

## South Sudan 2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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

**SECTION I:**

<b>CAP Cluster</b>	<b>NUTRITION CLUSTER</b>
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### CHF Cluster Priorities for 2013 First Round Standard Allocation

<p><b>Cluster Priority Activities for this CHF Round</b> Cluster priority activities for the first round standard allocation are:</p> <p>a) the integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;</p> <p>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;</p> <p>c) procurement and management of key pipelines to enable priority a) and b)</p> <p>d) capacity building of health workers, partners, key community members and community organisations to enable emergency response, treatment and prevention activities; and</p> <p>e) if required, emergency preparedness and response activities.</p>	<p><b>Cluster Geographic Priorities for this CHF Round</b> Cluster geographic priorities for the first round standard allocation are:</p> <p>a) Jonglei (Pibor, Akobo )</p> <p>b) Upper Nile (host communities around Maban, Renk)</p> <p>c) Unity (likely northern counties but also in the south such as in Mayendit county )</p> <p>d) Northern Bahr el Ghazal (all counties)</p> <p>e) Warrap (Twic, Tonj East)</p> <p>f) High risk spots of Western Bahr el Ghazal, Eastern Equatoria and Lakes.</p>
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### Project details

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

<p><b>Requesting Organization</b></p> <p>Save the Children</p> <p><b>Project CAP Code</b></p> <p>SSD-13/H/55158/6079</p> <p><b>CAP Project Title</b> <i>(please write exact name as in the CAP)</i></p> <p>Strengthening nutrition service provision with a focus on capacity building, quality service provision and enhanced coverage</p>	<p><b>Project Location(s)</b> (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)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>State</th> <th>%</th> <th>County</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>67%</td> <td>Akobo East and West</td> </tr> <tr> <td>Eastern Equatorial</td> <td>33%</td> <td>Kapoeta East</td> </tr> </tbody> </table>	State	%	County	Jonglei	67%	Akobo East and West	Eastern Equatorial	33%	Kapoeta East
State	%	County								
Jonglei	67%	Akobo East and West								
Eastern Equatorial	33%	Kapoeta East								
<p><b>Total Project Budget requested in the in South Sudan CAP</b></p> <p>US\$1,844,326</p> <p><b>Total funding secured for the CAP project (to date)</b></p> <p>US\$326,546</p>	<p><b>Funding requested from CHF for this project proposal</b></p> <p>US\$ 449,999</p> <p><b>Are some activities in this project proposal co-funded?</b></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i></p>									

<b>Direct Beneficiaries</b> <i>(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)</i>		
	<b>Number of direct beneficiaries targeted in CHF Project (6 months)</b>	<b>Number of direct beneficiaries targeted in the CAP</b>
Women:	19,832	32,293
Girls:	12,975	18,540
Men:	2,366	2,366
Boys:	11,980	18,540
<b>Total:</b>	32,008	71,740

  

<b>Indirect Beneficiaries</b>
<i>Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived.</i>
<b>Catchment Population (if applicable)</b>
<b>338,063</b>

<b>Implementing Partner/s</b> <i>(Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)</i>	<b>CHF Project Duration</b> <i>(12 months max., earliest starting date will be Allocation approval date)</i>
Nile Hope Development Forum	Indicate number of months: 7 Months (March – September)

<b>Contact details Organization's Country Office</b>		<b>Contact details Organization's HQ</b>	
Organization's Address	Save the Children in South Sudan, Hai Malakal, P O Box 170, Juba, Sth Sudan	Organization's Address	
Project Focal Person	Judith Otieno <a href="mailto:Judith.Otieno@savethechildren.org">Judith.Otieno@savethechildren.org</a>	Desk officer	Name, Email, telephone
Country Director	Dr John Distefano <a href="mailto:John.Distefano@savethechildren.org">John.Distefano@savethechildren.org</a>	Finance Officer	Name, Email, telephone
Finance Director	Meketa Aboye <a href="mailto:Meketa.Aboye@savethechildren.org">Meketa.Aboye@savethechildren.org</a>		

CHF beneficiary breakdown		
Women	P&LW	4687
	Trainees	180
	Beneficiaries of IYCF promotion	15,145 PLW with Nutrition Education, Hygiene 40 M2M Groups of 1350 members
	Other vulnerable	
Men	Trainees	
	Beneficiaries of IYCF promotion	2,366 men as secondary caregivers
	Other - vulnerable	
Children U5 Yrs	SAM	2,450
	MAM	6,930
	BSFP	15,576 children 6-36 months
	Micronutrient supplementation	27,667 receive Vitamin A supplementation
	De-worming	27,667 receive Vitamin A supplementation

## 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<sup>1</sup>

Households in conflict and flood affected areas will continue to face significant food consumption gaps given that the 2012 planting season was hampered by intertribal conflict, huge displaced populations and seasonal floods (FEWSNET, July-December 2012). In Akobo County, 4900 individuals were displaced by floods while in Nyirol County 26,713 individuals have been displaced (OCHA, September 2012). In Kapoeta North (KN) and East (KE) chronic food insecurity is rooted in poor food production systems and most households participate in the local market for staple foods. Food inflation will continue to have detrimental effects on the food security conditions of poor net purchasing households. Although households' inability to access adequate food is a major contributor to child malnutrition in the target areas, there are other factors related to child care, hygiene and sanitation practice and health care that converge to affect child nutrition.

