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

Medair

Project CAP Code

SSD-13/H/55168/5095

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

Provision of emergency nutrition services to vulnerable communities in South Sudan

Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)

State	%	County
Upper Nile	25	Renk, other
Jonglei	30	Ayod, Pibor, other
Unity	25	Mayendit, other
Any of the other 7 states of South Sudan in emergency	20	

Total Project Budget requested in the in South Sudan CAP	US$1,159,783
Total funding secured for the CAP project ***(to date)***	US$ 0

Funding requested from CHF for this project proposal	US$ 600,000

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:	**2,000**	**3,300**
Girls:	3,000	6,000
Men:	10	50
Boys:	3,000	6,000
Total:	8,010	15,350

Indirect Beneficiaries

30,000 indirect beneficiaries are anticipated due to the assessments in the community, community education, and prevention of further spread of disease with the treatment of children within the local community.

Catchment Population (if applicable)

CHF beneficiary breakdown		
Women	P&LW	1,995
	Trainees	5
	Beneficiaries of IYCF promotion	
	Other vulnerable	
Men	Trainees	10
	Beneficiaries of IYCF promotion	
	Other - vulnerable	
Children U5 Yrs	SAM	200
	MAM	2,000
	BSFP	3,000
	Micronutrient supplementation	800
	Deworming	800

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

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 12 (April 2013 – March 2014)

Contact details Organization's Country Office	
Organization's Address	Hai Matara, Airport View Juba
Project Focal Person	Dr. Trina Helderman, medicaladvisor-sds@medair.org, +211 0911 830 060
Country Director	Caroline Boyd, cd-southsudan@medair.org, +211 924 143 746
Finance Officer	Lisa Poulson, finance-southsudan@medair.org, +211 911 383 615

Contact details Organization's HQ	
Organization's Address	Medair Chemin du Croset 9 CH-1024 Ecublens - Switzerland
Desk officer	Anne Reitsema anne.reitsema@medair.org +41 (0) 21 694 35 35
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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[1]

South Sudan is facing large-scale humanitarian needs – with new and ongoing emergencies expected in 2013. OCHA's recent "Humanitarian Bulletins – South Sudan" provide insight into current and anticipated needs for South Sudan. The bulletin dated December 30th highlighted the following:

- Both ethnic and militia-related violence is a concern – with tensions high and recent displacements in Wau (tribal violence), Panyijar (cattle raiding in Unity State) and Kiir Adem on the border with North Sudan. In addition, Pibor remains tense, with violence anticipated.
- A recent influx of refugees from DRC showed the possibility of new refugee areas, with potential for displacement from DRC or Darfur in addition to the areas of Sudan currently producing refugees.

Previous bulletins mentioned additional issues:
- Flooding has affected much of the country, with 44 of 79 counties listed as flood-affected (November 4th bulletin).

South Sudan has some of the worst health indicators in the world. Frequent public health emergencies due to acute outbreaks and mass population displacements have caused additional suffering from often preventable or easily treated diseases and also places boys, girls and pregnant lactating women at increased risk for acute malnutrition. In 2012, multiple states including Jonglei and parts of Upper Nile were at crisis levels with increased GAM rates noted in multiple counties including Pibor and Akobo. During this time, Medair participated with TSFP programmes in both Pibor County and Jiech in Ayod noting high admission rates with no differences in gender. In spite of the added services, surveys performed in Pibor County in October 2012 showed GAM rates over 20% (MSF-Epicentre). Medair also noted high caseloads in Ayod County near Jiech Boma where communities not only were suffering from a kala azar outbreak, but also from the loss of crops and livelihoods due to widespread flooding. The Round 8 FSMS report also noted GAM rates in Jonglei state of 15% and stated Upper Nile State and Northern Bahr el Ghazal both suffered from some of the most severe food disparities due to poor market integration and low agricultural prospects in 2013. The on-going small food basket available in South Sudan as well as the constant migration and increased stressors from disease and conflict have led to high levels of morbidity and mortality from acute malnutrition. Specifically vulnerable are pregnant and lactating women who often give up the calories they need in order to help sustain their families. Additional services are needed to ensure communities have access to nutrition supplements and education to know how to sustain their families.

