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

SECTION I:

CAP Cluster	**NUTRITION CLUSTER**

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

Cluster Priority Activities for this CHF Round

Cluster priority activities for the first round standard allocation are:

a) the integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;

b) the prevention of malnutrition in pregnant and lactating women and children under five through micronutrient supplementation, the provision of supplementary foods, support of infant and young child feeding, and health and nutrition education;

c) procurement and management of key pipelines to enable priority a) and b)

d) capacity building of health workers, partners, key community members and community organisations to enable emergency response, treatment and prevention activities; and

e) if required, emergency preparedness and response activities.

Cluster Geographic Priorities for this CHF Round

Cluster geographic priorities for the first round standard allocation are:

a) Jonglei (Pibor, Akobo)

b) Upper Nile (host communities around Maban, Renk)

c) Unity (likely northern counties but also in the south such as in Mayendit county)

d) Northern Bahr el Ghazal (all counties)

e) Warrap (Twic, Tonj East)

f) High risk spots of Western Bahr el Ghazal, Eastern Equatoria and Lakes.

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

Requesting Organization
TEARFUND
Project CAP Code
SSD-13/H/55068/5157
CAP Project Title *(please write exact name as in the CAP)*
Tearfund's Provision of Life Saving Services to Highly Vulnerable Populations suffering from Malnutrition.

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

State	%	County
Jonglei	100	All 6 Payams of Uror County including Motot, Pulchuol, Pieri, Pathai, Weckol and Padiak.

Total Project Budget requested in the in South Sudan CAP	US$ 219,001. We have subsequently scaled up our response to nutrition in Uror County to $839,545
Total funding secured for the CAP project *(to date)*	N/A

Funding requested from CHF for this project proposal	US$ 150,000

Are some activities in this project proposal co-funded?
Yes x☒ No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in CHF Project	**Number of direct beneficiaries targeted in the CAP**
Women:	**6,961**	**9,962**
Girls:	**21,657**	**30,936**
Men:	**798**	**1,330**
Boys:	**22,537**	**32,198**
Total:	**51,953**	**74,426**

Indirect Beneficiaries

232,075

Catchment Population (if applicable)

The population will be from all the 6 Payams of Uror County (Motot, Pulchuol, Pieri, Pathai, Weckol and Padiak) including the returnees who have joined the community and are already integrated in the community.

CHF beneficiary breakdown		
Women	P&LW	651
	Trainees	72
	Beneficiaries of IYCF promotion	6238
	Other vulnerable	
Men	Trainees	48
	Beneficiaries of IYCF promotion	750
	Other - vulnerable	
Children U5 Yrs	SAM	651
	MAM	2,387
	BSFP	
	Micronutrient supplementation	21,661
	Deworming	19,495

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

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 7 Months (March – September)

Contact details Organization's Country Office	
Organization's Address	*Tearfund, ECS Compound, Hai Malakal, PO Box 94, Juba, South Sudan*
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Contact details Organization's HQ	
Organization's Address	*Tearfund, ECS Compound, Hai Malakal, PO Box 94, Juba, South Sudan*
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SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

Uror County faces widespread disruption caused by intertribal fighting between the Lou Nuer and Murle tribes. In August 2011 massacres affected the programme areas, in particular the Motot, Pulchuol and Pieri payams. The death toll reached 600 with up to 26,000 people displaced (UNCHR, Reliefweb, 26 Aug 2011). In Jonglei, continued conflict incidents have led to the displacement of 111,576 people from January 2012 to September 2012. (OCHA 30/09/2012). As well as causing the displacement of thousands, insecurity and instability continue to contribute to the heavy loss of livestock and livelihoods, leading in turn to food insecurity, malnutrition, disease, and an increased number of female headed households (who have the most difficulty accessing resources).

A government led disarmament process following the intertribal conflict between Uror and Pibor Counties conducted last year, led to increased tension within communities and allegations of human rights abuses against the Murle community. Uror County borders Akobo and Pibor counties and is continuously affected by conflict and tensions experienced in these counties, in particular the current presence of David Yau Yau's militia.