A SMART survey conducted by IMC in Akobo in December 2011 revealed a GAM of 19.6% and SAM of 5.3%; while in KN, a SMART survey conducted in the same post harvest period by Save the Children (SC) revealed a GAM of 15.2%, and SAM of 2.8% indicating that improvements to health, hygiene and care practices are still woefully inadequate. In KN, the survey revealed that pre-lacteal foods such as goat/cow milk and plain water were given to 94.8% of children. This is of particular concern given the unimproved hygiene and sanitation practice which increases the chances of children being given contaminated water, leading to diarrhea. Anecdotal evidence alludes to the fact that the situation is similar in Kapoeta East, which has the additional disadvantage of being underserved. In addition, lack of dietary diversity and micronutrients contributes to chronic malnutrition in Akobo, Nyirol and Kapoeta counties. SMART surveys by various agencies during the January-June 2012 period in Jonglei revealed a deteriorating nutritional situation with an average GAM rate of 23.25% and SAM 4.53% (UNICEF, August 2012).

While food consumption gaps affect the entire household, children < 5 and pregnant and lactating mothers are extremely vulnerable. Women are overburdened with household tasks which impede their ability to provide proper care and infant and young child feeding. In addition mothers experience difficulty in meeting the increased calories required of lactation when facing high physical demands such as farming, looking for firewood, fetching water etc. Pregnancy and lactation considerably augment nutritional needs in terms of dietary quantity and quality, yet in times of food stress, women are the most likely to go without food in the households. Early marriage is common in the target locations which means that first pregnancy and lactation coincides with adolescence when nutritional requirements for considerable growth required for this stage competes with those of pregnancy and lactation; hence the poor nutritional status of pregnant and lactating mothers. Although women are the primary child caregivers, men are the main decision makers in the household, therefore both women and men should be involved and empowered to take action to improve

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

nutritional situation of children under 5 and pregnant and lactating mothers.

### **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.

An earlier than normal lean season is expected and poor households and IDPs are expected to experience food consumption gaps as early as March. This precipitous drop in households' access to adequate food remains a major contributor to acute malnutrition. Given that most households have weakened resilience as a result of multiple shocks, the 2013 lean season is bound to be even more devastating on the nutritional status of children under 5 years and pregnant and lactating mothers. CHF funding will be used to provide nutritional support to vulnerable households, without which the nutritional status of children under 5 years and pregnant and lactating mothers will deteriorate to emergency levels and possible loss of life. Further, without continued nutritional support to these vulnerable household, any gains previously made in improving the nutritional status of children and pregnant and lactating mothers will be reversed, jeopardizing their health status.

CHF funding is will also be used to build capacity of the County health departments- in both Counties focusing on training on basic computer knowledge for the County Nutrition officers to enable them coordinate nutrition interventions, conduct, and analyze data and produce high quality nutrition assessments. Focus will be on the County level because the State level is removed from the field due to distance and logistical challenges; therefore quality assurance of nutrition interventions at payam level can realistically be done by the County level officers. The capacity of the County Nutrition officer to prepare quality and timely reports to the state will also be strengthened through this funding.

Save the Children will continue to promote the integration of nutrition with other health services- this will include training on the management of acute malnutrition to facility-based health staff and the County Health Department in the target counties. Health staff, particularly Maternal Child Health Workers (MCHW), will be trained on effective counseling techniques regarding infant and young child feeding practices. In the three counties, the OTP/SFP team will coordinate with EPI personnel to ensure children have access to the routine schedule of immunizations. Children in the OTP/SFP who have other malnutrition-associated pathologies will be referred for treatment. PLW at SFP will also be referred to MCHW for ante-natal care while those attending ANC will be measured for MUAC and referred to SFP as appropriate.

SC has been implementing Nutrition Programs in Akobo, Kapoeta North and Nyirol counties and has made a clear institutional commitment to providing quality nutrition programs that support children's nutritional and health status. The agency continues to invest in highly skilled staff who have the knowledge and skills to ensure provision of optimal Nutritional support interventions. The agency has a strong established presence in the targeted counties as well as current PCA with UNICEF and FLA with WFP and will be able to rapidly mobilize at the start of the project.

While no alternative funding has been secured for the activities proposed in this project, this project has been designed to complement ongoing nutrition programs in the target counties.

### **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.

Proposed activities are well aligned with sector priorities, and will contribute to the achievement of the overall sector objectives.