The unpredictable and changing nature of emergencies in South Sudan highlights the need for flexible humanitarian response.

[1] 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.

Medair's emergency response programme responds to acute emergencies throughout South Sudan, targeting the most vulnerable and at-risk beneficiaries. As most nutrition programmes are stable and integrated into primary health care, Medair is uniquely positioned to take on rapid start up nutrition programmes in acute emergencies to ensure gaps are filled, children are treated, and communities are strengthened in their ability to battle against this preventable illness.

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.

Medair responds to emergencies such as high levels of acute malnutrition, conflict, disease outbreaks and displacement in all 10 states of South Sudan. Medair targets the most vulnerable people in the population which is often children under 5 years and pregnant and lactating women. As nutrition programmes are often long-established or integrated into health care facilities, rapid response capabilities are essential to ensure populations displaced to inaccessible areas or communities with stressors resulting in high rates of acute malnutrition, can be supported quickly to reduce morbidity and mortality from nutritional disease. Delays in treatment could result not just in morbidity and mortality from malnutrition, but also cause communities to be more prone to outbreaks of communicable diseases with high mortality, especially for boys and girls under 5 years.

Medair's programme consists of treatment and prevention of severe acute malnutrition and moderate acute malnutrition in childrenunder 5 years, pregnant and lactating women (P&LW) and other vulnerable groups. Medair will provide treatment services for SAM and MAM through SCs, OTPs, and TSFPs. . Interventions will be located within the communities affected to ensure women have sufficient time to take children to the clinic while also fulfilling their duties in the home.

Medair's nutrition programme consists of preventive services for children under 5 years, PLW and other vulnerable groups such as Kala Azarpatients. These preventive services include providing micronutrient supplementation to vulnerable pregnant women, community screening (MUAC) and referral, BSFPduring the hunger gap and in acute emergencies, health and hygiene promotion and support of IYCF.

In all nutrition interventions, Medair recruits local nutrition workers or partners with local NGOs who are trained on specific nutrition requirements to provide treatment services in-line with the national nutrition guidelines allowing for service sustainability. The local County Health Department is also involved from the time of the assessment, in trainings, and planning to ensure coordination with the MoH. Care is taken to ensure both men and women have opportunity to be involved in nutrition trainings to prevent gender disparities. During initial assessments and in follow ups with communities, Medair takes care to identify vulnerable populations within the community (elderly, specific genders) to ensure all have access to services needed.

In 2013, Medair will continue its support to returnees in Upper Nile transit sites, to unstable communities in Pibor County in Jonglei, and areas suffering from Kala Azar in need of nutritional support. In addition, Medair will maintain an emergency rapid response team to ensure newly vulnerable populations with acute malnutrition can be serviced quickly to ensure essential nutrition services are provided. Medair aims to strengthen nutrition emergency preparedness and response capacity through involvement in Cluster coordination at national and state level; management and analysis of nutrition information from OCHA, nutrition cluster or internal findings; rapid assessments and LQAS surveys; and capacity building of CBOs, MSGs, NNGOs and CHD & SMOH. All reports are disaggregated by sex and age and monitored for trends affecting various age groups or genders. Efforts are made to ensure disparities identified are addressed appropriately.

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.

Medair's entire project in 2013 will support each of the nutrition cluster priorities.

Medair nutrition interventions will as much as possible be integrated into primary health care services and include diagnosis and treatment of SAM and MAM through OTP and TSFP programmes. In locations where only one portion of the services are provided, Medair will collaborate with partners on the ground to establish new levels of service (TSFP where only OTP is available) and coordinate referral mechanisms to ensure children and PLWs have the full array of services necessary.

