

South Sudan**2013 CHF Standard Allocation Project Proposal**

for CHF funding against Consolidated Appeal 2013

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund> or contact the CHF Technical Secretariat chfsouthsudan@un.org

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:**CAP Cluster****NUTRITION CLUSTER****CHF Cluster Priorities for 2013 First Round Standard Allocation**

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

Cluster Priority Activities for this CHF Round

Cluster priority activities for the first round standard allocation are:

- The integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;
- 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;
- 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
- If required, emergency preparedness and response activities.

Cluster Geographic Priorities for this CHF Round

Cluster geographic priorities for the first round standard allocation are:

- Jonglei (Pibor, Akobo)
- Upper Nile (host communities around Maban, Renk)
- Unity (likely northern counties but also in the south such as in Mayendit county)
- Northern Bahr el Ghazal (all counties)
- Warrap (Twic, Tonj East)
- 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

Nile Hope Development Forum (NHDF)

Project CAP Code

SSD-13/H/55067/8452

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

Addressing Nutrition Emergency Response in children under five, P&LW, IDPs, returnees and other vulnerable population in Akobo, Pigi and Fangak counties in Jonglei 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
Jonglei	100	Pigi, Akobo and Fangak counties

Total Project Budget requested in the in South Sudan CAP

US\$ 820,000

Funding requested from CHF for this project proposal

US\$ 220, 000

Total funding secured for the CAP project (to date)

US\$ 92, 562.30

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:	4,119	8,238
Girls:	1,000	7272
Men:	2,237	4475
Boys:	1,400	7272
Total:	8,756	27257

Indirect Beneficiaries

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

Catchment Population (if applicable)

CHF beneficiary breakdown

Women	P&LW	
	Trainees, 46	
	Beneficiaries of IYCF promotion	4,073
	Other vulnerable	
Men	Trainees, 82	
	Beneficiaries of IYCF promotion,	2,155
	Other - vulnerable	
Children U5 Yrs	SAM, 2,400	4,800 (as in CAP sheet)
	MAM 2,400	
	BSFP	
	Micronutrient supplementation 1,200	
	Deworming, 2,400	4,200

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: 6 months (1st April – 30th September)

Contact details Organization's Country Office	
Organization's Address	Off Main Munuki Road, Juba South Sudan
Project Focal Person	Name, Tut Choat Email: tutchoat@yahoo.com Telephone: 956916033/0929893532
Country Director	Name: Paul Biel Otoang Email: paulbiel@yahoo.com Telephone: 0955898163
Finance Officer	Name Sophia Wambaire Email, soffi28@yahoo.com Telephone: 0927915764

Contact details Organization's HQ	
Organization's Address	Off Main Munuki Road, Juba, South Sudan
Desk officer:	Name: Tut Choat Email: tutchoat@yahoo.com Telephone: 0929893532/0956916033
Finance Officer	Name: Sophia Wambaire Email: soffi28@yahoo.com Telephone: 0927915764