SC will provide nutrition care and treatment services for children with acute malnutrition in Nyirol, Akobo and Kapoeta North counties as outlined in MoH/Republic of South Sudan (RoSS) guidelines. Treatment services will be provided through Outpatient therapeutic program (OTP), Targeted Supplementary Feeding Programmes (TSFP) and Stabilisation Centres (SC). OTP will form the basis of the community-based approach aimed at addressing and treating cases of severe malnutrition without complications amongst children 6 to 59 months. Children under 5 and PLW with moderate acute malnutrition will be treated through the Targeted Supplementary Feeding Program (TSFP). Severe acutely malnourished children with complications will be referred for inpatient care at the Stabilization centres. Micronutrient supplementation will be built onto the nutritional support interventions at the SFP/OTP sites and through outreaches and campaigns to reach more children under 5 years.

The CMAM programme will incorporate facility and community-based infant and young-child-feeding promotional activities for caretakers of young children and community members. Behaviour Change Communication (BCC) materials on IYCF key messages will be used by community workers to facilitate the education. A module on IYCF will be included in the nutrition SMART survey to better understand the prevalence of optimal practices and barriers to their practice. This information will be used to tailor the BCC approach to the context. SC will continue with capacity building of the Ministry of Health, community members, and project staff in order to build their capacity in effectively managing the CMAM programme and mainstreaming IYCF into the nutrition intervention.

Health facilities will be the service delivery point for treatment of SAM and MAM, health education with a focus on IYCF, hygiene and sanitation messaging. Enrolled mothers will be linked to the various M2M support groups near their homes for follow up. Training will be flexible to accommodate mothers' and caregivers' times to encourage participation. This approach will ensure that knowledge is retained at the community on the prevention of acute malnutrition after the closure of the project. Nutrition education will focus on various aspects of nutrition and especially the linkages between hygiene and sanitation, dietary diversity and child care with nutritional status of children. Health and nutrition educational activities will continue to be promoted and concrete measures that families could take at home to improve nutrition and health practices will be encouraged.

#### 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 provide services for the prevention and treatment of acute malnutrition amongst 2450 SAM, 6930 MAM children under 5 years, 4687 pregnant and lactating women and other vulnerable groups.
- To increase the knowledge and Skills on IYCF among the 26 (TOTs), 14 MCHW health workers, 70 community Nutrition promoters, 40 M2M support groups, 2 county women leader groups and HH in target areas.
- To Improve hygiene practices associated with child care and feeding at house hold level
- Increase the capacity of County health department in the management of nutrition interventions at Payams and county level.

#### 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).

SC will implement through a local partner, NHDF in Dengjok and Nyandit payams, Akobo East County.

Output 1: Children under 5 and pregnant and lactating women in target areas receive timely and appropriate treatment for malnutrition.

- Activity 1.1: Screening, referral and treatment of moderate and acutely malnourished children under 5 and pregnant and lactating women
  - (U5 to identify SAM and MAM cases and ensure they are treated at the SC, OTP and SFP (2450, children under 5 SAM; 6930 children under 5 MAM, 4687 PLW). Achieve and maintain the target sphere standards as specified in the IMSAM guidelines, Recovery rate: >75%, Defaulter rate: < 15%, Death rate: < 10%
  - Provision of the SC, OTP and SFP treatment rations and supplementary food rations to under-fives (9,380 children)
  - Managing the 1 Stabilization center 14 OTPs and 14 SFPs in the operation area, targeting care to U5 Children and P&LW.
  - Complementing the outpatient therapeutic feeding care with the required medicine and medical equipment's
  - Establish and expand in Kapoeta East Emergency 4 OTP/TSFP
- Activity 1.2: Train 26 (SC and MOH) health workers (male and female) in treatment of SAM and MAM in line with National Guidelines
- Activity 1.3: Provide micronutrient supplementation to children < 5 years and lactating mothers.
- Activity 1.4: Provide blanket supplementary foods to 15,576 boys and girls aged 6-36 months.
- Activity 1.5: Conduct Nutrition survey using SMART Methodology respectively.

Output 2: Improved knowledge of key IYCF information amongst health workers and target communities

- Activity 2.1: Train SC and MOH (male and female) health and nutrition staff on CMAM (active case findings, referrals and follow-up of cases) and IYCF
- Activity 2.2: Form and train 40 Mother to Mother Support Groups for promotion of appropriate infant and young child feeding
- Activity 2.3: Conduct nutrition education at the project sites focusing on IYCF
- Activity 2.4: Conduct community outreach and awareness sessions targeting both mothers and fathers to promote positive IYCF practices as well as optimal maternal nutrition

Output 3: Improved hygiene practices associated with child care and feeding

- Activity 1.1: Conduct hygiene promotion and sanitation awareness at distribution sites
- Activity 1.2: Conduct outreach hygiene promotion sessions in the communities
- Activity 1.3: Conduct hand washing promotion activities in the communities

#### iv). Cross Cutting Issues

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

**Gender:** This project will address the nutritional status of pregnant and lactating women. Through community mobilization, this project will raise awareness on the importance of maternal nutrition (during pregnancy and during lactation) and these messages will be communicated during Safe motherhood days that will be organized by the health sector in Kapoeta East. In Akobo SC will coordinate with the health service providers to communicate these messages to women during ANC visits. The project will also engage with men as the principle decision maker in the households and with women to develop simple actions that they can take to improve nutritional situation of children under 5 and pregnant and lactating mothers. Distribution at the SFPs and OTPs will be well organized so that women do not spend too long at the centres- considering the demand on their time by the households. In addition the project will support Mother to Mother Support groups as well.

