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 Geographic Priorities for this CHF Round**

Project details
The sections from this point onwards are to be filled by the organization requesting CHF funding.

Requesting Organization
Relief International
Project CAP Code
SSD-13/H/55014/6971
CAP Project Title *(please write exact name as in the CAP)*
Emergency Nutrition Response in Maban, Upper Nile (ENR) 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	100	Maban (Bounj and Banishowa Payams)

Total Project Budget requested in the in South Sudan CAP	US$ 762,294
Total funding secured for the CAP project *(to date)*	n/a

Funding requested from CHF for this project proposal	US$ 219,963

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:	3783	3783
Girls:	1600	1600
Men:	1000	1000
Boys:	1460	1460
Total:	7843	7743

Indirect Beneficiaries

48,668 (excluding refugees)

Catchment Population (if applicable)

56,511(Hosting Community – Bounj & Banishowa 40,811; Returnees 15,530 and IDPs 170). There are also 43,112 Refugees in Doro camp

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: 6 (April – September)

Contact details Organization's Country Office	
Organization's Address	Thongping Road, Juba – South Sudan
Project Focal Person	*Bereket Yonas, bereket.madebo@ri.org*
Country Director	*Charles Butts, charles.butts@ri.org*
Finance Officer	*Mamed Bayramov, mamed.bayramov@ri.org*

Contact details Organization's HQ	
Organization's Address	1100 H Street NW, Suite 1200 Washington, DC 20005
Desk officer	*Shueyb Youb, shueyb.youb@ri.org, +1 202 639-8660*
Finance Officer	*Aaron Vigneswaren, aaron.vigneswaren@ri.org*

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]

Nutritional needs in Mabaan are many and amplified by ongoing displacement into the area. Returns associated with efforts around the independence of South Sudan coordinated by international organizations and incoming people who have fled conflict areas in Blue Nile have the potential to overwhelm health and nutrition service delivery system that is struggling to provide even basic services.

OCHA's October 6, 2011 bulletin forecasted worsening food security across much of Upper Nile State resulting from a number of factors and expected to drive malnutrition rates upward. Majority of those affected by the malnutrition are returnee women, children, pregnant and lactating mothers. The upcoming harvest is expected to lower prices and increase the availability of food commodities, however, the commercial blockages, high insecurity, low agricultural production, poor purchasing of returnee groups like women and girls is expected to lead to a sizable cereal deficit and early onset of the hunger period. Preliminary report of SMART nutrition surveys conducted by RI during pre-harvest period showed alarming levels of 18 GAM and 3.5 SAM rate[2] where the prevalence of SAM is high in boys with 4.3% and girls with 2.7%.

The existing nutrition services in Mabaan are inadequate to meet needs of a growing returnee and host community population. Vulnerable young children, pregnant and lactating women have specific nutritional requirements that provide major challenges to meet in the context of crisis. These challenges are amplified when those groups are displaced by flood (the major aggravating factor for malnutrition) in Mabaan County, where no agency operational in the host community to tackle moderate acute malnutrition. Most of the host population is recent returnees or those affected by displacement. Many in Mabaan lack the social networks that facilitate community coping mechanisms and provide social safety nets. Ongoing efforts to better measure the new arrivals in Mabaan who have been displaced from across the border in Blue Nile State, Sudan are underway to validate earlier estimates that place the number between 4000-6000 as of April 2012. Those recently displaced require active outreach and mobile service delivery for active case finding.

Insufficient access to health services combined with inadequate water and sanitation services and food insecurity all contribute a high rate of malnutrition especially for pregnant and lactating women and under 5 children increasing morbidity for both subgroups.
As such, and due to the cyclical or seasonal nature of the humanitarian needs, RI is focused on increasing access to services and increasing the overall capacity of health workers and volunteers to both prevent and treat malnutrition. Though helpful in addressing the needs, the static clinics are insufficient to meet needs across a large rural catchment area. As such, RI currently operates a three mobile clinic. Addition of a mobile clinic is seen as an opportunity to further extend the services being offered in Mabaan.
Upper Nile particularly Mabaan demonstrates a very low level of general capacity for health workers and communities at large. With the influx of returnees and refugees from conflict regions mainly women, boys and girls, this is expected to be exacerbated and significant efforts to train and educate staff and communities on nutrition topics are needed.