Alongside the above, Uror County is affected by cyclical natural disasters, including flooding and droughts. The flooding experienced in the 2012 rainy season was the worst in over 20 years (Flood assessment report of October 2012 and Community key informant interviews by Tearfund) and affected all 6 Payams in Uror County. Many houses were destroyed and their members displaced; there was increased incidence of livestock disease and death, and an enormous amount of crops destroyed. According to the Inter Agency Floods and Need Assessment report (2nd to 28th August), a total of 10,920 individuals from 1,560 households were affected in 3 Payams (Motot, Pieri and Pulchuol). Across the county it is likely that the flooding affected up to 5,000 households. The majority of these households will not have enough food to last through the coming dry/hunger gap season – which is predicted to begin imminently – increasing the vulnerability of children under 5 years and pregnant and lactating mothers to malnutrition. Current rates of admissions into OTP have increased in the last few weeks, indicating deterioration in the nutrition status of the community. Immediate nutrition intervention is necessary to prevent deaths due to malnutrition.

The flooding has stretched the already low resources, thus further exacerbating food insecurity and increasing the likelihood of SAM in children under 5 in the area. Moreover, the shutdown of oil production and export in South Sudan and the subsequent strain on the country's economy in 2012, has led to rapid increases in food prices in the limited market. This in turn, has reduced the availability of food amongst populations within Uror County, contributing towards deteriorated SAM and GAM rates.

Tearfund conducted a post-harvest SMART survey which reported GAM rates at 16% and SAM rates at 2.9%.There was slight difference in GAM rate between boys and girls, GAM rate of16.6 % was observed in boys and 15.4 % in girls (above the WHO emergency threshold). The same post-harvest SMART survey a year earlier had found, GAM at 14.6% and SAM at 2.6%, indicating that the nutrition status has deteriorated. This coupled with the destruction and displacement caused by July- October flooding will likely severely impact the nutrition status of the community.
Currently the community is facing food shortage and majority has migrated to Pathai Payam which is along the season river in search of food. The settlement in Pathai has formed a large IDP camp with limited resources. The recent Rapid MUAC assessment conducted on 11th February 2013 in the IDP camp in Pathai showed a GAM rate of 37.4% and SAM of 12.2%. (55.4% were girls while 44.6% were boys) with 35.1% at risk of developing malnutrition.

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.

Tearfund will provide services in the areas of integrated management including assessment and treatment, prevention, capacity building, coordination and emergency response, in line with cluster guidelines. These are outlined as follows:

Assessment: Two SMART nutrition surveys will be conducted, pre and post-harvest to determine and assess nutrition trends within project areas. These will be carried out in conjunction with the MOH. Information on the agreed cluster indicators for WASH, Food Security and IYCF will be collected. Should returnees reach >500 in the project area, the team is well equipped to carry out a Rapid MUAC assessment. Data and results will be desegregated according to sex

Treatment: Tearfund currently runs 2 OTP and 3 TSFP sites in three Payams and plans are to expand sites into 3 new payams. These facilities enable the management of SAM for children aged 6-59 months, and TSFP for children under 5 years, pregnant and Lactating women. OTP and TSFP services are provided in line with MoH IM-SAM and MAM guidelines respectively. Tearfund plans to take a holistic approach towards addressing some of the underlying causes of malnutrition by expanding the current Nutrition, Wash and Food Security projects in Uror County to include all 6 payams. The project will cover the whole county and seeks to address key risks including lack of water and food across Uror.

Prevention: All children under five years, pregnant and Lactating Women in the County will be screened for malnutrition using MUAC with referral to TSFP and OTP as necessary. Nutrition program staff including the CHD nutrition department will be trained on MUAC screening, IYCF component and referral procedures. Micronutrient supplements in form of Vitamin A will be given to all children aged 6-59 months as per WHO guidelines, and deworming tablets will be given to all those aged 12-59 months (including all non OTP and TSFP children). All pregnant and lactating mothers will also be given micronutrient supplements in the form of iron and folate. The health and nutrition education (including a primary focus on IYCF messages) will be tailored targeting women's groups and village leaders.