SECTION II

A. Humanitarian Context Analysis
<p>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 population¹</p> <p>Akobo, Pigi and Fangak counties are geographically situated in Jonglei state. According to the 2008 census, the respective total population of the three counties is as follows: Akobo 136, 210, Pigi 90, 000 and Fangak 110,130. The food security and resulting nutritional situation in South Sudan has deteriorated sharply with 2013 expected to be one of the worse years on record. In January 2012, Crops and Food Security Assessment Mission to South Sudan (CFSAM) indicates that 4.7 million people in South Sudan will face pressure on food security including 1 million who are severely food insecure (report on WFP-FOA) and the 2011 Annual Food Security and Livelihood Assessment (ANLA) report indicates that 33% of households in Jonglei state were food insecure. This state of affairs has been aggravated by the grave floods that happened in Fangak in 2012 and has now left cattle without pasture and many of the animals are dying. This will gravely expose the communities in Fangak and is a potential source of conflict as these communities are wholly depended on life stock, including for dowry purposes. Akobo county has experience food insecurity as well as militia attacked especially on 8 Feb 2013 there was large scale attack in Akobo west on civilian migrating to Sobat river bank in search for water, Green pasture and fish due to hunger where many civilian, women, children and soldier were killed as well as wounded according to Walgak PHCC record runs by Nile Hope Development Forum (NHDF) in Akobo west, communities in these areas leave their homes and moved to other Neighboring state especially Upper Nile state according to local authority of Walgak payams report ,This persistence insecurity of cattle raids, killing of civilian and abduction of children from suspected Murle civilian in the area is a major problem of the community residing in Akobo west, this is worsening by most of the fishing ponds and stream nearby are fast drying out and due to volatile unpredictable security situation in the area population cannot venture out to do fishing in rivers in far areas removed from their own locality.(Report on 19-02-2013 Inter Agency assessment)</p> <p>The Communities in these aforementioned counties are among the most underserved populations and the situation is likely to present one of the most serious localized malnutrition scenarios in South Sudan due to high influx of IDPs and the returnees from the North and other neighboring countries mainly from Ethiopia entering to these counties. The situation is aggravated by communal and inter –clan conflict, cattle raiding in the counties resulting in loss of lives and properties with adverse consequences among children, women and other vulnerable people as well as displacement experienced by the SPLA Third Division in December 2011 in Pigi county occasioning killings and wounding of civilians as well as looting of their properties. This led to attendant fear among the civilians (Report on field mission to Khorfulus by UNOCHA, UNMISS, UNRC SO and Jonglei State Speaker on 12/03/2012. The communities in these areas will experience double burden of malnutrition with high rates of under -nutrition within the counties and within the households. In general, the double burden is attributed to dietary and inadequate access to quality food. Given the identification of under-nutrition within the same household regardless of income, strategic thinking will be required to address MDG1, that is, Eradicating extremely poverty and hunger by raising the incomes of the poor.</p> <p>The Head Chief of Fangak County in Jonglei state reported that children (boys and girls) from IDPs communities are experiencing acute malnutrition with many children reportedly dying due to lack of food. The P&LW are reportedly equally affected hence high morbidity rate of new born children (Inter-Agency Assessment Report 07-05-2012). The report also highlighted the common diseases worsening the malnutrition cases in the areas including Kalazaar, Malaria, TB and leprosy, Diarrhea and upper track infection as well as other risk factors such as climatic seasonality. Flooding strongly affects food availability in all the communities in addition to access to food availability. Seasonality also affected labor demand. However, the closure of border crossing linking South Sudan to Sudan has led to disruption of the usual supply of the commodities in the market although some of the food commodities come from other Neighboring countries mainly Ethiopia, Uganda, Kenya and Central Africa filling the trade gaps with goods. The high fuel cost and depreciation of South Sudanese Pound led to high price resulting to nutrition emergency situation in underserved population in South Sudan and knowing that failure to prevent under-nutrition early in life exacts a high social and economic cost that cannot be recouped because of the irreversibility of early deficits and their unavoidable negative effects later in life. Children with acute malnutrition can have lifelong deficits in physical growth and development resulting in health complications/challenges as well as human potential. NHDF seeks to</p>

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.

respond to this potential disaster in the two counties in Jonglei state. As Early Childhood In Focus 8, 2012 cautions, “Children who are already growing up in poverty and other difficult circumstances are the most vulnerable to the environmental impacts of emergencies caused by human activity or nature, including the effects of climate change.”

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.

The project seek to target 8,756 individuals of children under five, both male and female, IDPs, returnees, P&LW and other vulnerable population living among in Pigi, Akobo and Fangak counties in Jonglei thus to improved the general health care of the communities living in these counties, NHDF has been experience in implementing nutrition programmed in these aforementioned counties, to responding to nutrition emergency service as well as to support nutrition cluster priorities in south sudan, NHDF will be able to implement the following areas;

1. Treatment of severely acute malnutrition and MAM among children less than five years of returnees, IDPs and the host community approximately reaching a minimum of 2400 both boys and girls in Fangak, Akobo and Pigi (1400 boys and 1000 girls)

The grant will particularly help to meet the nutritional needs of underserved of under 5 year old in Akobo, Pigi and Fangak counties in Jonglei state in term of providing life-saving nutritional intervention, Past nutrition projects run by NHDF in Akobo, Pigi and Fangak have demonstrated the need for continuation of the project since there is a great number of children of both gender who are severely malnourished and who attended the OTP centre and in need of further support as there's no mechanism in place yet to ensure reliable food provision and or access. Crop failure, exacerbated by animal depletion due to lack of pasture, may particularly worsen the well being of the children and gains made hitherto may be compromised; this justifies the need for continuity of the nutrition project In the aforementioned counties.