Furthermore the current number of community health workers in Mabaan host community is low. Coordination is needed between sectors to capitalize on similar efforts to identify potential community mobilizes in the areas of health, hygiene, sanitation and nutrition. I maintain a regional presence in an area experiencing a contemporary humanitarian crisis and is positioned to assist in nutrition service delivery to host, returnees and IDPs in Mabaan County.

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.

Upper Nile particularly Maban demonstrates a very low level of general capacity for health workers and communities at large. Thus, RI will focus on increasing access to services and increasing the overall capacity of health workers and volunteers to both prevent and treat malnutrition using the community management of acute malnutrition. Though helpful in addressing the needs, the static clinic based malnutrition treatment is insufficient to meet needs across a large rural catchment area. As such, RI will strive to cover the rest Payams through outreach service. The proposed project enables RI to undertake facility and community based nutrition screening to identify vulnerable individuals for Malnutrition both severe and moderate acute malnutrition. This will support the management and referral of severe and moderate acute malnutrition in children, pregnant and lactating women and the nutritionally vulnerable, reduce defaulter rate and increases access and coverage of the program for mothers by decreasing long distance walk and long time stay in the waiting areas which RI will do in conjunction with the respective County Health Department (CHD). Considering the CHF resource constraints, OTP services will be provided in three PHCUs and six outreach sites in Maban County to ensure optimal geographic coverage. With a goal of increasing service uptake, all nutrition centers will be fully integrated in existing health facilities and health staff will be involved in OTP outreach activities.

The refugee and returnee figures are set to increase significantly as the fighting in bordering areas continues. Returnees have significantly increased the pressure on the few assets and food available, further stretching the communities' abilities to cope. Most returnees are female-headed households with little assets to support their families. Over the next quarter, food insecurity will reach crisis levels in border areas due to insecurity related to military activities along the border, a large presence of returnees and refugees, and trade blockage.[3] In addition, there has been reduced crop production and the host community reportedly has less food stocks, as compared to the previous year's harvest. The current condition in Maban has rapidly deteriorated as refugee inflows continue. The proposed project targets a population in an under-served, marginalized and particularly vulnerable area. The livelihood and food security status of large parts of the population is critical; malnutrition in both host and returnee communities continues to be a persistent public health problem.

The recent multi-agency rapid assessment conducted in November 2011 by GOAL, RI, & SIM revealed high rates of malnutrition with a GAM over 16% and an SAM of 4% for refugee community. The situation is compounded by poor infant and young child feeding practices, unsanitary environmental conditions, inconsistent household food security and a high disease caseload among U5. The last assessment finding in Malakal in November 2008 revealed GAM of 27.2 %(24.3-30.1%) and SAM of 3.1% (1.7-4.5%). Hence, this project identified the need to set a surveillance system in place to monitor the trends in malnutrition using the SMoH/UNICEF-recommended SMART methodology. Both for program implementation and strengthening the surveillance system, RI recruited an expatriate nutrition specialist, who is currently based in Maban.

[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.

[2] RI SMART Nutrition Survey Preliminary Report June 2012

3 Annual Needs and livelihood assessment (ANLA), 2011

This project targets the most vulnerable groups in the host and returnee communities, mainly the malnourished U5, malnourished PLW and partly malnourished adults' referral. RI will not directly manage SC and TSFP. The focus of RI is to maintain the outpatient therapeutic care as well as the referral of SAM cases with medical complications to the Stabilization Centers (SC) in ongoing agencies health facility sites (GAOL, SP, and Medicines Sans Frontiers [MSF]) as well as linking the OTP with the existing TSFP. Based on the assumption of 50% program coverage, 408 children with SAM without medical complication will be admitted into the RI outpatient therapeutic program (OTP). In addition, the referral of 2,960 children under five with MAM and 3,783 malnourished PLW to a targeted supplementary feeding program (TSFP) will be conducted. This project will support nutrition service delivery as well as enhancing and strengthening surveillance capacity of MOH to monitor trends, plan and manage nutrition interventions.

