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**

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
Malaria Consortium
Project CAP Code
SSD-13/H/55140/7607
CAP Project Title *(please write exact name as in the CAP)*
Addressing emergency nutrition needs of vulnerable groups in Aweil West and Aweil Centre, NBeG State

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		Aweil West County[1], Aweil Centre County[2] inclusive of returnees community

Total Project Budget requested in the in South Sudan CAP	US$ 1,148,177
Total funding secured for the CAP project *(to date)*	n/a

Funding requested from CHF for this project proposal	US$ 250 000
Are some activities in this project proposal co-funded? Yes **X** 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)*	**Indirect Beneficiaries**

[1] **Aweil West County**, Payams; *Achana, Ayat Centre, Ayat East, Ayat West, Gomjuer Centre, Gomjuer East and Gomjuer West, Mariem East, Mariem West payams*[1]

[2] **Aweil Centre County-** Payams *Aroyo, Awoda, Awulic, Bar Mayan, Chel South, Nyalath, Umora (Achana) payams,* **Returnee community : Apada Camp :** Villages *Apada Centre, Bilfam, Kush, Kokek, New Side*

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	8504	66,088
Girls:	2208	31,657
Men:	2999	2979
Boys:	2208	31,657
Total:	15919	132,381

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

359, 365[3]

Catchment Population (if applicable)

387,903[4] Aweil Centre and Aweil West

CHF beneficiary breakdown		
Women	P&LW	0
	Trainees	179[5]
	Beneficiaries of IYCF promotion	8325[6]
	Other vulnerable	0
Men	Trainees	74[7]
	Beneficiaries of IYCF promotion	2925[8]
	Other - vulnerable	0
Children U5 Yrs	SAM	1188[9]
	MAM	288[10]
	BSFP	0
	Micronutrient supplementation	2940[11]
	Deworming	2881[12]

Micronutrient supplementation: 2940: Target Mass deworming and Micronutrient supplementation target will remain unchanged

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

N/A

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

Indicate number of months: **3 months (1 April – 30 June 2013)**

Contact details Organization's Country Office	
Organization's Address	MALARIA CONSORTIUM: Plot 367, Block 3-K South, First Class Residential District, Tong Ping, Juba, Republic of South Sudan
Project Focal Person	Miatta Zenabu Gbanya- Technical Coordinator techco.juba@malariaconsortium.org Mobile MTN: +211 (0)922 400 586 Mobile Vivacell: +211 (0) 956815794
Country Director	Ruth Allan cd.southsudan@malariaconsortium.org Mobile MTN: +211 (0)922 400 572 Mobile GemTel: +211 (0)977 536 872 Juba office: +211 (0)922 400 574
Finance Officer	Julie Orr - Country Finance Manager- Malaria Consortium South Sudan cfm.juba@malariaconsortium.org Mobile Vivacell: +211 (0) 95 622 7289 Mobile Zain: +211 (0) 91 797 3601

Contact details Organization's HQ	
Organization's Address	MALARIA CONSORTIUM Development House, 56-64 Leonard Street, London EC2A 4LT Plot 25 Upper Naguru East Road, Naguru, P.O Box 8045, Kampala, Uganda
Desk officer	Cristine Betters - Africa Programme Director: Malaria Consortium, Uganda c.betters@malariaconsortium.org
Finance Officer	Jocelyn Boughton – Chief Finance Officer: Malaria Consortium, UK J.Boughton@malariaconsortium.org

[3] Catchment population minus total direct beneficiaries
[4] 373,152 Estimated total population for Aweil Centre and Aweil West (2009 Malaria Consortium NBeG State Population from Mass Net distribution Campaign); 2.85% growth rate + 28800 returnees (Returnee figure gained from SSRRC in Aweil October 2011 and UNHCR and assuming a 20% increase)
[5] Women Trainees: 165/180 CDDs (total 60/month for 3 months) + 5 CNVs-TSFP + 4 HF staff +1 Nutrition programme Officer + 3 CNWs + 1 TSFP Supervisor,
[6] Quarterly community outreach IYCF messaging by each of 45 CNWs, each session targeting 250 persons (of whom 185 are Women)
[7] Men Trainees; 15/180 (total 60/month for 3 months) CDDs + 5 CNVs-TSFP + 8 HF staff + 42 CNWs + 4 OTP Supervisors,
[8] Quarterly community outreach IYCF messaging by each of 45 CNWs, each session targeting 250 persons (of whom 65 are Men)
[9] Average of 8 new admissions per OTP (45 OTPs) per month for 3 months (10% increase for hunger gap)
[10] 40 admissions per month per TSFP (2) for 3 months (20% increase during hunger gap)
[11] 50% of targeted population of children 6-59 months
[12] 50% of targeted population of children 12-59 months