In areas of nutritional emergency or vulnerable locations during the hunger gap, Medair will support the MoH and local partners to provide preventive services such as BSFP. In all Medair health facilities, micronutrient supplementation will be provided to children under 5 years as well as all pregnant and lactating women. Health and nutrition campaigns will be carried out in intervention areas to ensure families are aware of key hygiene habits and IYCF practices to protect their families from malnutrition.

Medair will work with both WFP and UNICEF to ensure commodities are prepositioned in areas of emergency in which Medair has programmes. Medair will also procure additional buffer stocks for the treatment and prevention of acute malnutrition.

In all of Medair's activities, we coordinate and partner with the MoH/CHD and local community workers to carry out assessments, establish new programmes, and carry out interventions. For example, Medair has partnered with the CHD in Pibor and trained local staff to carry out all TSFP programme activities in Medair's absence, due to insecurity. This enables the local community to prepare for and carry out highly needed services even during emergency periods when relocatable staff are unable to be on the ground. In 2013, Medair is also preparing to partner with national NGOs such as UNIDO where we will provide technical support to set up new nutrition services which will be continued with UNIDOs support in the coming months to years.

Medair will maintain a rapid response nutrition team that is able to quickly carry out rapid nutrition assessments in any of the ten states of South Sudan as well as establish new services with a quick turnaround to ensure access is available.

ii) Project Objective

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

To improve access to and usage of essential lifesaving nutrition services for vulnerable, emergency affected populations to prevent further public health emergencies through programme implementation and training of local partners across South Sudan in 2013.

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).

Assessments and Coordination:
• Train and maintain a Medair rapid response emergency nutrition assessment team with ability to assess and initiate responses in any of the 10 states in South Sudan
• Coordinate with the local county health department in rapid assessments as well as programme implementation as possible
• Perform key informant interviews prior to start of any intervention and focus group discussions where needed to identify key barriers to accessing nutrition services as well as barriers specific to gender
• Actively participate in nutrition cluster coordination meetings at national level and state level when possible to ensure readiness for response
• Provide timely, weekly and monthly nutrition reports with disaggregation by sex and age to the cluster and local, state, and national nutrition focal points within the Ministry of Health
• Provide community screening for 6,000 boys and 6,000 girls and monitor for areas of gender disparities between rates of malnutrition in boys and girls

Prevention:
• Provide blanket supplementary feeding programmes for 1,500 boys and 1,500 girls in at-risk communities such as large population displacements or in areas with emergency level rates of acute malnutrition
• Promote behaviour change communication through training and establishing a system of community nutrition promoters to provide education to men and women in vulnerable communities focusing on IYCF, complimentary feeding, and hygiene practices Messages will be developed using participatory methods to create more effective change. Messages will be targeted to 6,000 men and women

Treatment: All nutrition services will be integrated and provide all levels of service (OTP run in conjunction with TSFP and community education) as much as possible, but coordinated with local partners to ensure there is no overlap of services.
• Provide emergency nutrition services including diagnosis and treatment of SAM with and without complications in 125 boys and 125 girls ages 6-59 months as well as pregnant lactating women in targeted areas
• Provide emergency nutrition services including diagnosis and treatment of MAM in 1000 boys and 1000 girls ages 6-59 months
• Provide integrated emergency nutrition services to targeted primary health care facilities for 50 men, 50 women, 25 boys and 25 girls suffering from acute malnutrition caused by kala azar
• Provide targeted supplementary feeding for 500 pregnant and lactating women in targeted health facilities

• Provide micronutrient supplementation to 3,250 pregnant women through antenatal care in all Medair supported health facilities
• Establish integrated nutrition services (OTP, TSFP) in 2 primary health care facilities in vulnerable areas of Renk County
• Train 10 male and 10 female local nutrition workers to diagnosis and treat acute malnutrition in men, women, boys and girls in the local community
• Train local nutrition workers and nutrition promoters to carry out defaulter tracing
• Train local nutrition workers to complete weekly and monthly nutrition reports
• Provide technical support to other NGOs including training on use of guidelines, programme set-up, and stock management in order to establish new nutrition treatment services in vulnerable communities. Current technical support planned for UNIDO in Mayendit County, Unity State, but can also be spread to additional communities as needed.