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 this project is to reduce the SAM and GAM rates in children 6-59 months and PLW in Mabaan County over a 12 months period, through the strengthening of the MoH and RI staff capacity to run OTP programs within the two Payams. The project will take a community based management of acute malnutrition (CMAM) approach in its implementation. RI has developed significant CMAM experience, skills and knowledge in the project area. This CHF-funded project will help to work with local communities towards the reduction of a critical level of acute malnutrition through OTP-level treatment, prevention of disease, community capacity building and addressing the underlying causes of malnutrition. The project intends to work with government and community leaders and other influential persons in conducting advocacy for infant and young child feeding (IYCF) promotion, minimizing mother workload for appropriate child care and social mobilization. Early case detection, referral, and treatment-seeking behavior will be promoted during the project implementation. The project will also strengthen the effort towards reduction of morbidity and mortality through the treatment of pneumonia, malaria and diarrhea as integral part of the existing health system. Caregivers and the community will be educated on appropriate child caring practices, sanitation and hygiene matters, and nutrition therapy throughout OTP sites.

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 reduction of Severe Acute Malnutrition (SAM) below 1% and Global Acute Malnutrition (GAM) below 10% in children 6-59 months in Mabaan County, Upper Nile State, over a one year period, through strengthening of Outpatient Therapeutic Program (OTP) run by RI and Stabilization centers (SC) programs and implementation of Targeted Supplementary Feeding Program (TSFP) run by other partners.

To build capacity of County level health staff so that they are able to better respond to fluctuating levels of severe acute malnutrition through management and monitoring of Community-based Management of Acute Malnutrition (CMAM) services.

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).

All activities will be implemented within three health facilities and six outreach sites in Bounj and Banshowa Payams within Maban county, Upper Nile State. RI is currently working on health interventions, supporting basic health services and nutrition, in the proposed county of Upper Nile state and plans to continue to do so. The target beneficiaries per activities are included by bullet point; however, the total number of direct beneficiaries is 6,713 (2,960 children under five and 3,783 mothers), especially mothers with children under two years old, who will directly benefit from the IYCF and other nutrition education sessions:

- 6,713 (2,960 children under five where 1539 females and 1421 males and 3,783 mothers) will be screened for acute malnutrition and referred for treatment
- 408 (where 212 females and 196 severely malnourished males without medical complication treated through OTP. Calculation of target beneficiaries is based on 70% coverage rate.
- The programming is aiming to achieve cure rates of > 75%, defaulter rates < 15% and mortality rates <3%, average length of stay < 60 days in all OTPs Sites.
- Children who recovered from stabilization center and who deteriorated from SFP will be admitted to RI OPT program for recovery or discharged cured.
- 16 MOH health workers/CHWs, 20 RI health and nutrition staff and 20 community volunteers will be trained on Infant and Young Child Feeding.
- 2000 mothers will directly benefit from the IYCF and other nutrition education sessions that will be conducted by the programme staff while 1,526 children under five will indirectly benefit from the sessions.
- 285 lead mothers on IYCF exercise will be formed and will follow 20 households for each lead mother.
- 16 MoH nutrition outreach workers/CHWs (8 men and 8 women) and 20 RI Nutrition staff (10 men and 10 women) are trained in BNSP like treatment of acute malnutrition, IYCF and MUAC, etc. using IMAM approach.
- Acutely malnourished children under five, pregnant and lactating women will be identified according to their nutritional status by anthropometric measurements. The new WHO reference standards and MUAC will be used in line with the national guidelines on integrated management of acute malnutrition. The beneficiaries will be selected for the programme using the following criteria:
  - ✓ Severe acute malnutrition (SAM) with medical complications: Children with WFH < -3 z-score and / or MUAC <115mm and / or presence of bilateral pitting oedema and no appetite. These will be referred to the nearest Stabilization Centre (SC).
  - ✓ Severe acute malnutrition (SAM) without medical complication: Children with WFH < -3 z-score and / or MUAC <115mm and / or presence of bilateral pitting oedema and good appetite. These will be admitted into RI run Outpatient Therapeutic Programme (OTP).

iv). Cross Cutting Issues

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

Gender: In order to improve equity and sustainability of nutrition provisions, specific measures will be taken to promote active involvement of women and children in the planning and design of rural schemes, which are appropriate to their own needs and priorities. All activities will include at least 50% females where possible. Relief International has a plan focusing benefiting children and mothers these are:

- Children under five mothers will be screened for acute malnutrition and referred for treatment.
- Severely malnourished children without medical complication are treated through OTP.
- Moderately malnourished children and pregnant and lactating women will be screened and referred to Targeted SFP.
- Mothers will directly benefit from the IYCF and other nutrition education sessions.

