>Monthly reports from treatment records (coverage)</p>	
	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>To reduce mortality from severely acute malnutrition and its complications among children under five in Pibor County of Jonglei state by treating 176 SAM cases.</li> <li>To reduce morbidity and mortality from moderately acute malnutrition among children under five in Pibor County of Jonglei state by treating 1,102 MAM cases.</li> <li>To reduce morbidity and mortality from moderately acute malnutrition among PLW in Pibor County of Jonglei state by treating 897 MAM cases.</li> <li>To reduce morbidity from acute malnutrition and its complications among children under 5 and PLW by distributing micronutrient supplements and deworming tablets to 2,176 direct beneficiaries.</li> <li>To strengthen local capacity by training 15 clinical staff and health workers to support community-based MUAC screening and referral of children with acute malnutrition for appropriate treatment.</li> <li>To strengthen local capacity by training 15 HEWs to conduct MUAC screening and education to advocate for healthy child care practices, eating practices, child feeding, EBF and other IYCF practices</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>Increased availability and access to quality nutrition services for children under 5 and PLW at OTP and TSFP sites</li> <li>Proportion of children and mothers accessing services in target community</li> <li>Increased service utilization rates</li> <li>Increased access to micronutrient supplements at the OTP and TSFP sites</li> <li>Increased access to deworming tablets at the OTP and TSFP sites</li> <li>Improved capacity of clinical staff and health workers to support community-based MUAC screening and referral of children</li> <li>Improved knowledge among communities and health workers to respond to cases of acute malnutrition and prevention.</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>Attendance/ Treatment Registers at OTP and TSFP sites</li> <li>Stratified Random sampling Survey in each Payam</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>Increased availability and access to quality nutrition services for children under 5 and PLW</li> <li>Malnutrition among children under 5 and PLW reduced</li> <li>Improved knowledge among communities and health workers to respond to cases of acute malnutrition and prevention.</li> <li>Improved data collection mechanisms at SCs, OTPs and SFP sites.</li> <li>Improved community awareness of integrated management of acute malnutrition, IYCF practices, WASH and common childhood disease prevention.</li> <li>Increased nutrition awareness and behavioural change practices in the community.</li> <li>Increased utilization of therapeutic and preventive nutrition services.</li> <li>Coordination and capacity of all nutrition partners including communities and line ministries to deliver quality and sustainable nutrition services through a variety of approaches strengthened.</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>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>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>Treatment cards and facility reports</li> <li>Treatment cards, monthly reports and other survey estimations</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>No emergency health outbreaks</li> <li>No large population movements or displacement</li> <li>On-going funding</li> <li>Natural disasters (e.g. flooding) do not take place</li> <li>Sufficient and adequately qualified staffs are available to run the project.</li> <li>There is cooperation with the local authorities.</li> <li>Satisfactory supply movement possible.</li> <li>Insecurity does not limit possibility to conduct regular monitoring and supervision of OTP and TSFP sites</li> <li>Adequate community participation.</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 under 5 are treated for SAM</li> <li>Children under 5 are treated for MAM</li> <li>PLW are treated for MAM</li> <li>SC &amp; OTP sites are operating</li> <li>TSFP sites are operating</li> </ul> <p><b>2. Prevention of acute malnutrition</b></p> <ul style="list-style-type: none"> <li>PLW and children U5 are provided with micronutrient supplementation</li> <li>Children 12-59 months attending health facility receive deworming 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 management of SAM &amp; MAM</li> <li>Improved capacity for community workers and volunteers (including lead mothers) on IYCF</li> </ul> <p><b>4. Assessment &amp; Coordination</b></p> <ul style="list-style-type: none"> <li>Active coordination with other nutrition actors</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>Number of children under 5 treated for SAM (90 boys, 86 girls)</li> <li>Number of children under 5 treated for MAM (563 boys, 539 girls)</li> <li>Number of PLW treated for MAM (897 PLW)</li> <li>Number of PLW and children under 5 receiving micronutrient supplementation (898 PLW, 626 girls, 653 boys)</li> <li>Number of children under 5 receiving deworming tablets (626 girls, 653 boys)</li> <li>Number of health workers receiving training on SAM &amp; MAM (15)</li> <li>Number of community members receiving training on nutrition and IYCF (20 men and 40 women)</li> <li>Number of national nutrition cluster meetings attended (5)</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>Feeding centre records</li> <li>Monthly tracking reports</li> <li>Monthly reports</li> <li>Distribution reports</li> <li>Monthly tracking registers</li> <li>Attendance sheets of mothers on IYCF education</li> <li>Training attendance sheets and monthly training report</li> <li>Community Training attendance sheets and training report</li> <li>Nutrition cluster meeting minutes</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>Absence of large scale humanitarian crisis or disasters</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 South Sudan Relief and Rehabilitation Commission (SSRRC) counterpart, local authorities, MoH and beneficiaries</li> <li>Absence of extreme price or exchange rate shifts.</li> <li>Localised conflict or emergencies do not result in inability to remotely monitor programme</li> <li>Appropriate funding is received</li> </ul>