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[13]

Northern Bahr el Ghazal was identified by OCHA as a 'hot spot' adversely affected by multiple shocks, including border insecurity, excessive seasonal flooding, inflation, austerity, and a high influx of returnees resulting in poor humanitarian indicators. It has got a perennially high GAM and SAM prevalence with limited nutrition services. All counties in NBeG have been considered as priority by the Nutrition cluster.

Nutrition Emergency

The need for continued essential nutrition interventions to avert morbidity and mortality in children under five in NBeG is expected to remain through 2013. The GAM rates for both Aweil Centre and West remain high with some improvement following 2012 harvest season[14]. MC's 2012 preliminary post harvest SMART survey in Aweil Centre[15] showed a GAM prevalence of 11.9% and 1.7% for SAM compared to 21.6% GAM and 5.0% SAM during the pre harvest season 2012[16]. Despite the improvement in GAM rates, the food security situation, which seasonally fluctuates, is expected to worsen during the hunger gap. GAM rates during this season often acutely rise to emergency levels[17] due to limited coping strategies of the population.

Food Insecurity

High food prices remains one of the most frequently reported shocks with access to essential supplies adversely affected by inflation and austerity[18]. Seasonal flooding in 2012 submerged crops and displaced many especially in Aweil Town and Aweil South[19]. The limited scale of cultivation due to flooding, destruction of crops from the traditional harvest, disruption of market supplies due to closure of the northern border, and low house hold incomes greatly diminishes the population's coping strategies through the hunger gap in 2013. With limited household food stocks, an early need for food assistance is anticipated.

Returns

NBeG received the highest numbers of returns in 2012 and more are expected in 2013 .Aweil town remains the host of most of the returnees. GAM rates remain chronically high, in Apada returnees' camp (largest returnees' camp in NBeG). In 2012, the preliminary post harvest nutrition SMART survey report for Apada showed a GAM rate of 13.7 % and 2.3 % for SAM compared to pre-harvest rates of 21.6% and 5.0% respectively for the same year. The increased demographic pressure on NBeG has had a huge impact on the needs for shelter, sanitation facilities, food and provision of basic health services for both host and returnee populations

Childhood Illness

Malaria, diarrhea, and pneumonia are the three most common communicable diseases contributing to morbidity and mortality[20] in South Sudan and have key associations with malnutrition[21]. MC's 2012 post-harvest SMART survey in Aweil Centre and Apada camp showed fever as the most reported illness at 73.1% and 67.2% respectively. An interagency WASH assessment completed in the Apada camp identified an extreme lack of clean water points and sanitary facilities, plus risk of flooding during the rainy season increasing the risk of diarrhea and malaria contributing further to the of high rates of malnutrition. From Jan- Dec 2012, MC has treated approximately 165,196 cases of fever (suspected malaria) and 3,400 for SAM in children in the community in children under five across Aweil Centre/West.

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.

Notes –

In this section please ensure you highlight how activities covered under CHF are critical life-saving activities and explain why they are time critical. Given there are two standard allocations for 2013, grant requests should focus on activities that will be implemented during the 6 month period from March to September. For funding requests for activities that exceed this timeframe (e.g. projects that extend to 12 months) please provide a strong justification here.

Malaria Consortium (MC) is the main provider of nutrition services in Aweil Centre which has a population of approximately 110, 253 [22] with an an estimated 13789[23] returnees settled in Apada Camp close to Aweil Town. MC implements Integrated Community Case Management (ICCM) of malaria, diarrhea and pneumonia aligned with the nutrition program. Nutrition services are provided through Outpatient Therapeutic Programme (OTP) sites both in Aweil Centre and Aweil West. The implementation model is an innovative approach in South Sudan's community based programmes for child survival. It seeks to address an inextricably linked vicious pattern of common childhood diseases and malnutrition.