Environment: The proposed project will work to enhance sustainability, including environmental sustainability, of project impact and service delivery. Activities will support proper disposal of medical supplies and keen attention to location and sustainability so that the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources.

Protection: RI employs a conflict-sensitive approach to all service delivery projects and programs. Do No Harm and Local Capacities for Peace guidelines will be integrated into all project activities in order to prevent exacerbation of existing tensions and to ensure equitable access to services by differing and potentially conflicting community groups. RI undertakes regular conflict monitoring analysis to reinforce security and stability.

HIV/AIDS: HIV/AIDS awareness creation is key to RI's programming strategy across its program sites. RI will continue to take a community participatory approach to HIV/AIDS awareness and education. It involves health provider training and outreach strategies that are based on culturally relevant and appropriate messages. Methods will also be devised within the cultural context for outreach to women, men, and sexually active adolescents. RI is collaborating with its ongoing community partners and Village Health Committees to facilitate local participation in HIV/AIDS education. Awareness promotion will begin in the RI-supported health facilities and outreach sites. Many under five children and adults are also likely to be suffering from HIV/AIDS and/or Tuberculosis (TB). Anyone who suffers with opportunistic infections related to HIV/AIDS will automatically get medical attention and treatment in RI run health facilities, regardless of the cause of the diseases. If a patient presents with symptoms that are suggestive of these diseases, they will be referred to the nearest diagnostic and ARV facility.

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. **OTP**
- 6,713 (2,960 children under five where 1539 females and 1421 males and 3,783 mothers) screened for acute malnutrition and referred for treatment
- 408 (where 212 females and 196 severely malnourished males without medical complication treated through OTP. Calculation of target beneficiaries is based on 70% coverage rate.
- The programming is aiming to achieve cure rates of > 75%, defaulter rates < 15% and mortality rates <10%, average length of stay < 60 days in all OTPs Sites.

2. **SFP**
- 2,220 Children who recovered from OTP and 3,783 PLWs with MAM referred to nearby TSFP program for recovery or discharged cured.
- Support partners to maintain SPHERE standards throughout the program in achieving cure rates of >75%, defaulter rates <15%, mortality rates <3%, and average length of stay <90 days in all Sites.

3. **IYCF**
- 16 MoH health workers/CHWs, 20 RI nutrition staff and 20 community volunteers trained on CMAM and IYCF.
- 2000 mothers will directly benefit from the IYCF and other nutrition education sessions conducted by the program staff while 1,525 children under five indirectly benefit from the sessions.
- 285 lead mothers on IYCF exercise will be formed in the community and will follow 20 households for each lead mother.
- A total of 36 staff, health providers and 20 volunteers trained on nutrition education, IYCF and essential components of Basic Nutrition Service Package (BNSP)

4. **Staffing**
- 20 health and nutrition staff and 20 community volunteers (both 50% men and 50% women) recruited/retained;
- 09 outpatient (three statics and six outreaches) nutrition sites established and equipped to ensure minimum requirements are met in order to deliver OTP services
- 16 MoH staff/CHWs (8 men and 8 women) and 20 RI health and nutrition staff and 20 community volunteers (10 men and 10 women) trained on CMAM and IYCF.