**Disability:** To ensure that people with disability are actively engaged in the project, measures to encourage involvement of all community members, especially the most vulnerable, including those with disabilities, will be made to ensure their contribution to the project. Project staff will be sensitized to prioritize physically challenged mothers/caregivers during distributions.

**HIV/AIDS:** While HIV/AIDS has previously not been established to be a major issue in the operation areas, SC recognizes the fact that it is an emerging public health concern and this project will put in place mechanisms to ensure that identified HIV positive beneficiaries (this will be in coordination with the Primary Health Care partners on ground) receive the requisite nutritional support. This project will work through Nutrition Volunteers to follow up with households where the head of household is chronically ill and ensure that they receive timely nutritional support. Should the project require additional food supplies and commodities to cover the additional needs of HIV positive PLW and children under 5 years in the program, SC will liaise with WFP and UNICEF for additional supplies. Should the head of household be too ill to attend the food distribution, alternative arrangements will be sought to ensure that they receive their rations in a timely way. Further, these households will be targeted with additional soap and one-on-one counseling on the importance of practicing positive hygiene and sanitation practice. The project staff will also be trained on sensitivity when interacting with HIV positive beneficiaries to minimize stigma and discrimination. As part of the broader Health Education, the project will include HIV/AIDS awareness. HIV/AIDS will also be appropriately integrated into IYCF messaging and nutritional counseling.

**Environment:** This project will ensure the proper disposal of medical supplies and RUTF sachets.

**DRR:** The project will lay the foundation for Disaster Risk Reduction (DRR) capacity at the County levels. Given the reality that the target counties are prone to natural disasters and conflict, SC recognizes the importance of initial and coherent preparedness initiatives to support nutrition when emergencies occur. This project will therefore train County Health Department, Nutrition Focal points on DRR and assist in drawing action plans on what each County is able to do at the early onset of an emergency to minimize the impact on the nutritional status of children and pregnant and lactating mothers and prevent excess morbidity and mortality. Training of County Nutrition staff to anticipate and plan for emergencies as well as pre-position resources is geared towards supporting harmonized, concerted and timely capacities to prepare, respond to the nutritional needs of children during natural disasters and other emergencies.

**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.

- Expected result 1: 24,956 Children under 5 and 4,687 pregnant and lactating women in target areas receive timely and appropriate treatment for malnutrition.  
 Expected Result 2: Knowledge of key IYCF information amongst health workers and target communities improved  
 Expected Result 3: Hygiene practices associated with child care and feeding improved in the target counties

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 <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>
x	1.	Total direct beneficiaries	32008
		Women	19,832
		Girls	12,975
		Men	2366
		Boys	11980
x	2.	Stabilization Centres (SC)	1

x		New SCs established	0
x	3.	Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)	10
		<i>New OTP sites established</i>	4
x	4.	Children (under-5) admitted for the treatment of SAM	2450
		Girls	1274
		Boys	1176
x	5.	<i>Overall SAM program cure rate (&gt; 75%, SPHERE standards)</i>	>75
		<i>Overall SAM program default rate (&lt; 15%, SPHERE standards)</i>	<15
		<i>Overall SAM program death rate (&lt; 10%, SPHERE standards)</i>	<10
x	6.	Number of MAM treatment centers/TSFP sites	10
		<i>New MAM centers/TSFP sites established</i>	4
x	7.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	6933
		Girls	3605
		Boys	3328
x	8.	Pregnant and Lactating Women (PLWs) admitted for MAM	4687
		<i>Overall MAM program cure rate (&gt;75%, SPHERE standards)</i>	>75%
		<i>Overall MAM program default rate (&lt;15%, SPHERE standards)</i>	<15%
		<i>Overall MAM program death rate (&lt; 3%, SPHERE standards)</i>	<3%
x	9.	Children de-wormed	27667
		Girls	14386
		Boys	13280
x	10.	Children supplemented with Vitamin A	27667
		Girls	14386
		Boys	13280
x	11.	PLW and children (under- 5yrs) receiving micronutrient supplementation	32354
		PLW	4687
		Girls	14380
		Boys	13280
x	12.	PLW and children (6-36 months) receiving supplementary foods through Blanket Supplementary Feeding Programs (BSFP)	15575
		PLW	0
		Girls	8099
		Boys	7475
x	13.	Children screened in the community	27667
		Girls	14386
		Boys	13280
x	14.	Number of Mother Support Groups	40
		<i>New Mother Support Groups formed</i>	30
x	15.	Health and nutrition workers and volunteers trained (includes facility and community level health and nutrition workers and lead mothers)	40
		<i>in inpatient treatment of SAM/SC protocols</i>	6
		<i>in outpatient treatment of SAM protocols</i>	28
		<i>in treatment of MAM protocols</i>	28
		<i>in IYCF</i>	14
		<i>in screening and referral</i>	28
x	16.	Community members made aware through education sessions on nutrition and IYCF	22398
		<i>at the community level - women</i>	15145

		at the community level - men	2366
		at the facility level- women	4687
		at the facility level - men	200
x	17.	Number of surveys undertaken during the reporting period	1
x	18.	Supervisory visits/quarter/to the nutrition treatment sites during the reporting period	28
x	19.	Cluster coordination meetings attended in the reporting period (state and national)	6
	20.	State	6
	21.	National	3
x	22.	Timely and complete monthly reports submitted in the reporting period	6