MC is seeking support to address emergency nutrition needs of vulnerable groups in Aweil Centre and Aweil West. Proposed activities will contribute to supporting nutrition cluster priority activities a) b) & d): in a priority state.

a) Remote location of beneficiaries in NBeG with limited access to lifesaving curative services or nutritional care. Aim of project is to continue to implement a highly decentralised model of Outpatient Therapeutic Programmes (OTP and TSFP) for eligible children 6-59 months with Severe and Moderate Acute Malnutrition (SAM & MAM) within the community. Limited geographical access to health facilities and lack of adequate primary health care and nutritional services in the existing facilities increases the value of community based treatment structures supporting early treatment. 45 community OTPs will be maintained to provide treatment for SAM in children under 5 in Aweil Centre and West. Two TSFP sites to be established under CHF round 2 -2012 will be maintained to treat children with MAM.

[13] 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.
[14] Preliminary report for Aweil centre Post-harvest SMART Survey. Malaria Consortium, Dec 2012 (GAM 11.9%, SAM 1.7%)
[15] Post –Harvest survey for 2011 was inclusive of returnees community
[16] Aweil Centre Pre-harvest SMART Survey, Malaria Consortium, May, 2012
[17] 17% GAM for Aweil Centre post-harvest SMART survey 2011 Vs 21.6% GAM for Aweil Centre pre-harvest SMART survey 2012
[18] South Sudan Food Security Monitoring Round 7, July 2012, WFP
[19] South Sudan Food Security Outlook update September 2012
[20] Sudan Household Health Survey, Star base Dataset 2010
[21] South Sudan ANLA 2011
[22] MC Net survey 2009 with a projection of 2.85% growth rate
[23] Aweil Centre Pre-harvest SMART Survey, Malaria Consortium, May, 2012

b) Prevention activities on malnutrition through community dialogues to investigate community practices influencing IYCF will be crucial to understand how to address improving IYCF practices. Good practices in Infant and Young Child Feeding (IYCF) through positive deviance/role models in communities will be used for BCC and nutrition education. Outreach and active screening will promote the early detection of SAM/MAM cases. Referral and monitoring of these cases will reduce risks of serious complications developing as a result of malnutrition.

d) Building capacity by providing refresher training for 45 Community nutrition workers (10 Female and 35 Female) operating 45 OTPs in Aweil West and Centre will ensure quality of treatment of SAM and MAM. Two CBOs (ASCDA and MaCDA) operating in Aweil South who have shown interest to implement nutrition services in Aweil South, but have limited technical capacity to do so will be provided training on operation of OTPs and TSFPs. Aweil South County has not had a partner implementing OTP/TSFP since the exit of ADRA in June 2012. MC acknowledges the high needs in Aweil South however currently does not have the operational capacity to scale up to fully cover Aweil South but can provide technical support to the two CBOs by providing trainings on management of SAM and running of OTP services to support their implementation capacity. Staff from the CBOs will be invited to attend MC refresher trainings for SAM and MAM and participation in Nutrition surveys

Value for money: builds on MC's wider ICCM programme allowing savings in overheads. Integration between iCCM and nutrition allows nutrition programme to benefit from the existing and established community network – expanding outreach and access, reducing burden on facilities and so providing cost effective community based treatment and referral. Extensive networks of trained/supervised CDDs provide ongoing detection/referral mechanisms, much wider than could be reached by CNWs. Referring and treatment of cases of SAM/MAM at early stages prevents deterioration in to complicated SAM cases requiring inpatient care, providing considerable savings to the cost of treatment.

Organizational expertise: MC has technical expertise at all programme levels of implementing nutrition programmes in country

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

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

The purpose of the grant is to address emergency nutrition needs of vulnerable groups through community based structures and health facilities in two highly affected counties. The focus is on providing continued OTP and TSFP services to both host and returnees communities.

Maintaining front-line services
Treatment of SAM through 45 community based OTP sites, to maintain and strengthen community nutrition service structures established with 2010, 2011, 2012 CHF grants. Maintain two TSFP centres, to be established at Aroyo PHCC in Aweil Centre and Apada returnee camp after March 2013 following endorsement of an agreement with WFP[24]

In Aweil Centre and Aweil West where many populations (host and returnees) have difficulty in accessing health facilities, Malaria Consortium will provide county wide prevention and treatment interventions for SAM and for malaria, pneumonia and diarrhoea, the 3 leading causes of morbidity and mortality in children under five in remote communities and high returnees, not reached by other service providers. Using CHF funding, Malaria Consortium plans to maintain 2 TSFP sites to be established using CHF round 2 -2012. There were 12 OTP sites established under CHF 2012 round one and the existing 33 OTPs established under CHF 2011.