2. Enhancing the capacity of Nutrition staff

NHDF has technical capacity ,equipment and infrastructure to run the project and is well known and established in the proposed target location Akobo, Pigi and Fangak counties ,due to high number of beneficiaries, NHDF has seen a huge need to trained community nutrition volunteers CNVs, Nutrition staff and Mother from the host community to get skills and knowledge on Integrated Management of SAM and Infant and young child feeding practices so as to provide quality nutrition services to the underserved population as well as Improved coverage of preventive and promotive health and nutrition services, including nutrition knowledge, NHDF will also play very important roles to built the capacity of health staff for integration of management SAM into health programmed especially on referral of severe cases to OTP as well as referral of children with medical complication to health facility.

3. Nutrition Therapeutic supplies

The grant has the potential to bring considerable impact, including reducing infant mortality, by the end of the project, as we shall be able to preposition reasonable volumes of plumpy nuts and routine medication to continue managing severe cases of malnutrition as well as impart crucial nutrition knowledge and awareness among the local population. NHDF shall, for the time being, rely on the CHF grant as herewith applied to underwrite the cost of the proposed activities as the organization has presently no significant funding earmarked for the initiative, the proposed activities will increase coverage of nutrition services to children under 5, P&LW, IDPs, returnees and other vulnerable population through CMAM approach programmed,

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 CHF funds will entirely be used to underwrite the cost of project personnel, transportation and distribution of the nutrition supplies, dissemination of valuable nutrition knowledge and also for administration of the project for it to run as expected and to support the designated caseload in Akobo, Pigi and Fangak counties in Jonglei state. A significant proportion of the funds will be dedicated to core staff that will implement the nutrition activities.

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)

- The project seeks to reduce the mortality and morbidity of children under five ,P&LW, IDPs, Returnees and other vulnerable people and managed the other affected population thus to improved the general health care in Akobo, Pigi and Fangak counties in Jonglei state mainly targeting 8,756 individual by the end of Sep 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).

1. Conduct community mobilization, sensitization and visioning by conducting nutrition campaigns and stakeholder workshops for key community leaders, 50 male and 20 female in Akobo county
2. Treatment of severe acute malnutrition and MAM among children less than five years of returnees, IDPs and the host community approximately reaching a minimum of 2400 both boys and Girls in Fangak, Akobo and Pigi (1,400 boys and 1000 girls)
3. Provide de-worming tablets to 2,400 children less than five years 1300 male and 1100 female in addition to the children treated at the OTP centre in Akobo, Fangak and Pigi counties
4. Continue daily screening of children between 6-59 months 3400 male and 2600 female in the community and referring the most severe cases to the OTP to be admitted in Pigi, Akobo and Fangak
5. Referral of children with medical complications both male and female from the OTP to SC in Pigi, Akobo and Fangak
6. Provide allied preventive and promotive health and nutrition key OTP messages to the caregivers, P&LW, returnees and IDPs approximately reaching 7000 people in total 3800 male and 3200 female in Akobo, Pigi and Fangak counties
7. Enhance the capacity building of 60 nutrition staff 44 male and 16 female on proper management of SAM and MAM in line with available national guidelines in Pigi, Akobo and Fangak
8. Participate in a minimum of 6 nutrition cluster coordination and information sharing sessions/meetings at County, State and National levels.
9. Enhance the capacity of 40 nutrition staff, 32 male and 8 female, and 10 mothers from the host communities (and protect and promote)