Capacity Building: The CHD nutrition department will be trained on nutrition protocols and management of SAM and MAM, as per IMSAM and MAM guidelines. Tearfund has been capacity building the CHD nutrition department on the management of SAM and MAM in the three Payams where nutrition activities are currently running. The program will continue to capacity build them as it expands into new areas. Tearfund will involve the CHD nutrition department in subsequent SMART trainings and surveys to capacity build knowledge and experience in this area. Tearfund participates in the nutrition in emergencies training coordinated by the cluster. Staff training for new joiners and refreshers will be carried out to update staff on the new developments in nutrition care and protocols. Tearfund's Project Manager and Project Officer are SMART trained. To ensure gender equity in trainings, Tearfund will encourage the county health department to recruit more women who will be part of the team targeted for capacity building. Tearfund encourages women to apply for all the position and among the staff who will be directly running the program at least 30% will be women.

Coordination and preparedness: Tearfund participates in nutrition cluster coordination meetings at County, state and national level. Tearfund will attend Quarterly cluster coordination meetings at the state headquarters in Bor and where possible national cluster meetings in Juba. MoH/CHD will be informed and invited for all surveys and assessments. Monthly nutrition cluster reports will be sent to all stakeholders. SMART and Rapid MUAC

[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.

assessments are done in line with cluster standards. CHD staff will be invited to participate in SMART training. Tearfund is reporting on Nutrition DHIS according to government systems. Emergency preparedness and response will ensure that all Plumpy nuts, micronutrients supplements and other relevant drugs for OTP and TSFP programs are delivered in advance of the rains, documented systems are in place for remote management during insecurity, and referral guidelines for emergency SAM cases are in place.

Tearfund will be the sole implementer of these services.

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 grant will be used to support approximately a third of the direct costs of the nutrition project described above, including but not limited to nutrition staff salaries, procurement of program supplies, transportation of GIK supplies from UNICEF to the program site, nutrition surveillance, warehousing, training and support for local running of the program. The project is a scaled up response across the entire of Uror County.

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 reduce mortality and morbidity from malnutrition among highly vulnerable populations in the extremely underserved area of Uror County, by providing integrated management of malnutrition services for children under five years, pregnant and lactating women to prevent and treat acute malnutrition through micronutrient supplementation, support of feeding and education on health and nutrition, capacity building and emergency preparedness.

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 take place in Uror County covering all the six Payams (Motot, Pulchuol, Pieri, Pathai, Weckol and Padiek)

Assessment:

- Conduct pre-harvest SMART surveys targeting children 6-59 months in the whole County, Jonglei State, in line with nutrition cluster standards (April-May 2013): 232, 075 (127641 Male and 104,434 females) target population for random sampling).
- Prepare teams and conduct MUAC rapid assessments wherever returnees number >500 in all project areas.
- Collect Information on the agreed cluster indicators for WASH, Food Security and IYCF.
- Disaggregate all needs assessment data for gender, including training courses.

Prevention:

- Screen 80% of all children aged 6-59m in Uror County with MUAC. Direct beneficiaries 21,661. (boys 11,047 and girls 10,614)
- Administer Vitamin A to 80% of all children aged 6-59m according to WHO guidelines. Direct beneficiaries 21,661. (boys 11,047 and girls 10,614)
- Administer deworming tablets to all children aged 12-59m. Direct beneficiaries 19,495.(Boys 9,942 Girls 9,553)
- Administer iron and folate to all pregnant women attending TSFP. Direct beneficiaries: 651. Pregnant women are at risk of anaemia and dietary micronutrients supplements are extremely poor in the targeted communities.
- Educate all pregnant and lactating women on exclusive breastfeeding. Promote appropriate IYCF. Direct beneficiaries 6,238 (including those targeted by the health and nutrition education).
- Educate women's groups on what constitutes a nutritious diet, using local products, including the use of demonstration sessions. Direct beneficiaries 651.