Responding to emergencies
Malaria Consortium is an active member of the Nutrition Cluster and will be involved in conducting rapid needs assessment along with other partners and the Ministry of Health when the need arises especially in the areas where there are a high number of returnees and refugees.

Ramping up support for returnees
Malaria Consortium will continue to provide screening, prevention, treatment and follow up services for acutely malnourished children in returnee communities and will coordinate with other actors (health, WASH, Food Security and Education) on cross sectoral responses. Malaria Consortium plans to support in conducting nutritional assessment and response as and when more returnees arrive to NBeG.

ii) Project Objective

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

To contribute to improved nutritional status of children under 5 through community-based therapeutic, supplementary and preventative nutritional programmes and enhancing capacity for service provision in Aweil Centre & West, Northern Bahr el Ghazal State

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).

Treatment

- Support to 45 existing OTP sites, and 2 TSFP sites (Aroyo PHCC in Aweil Centre and at Apada returnee camp) responding to the nutritional needs in host , returnee population in remote underserved areas in Aweil Centre and Aweil West. Treatment of 1188 boys and girls 6-59 months with Severe Acute Malnutrition through 45 OTPs and 288 boys and girls with MAM at 2 TSFPs in Aweil West and Aweil Centre, not served by other nutrition partners.

- Across Aweil Centre and West, 22 of 45 of MC's OTPs will be run from health facilities, with the rest operated from decentralized community based treatment sites. Both locations are strategic and offer advantages; with OTPs at health facilities strengthening the link and integration of our nutrition programme with the formal MoH system whilst the community based OTPs bring life saving nutrition interventions to populations with limited access to health facilities.

[24] *MC exploring field level agreements(FLA) with WFP for support for TSFP*

Type of sites/Location	Aweil Centre		Aweil West	
	Health facility based	Community Treatment site	Health facility based	Community Treatment Site
Out-Patient Therapeutic Programme(OTP)	14	6	8	17
Therapeutic Supplementary Feeding Programme(TSFP)	1	1	0	0
Total	15	7	8	17

Prevention, Referral and Behavior Change Communication (BCC)

- Training of 179 Women and 74 men community volunteers to conduct Nutrition screening
- Treat underlying causes of malnutrition in children under five (both boys and girls) – for malaria, diarrhoea, pneumonia, through a network of 1,700 community volunteers covering throughout the county in Aweil West and Aweil Centre.
- BCC campaign including 45 community meetings (conducted by each CNWs once every 3 months) with a focus on mothers' groups with an aim of promoting: optimal IYCF practices, nutrition education for children and pregnant and lactating women; hygiene (including hand washing) in Aweil West and Aweil Centre: (8325 female participants and 2925 male participants)
- Targeting 8325 Women and 2925 men for IYCF messaging through 45 CNWs community outreach meetings on health education every quarter which will be assessed through focused group discussions

Capacity development

- Training and refresher training on management of outpatient SAM, MAM and IYCF for45 Community Nutrition Workers (CNW), 5 OTP /TSFP supervisors and 10 community nutrition assistants in Aweil West and Aweil Centre.
- Formation of an emergency response team to conduct rapid nutrition assessment (dependent on location and MC security guidelines) in collaboration with other partners and SMoH in line with the Nutrition cluster guidelines.
- MC will provide technical support where necessary to National NGOs (MaCDA & ASCDA) providing OTP and / or TSFP services in Aweil South.

Supervision, Monitoring and Evaluation

- Regular data collection and analysis to feed back to CNWs during supervisory visits (2 weekly support supervision visits a month to all CNWs through OTP Supervisors).
- Completion of nutrition cluster and MoH monthly reporting format with ongoing analysis of nutritional trends.

Assessments[25]

- Surveillance through four sentinel sites, to be established in Aweil Centre (2) and Aweil West (2) to monitor areas of high case load as flagged by routine monthly data particularly during the hunger gap. This will be complemented by rapid assessments in response to a changing humanitarian situation.

- Nutrition survey (pre harvest) planned for May 2013 will funded by another donor. Special attention will be paid to the returnees during these surveys with separate assessments for this group. In addition to nutrition surveillance Malaria Consortium will also monitor treatment data from the ICCM programme ensuring that trends are captured, addressed and regularly shared with SMoH, CHDs and partners enabling rapid response to identified hot spots or rapid increases in returnee populations.

- Rapid MUAC screening assessment of children (6-59 months) to determine areas of high need where necessary. Continued membership of the statewide emergency nutrition assessment team. Particularly carrying out rapid assessments in response to population movements, including returnees.