- appropriate Infant and Young Child Feeding Practices (IYCF) in Akobo and Fangak
10. Conduct a minimum of 6 nutrition Monitoring visits to the OTP site and timely submission of the nutrition report from the OTP site
 11. Provision of micronutrient supplementation to children 1200 less than five years 600 male and 600 female in Pigi, Akobo and Fangak
 12. Established of OTP centre in Walgak Payam

iv). Cross Cutting Issues

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

NHDF will promote appropriate care and feeding practices for people living with HIV/AIDS including Infant and young child feeding (IYCF) practices for both male and female and will ensure HIV/AIDS is a key topic in all the workshops and education fora to be conducted under this nutritional project. Gender equality will be reflected in the project staffing (male and female) and the persons who will receive the treatment (both boys and girls) are all accessible to nutrition services, especially children with disabilities, elderly, women as well as other vulnerable population and in decision-making during the running of the project. In addition, the project will be conflict-sensitive as Jonglei is traditionally a hotbed of intra- and inter- tribal conflicts. We also shall ensure that Nutrition supplies will under taken with effort to minimal interference any negative impact with nature environment, NHDF will be taken all the authority measures to ensure that safe handling and proper disposal of nutrition supplies waste, during the rehabilitation of the OTP centres and will mainstream nature conservation in nutrition active unties like trainings and campaigns. We shall encourage tree planting and nature conservation. As before, we shall create working and productive synergies with other Programs/Sectors/Clusters, including WASH, Protection-GBV, Health, Food Security and Livelihoods and Education. The organization will train the nutrition staff both male and female offering Nutrition services to the beneficiaries to ensure that sexual exploitation and abused is prevented.

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

1. Treatment of severely acute malnutrition and MAM to Improved nutrition status among children under 5 years, IDPs, returnees and the host community reaching 1,400 male and 1,000 female
2. Enhancing the capacity of nutrition staff on Integrated management of SAM and others people on different nutrition topic both male and female
3. Improved coverage of preventive and promotive nutrition services, including nutrition knowledge.
4. Provided micronutrient supplementation to children less than five both male and female
5. Improved Coordination and information sharing with Nutrition Cluster leading to best practices and improved (future) nutrition programming.
6. Monitoring, evaluation and reporting conducted in a timely manner
7. General well being of the target beneficiaries due to holistic programming and synergy advantage.

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
x	1.	Number of operational OTP centers	2 OTP centers in Operation existing OTP centre and 1 is new
x	2.	Number of malnourished children under five years treated at the OTP centers	2400 (1,400 boys and 1,000 girls) children under five treated at the OTP centre
x	3.	Number of children under five de-wormed	2400 children (1,700 boys and 700 girls) under five de-wormed in addition to 2400 children under five treated at the OTP centre
x	4.	Number of nutrition staff capacity-built 60 nutrition staff both male and female on IM-SAM and 40 nutrition and 10 mothers from the host community capacity built on IYCF.	110 persons (46 females and 64 males) (trained in total for the 3 counties
x	5.	Cluster coordination meetings attended quarterly	At least 1 cluster coordination meeting participated every quarter
	6.	Number of persons provided with health and nutrition education information/messages	At least 7,000 persons (3,800 males and 3,200 females) will be provided with health and nutrition education information/messages

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.

NHDF as a national NGO operating in South Sudan has had enough experience and social capital in implementing projects in Jonglei state, especially on nutrition. During the project implementation, the organization will work closely and engage with the community to continue instilling a sense of ownership and for them to be able to support and participate in the project appropriately. Assistant Nutrition Coordinator will be stationed fulltime in the field to preside over the entire project and the Field Coordinator and community volunteers will continue increasing the awareness of the project among the community leaders while working closely with local staff attached to the project to ensure the work-plan is followed as a tool for project monitoring. The community leaders will help NHDF team in the field to identify community volunteers who will be trained together with the nutrition staff on screening and treating of children who are malnourished. NHDF will work closely with UNICEF to secure plumpy nuts and other supplies, and have them pre-positioned to the site for the initiative to run smoothly. The Programs Coordinator will create working synergies across the various programs/sectors and will ensure timely project implementation, monitoring, evaluation and reporting (including use of the requisite tools and approaches). The Executive Director will take lead in donor obligations and the overall administrative issues to do with the project. The Finance Office will resource/finance the project according to the workplan and budget and ensure timely financial reporting. Each of the 8 OTP facilities will have a cook and a cleaner.

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.