Integrated Management/ Treatment:

- Treat GAM and SAM in boys and girls through the provision of TSFP in 6 sites and OTP 5 sites, 2 mobile and 2 static. This will be conducted in line with SPHERE standards and IM-SAM and MAM guidelines. Direct beneficiaries TSFP 2387 and OTP 651
- Deliver TSFP for Pregnant and lactating women with MUAC of less than 23cms in 6 sites alongside OTP and TSFP for children under 5 years Direct beneficiaries 651
- Ensure proper secondary care referral pathways for all SAM children with complications. Referrals will be to IMC Walgak and MSF-H Lankien PHCC for further specialized management.
- Improve defaulter and non-responder rates. Due to pastoralist movements and insecurity, defaulter rates are high in the project area. The defaulter tracing procedure includes a visit by a nutrition extension worker to the defaulter's home; an assessment is done and the parents are then encouraged to return the child to the program. If children fail to meet the discharge criteria, they are readmitted to the OTP and TSFP programmes following a comprehensive investigation.
- All admission data collection is disaggregated for gender.

- **Capacity building:**
- Train all nutrition and CHD staff on IM-SAM and MAM guidelines. Direct beneficiaries: 50 (35 Men and 15 Women)
- Promote IYCF messages at all staff trainings. (Including exclusive breastfeeding and IYCF). Direct beneficiaries: 50 (35 Men and 15 Women)
- Train nutrition staff in all aspects of emergency response. Direct beneficiaries: 30 (20 men and 10 Women)
- Ensure all trainings are open to both men and women.
- Train nutrition staff on MUAC, IYCF and referral procedures. Direct beneficiaries 50 (as above).
- Data management training including SPSS: Direct beneficiaries 10 (6 Men and 4 Women)

- **Coordination, emergency preparedness and emergency response:**
- Ensure coordination with the CHD and other agencies implementing nutrition programs is in place to avoid duplication.
- Coordination with Health agencies in the county including CHD on the referral system and ensure continuation of management of SAM with complication on referral and after stabilization.

- Ensure data collection procedures allow monitoring to continue when movement and access to outreach centres is reduced.
- Pre-position supplies before the rainy season.
- Improve access to underserved and remote locations using mobile nutrition teams where and when necessary.
- Record and monitor supply stock outs with proper analysis for future prevention.
- Submit timely monthly reports and nutrition surveys to cluster.
- Train all nutrition teams on emergency nutrition procedures for returnees, to ensure emergency preparedness for a humanitarian crisis.
- Improve pipeline management.
- Ensure secondary care referral pathways are documented and in place.
- Carry out monitoring and evaluation with regular clinic and feeding center supervision.
- Establish improved data collection procedures to ensure continuous monitoring.
- Conduct focus group discussions with the beneficiaries annually to improve coordination and gain a qualitative understanding of the project's impact.

iv). Cross Cutting Issues

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

Gender

Tearfund actively promotes gender issues and equality. Gender is one of twelve quality standards in line with the Red Cross Code of Conduct and HAP benchmarks, which Tearfund adheres to, and by which Tearfund projects are internally assessed. A Community Empowerment Officer (CEO) in the field site holds responsibility for this standard ensuring that women are encouraged to take roles in the management of village committees, (e.g. WASH) with the aim that women comprise at least a third of representatives. Since the programme's beneficiaries are mainly comprised of women and children this ensures sustainability and ownership of the project. Tearfund endeavours to include men and women in project activities, taking into consideration the different needs and roles of each. The CEO will initiate focus group discussions to assess gender needs, for example on issues such as the age of marriage and child spacing, workload imbalance, and its impact on the communities' health and development. Poor child spacing links to anaemia in pregnant women and in turn malnutrition. Maternal labour directly links to child/mother contact time, feeding time and rates of malnutrition. Findings are used to impact the design of the projects and help Tearfund learn about community opinions and values enabling increased involvement of women whilst being sensitive to existing community power structures. Communities themselves are directly consulted regarding beneficiary selection criteria and all needs assessment data is disaggregated for gender, including training courses and BHC committee lists. All trainings are open to men and women. Gender considerations are also made in staffing; where possible, women are given equal opportunity for recruitment as men. Mothers are allowed all maternity leave benefits and breastfeeding access.