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.	212 girls and 196 boys (under-5) admitted for the treatment of SAM	408 children in OTP
X	2.	Quality of SAM program improved	cure rate >75%, defaulter rate <15%, death rate <10%
X	3.	MoH Staff/CHWs, Health and nutrition workers and volunteers trained on CMAM and IYCF	16 MoH staff/CHWs (8 men and 8 women) and 20 RI health and nutrition staff and 20 community volunteers (10 men and 10 women) trained on CMAM and IYCF.
X	4.	Community members made aware through education sessions on nutrition and IYCF at community as well facility level	4000 beneficiaries at community and 2000 beneficiaries at facility level received health promotion messages on nutrition and IYCF
X	5.	Supervisory visits/quarter/to the nutrition treatment sites during the reporting period	8 supportive supervisory visit/quarterly performed to all nutrition treatment sites
	6.	Mothers benefited from IYCF and other nutrition education	2,000 mothers will directly benefit from the IYCF and other nutrition education sessions.

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 RI approach is to use an integrated strategy, whereby the links between nutrition, health, food security, water and sanitation activities are strengthened to achieve a higher level of impact. RI's 2013 strategy has been developed based on a thorough context analysis on best practices in the field, areas in which high humanitarian needs exist and key priority sectors defined in basic package of health and nutrition services for Southern Sudan by the Republic of South Sudan (RoSS). In 2013, RI is adopting a dual approach to its positioning for its programs built around early recovery and emergency scenarios.

Bi-Weekly Reporting and Local Monitoring: At the onset of the program, RI's expatriate nutrition coordinator, in collaboration with other RI senior

teams, will develop detailed performance monitoring and work plans to be used as key implementation guides by national staff at all RI target locations. These plans will form a basis of work plan progress monitoring throughout the program period. Progress towards achieving deliverables and quality of services rendered will be monitored by expatriate nutrition coordinator via weekly meetings with all local staff, community volunteers and community workers in RI field office in Maban, as well as field visits. Local staff and community workers will report to the RI nutrition coordinator based in Maban and the coordination office twice a month to update on activities and address and resolve implementation challenges with the Program Manager based in Malakal. The program manager will then report to the country office on monthly basis. Local staff and community worker visits to Rl's central locations will also provide an opportunity for additional trainings, guidance, and when necessary, course correction. These workers will be liaisons between remote communities in need and RI, and, over time, will develop skills and leadership capacities to be an effective part of both monitoring and service delivery. This is also a methodology that is building local skills in support of RI's sustainability and transition strategies.

Expatriate Field Visits: Expatriate field visits to RI target sites will be key to monitoring the quality and integrity of Rl's programs in remote program locations, Security permitting, the expatriate nutrition coordinator, and senior local staff will visit remote locations for monitoring visits weekly (at a minimum). RI's Program Manager is required to spend 60% or more of his time at program sites. Senior country leadership, namely the Country Director, will continue this practice during the CHF program period with routine and sometimes extended stays in Maban and Malakal to facilitate oversight, work plan and finance reviews, and course correction discussions. These oversight opportunities also promote activities in team building and routine community relations with key local leaders and line ministry partners - all essential components of RI's local acceptance and permissions requirements, fundamental to ensuring field activities are occurring regularly. RI Desk officers in Washington DC and London will pay visits at least once in the program areas as part of RI Global monitoring and capacity building program.

Coordination with other partners: RI teams at all levels will also coordinate with UNICEF and other nutrition partners working in similar areas or the same cluster to add value to the process. RI will closely coordinate with the government health and nutrition institutions, both at Maban and Malakal levels, to enhance access to quality health and nutrition services for vulnerable communities, especially children and PLW. RI will also link the project beneficiaries to its other ongoing programs to maximize benefits and integration. The project will be managed by a highly qualified nutrition coordinator based in Maban and manage the team of health and nutrition workers, community mobilizes, and community volunteers who are currently working with RI in its health and nutrition intervention projects and also recruit additional staff as needed by the project. A program manager based in Malakal will provide managerial and administrative support. A liaison officer based in Juba will serve as a link between project staff, the nutrition cluster and UNICEF for better coordination. The RI South Sudan Country Director will provide an oversight and coordination support at donor level. The regional nutrition coordinator and HQ RI Program Officer will provide a remote oversight support to the program.

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)[4].

Monitoring: Project monitoring will be undertaken as an integral part of project implementation and will focus on the inputs, activities and outputs. Monitoring will mainly be done through regular and periodic visits to project sites, reflection and learning events as well as through a system of reporting.