Coordination

- Participation and support to the cluster system at the state and national level (including participation in 2 Technical Working Groups and chairing state level health and nutrition cluster meetings).
- In areas where other nutrition actors are working (Concern Worldwide in Aweil West) MC will closely coordinate to ensure that services are complementary and not duplicating (e.g. SMART surveys, location of treatment sites etc.) and to ensure better outcome for referrals and to coordinate treatment of patients discharged from inpatient facilities to enable continued treatment closer to their homes.
- MC will link closely with other nutrition actors that are providing additional services in NBeG; referral of complicated SAM cases (MSF-France and Concern Worldwide both have iTFC/SC in Aweil town and Aweil West respectively); and MAM cases to supplementary services where they exist
- Malaria Consortium will document lessons learnt and share experience from implementation both nationally and internationally.

iv). Cross Cutting Issues

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

Gender:

Pregnant and lactating women will be targeted for education messages on nutrition during pregnancy, breastfeeding, how to prepare nutritious weaning foods from locally available food sources, the gradual introduction of complementary foods to infants, infant and child feeding. If feeding practices are identified as being gender-imbalanced, tailor-made behavior change communications messages will address this. Focus will also be given to messages on water sanitation and hygiene linking to childhood diseases.

The majority of CDDs who will refer SAM cases to the OTPs are women and are increasingly recognized as an integral part of the success of the wider programme by the local leaders and the county health departments. Considerations will also be given to some of the socio-cultural practices through community conversations related to feeding and care practices that affects the nutritional status of both boys and girls, pregnant and lactating women.

In the analysis of SMART surveys results and programme treatment records, the gender dimensions will be consider to identify specific vulnerabilities between boys and girls with reference to nutritional status. Through follow-up visits of children admitted to the nutrition programme, the power relations and other factors at the household level which could hinder mothers' attendance to the OTP/TSFP with her child will be explored

[25] SMART Survey post harvest will be conducted under round 1 funding in Aweil Centre.

and strategies developed to prevent high defaulter rates.

Co-infections with attention to HIV /AIDS

The programme will consider the presence of other co- infections related to malnutrition such as TB and HIV focusing on the timing for admission in the OTPs and response to treatment. If children have remained in the treatment programme for more than the required duration of treatment without improvement, recognition and referral for other co-infections maybe necessary. These skills will be included in trainings for CNWs.

Environment: The environmental conditions within the project lifespan will be taken into consideration especially in terms of access to services during the rainy season and period of insecurity. By combining supervision visits to the OTP sites with those of other elements of the wider integrated community case management programme, the vehicle usage will be markedly reduced, presenting a financial as well as environmental saving. The programme is otherwise environmentally neutral with the programme field teams in place, reducing the number of national or international flights required to implement the project. Behaviour change communication will include messages on water and sanitation.

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.

The overall expected result of this project is to contribute to the reduction in child morbidity and mortality through early identification and treatment of SAM and its underlying diseases.

1. Strengthened nutrition services in health facilities and community sites with improved access to nutrition treatment for SAM in Aweil Centre and Aweil West with referral for complicated cases to SCs
2. Treatment of MAM through 2 TSFPs
3. Improved delivery of quality OTP and TSFP services by the training and supervision of Health and Community Nutrition volunteers
4. Enhance community awareness on improved nutrition practices through promotion of messages on Infant and Young Child Feeding (IYCF), nutrition in pregnancy and during lactation
5. Treatment for malaria, diarrhoea and pneumonia at community level in remote locations
6. Improved nutrition surveillance in NBeG: by early detection of malnutrition in the community through community mobilisation and mass screening campaigns, completing pre and post SMART surveys in Aweil Centre and conducting rapid assessments with Malaria Consortium and other partners make appropriate responses to the need and emergencies
7. Improved coordination and support to the national and state Nutrition Cluster to be able to identify gaps and advocacy on the necessary services for host and returnees communities.