#### 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.

**Implementation Strategy: Save the children** is currently working in Akobo (West and East), in East the activities are implemented through Nile hope development forum, This relations will continue to foster future capacity for the agency as well as strengthen the CHD to undertake lead in Nutrition. NHDF will be sub-granted; following discussions the relations will continue in West where SC will directly implement TSFP and BSFP, NHDF Will conduct the Severe management. The two agencies will continue working closely to ensure care and support for IMAM is granted. In 2013 counties at the edge will be supported to have a close link with other sectors and the SMOH to enhance Nutrition programming and response capacity. This will be done through frequent contact and close collaboration with all the Actors are the county and state level. With the SMOH enhance coordination of nutrition response mapping and nutrition surveillance whilst building capacity of the Counties to better manage and report nutrition data to the state level. In Kapoeta East and Akobo West SC will conduct direct implementation. SC will intervene in Kapoeta East on MAM and SAM in four Payams. A satellite operation base will be established in Kapoeta East headquarters to support the ease in monitoring. SC will have a Nutrition Manager based in Kapoeta North and An assistant based in KE.

The Project will be implemented by SCI within the existing health infrastructure (i.e. SCs) and outreach centers (OTPs, BSFPs and TSFPs) in order to ensure sustainability. The implementation will be in accordance with nutrition sector strategies.

**Implementation Agreements:** The project will be implemented in accordance with nutrition sector strategies. SCI has already a signed 2013 year project cooperation agreement (PCA) with UNICEF and One year (FLA) with (WFP) through which nutritional supplies would be obtained for the two counties Akobo, and Kapoeta East. Equally important, SCI will sign MoU with the SMOH at Bor and Torit State level. It will be noted that the SCI will sign a PPA with UNDP indicating the targets to be achieved. Various primary data capturing tools (MOH IMSAM, DHIS, Cluster and WFP) will be used for tracking programmatic targets both for commodities.

**Management and Oversight:** In terms of institutional structure and management capacity, the County Director of SCI based in Juba, the DDPI in Bor and EEQ, based in the capitals of Bor and Lakes will maintain the overall leadership of the project. The Nutrition Program Manager will work with competent and internationally experienced Senior Management Team comprised of Nutrition Advisor, Directors responsible for programs; Finance and grants; Human Resources and Administration and Logistics and Procurement. The Senior Management Team will undertake key policy and strategic decisions related to the project in consultation with the SCI Members, especially the SCI Regional Office. The program division, supported by highly qualified Sector Advisors, including a food security, child protection, child right governance and health, based in Juba, will be responsible for the technical integration oversight with ongoing services and implementation for desired outcomes, while the DDM&E will be responsible for monitoring and evaluation of all project activities. The Quality department is the Monitoring and Evaluation (DME) Unit headed by a Specialist M&E Advisor. There are M&E Officers who assist the DME Unit in all functions located at field locations. The DME unit is also responsible for doing all the monitoring and evaluation work of their respective projects at County level. Nutrition Project Manager, a qualified Nutritionist at County level will be responsible to day-to-day implementation of the project, whereas, periodic monitoring will be done in collaboration with CHD, SMOH, UN Agencies and INGO local representatives.

**Procurement and Logistics Management:** SC will use its documented procurement and Logistics management systems, which adheres to international principles and standards to manage this project. The Department will ensure competitive bidding processes, quality assurance, and internal capacity building for procurement of goods and services. SC procurement and Logistic management is an integral process of project cycle management. Through collaboration of Project Working Groups and the P&L 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 SC to ensure improved quality for better delivery of services and accountability.

**Accounting and Financial Management:** SC maintains a centralized financial tracking and a monitoring unit within the Juba head office. This unit will employ SCI accounting system been rolled out in 1<sup>st</sup> of Feb 2013, 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. SCI 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 in the new structure regular Internal Audit Systems will be strengthened. Devolution of finance personnel will be seated at county, state, and national level offices to ensure that policies and procedures are properly followed.

SC follows the accrual basis of accounting. This enables financial reporting to be consistently applied from period to period. Some income and expenses are recorded as an accrual when incurred (benefits and services received) and not when cash is received or paid. Computerized financial reports such as trial balance, income statement, balance sheet, aging analysis, and grant reports are produced reflecting grant-to-date (GTD), year-to-date (YTD), and ledger account balances. SCI financial and cash disbursement systems are well designed from an internal control perspective and functioning as designed. SC will safeguard against incurring any material audit findings or questions costs in the administration of this award. In addition, SC will receive technical assistance in the administration of this award from a team consisting of the Award manager.