Community Mobilization:
• Train 50 male and 50 female local community nutrition promoters to provide sensitization at the household and community level throughout the intervention
• Train and supervise local community nutrition promoters to perform MUAC screening and referral for pregnant and lactating women and boys and girls ages 6-59 months

iv). Cross Cutting Issues

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

Gender

During assessments of nutrition related emergencies, the special needs of men, women, girls and boys will be identified. Men and women will be consulted in the design, implementation and evaluation of the programmes to ensure their needs are taken into account. Medair will utilize both men and women from the local communities to staff nutrition facilities and implement emergency interventions. Interventions will be monitored through data review as well as exit interviews of patients in nutrition facilities to ensure both male and female are being treated equally as well as determine and overcome any obstacle that may exist preventing care to men or women, boys or girls.

Environment

Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. During nutrition related interventions Medair trains health and nutrition workers in appropriate medical waste management. Health and nutrition promotion is also directed at environmental issues, Medair strongly promotes the use of clean water and proper sanitation habits, through health and hygiene promotion activities at all levels in the community.

HIV/AIDS

During interventions, Medair trains relevant staff in universal precautions. Medair supported health care staff are made aware of HIV transmission and symptoms such as wasting and non-responders. Patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre.

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.

• At least 4 potential nutrition emergencies assessed with rapid MUAC screening based on the nutrition cluster guidelines,
• At least 4 emergency nutritional programmes targeting 1,075 vulnerable children aged 6 months to 59 months (boy and girls) and 120 pregnant and lactating women will be implemented including Pibor County and Jiech Boma,
• Local nutrition partners in selected States are trained formally and on-the-job in prevention and management of acute malnutrition and emergency nutrition response and empowered to continue running services independently upon Medair's exit,
• Girls and boys under five years, pregnant and lactating women and other vulnerable people are treated for severe and moderate acute malnutrition,
Girls and boys ages 6-36 months and pregnant and lactating women are provided with blanket supplementary feeding in areas with elevated GAM rates to prevent increases in acute malnutrition
• Girls and boys under five years and at least 2,000 pregnant and lactating women receive the recommended micronutrient supplementation,
• Trained male and female nutrition workers are able to offer nutrition services to boys and girls without preference (prevention and treatment), in line with national guidelines,
• Trained male and female health promoters are able to disseminate nutrition messages including targeting infant and young child feeding practices, are able to screen for acute malnutrition, and are active in patient follow ups and tracing of defaulters identifying vulnerable populations within the community or gender disparities.

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.	Overall SAM program cure rate , default rate, and death rate at or above Sphere standards disaggregated by sex and age	Overall SAM program cure rate (> 75%) default rate (< 15%), death rate (< 10%)
x	2.	Overall MAM program cure rate, default rate, and death rate at or above Sphere standards disaggregated by sex and age	Overall MAM program cure rate (> 75%) default rate (< 15%), death rate (< 3%)
x	3.	Health and nutrition workers trained (includes facility and community level health and nutrition workers) in the treatment of outpatient SAM and MAM protocols	10 male, 10 female
X	4.	No. of pregnant lactating women receiving micronutrient supplementation	2,000
X	5.	Children screened in the community (boys and girls)	3,000 boys, 3,000 girls
X	6.	Number of national cluster meetings attended	12

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.