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	Children (under-5) admitted for the treatment of SAM	1188 Boys and Girls
x	2	Quality of SAM treatment	Overall SAM program cure rate (> 75%, SPHERE standards) Overall SAM program default rate (< 15%, SPHERE standards) Overall SAM program death rate (< 10%, SPHERE standards)
x	3	Health and nutrition workers trained (includes facility and community level health and nutrition workers)	50; outpatient treatment of SAM protocols in treatment of MAM protocols 50; IYCF 50; screening and referral
x	4	Community members made aware through education sessions on nutrition and IYCF	8325 at the community level – women 2925; at the community level –men
x	5	Number of surveys undertaken during the reporting period	1; Pre-harvest SMART. Surveys
x	6	Supervisory visits/quarter/to the nutrition treatment sites during the reporting period	6 Visits for each of the 45 OTP sites (Revision: Project is for 3 months reduced to 2 supervisory visits/month)

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 through Malaria Consortium's established network of CDDs and their supervisors. CDDs are volunteer community members trained to provide basic health education messages to communities as well as home-based treatment of common infectious diseases. Each CDD is responsible for 40 households. Supervisors have more public health/clinical experience and are responsible for overseeing the work of 15 CDDs each.

MC's extensive network of 1,700 Community Drug Distributors (CDDs) will treat children with malaria, pneumonia and diarrhea following set protocols; routinely screen and refer children under five for malnutrition (using MUAC and oedema). Children referred by Community Drug Distributor (CDDs) and Community Nutrition Workers (CNWs) to Outpatient Therapeutic feeding Programme (OTP) and Targeted Supplementary Feeding Programme (TSFP) and health facilities will be followed up to assess their access to care and progress of recovery. Home visits will be conducted by CNWs to follow-up children admitted in the OTP and TSFP. Complicated cases of SAM will be referred to inpatient facilities where feasible; (MSF-France iTFC-Aweil Civil Hospital (Aweil Centre) or CWW SCs at Marial Bai and Nyamlell PHCC (Aweil West).

In the scope of this project, CDDs play a role in community mobilization and creating demand for the curative services provided by the project as well as case identification, health education and follow-up of defaulters. Each CDD is supervised by a supervisor who is literate and capable of data

collection and on the job training. Additional volunteers have been selected to serve as Community Nutrition Workers (CNWs), operating OTPs within the community, mostly out of their homes with some based in health facilities. CDDs are to identify cases of SAM and refer them to CNWs. At the OTP sites, CNWs carry out clinical management of the identified cases according to the modified OTP treatment guidelines (based on the South Sudan Integrated Management of Severe Acute Malnutrition (IM-SAM)) and in TSFP sites (using the South Sudan MAM ready packs) and coordinate follow-up of the cases enrolled in the nutrition programme. Prevention activities (deworming and Vitamin A supplementation) will be further linked to the MoH Immunizations campaigns as a supportive mechanism patients who need referral will be sent to suitable SCs or to existing functional PHCC/PHCUs.

Community structures will be engaged at every level of implementation of the project especially women's groups to promote the health and well-being of boys and girls under five and PLWs.

Collaboration and coordination will be maintained with partners and the MoH within the project area. Where the need exists in Aweil South, Malaria Consortium will provide technical support (training and capacity building) to local NGOs implementing OTP programmes.

vii) Monitoring and Reporting Plan

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

1. Explain how will you measure whether a) activities have been conducted, b) results have been achieved, c) cross-cutting issues have been addressed, and d) project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[26].

Malaria Consortium will continue to provide programmatic and financial updates to CHF (UNDP) as per reporting requirements. In addition technical and operational updates will be shared with the Cluster on a regular basis through the cluster coordination network at the state and central levels. The project will involve the Malaria Consortium team working closely with the local County Health Departments who will also receive ongoing reports of progress.

There will be two key M&E elements for this project;

1. Treatment numbers and outcomes both for SAM and MAM cases and the underlying diseases. This information will be examined during routine monitoring and supervision visits to field sites and will be analyzed both for data quality and impact, in terms of impact the Sphere indicators on OTP and TSFP outcomes should provide a minimum guide. The data from each OTP and TSFP site and the supervisory visits will be an opportunity to reinforce the formal training programme, provide immediate correction of any deficiencies and ensure quality of service provision. Through our experience, such supportive supervision has been shown to improve the retention and motivation of community based workers.

   Similar information on the treatment of malaria, pneumonia & diarrhoea will also be collected at a community level, collated on a regular basis, feeding back to providers and used both to inform operational decisions and to evaluate the technical impact of the project.

2. Discrete activities e.g. trainings, rapid assessments, SMART surveys, will be recorded and assessed as they take place, with lessons learned feeding back from the field teams to the wider programme and cluster teams as appropriate. This feedback loop will ensure that the programme has the flexibility to evolve on a micro-operational front to ensure the most effective implementation.