#### 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)<sup>2</sup>.

**Monitoring:** Save the Children will establish project-specific M&E system that will provide the information needed at each stage of the project to determine whether the response has been implemented as planned, what problems/ risks need to be resolved, what expected or unexpected impacts have occurred, and what lessons can be learned for the selection and design of future projects.

Participatory Process Monitoring will be conducted on a monthly basis. The Deputy Directors Program Implementation for Eastern Equatoria and Jonglei States, the respective Nutrition Managers and M&E coordinators will jointly

- Review and plan the work on a regular basis
- Assess whether activities are carried out as planned
- Identify and deal with problems as they arise

By mid project the MEAL Advisor will lead the project implementation and field management teams to conduct Impact Monitoring, where SC will do the following:

- Measure progress towards meeting objectives
- Identify objectives that have not been met/ or cannot be met due to changes in the operational milieu. If they can be met, jointly develop an action plan to implement activities to enable the project meet those objectives
- Assess changes in the operational environment that are impacting on implementation; Inform the donor if the changes require altering of the scope of the project
- Test assumptions that were made at the design of the project.

Risks to the project will be monitored on a monthly basis.

Relevant project specific M&E tools will be adapted from existing standardized Nutrition sector data collection tools to ensure the regular collection and analysis of data. M&E tools that will be used to collect both quantitative and qualitative data on the extent to which the project has promoted gender inclusiveness will be developed and staff trained on how to use them. The M&E tools will ensure that all data collection is disaggregated by sex and age. Ongoing site visits will be conducted by the project staff and field based M&E officer to ensure that project activities are proceeding on schedule and identify challenges that require immediate action. An M&E Operations Plan will be prepared at the project start to provide details on how the Monitoring and Evaluation systems will be setup and implemented to ensure M&E arrangements accommodate the need for lesson learning and accountability.

**Reporting:** Narrative reports providing information on the implementation progress and highlighting achievements,

<sup>2</sup> CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

challenges and constraints will be compiled and shared with UNDP on a quarterly basis. The reports are a part of the accountability process of SC to stakeholders, partners, children and the donor. There will be two levels of reporting.

- Quarterly reporting – Internal project activity reports will be prepared on the basis of monitoring reports and finance reports will be based on monthly Budget Variance Analyses. This will form the basis for review and re-planning of project activities.
- Completion report to UNDP: 30 days after end of the project, a final narrative and financial (audited) reports will be.

**Accountability:** SC will work to ensure that principles of accountability are mainstreamed throughout our program design, implementation and M&E work; as well through specific accountability activities to improve our information sharing and transparency, beneficiary participation and our ability to receive and respond to feedback and complaints from children, communities and partners. An appropriate, safe and inclusive community based feedback and complaints handling mechanism will be established and implemented to provide platforms for beneficiary’s active involvement in project and avenues to voice any issues or concerns about the project.

**Learning:** An integral part of this project delivery will be Learning and Continuous Improvement. SC will organize regular program performance and quality review meetings with staff, beneficiaries and partners to assess progress towards objectives and work plans, monitor project performance and quality based on monitoring and beneficiary feedback data, identify risks and risk management strategies during implementation. The Education Project Managers, Education Advisor and Monitoring, Evaluation, Accountability and Learning (MEAL) Advisor shall ensure there is proper documentation of learning and good practices in the learning database as well as ensuring that these and previous evaluation learning are continuously used for project improvement.

The MEAL Technical Advisor and MEAL Coordinator will be the focal points at the national and field level respectively for facilitating development and implementation of appropriate MEAL activities.

**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)
UNICEF GIK	458492.9
WFP GIK	2161
CIDA	US\$326,546

### 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/55158		Project title: <i>Strengthening nutrition service provision with a focus on capacity building, quality service provision and enhanced coverage.</i>		Organisation: <b>Save the Children</b>
Overall Objective	<p><b>Cluster Priority Activities for this CHF Allocation:</b>  <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <ul style="list-style-type: none"> <li>Ensure provision of emergency nutrition services in priority states, focusing on high-risk underserved communities and areas where there is food insecurity, high malnutrition, and/or high numbers of displaced people and returnees</li> </ul>	<p><b>Indicators of progress:</b>  <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <p>SAM 70% needs coverage  MAM 70% needs coverage</p>	<p><i>What are the sources of information on these indicators?</i></p> <p>SMART survey (needs)</p> <ul style="list-style-type: none"> <li>Monthly reports from treatment records (coverage)</li> </ul>	
Purpose	<p><b>CHF Project Objective:</b>  <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <p>To contribute to the response to the nutrition emergency in Akobo and Kapoeta East County by providing quality services for the prevention of and treatment of severe acute malnutrition.</p>	<p><b>Indicators of progress:</b>  <ul style="list-style-type: none"> <li>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</li> </ul> <p>SAM rates in the target counties stay below emergency threshold levels (&lt;2%)</p> </p>	<p><b>How indicators will be measured:</b>  <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <p>SMART Nutrition survey</p>	<p><b>Assumptions &amp; risks:</b>  <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"> <li>Services for the treatment of MAM remain available</li> <li>No emergency health outbreaks</li> <li>No large population movements or displacement</li> <li>On-going funding</li> </ul>
Results	<p><b>Results - Outcomes (intangible):</b>  <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <p>Quality treatment for SAM is provided; achieves SPHERE standards (&lt;10% died, &gt;75% recovered and &lt;15% defaulted)</p> <p>Undernourished children U5s have good access to therapeutic care / SAM treatment within SPHERE standards (&gt;50% in rural areas)</p>	<p><b>Indicators of progress:</b>  <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <p>SAM treatment indicators</p> <ul style="list-style-type: none"> <li>% Recovery rate</li> <li>% Death rate</li> <li>% Default rate</li> <li>% coverage of CMAM program</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <p>Treatment cards and facility reports</p> <p>Treatment cards, monthly reports and SMART survey estimations</p> <p>Antenatal follow-up data collection</p>	<p><b>Assumptions &amp; risks:</b>  <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>No emergency health outbreaks</li> <li>No large population movements or displacement</li> <li>On-going funding</li> <li>Natural disasters (e.g. flooding) do not take place</li> </ul>