Management and Oversight: In terms of institutional structure and management capacity, the Country Director of RI based in Juba, South Sudan and the nutrition specialist, based in the capital of Bunji, Maban will maintain the overall leadership of the project. The nutrition specialist at field level will work with a competent and internationally experienced management team comprised of three HQ East Africa desk members responsible for programs, operations and human resources. The senior management team at country level will undertake key policy and strategic decisions related to the project in consultation with the RI HQ, especially the RI East Africa Regional Office in Nairobi, Kenya. The regional nutrition coordinator is also responsible for doing all the monitoring and evaluation work of the respective projects at regional level. Project coordinator at county level will be responsible to day-to-day implementation of the project, whereas, periodic monitoring will be done in collaboration with SMOH, CHD, UN Agencies and INGO local representatives.

Field Visits: Regular/routine field site visits will be undertaken by the technical nutrition coordinator in collaboration with the regional nutrition coordinator. Data and information on progress will be collated and/or reviewed during such visits and, where appropriate, follow up actions and plans discussed/developed. Periodic visits (monthly, quarterly or on need basis) will be conducted by the nutrition coordinator; the country director, and regional nutrition coordinator. Such visits will essentially be meant to assess progress in implementation and provide necessary technical, managerial and administrative back up to the field staff.

Reporting: Reporting of monitoring information will be done through activity and progress reports. Activity reports will be confined to reporting on discrete activities and will be done in line with formats to be developed by the sectors. Progress reports will be done monthly and quarterly. The monthly reports will be done in line with the RI Internal reporting formats while the quarterly financial and narrative reports will be done in line with formats agreed with the funding partners and UNICEF.

Evaluation Plan: The project has proposed to undertake pre-harvest and post harvest nutrition survey. These will be undertaken to establish the following information:

Pre/post harvest nutrition Survey - this survey will be conducted to establish benchmark indicators for the project activities. These will include and are not limited to:

- the determination of the existing knowledge, attitudes and practices in relation to health hygiene and sanitation
- Health facility assessment to identify the OTP sits and the capacity at each levels

In addition, the survey will also agree on the locations for the establishment of satellite outreach centers within affected payams to serve as hubs for project implementation. The survey will establish pertinent data for regular collection and analysis in each of the objectives, and define frequency of data collection for monitoring purposes during the project life.

Mid-Term Evaluation (Coverage survey) - This will be conducted bi-annually, by the project to: review the appropriateness of the project goal and outcomes; assess progress towards meeting the targets (with a goal of determining which targets need to be revised); assess the

[4] 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.

effectiveness and efficiency of the strategies adopted (e.g. appropriateness of activities and whether these need to be revised, whether they are cost-effective); and an analysis of the major challenges that have affected project implementation. The outcome of the mid-term evaluation will be used to make appropriate adjustments in the project design.

Supply Chain Management: RI documented procurement and supply chain management systems, which adheres to international principles and standards, will aid in management of this project. The Supply Chain Department will ensure competitive bidding processes, quality assurance, and internal capacity building for procurement of goods and services. RI supply chain management is an integral process of project cycle management. Through collaboration of Project Working Groups and the Supply Chain Management team, a forecast of goods and services needed for this project will be determined at the design and planning phase. Also, procurement and delivery aligned to project implementation and monitoring. This approach will enable RI to ensure improved quality for better delivery of services and accountability.

Accounting and Financial Management: RI maintains a centralized financial tracking and a monitoring unit within the Juba head office. The HQ uses the Sun Systems computerized accounting system, a globally recognized system of accounting, which has sufficient flexibility to generate reports that meet varied donor needs. A standardized chart of accounts classifies transactions to project, expense, donor, and cost centre codes. Transactions can therefore be tracked monthly for each recipient and donor using the system. RI has in place a Finance Manual, which outlines all the financial regulations, policies, and procedures. The finance unit will ensure that there is a strong internal control for proper accountability and transparency throughout all its country programs, also though regular Internal Audit Systems. Financial officers are seated at county, state, and national level offices to ensure that policies and procedures are properly followed.