<p><b>Activities:</b> List in a chronological order the key activities to be carried out. Ensure that the key activities will result in the project outputs.</p> <p><b>1. Treatment</b></p> <ul style="list-style-type: none"> <li>Supply Community Outreach OTP sites</li> <li>Supply TSFP sites</li> <li>Screen children in the community 6- 59 months</li> <li>Admit and treat PLW, and children under 5 experiencing severe acute malnutrition</li> <li>Treat children under 5 experiencing moderately acute malnutrition</li> <li>Work with local health providers to establish referral pathways for children with severe acute malnutrition</li> </ul> <p><b>2. Prevention</b></p> <ul style="list-style-type: none"> <li>Administer Vitamin A to all children screened aged 6-59m</li> <li>Administer deworming tablets to all children screened aged 12-59 m</li> <li>Administer micronutrient supplements to all PLWt women attending for antenatal care</li> <li>Educate mothers and fathers of malnourished children with health and nutrition education</li> <li>Promote healthy IYCF practices among mothers and fathers</li> <li>Educate PLW to exclusively breastfeed.</li> </ul> <p><b>3. Improved capacity building:</b></p> <ul style="list-style-type: none"> <li>Train all clinical staff on IMAM guidelines.</li> <li>Train HEWs to advocate for healthy child care practices, eating practices, child feeding, EBF and other IYCF practices</li> <li>Build capacity among clinical staff and health workers to support community-based MUAC screening and referral of children with acute malnutrition for appropriate treatment</li> <li>Train HEWs to conducting MUAC screening</li> </ul> <p><b>4. Assessment &amp; Coordination</b></p> <ul style="list-style-type: none"> <li>Present results to nutrition team and relevant stakeholders</li> <li>Attend cluster coordination meetings</li> </ul>	<p><b>Inputs:</b> What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</p> <ul style="list-style-type: none"> <li>Staff time</li> <li>Mats</li> <li>Weighing scale</li> <li>Height board</li> <li>Benches</li> <li>Table and chairs</li> <li>Flip charts</li> <li>Water dispenser</li> <li>MUAC Tapes</li> <li>Plumpy nut, antibiotics, deworming tablets</li> <li>Buckets for beneficiaries</li> <li>Record cards</li> <li>Water</li> </ul> <ul style="list-style-type: none"> <li>Staff time</li> <li>Deworming tablets</li> <li>Micronutrient supplements to PLW</li> <li>IYCF counseling cards</li> <li>Space for training</li> <li>Refreshment for education sessions</li> <li>Qualified medical staff</li> <li>Trainers and training materials</li> <li>Communication equipment</li> </ul> <ul style="list-style-type: none"> <li>MUAC screening demonstration tools</li> <li>IMAM training curriculum</li> <li>Travel expenses for staff</li> <li>Staff time</li> <li>Refreshments for training sessions</li> <li>Education material ( Flyer, Pamphlet etc.) on nutrition, IYCF, health child care and eating practices</li> </ul> <ul style="list-style-type: none"> <li>Travel expenses for staff</li> </ul>	<ul style="list-style-type: none"> <li>Feeding centre records</li> <li>Monthly reports</li> <li>Monthly reports</li> <li>Distribution reports</li> </ul> <ul style="list-style-type: none"> <li>Training attendance sheets and monthly training report</li> <li>Community Training attendance sheets and training report</li> <li>Attendance reports from IYCF education sessions for mothers and fathers</li> <li>Attendance reports from EBF sessions for PLW</li> </ul> <ul style="list-style-type: none"> <li>Training attendance sheets of clinical staff and monthly training reports</li> <li>Training attendance sheets of HEWs and monthly training reports</li> <li>Community training attendance sheets and training report</li> </ul> <ul style="list-style-type: none"> <li>Stakeholders Meeting reports</li> <li>Nutrition Cluster coordination meeting reports</li> </ul>	<p><b>Assumptions, risks and pre-conditions:</b> 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?</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>Peaceful disarmament</li> <li>Mothers willing to engage in groups and be trained on IYCF</li> <li>Absence of large scale humanitarian crisis or disasters</li> <li>Access to Unicef pipeline for nutrition supplies</li> <li>Funding can be secured</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	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
<b>Activity 1</b> Treat SAM (Children under 5) cases in community outreach OTP and TSFP sites. (90 boys, 86 girls)			X	X	X	X	X	X	X					
<b>Activity 2</b> Treat MAM (U5 & PLW) cases in community outreach OTP and TSFP sites. (2,176 Beneficiaries: 897 PLW, 539 Girls, 563 Boys)			X	X	X	X	X	X	X					
<b>Activity 3</b> Educate mothers and fathers of malnourished children on health and nutrition. (500 Beneficiaries: 250 Men and 250 Women)				X	X	X	X	X	X					
<b>Activity 4</b> Promote healthy IYCF practices among mothers and fathers. (500 Beneficiaries: 250 Men and 250 Women)				X	X	X	X	X	X					
<b>Activity 5</b> Educate PLW on exclusive breastfeeding practices. (250 Women Beneficiaries)			X	X	X	X	X	X	X					
<b>Activity 6</b> Distribute micronutrient supplements to children under 5. (626 Girls, 653 Boys)				X	X	X	X	X	X					
<b>Activity 7</b> Distribute micronutrient supplements to PLW. (897 Beneficiaries)				X	X	X	X	X	X					
<b>Activity 8</b> Distribute deworming tablets to children under 5. ( 626 Girls, 653 Boys)				X	X	X	X	X	X					
<b>Activity 9</b> Train clinical staff and health workers to support community-based MUAC screening and referral of children with acute malnutrition for appropriate treatment. (15 Clinical Staff)			X	X	X									
<b>Activity 10</b> Train HEWs to conducting MUAC screening and education to advocate for healthy child care practices, eating practices, child feeding, EBF and other IYCF practices. (20 HEWs)			X	X	X									
Activity 10														
Activity 11														
Activity 12														