<p>Infant care practices improved by 50%)</p>	<ul style="list-style-type: none"> <li>Percentage of targeted caregivers practicing exclusive breastfeeding</li> <li>Percentage of targeted caregivers practicing early initiation of breastfeeding</li> </ul>	<p>SMART surveys</p>	
<p><b>Immediate-Results - Outputs (tangible):</b>  <i>List the products, goods and services (<b>grouped per areas of work</b>) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p> <p><b>1. Treatment</b></p> <ul style="list-style-type: none"> <li>2450 Children (1176 boys, 1274 girls) are treated for SAM</li> <li>10 OTP sites are operating as per the IMSAM guidelines</li> <li>4 new OTP sites established</li> </ul> <p><b>2. Prevention of acute malnutrition</b></p> <ul style="list-style-type: none"> <li>4687 PLW and children 6930 U5 are provided with micronutrient supplementation</li> <li>27,667 Children aged 6-59 months (14,386 girls, 13,280 boys) attending health facility receive Vitamin A supplementation</li> <li>27667 Children 12-59 months attending health facility receive de-worming tablet as per WHO guidelines</li> <li>15145 Mothers receive IYCF education and support through mothers support groups, through 90 mother to Mother support groups</li> <li></li> </ul> <p><b>3. Improved capacity building</b></p> <ul style="list-style-type: none"> <li>Improved capacity for 26 health workers on management of SAM &amp; MAM</li> <li>Improved capacity for 270 community workers and volunteers (including lead mothers) on</li> </ul> <p><b>4. Assessment and coordination</b></p> <ul style="list-style-type: none"> <li>2 Valid nutrition assessment conducted in the target counties</li> </ul>	<p><b>Indicators of progress:</b>  <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?  Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> <li>Number of children U5 treated for SAM</li> <li>Number of OTP sites operating</li> <li>Number of new OTP sites established</li> </ul> <ul style="list-style-type: none"> <li># of PLW (new admissions) enrolled in SFP</li> <li># of children U5 receiving Vitamin A Supplementation</li> <li>Number of mothers support groups established and/or functioning</li> </ul> <ul style="list-style-type: none"> <li>Number of health workers trained on SAM</li> <li>Number of community nutrition workers and volunteers trained on IYCF.</li> </ul> <ul style="list-style-type: none"> <li>number of SMART surveys conducted</li> <li>number of national nutrition cluster meetings attended</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <p>14 Feeding centre records  6 Monthly reports  6 Monthly reports</p> <p>14 Distribution reports  Stock records</p> <p>Training attendance sheets and monthly training report</p> <p>2 SMART survey report  12 Nutrition cluster meeting minutes</p>	<p><b>Assumptions &amp; risks:</b>  <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>Political and social stability</li> <li>Absence of large scale humanitarian crisis or disasters</li> <li>Normal climatic conditions</li> <li>Security in the target areas remains sufficiently stable to allow access to conduct humanitarian activities</li> <li>On-going support and willing participation of South Sudan Relief and Rehabilitation Commission (RRC) counterpart, local authorities, MoH and beneficiaries</li> <li>Absence of extreme price or exchange rate shifts.</li> <li>Localized conflict or emergencies do not result in inability to remotely monitor program</li> <li>Appropriate funding is received</li> </ul>