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)
CHF-UNDP (April 2013)	$220,000

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/55014	**Project title:** Emergency Nutrition Response in Maban, Upper Nile (ENR)	**Organisation:** Relief International

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** • Ensure provision of emergency nutrition services in priority states, focusing on high-risk underserved communities and areas where there is food insecurity, high malnutrition, and/or high numbers of displaced people and returnees	**Indicators of progress:** • *SAM 70% needs coverage* • *MAM 70% needs coverage*	**How indicators will be measured:** • SMART survey (needs) • Monthly reports from treatment records (coverage)	
Purpose	**CHF Project Objective:** • To contribute reduction of Severe Acute Malnutrition (SAM) below 1% and Global Acute Malnutrition (GAM) below 10% in children 6-59 months in Mabaan County, Upper Nile State, over a one year period, through strengthening of Outpatient Therapeutic Program (OTP) run by RI and Stabilization centers (SC) programs and implementation of Targeted Supplementary Feeding Program (TSFP) run by other partners. • To build capacity of County level health staff so that they are able to better respond to fluctuating levels of severe acute malnutrition through management and monitoring of Community-based Management of Acute Malnutrition (CMAM) services.	**Indicators of progress:** • SAM and GAM in the targeted community <1% and 10% respectively • 16 MoH staff/CHWs (8 men and 8 women) and 20 RI health and nutrition staff and 20 community volunteers (10 men and 10 women) trained on CMAM and IYCF.	**How indicators will be measured:** • Rapid Nutrition Assessment Report • Training Report	**Assumptions & risks:** • Services for the treatment of SAM remain available • No emergency health outbreaks • No large population movements or displacement • Security guaranteed
Results	**Results - Outcomes (intangible):** • Quality treatment for SAM is provided	**Indicators of progress:** • SAM treatment achieves SPHERE standards (>75% recovered, <15% defaulted and <10% died)	**How indicators will be measured:** • Treatment cards and facility reports	**Assumptions & risks:** • No emergency health outbreaks • No large population movements or displacement • Security guaranteed

				• Natural disasters (e.g. flooding) do not take place
	• Capacity of health and nutrition staff in managing malnutrition improved	• 16 MoH staff/CHWs (8 men and 8 women) and 20 RI health and nutrition staff and 20 community volunteers (10 men and 10 women) trained on CMAM and IYCF.	• Training report	• Security guaranteed • Natural disasters (e.g. flooding) do not take place
	• Infant care practices improve	• Percentage of targeted caregivers practicing exclusive breastfeeding at 6 months (50%)	• Rapid IYCF Assessment Report	• Security guaranteed • Natural disasters (e.g. flooding) do not take place
	Immediate-Results - Outputs (tangible): **1. Treatment** • Children are treated for SAM • OTP sites are operating	**Indicators of progress:** • 196 boys, 212 girls U5 treated for SAM • 3 static and 6 outreach OTP sites	**How indicators will be measured:** • OTP site records • Monthly reports	**Assumptions & risks:** • No emergency health outbreaks • No large population movements or displacement • Security guaranteed • Natural disasters (e.g. flooding) do not take place
	2. Prevention of acute malnutrition • Mothers receive IYCF education and support through mothers support groups	• 285 lead mothers formed; each lead mother follows 20 households	• IYCF reports	• No emergency health outbreaks • No large population movements or displacement • Security guaranteed • Natural disasters (e.g. flooding) do not take place
	3. Improved capacity building • Improved capacity for health workers on management of CMAM and IYCF • Improved capacity for community workers and volunteers (including lead mothers) on IYCF	• 16 MoH staff/CHWs (8 men and 8 women) and 20 RI health and nutrition staff received training • 20 community volunteers (10 men and 10 women) and 285 lead mothers trained on CMAM and IYCF	• Training attendance sheets and monthly training report	• No emergency health outbreaks • No large population movements or displacement • Security guaranteed • Natural disasters (e.g. flooding) do not take place
	4. Assessment and coordination • Active coordination with other nutrition actors	• 06 national/State/County nutrition cluster meetings attended	• Nutrition/State/County cluster meeting minutes	• No emergency health outbreaks • No large population movements or displacement • Security guaranteed • Natural disasters (e.g. flooding) do not take place