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)
DFID / Malaria Consortium (July, 2012)	273,050
UNDP / CHF 2012 Round 2 (December,2012)	250,000

[26] 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/55140	**Project title:** Addressing emergency nutrition needs of vulnerable groups through community based structures	**Organisation:** Malaria Consortium

	Cluster Priority Activities for this CHF Allocation: *What are the Cluster Priority activities for this CHF funding round this project is contributing to:*	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?*	**How indicators will be measured:** *What are the sources of information on these indicators?*	
Overall Objective	The integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;	Maintenance of treatment services 45 OTP and 2 TSFP sites	Monthly reports for OTP and TSFP	
	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;	Promotion of preventive, referral and behavioral change	Monthly reports	
	Procurement and management of key pipelines to enable priority a) and b)			
	Capacity building of health workers, partners, key community members and community organisations to enable emergency response, treatment and prevention activities; and	Capacity development, for community nutrition workers, health facility staff, local CBOs-MaCDA and ASCDA	Training reports and attendance registers	
	if required, emergency preparedness and response activities.	Surveillance through Sentinel sites, Rapid assessments, and SMART surveys	Reports from Sentinel sites, rapid assessment and SMART survey reports	

Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* To contribute to improved nutritional status of children under 5 through community-based therapeutic, supplementary and preventative nutritional programmes and enhancing capacity for service provision in Aweil Centre & West, Northern Bahr el Ghazal State	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* OTP sites maintained- 45 TSFP sites maintained-2 Children treated and screened for SAM (1188 boys and girls treated)	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* Monthly reporting for OTP sites and TSFP sites (active if reporting) Monthly reports from OTPs	**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?* Access to OTP and TSFP sites is not hindered by insecurity or seasonal flooding
Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*. and community sites with improved access to nutrition treatment for SAM in Aweil Centre and Aweil West with referral for complicated cases to SCs; Strengthened nutrition services in health facilities Improved delivery of quality OTP and TSFP services by the training and supervision of Health and Community Nutrition volunteers Enhance community awareness on improved nutrition practices through promotion of messages on Infant and Young Child Feeding (IYCF), nutrition in pregnancy and during lactation Improved nutrition surveillance in NBeG: by early detection of malnutrition in the community through community mobilisation and mass screening campaigns, completing pre and post SMART surveys in Aweil Centre and conducting rapid assessments with Malaria Consortium and other partners make appropriate responses to the need and emergencies Improved coordination and support to the national and state Nutrition Cluster to be able to identify gaps and advocacy on the necessary services for host and returnees communities.	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* Supervision and maintenance of 22 health facility based OTPs and 23 decentralised community treatment sites Community Nutrition Workers, OTP/TSFP supervisors and health facility staff will be trained on nutrition services Community education on nutrition and IYCF	**How indicators will be measured:** *What are the sources of information on these indicators?* Supervision data collection reports and analysis; and Monthly reports Sphere Standards will be used as a minimum reference Through focus group discussions with key community stake holders on community practices with regard to nutrition and IYCF	**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?* Programme Implementation will not be hampered by insecurity
	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*	**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?*

		this section.		
	Boys and Girls under-5 admitted for the treatment of SAM	1188 Boys and Girls treated for SAM	Monthly nutrition reports, OTP treatment registers	No supply chain breakdown for essential supplies of RUTF from UNICEF
	Quality of SAM treatment as per Sphere Standards	Sphere standards cure rate (> 75%); default rate (< 15%); death rate (< 10%) LoS (<60 days); GoW >4g/kg/day		Large population movement does not overwhelm existing infrastructure
	Health and Nutrition workers trained	50 Health and Nutrition workers trained on SAM, MAM, IYCF(including health facility and community level health and nutrition workers)	Training attendance registers and reports	Retention of sufficiently qualified and experienced staff for programme implementation
	Community members made aware through education sessions on nutrition and IYCF	8325 Women and 2925 Men targeted for nutrition and IYCF messages		
	Supervisory visits to nutrition treatment sites	6 supervisory visits per quarter	Monthly supportive supervision checklist	
	Treatment of MAM cases through 2 TSFP sites	288 boys and girls under 5 treated for MAM	Monthly Nutrition reports, TSFP registers	
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.*	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?*		**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?*
	Continuation of treatment of children under 5 years for SAM through 45 OTPs	Nutrition Programme Officer, 4 OTP Supervisors and 50 CNWs OTP Equipment and Supplies (Registers, recording tools, RUTF, Sugar, Antibiotics, etc)		
	Active community screening for referral of SAM & MAM cases	Training on active screening referral and crowd management		
	Screening and referral of SAM cases from the ICCM programme to OTP sites			
	Maintain 2 TSFP sites for Treatment of MAM in children under 5 years	Conclusion of FLA with WFP; TSFP supervisor, 5 TSFP assistants		Programme Implementation is not hindered by insecurity.
	Ongoing treatment data collection from Sentinel sites, OTPs and TSFP for analysis of nutritional trends	Monthly reports collected by OTP supervisor		Access to some of the sites is not hampered by flooding
	Support supervision visits to CNWs by OTP Supervisors	OTP/TSFP supervisors doing supportive		No supply chain break down for