The organization's senior nutrition staff (Assistant Nutrition Coordinator) in the field will monitor daily activities being carried out at the project site then provide the Nutrition Coordinator with weekly reports to ensure the project is in line, and consistent, with the stipulated work plan. The Nutrition Coordinator will provide the necessary technical and capacity support and coordination to ensure timely and quality implementation of activities. The Executive Director and Programs Coordinator will also visit the area in turns to provide administrative assistance and also support in developing tools for monitoring purposes such as questions, feedback interview questions, Focus Group Discussion issues, observation lists and so on. The Project Logical framework will be a critical tool for Monitoring and Evaluation. Because of the correlation between health and nutrition, we shall also involve NHDF's supported County Health Advisor in the progressive monthly monitoring process as we as in the project-end evaluation exercise.

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)
Save the Children, 2013	92, 562.30
Nutrition supplies in kind to come from the core pipeline/UNICEF	211,556.26

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.

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:SDN_13/H/ 55067		Project title: Addressing Nutrition Emergency Response in children under five,P&LW,IDPs,Returnees and other vulnerable population in Akobo ,Pigi and Fangak counties in Jonglei state		Organisation: Nile Hope Development Forum (NHDF)
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation:</p> <ul style="list-style-type: none"> The overall objectives of this project is to reduce the mortality and morbidity of children under five,P&LW,IDPs,Returnees and other vulnerable people and managed the other affected population thus to improved the general health care in Akobo,Pigi and Fangak counties in Jonglei state mainly targeting 8,756 individual by the end of Sep 2013 	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> Number of malnourished children treated at the OTP centre. Number of beneficiaries both male and female passed with health and nutrition key messages 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Weekly and monthly OTP centre report Quarterly OTP centre report Registers of beneficiaries report 	
Purpose	<p>CHF Project Objective:g <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> The project seek to reduce the mortality and morbidity of children under 5 ,P&LW,IDPs,Returnees,and other vulnerable population as well as contain the situation and particularly prevented those who are presently healthy not to become malnourished by the end of 30th Sep 2013 	<p>Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <ul style="list-style-type: none"> Number of malnourished children managed at the OTP Number of population provided with health and nutrition education including on proper diet 	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> Weekly and monthly OTP centre report Quarterly report OTP centre report Photos of receive health and nutrition including on proper diet Participant list of trainees in attendance 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> The OTP centre will be accessible by all community members The local authority will give any necessary support require for the smooth running of the programme
Results	<p>Results - Outcomes (intangible): <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p>	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> 2400 children under five both boys and 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Weekly and monthly OTP centre report Quarterly OTP and final report 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p>