<ul style="list-style-type: none"> <li>Active coordination with other nutrition actors</li> </ul>			
<p><b>Activities:</b> List in a chronological order the key activities to be carried out. Ensure that the key activities will result in the project outputs.</p> <p><b>1. Treatment</b></p> <ul style="list-style-type: none"> <li>4 new setting Repair and supply 14 OTP site</li> <li>30, 290 Screen children in the community 6- 59 m months</li> <li>Admit and treat 4,687 PLW, and 2,450 children under 5 experiencing severe acute malnutrition.</li> <li>Admit and treat 6,930 children under 5 experiencing severe acute malnutrition.</li> <li>180 Work with local health providers to establish referral pathways for children with severe</li> </ul> <p><b>2. Prevention</b></p> <ul style="list-style-type: none"> <li>27,667 Administer Vitamin A to 27,667 children screened aged 6-59m</li> <li>Administer deworming tablets to 27,667 children screened aged 12- 59 m</li> <li>Encourage mothers receiving antenatal care to form mothers support groups</li> <li>Support 40 mothers support groups with space and resources</li> </ul> <p><b>3. Improved capacity building:</b></p> <ul style="list-style-type: none"> <li>Train 26 nutrition staff and community health workers on IM-SAM &amp; MAM guidelines.</li> <li>Provide training on IYCF to 270 community health workers and mothers support group leaders</li> </ul> <p><b>4. Assessment and coordination</b></p>	<p><b>Inputs:</b> What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</p> <ul style="list-style-type: none"> <li>Staff time</li> <li>Contractor for the repair of the OTP site</li> <li>Mats</li> <li>Weighing scale</li> <li>Height board</li> <li>Benches</li> <li>Table and chairs</li> <li>Flip charts</li> <li>Water dispenser</li> <li>MUAC Tapes</li> <li>Staff time</li> <li>Plumpy nut, de-worming tablets, antibiotics</li> <li>Buckets for beneficiaries</li> <li>Record cards</li> <li>Water</li> </ul> <ul style="list-style-type: none"> <li>Staff time</li> <li>Vitamin A</li> <li>De-worming tablets</li> <li>Micronutrient sprinkles</li> <li>IYCF counseling cards</li> <li>Mats</li> <li>Space in the hall</li> </ul> <ul style="list-style-type: none"> <li>IMSAM training curriculum</li> <li>Travel expenses for staff</li> <li>Staff time</li> <li>Refreshments for training sessions</li> </ul> <ul style="list-style-type: none"> <li>Staff time</li> <li>Questionnaires and record sheets</li> <li>Height boards</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b> What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</p> <ul style="list-style-type: none"> <li>Stable security situation</li> <li>Accessibility, rainy season does not start earlier than the usual pattern</li> <li>Localized conflict and emergency.</li> <li>Peaceful disarmament</li> <li>Mothers willing to engage in groups and be trained on IYCF Absence of large scale humanitarian crisis or disasters</li> <li>Access to UNICEF pipeline for nutrition supplies</li> <li>Funding can be secured</li> </ul>

<ul style="list-style-type: none"> <li>Recruit and train team in SMART methodology</li> <li>Conduct pre-harvest SMART surveys in targeted Counties in-line with South Sudan country guidelines</li> <li>Present results to nutrition team and relevant stakeholders</li> <li>Attend 12 cluster coordination meetings</li> </ul>	<ul style="list-style-type: none"> <li>Scales</li> <li>MUAC tapes</li> <li>Computer equipment for input</li> </ul>		
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## PROJECT WORK PLAN

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

Activities	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Activity 1.1: Screening to identify SAM and MAM cases and ensure they are treated at the SC, OTP and SFP while achieving and maintaining the target sphere standards as specified in the IMSAM guidelines		x	x	x	x	x	x	x						
Activity 1.2: Provision of the SC, OTP and SFP treatment rations and supplementary food rations to under-fives		x	x	x	x	x	x	x						
Activity 1.3: Managing the 1 Stabilization center 14 OTPs and 14 SFPs in the operation area, targeting care to U5 Children and P&LW		x	x	x	x	x	x	x						
Activity 1.4: Complementing the outpatient therapeutic feeding care with the required medicine and medical equipment's		x	x	x	x	x	x	x						
Activity 1.5: Set Up 4 new OTP and TSFP in Kapoeta East		x	x											
Activity 1.6: Support and equip 14 OTP/TSFP site		x	x	x	x	x	x	x						
Activity 1.7: Screen 30,290 children aged 6-59 months in the community		x	x	x	x	x	x	x						
Activity 2.1 : Train 26 health workers in treatment of SAM and MAM in line with National Guidelines		x	x											
Activity 2.2: Provide micronutrient supplementation to children < 5 years and lactating mothers					x		x	x						
Activity 2.3: Provide blanket supplementary foods to 15,576 boys and girls aged 6-36 months		x	x	x	x	x								
Activity 2.4: Conduct a Nutrition survey using SMART Methodology		x												
Activity 3.1: Train health and nutrition staff on CMAM (active case findings, referrals and follow-up of cases) and IYCF		x	x											
Activity 3.2: Form and train 40 Mother to Mother Support Groups for promotion of appropriate infant and young feeding			x											
Activity 3.3: Conduct nutrition education at the project sites focusing on IYCF		x	x	x	x	x	x	x						
Activity 3.4: Conduct community outreach and awareness sessions to promote positive IYCF practices as well as optimal maternal nutrition		x	x	x	x	x	x	x						
Activity 4.1: Conduct hygiene promotion and sanitation awareness at distribution sites		x	x	x	x	x	x	x						
Activity 4.2: Conduct outreach hygiene promotion sessions in the communities		x	x	x	x	x	x							
Activity 4.3: Conduct hand washing promotion activities in the communities		x	x	x	x	x	x							