Medair directly implements the programme activities and strives to build capacity of local partners and link programming with longer term sustainability. Medair has established bases, staff and resources in place to successfully implement the activities, given adequate funding. Medair has an emergency response team of Nutritionists, Health Managers, logisticians and Community Liaison Officers. Medair actively participates in OCHA's regular emergency response meetings, health cluster meetings and conducts assessments on which it bases the decision to respond. Local health and volunteer staff will be utilized and trained for all interventions to work alongside Medair's emergency response team.

Medair staff will work in collaboration and coordination with County Health Departments in all interventions to improve the local emergency response capacity. Medair also works in partnership with other local NGOs and international NGOs within the same area of emergency to ensure gaps are filled and there is no overlap of services.

In all responses and activities, Medair liaises and coordinates with national, state, county and local government officials and authorities. Medair also liaises with Unicef, WHO and UNFPA to acquire health items which support our activities.

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)[2].

[2] 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.

Medair will conduct a minimum of two post-intervention assessments – or alternatively take part in assessments with other partners that will allow Medair to monitor activities appropriately. This may include qualitative or quantitative follow-ups such as focus groups or household surveys. Interventions targeted for follow-up will be determined by the Monitoring and Evaluation Officer and managers, based on accessibility of project sites and the ability to measure impact of activities. A summary report will be written and disseminated for each post-intervention assessment.

Follow-up assessments for nutrition may include knowledge of IYCF practices or breastfeeding behaviours within a community. Medair will contribute to all national reporting mechanisms relevant to the activities being implemented, and will build capacity of local healthcare workers to continue using those mechanisms. All data presented in weekly and monthly reports is monitored by local project managers as well as the medical advisor based in Juba to determine any areas of concern or preparations needed for changes in disease trends.

Medair will prepare to carry out rapid nutrition assessments in areas of intervention based on need and current accessibility to that area. Due to the emergency nature of most interventions, SMART surveys will not always be required prior to the start of the intervention if other indicators of an emergency nutritional situation exist from surveillance, rapid MUAC assessment, etc.

Project Managers are responsible for monitoring of activities during implementation and upon completion of assessments and interventions. Medair disseminates summary reports for assessments and interventions to external actors, remaining accountable to government, donors, and the humanitarian community through that process. The ERT Projects Coordinator is responsible for ensuring quality of interventions, through oversight of the PMs and field visits. In addition, the medical advisor will provide technical input and quality assurance for this program. The Monitoring and Evaluation Officer assumes responsibility for tracking all required indicators and for survey design, in consultation with sector advisors at country and HQ levels.

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)

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/55168	**Project title:** Provision of emergency nutrition services to vulnerable communities in South Sudan	**Organisation:** **Medair**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* To decrease morbidity and mortality in South Sudan through the treatment and prevention of acute malnutrition.	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* Under 5 mortality rate Global acute malnutrition rate	**How indicators will be measured:** *What are the sources of information on these indicators?* National data SMART and/or other nutritional surveys	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* To improve access to and usage of essential lifesaving nutrition services for vulnerable, emergency affected populations to prevent further public health emergencies through programme implementation and training of local partners across South Sudan in 2013.	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* Number of nutritional emergencies responded to.	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* Intervention reports	**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?* Nutrition emergencies occur in South Sudan. Security is sufficient in place of emergency to allow response. Emergency locations are accessible by air or ground Medair is accepted to work in emergency locations by the MoH and RRC
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*. Vulnerable children and pregnant lactating women have access to quality treatment for acute malnutrition Local communities are able to screen for and treat acute malnutrition	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* Overall SAM program cure rate (>75%), default rate (<15%), and death rate (<10%) Overall MAM program discharge outcomes in community supported programmes at or above Sphere standards (cure rate > 75%, default rate < 15%, and death rate < 3%) Number of children screened in the	**How indicators will be measured:** *What are the sources of information on these indicators?* Facility registers Nutrition monthly reports	**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?* Security is maintained to allow safe interventions. Plumpy nut stocks are available through UNICEF BSFP and TSFP commodities are available