<ul style="list-style-type: none"> • Treatment of severely acute malnutrition and MAM to improved nutrition status among children under five years, IDPs, returnees, and the host community reaching 1,400 male and 1000 female by the end of Sep 2013 • Enhancing the capacity of Nutrition staff on Integrated management of SAM and others people on different nutrition topic both male and female • Improved coverage of preventive and promotive nutrition services including nutrition knowledge. • Provided micronutrient supplementation to children less than both male and female • Improved coordination and information sharing with nutrition cluster leading to best practices and improved future nutrition programming • Monitoring, evaluation and reporting conducted in a timely manner 	<p>girls are treated in the OTP centre</p> <ul style="list-style-type: none"> • 2400 children under five both boys girl are who are moderately admitted in SFP • Screened 6000 children under five both boys and girls and referral the severely malnourished to OTP • The project SPHERE standard should be reach • 2400 children less than five de-wormed <ul style="list-style-type: none"> • 110 persons 64 male and 46 female CNVs, Nutrition staff, host community on IYC trained on different nutrition topic • At least 7000 persons (3800 male and 3,200 female will be provided with health and nutrition education information/messages • 1200 children both male and female provided with micronutrient supplementation 600 male and 600 female • Participate in a minimum of 6 nutrition cluster coordination and information sharing session/meeting at county, state and central level • Conduct a minimum of 6 nutrition monitoring visit to OTP and timely submission of the report from the OTP site 	<ul style="list-style-type: none"> • OTP register book • Project photos <ul style="list-style-type: none"> • Training attendance • Training report • Project photos • Monthly and quarterly and final report <ul style="list-style-type: none"> • Nutrition education registered books <ul style="list-style-type: none"> • Monthly and quarterly report • Registers of recipients • Project photos <ul style="list-style-type: none"> • Cluster attendance list • Minute of cluster coordination <ul style="list-style-type: none"> • Monitoring report • Email send to the cluster lead and donor 	<ul style="list-style-type: none"> • The caregiver/mother are willing to bring their children in the OTP to be screened and provide with proper treatment • Community are willing for their children to be screened in the community and referred them to OTP centre. <ul style="list-style-type: none"> • Selected participant are willing and ready to be trained • Weather favourable allow the moment of trainees <ul style="list-style-type: none"> • Community willing to attend health and nutrition education messages/information <ul style="list-style-type: none"> • Micronutrient available at the OTP centre • Mother OTP willing to bring children to the OTP centre for micronutrient <ul style="list-style-type: none"> • Cluster willing to inform the partners on time • Availability of internet to assess the email from the cluster coordination <ul style="list-style-type: none"> • Security stable in the counties • Availability of computer and email
<p>Immediate-Results - Outputs (tangible):</p> <ul style="list-style-type: none"> • NHDF will be able to ensured that morbidity and mortality rate of children under five ,IDPs,returnees,P&LW and other vulnerable persons has reduced through continue proving access to nutrition emergency as well as provided health and nutrition education messages <ul style="list-style-type: none"> • NHDF will ensured that all children under five 	<p>Indicators of progress:</p> <ul style="list-style-type: none"> • Number of malnourished children managed at the OTP centre • Number of people provided with health and nutrition education key messages <ul style="list-style-type: none"> • Number of children from 6-59 month 	<p>How indicators will be measured:</p> <ul style="list-style-type: none"> • Weekly and monthly OTP centre report • Quarterly and final report <ul style="list-style-type: none"> • Daily OTP screening report • Weekly and monthly report 	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> -Community is willing to cooperate with the organization during the project implementation period -resource will be available in timely manner to executed the project -Security should be maintained in the area to avoid the interruption of the programme activities -Mother willing to bring their children to the

	<p>who are screened and identified as malnourished are treated well with nutritional food by the end of this project in September 2013</p> <ul style="list-style-type: none"> • Micronutrient supplementation provided to children under five both boys and girls as well de-wormed 	<p>screened at the OTP centre</p> <ul style="list-style-type: none"> • Number of children under five provided with micronutrient supplementation • Number of children under five de-wormed 	<ul style="list-style-type: none"> • Monthly report • Quarterly report • Registered of recipient • Project photos 	<p>OTP centre to be screened and be treated</p> <ul style="list-style-type: none"> -Weather favourable to all the moment of beneficiaries -Micro nutrient available at the OTP centre -Mother willing to bring children to the OTP centre for micronutrient supplementation.
	<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ul style="list-style-type: none"> • Conduct community mobilization and sensitization and visioning by conducting nutrition campaign and stakeholder workshop for key community leaders 50 male and 20 female in the three counties • Treatment of severe acute malnutrition and MAM among children less than five years of returnees, IDPs and the host community approximately reaching a minimum of 2400 both boys and girls • Provide de-worming tablet to 2400 children both boys and girl targeting 1300 male and 1100 female in addition to the children treated at the OTP centre in the three counties • Continue daily screening of children between 6-59 month 3400 male and 2600 female in the community and referring the most severe cases to the OTP to be admitted in Pigi and Fangak • Referral of children with medical complication both male and female from the OTP to SC in Pigi and Fangak • Provide allied preventive and promotive health and nutrition key OTP messages to the caregiver, P&LW, returnees and IDPs approximately reaching 7000 people in total 3800 male and 3200 female • Enhancing the capacity building of 60 nutrition staff 44 male and 16 female on proper management of SAM and MAM in line with available national guidelines in Pigi and Fangak 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> • Pens, note book and posters • Maker pens and flips char -plumpy nut and Vitamin A -Other routine medication such as mebendazole and amoxicillin -Medical practioner/nutrition staff -De-worming product -MUAC, Weight, Height and nutrition staff - Referral slip -Nutrition staff and stationeries - Nutrition staff -IEC materials and stationeries -Participant -Training venue -Facilitator 	<ul style="list-style-type: none"> -Project photos -Minute taken -Monthly report -Weekly and monthly report -Project photos -Register books -Weekly and monthly report -Project photos -screening books -Monthly OTP report -project photos -Registers -Monthly & Quarterly -Monthly & quarterly report -Project photos -Participant attendance list -Training report -Project photos 	<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Community and local leaders are ready to participate in project implementation • Enough nutrition supplies • Enough de-worming supplies • Equipment available to runs the nutrition programs • Mother/care giver willing to bring their children to the OTP centre to be screened • Stabilization available to refer the children with medical complication • Women inculcated proper dietary practices • Advocacy and training strategies • Fund and training materials is available on time • Equipment for sending report