	Activities: **1. Treatment** • Screen children in the community 6- 59 m months • Admit and treat children under 5 experiencing severe acute malnutrition • Work with local health providers to establish referral pathways for children with severe and complicated cases • Maintenance and rehabilitation static OTP centers • Essential drugs for OTPs	**Inputs:** • Staff time • Mats • Weighing scale • Height board • Benches • Table and chairs • Water dispenser • MUAC Tapes • Plumpy nut, deworming tablets, antibiotics • Buckets for beneficiaries • Record cards • Water • Contractor for the repair of the OTP site • Vouchers		**Assumptions, risks and pre-conditions:** • Stable security situation • Accessibility, rainy season does not start earlier than the usual pattern • Localized conflict and emergency. • Peaceful disarmament Absence of large scale humanitarian crisis or disasters • Access to Unicef pipeline for nutrition supplies
	2. Prevention • Administer Vitamin A to all children screened aged 6-59m • Administer deworming tablets to all children screened aged 12- 59 m • Support mothers support groups with space and resources	• Staff time • Vitamin A • Deworming tablets • IYCF counseling cards • Mats • Space in the hall		• Stable security situation • Accessibility, rainy season does not start earlier than the usual pattern • Localized conflict and emergency. • Peaceful disarmament • Mothers willing to engage in groups and be trained on IYCF Absence of large scale humanitarian crisis or disasters
	3. Improved capacity building: • Train all health and nutrition staff and community health workers on CMAM and IYCF • Provide training on IYCF to community health workers and mothers support group leaders	• CMAM/IYCF training curriculum • Staff time • Refreshments for training sessions		• Stable security situation • Accessibility, rainy season does not start earlier than the usual pattern • Localized conflict and emergency. • Peaceful disarmament • Mothers willing to engage in groups and be trained on IYCF Absence of large scale humanitarian crisis or disasters
	4. Assessment and coordination • Conduct rapid nutrition assessment • Present results to nutrition team and relevant stakeholders • Attend cluster coordination meetings • Purchase community mobilization supplies, megaphone and batteries • Purchase furniture for OTP	• Staff time • Record sheets • MUAC tapes • Computer equipment for input • Voucher		• Stable security situation • Accessibility, rainy season does not start earlier than the usual pattern • Localized conflict and emergency. • Peaceful disarmament

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 Management of severe acute malnutrition in the area															
Activity 1.1: Screen children in the community 6- 59 m months				X	X	X	X	X	X						
Activity 1.2: Admit and treat children under 5 experiencing severe acute malnutrition				X	X	X	X	X	X						
Activity 1.3: Work with local health providers to establish referral pathways for children with severe and complicated cases				X	X	X	X	X	X						
Activity 1.4: Maintenance and rehabilitation static OTP centers				X	X										
Activity 1.5: Essential drugs for OTPs				X	X										
Activity 2 Prevention of severe acute malnutrition in the area															
Activity 2.1: Administer Vitamin A to all children screened aged 6-59m				X	X	X	X	X	X						
Activity 2.2: Administer deworming tablets to all children screened aged 12- 59 m				X	X	X	X	X	X						
Activity 2.3: Support mothers support groups with space and resources				X	X	X	X	X	X						
Activity 3 **Improved capacity building on severe acute malnutrition in the area**															
Activity 3.1: CMAM training (16 MoH, 20 RI staff and 20 Community volunteer's)							X	X							
Activity 3.2: Establishing/follow up of 285 Lead Mothers to follow Mother to Mother Support Groups				X	X	X	X	X	X						
Activity 3.3: Training of 20 health and nutrition workers on IYCF					X	X									
Activity 4 **Assessment and coordination on management of severe acute malnutrition in the area**															
Activity 4.1: Conduct rapid nutrition assessment and present results to nutrition team and relevant stakeholders				x	X										
Activity 4.2: Attend cluster coordination meetings				x	x	x	x	x	X						
Activity 4.3: Purchase community mobilization supplies, megaphone and batteries				x	X										
Activity 4.4: Purchase furniture for OTP				x	x										

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