		community (3,000 boys, 3,000 girls)		through WFP Nutrition workers are available in local communities. Logistical support is available to provide transport of staff and supplies Communities are accessible by land or air Drug and nutrition commodity suppliers have sufficient stocks to allow procurement by Medair teams Ministry of Health and Government support are provided to allow activities to be carried out in South Sudan
	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.* Clinics and outreach sites established and supported to provide treatment of severe and moderate acute malnutrition Prevention activities including BSFP and community education are carried out at facility and household level Local nutrition workers trained Nutrition commodities' supply chain monitored and items procured as needed Coordination among MoH and NGO partners for emergency responses.	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* # of clinics or outreach sites supported to provide CMAM Number of health and nutrition workers trained (20) Number of pregnant lactating women receiving micronutrient supplementation (2000) Number of children screened in the community (3,000 boys, 3,000 girls) No stock outs for greater than 1 week in nutrition facilities. Number of nutrition cluster meetings attended (12)	**How indicators will be measured:** *What are the sources of information on these indicators?* Nutrition monthly reports DHIS monthly reports Clinic registers Training sign in sheets Intervention reports	**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?* Security is maintained to allow safe travel of children and pregnant lactating women to distribution and treatment sites Plumpy nut stocks are available through UNICEF BSFP and TSFP commodities are available through WFP Nutrition workers are available in local communities. Logistical support is available to provide transport of staff and supplies Communities are accessible by land or air Drug and nutrition commodity suppliers have sufficient stocks to allow procurement by Medair teams Ministry of Health and Government support are provided to allow activities to be carried out in South Sudan

	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* • Establish nutrition treatment centres including SC, OTP, and TSFP • Provide malnutrition prevention services including BSFP • Provide micronutrient supplementation to pregnant lactating women and children • Provide community screening for acute malnutrition • Train local community nutrition workers in the quality diagnosis, treatment, and prevention of acute malnutrition • Coordinate with the nutrition cluster and MoH • Maintain a nutrition rapid response team to carry out assessment and interventions in any of the 10 states • Procure nutrition commodities	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* ▪ Expatriate and Sudanese staff, salaries, and incentives. ▪ Air, river, and road transport. ▪ Emergency nutrition equipment, RUTF, drugs and consumables. ▪ Warehousing and other logistical support. ▪ Office supplies and equipment. ▪ Training supplies. ▪ Mosquito nets and soap. ▪ Gift-in-kind; soap and mosquito nets. ▪ Equipment and maintenance ▪ Casual labor		**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?* Security is maintained to allow safe interventions. Plumpy nut stocks are available through UNICEF BSFP and TSFP commodities are available through WFP Nutrition workers are available in local communities. Logistical support is available to provide transport of staff and supplies Communities are accessible by land or air Drug and nutrition commodity suppliers have sufficient stocks to allow procurement by Medair teams Ministry of Health and Government support are provided to allow activities to be carried out in South Sudan

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	Mar
Establish nutrition treatment centres including SC, OTP, and TSFP				X	X	X	X	X	X	X	X	X	X	X	X
Provide malnutrition prevention services including BSFP				X	X	X	X	X	X	X	X	X	X	X	X
Provide micronutrient supplementation to pregnant lactating women and children				X	X	X	X	X	X	X	X	X	X	X	X
Provide community screening for acute malnutrition				X	X	X	X	X	X	X	X	X	X	X	X
Train local community nutrition workers in the diagnosis, treatment, and prevention of acute malnutrition				X	X	X	X	X	X	X	X	X	X	X	X
Coordinate with the nutrition cluster and MoH				X	X	X	X	X	X	X	X	X	X	X	X

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		
Maintain a nutrition rapid response team to carry out assessment and interventions in any of the 10 states		X	X	X	X	X	X	X	X	X	X	X	X	X	
Procure nutrition commodities		X	X	X						X					

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