		supervision to treatment sites twice a month.		essential OTP and TSFP commodities
	Training of CNWs and CBOS on outpatient SAM treatment and links to referral to health services in Aweil West and Aweil Centre Training of TSFP supervisors and TSFP assistants (CNVs) on outpatient MAM treatment and links to referral to health services in Aweil West and Aweil Centre Pre-harvest SMART survey (funded by another donor) Sentinel Site Surveillance Carry out rapid assessments in response to nutritional emergencies Conduct community meetings on IYCF De-worming campaigns in the community Report writing and data collection of the campaign Participation in national level cluster meetings Co-Chairing state level health and nutrition cluster Participation in Nutrition cluster Technical Working Groups	Refresher Training for Staff to deliver training. Printing of training materials, Venue and hospitality costs Training of Survey teams, printing of survey materials, community sensitization, vehicle hire, data collection, report writing and dissemination of results, feed back to community ICCM Nutrition Programme Coordinator, Programme Officer, OTP Supervisor time Temporary staff to conduct the survey Hire vehicles Training on how to provide community education sessions on IYCF Report written at field level with support from field teams and reviewed by iCCM Nutrition Programme Coordinator Coordination by programme management staff (Area Coordinator, Programme Manager, Programme Officer)		

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	
Result 1: Strengthened nutrition services in health facilities and community sites with improved access to nutrition treatment for SAM in Aweil Centre and Aweil West with referral for complicated cases to SCs															
Activity (1.1) Continuation of treatment of 1188 boys and girls with SAM				X	X	X									
Activity (1.2) Screening and referral of SAM cases from the ICCM programme to OTP sites				X	X	X									
Activity (1.3) Active screening sessions in the community for referral of SAM & MAM cases				X	X	X									
Result 2: Improved access to MAM treatment through 2 TSFP pilot sites in Aweil Centre															
Activity (2.1) Maintain 2 TSFP sites for Treatment of 288 boys and girls with MAM				X	X	X									
Result 3: Improved nutrition surveillance in NBeG: by early detection of malnutrition in the community through community mobilization and mass screening campaigns, pre SMART surveys in Aweil Centre and Apada camp and conducting rapid assessments with Malaria Consortium and other partners make appropriate responses to the need and emergencies															
Activity (3.1) Carry out rapid assessments in response to nutritional emergencies						X									
Activity (3.2) Pre-harvest SMART survey (funded by another donor)					X										
Activity (3.3) Ongoing treatment data collection from Sentinel sites, OTPs and TSFP for analysis of nutritional trends				x	x	x									
Result 4: Improved delivery of quality OTP services by training and supervision of Health and Community Nutrition volunteers															
Activity (3.4) Training of CNWs and CBOS on outpatient SAM treatment and links to referral to health services in Aweil West and Aweil Centre					X										
Activity (3.5) Training of TSFP supervisors and TSFP assistants (CNVs) on outpatient MAM treatment and links to referral to health services in Aweil West and Aweil Centre															
Activity (3.6) 2 weekly support supervision visits to CNWs by OTP Supervisors				X	X	X									
Result 5: Enhance community awareness on improved nutrition practices through promotion of messages on Infant and Young Child Feeding (IYCF), nutrition in pregnancy and during illness.															
Activity (4.1) Conduct community meetings on IYCF				X	X	X									
Activity (4.2) De-worming campaigns in the community					X										
Activity (4.3) Report writing and data collection of the campaign					X										
Result 6: Improved coordination and support to the national and state Nutrition Cluster															
Activity (5.1) Participation in national level cluster meetings				X	X	X									
(Activity 5.2) Co-Chairing state level health and nutrition cluster				X	X	X									
Activity (5.3) Participation in Nutrition cluster Technical Working Groups				X	X	X									
Activity (5.4) Documenting lessons learnt and share experience from implementation with cluster and partners						X									