	<ul style="list-style-type: none"> • Participate in a minimum of 6 nutrition cluster coordination and information sharing session/meeting at county state and national levels • Enhancing the capacity of 40 nutrition staff 32 male and 8 female and 10 mothers from the host communities and protect and promote appropriate Infant and young child feeding practices IYCF in Akobo and Fangak • Conduct a minimum of 6 nutrition monitoring visits to OTP site and timely submission of the nutrition report from the OTP site. • Provision of micronutrient supplementation to children 1200 less than five year 600 male and 600 female in Pigi, Fangak and Akobo 	<ul style="list-style-type: none"> -Dialogue with community in Pigi and Fangak counties -Mean of moment via in and piggi and Fangak counties -Computer and internet facility -Participant -Training venue -Facilitator -Dialogue with community in Pigi and Fangak counties -Computer and internet facility -Nutrition staff/Medical practioner -Micronutrient supplementation product 	<ul style="list-style-type: none"> -Email sent of the same -Participant attendance list -Training report -Project photos -Email sent of the same -Weekly and monthly report -project photos 	<ul style="list-style-type: none"> • Fund and training material is available on time • Equipment for sending report • Enough micronutrient supplied to the feeding centre
--	--	--	--	--

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activities	Q1/2013		Q2/2013			Q3/2013			Q4/2013			Q1/2014	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Activity 1: Conduct community mobilization and sensitization and visioning by conducting campaign and stakeholder workshop for key community leaders 50 male and 20 female in the three counties			x	x	x	x	x	x					
Activity 2: Treatment of severe acute malnutrition and MAM among children less than five year of returnees, IDPs and the host community approximately reaching a minimum of 2400 both boys and girls			X	x	x	x	x	x					
Activity 3: Provide de-worming tablet to 2400 children both boys and girls targeting 1300 male and 1100 female in addition to the children treated at the OTP centre in three counties			x	x	x	x	x	x					
Activity 4: Continue daily screening of children between 6-59 month 3400 male and 2600 female in the community and referring the most severe cases to the OTP to be admitted in Pigi, Akobo and Fangak			x	x	x	x	x	x					
Activity 5: Referral of children with medical complication both male and female from the OTP to SC in Pigi, Akobo and Fangak counties.			x	x	x	x	x	x					
Activity 6: Provide allied preventive and promotive health and nutrition key OTP messages to the caregiver P&LW, returnees and IDPs approximately reaching 7000 people in Total 3800 male and 3200 female			x	x	x	x	x	x					
Activity 7: Enhancing the capacity building of 60 nutrition staff 44 male and 16 female on proper management of SAM and MAM in line with available national guidelines in Pigi, Akobo and Fangak			x	x									
Activity 8: Participate in a minimum of 6 nutrition cluster coordination and information sharing session/meeting at county, state and national levels			x	x	x	x	x	x					
Activity 9: Enhancing the capacity of 40 nutrition staff 32 male and 8 female and 10 mother from the host communities and protect and promote appropriate Infant and young child feeding practices IYCF in Akobo and Fangak						x	x	x					
Activity 10: Conduct a minimum of 6 nutrition visit to OTP site and timely submission of the nutrition report from OTP site			x	x	x	x	x	x					
Activity 11: Provision of micronutrient supplementation to children 1200 less than five year 600 male and 600 female in Pigi, Fangak and Akobo			x	x	x	x	x	x					

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