Environment

Environment is also part of Tearfund's quality standards. Tearfund seeks to minimize organisational impact on the environment. An environment assessment is conducted at the beginning of all Tearfund programmes ensuring activities do not have an negative impact on the environment. All feeding centres have clearly demarcated waste disposal areas and feeding staff are monitored by nutrition supervisors on a daily basis to ensure waste is being correctly incinerated. Flooding in the area affects the project seasonally. Prepositioning of feeding centre supplies is therefore carried out during the dry season to minimise any negative impact. Caretakers of children in the programme are encouraged to bring back Plumpy nut sachets for verification that they were used as intended, for the malnourished children, rather than sold in the market or exchanged. After the feeding session all the sachets are collected together and burnt in the incinerator at the PHCU's.

HIV/AIDS

HIV is a cross cutting theme in all Tearfund disaster management programmes. A clear HIV workplace policy is adhered to in all sites. Training is provided for all staff, making them aware of accurate information, with support provided if affected. PEP kits are also procured. In the design of all projects and across all sectors in Uror County, Tearfund staff are trained to incorporate HIV awareness and promotion, with the aim to reduce vulnerability to HIV amongst beneficiaries and improve their coping mechanisms. For example, food security projects integrate HIV prevention and awareness activities. Mothers and caretakers who attend the feeding centres are specifically targeted by Health Promotion Workers with HIV awareness messaging. All staff are trained in universal precautions and capacity building of local spear masters is carried out to reduce harmful practices.

Disaster Risk Reduction

Tearfund believes that there must be more emphasis put on strengthening people's capacity to anticipate, cope with and recover from disasters – this is increasingly important in areas prone to cyclical disasters. Preparedness is an integral element of this project as it seeks to reduce the impact of future disasters. Tearfund is planning to conduct a PADR assessment in Uror county to help the community identify some of their own problems and come up with a way of mitigating the identified problems. Community empowerment officers are specifically tasked with capacity building communities in mobilisation and disaster risk reduction.

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. Improved nutritional status among children under 5 years, pregnant and lactating women in Uror County.
2. Improved micronutrient supplementation coverage among children under 5 years hence reduction in micronutrient deficiency related conditions
3. Nutrition and County health department staff have improved knowledge on nutrition and IYCF.
4. Improved knowledge among the community member in regards to child care practices 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.	80% of children aged 6-59 months are screened for malnutrition with MUAC at the community level.	Boys:11,047 Girls: 10,614 Total: 21,661
X	2.	Improved malnutrition prevention with supplements: children aged 6-59 months will receive Vitamin A supplementation, and children aged 12-59 months will receive de-worming tablets as	Vitamin A: Boys:11,047 Girls: 10,614

		per WHO guidelines. PLW admitted in the program will be given iron and folate to prevent anaemia.	Total: 21,661 De-worming: Boys:9,942 Girls: 9,553 Total: 19,495 PLW given iron and folate: Total: 651
X	3.	All OTP programmes provide quality SAM with results in line with SPHERE standards.	The proportion of exits from therapeutic care who have died is <10%, recovered is >75% and defaulted is <15% and the proportion of exits
X	4.	Establish new feeding/treatment centers for both MAM and SAM in three Payams	3 new TSFP site established 4 New OTP centres established
X	5.	All TSFP programmes provide quality MAM treatment with results in line with SPHERE standards	The proportion of exits from the supplementary feeding programme who have died is <3%, recovered is >75% and defaulted <15%.
X	6.	Health and nutrition workers trained (includes facility and community level nutrition workers) in nutrition protocols including outpatient treatment of SAM protocols, treatment of MAM protocols, in IYCF and in screening referrals.	Training in outpatient treatment of SAM protocols: 50 (35 Male and 15 Female) Training in treatment of MAM protocols: 50(35 Male and 15 Female) Training in IYCF: 50(35 Male and 15 Female) Training in screening and referral: 50(35 Male and 15 Female)
	7.	Educate pregnant and lactating mothers on exclusive breastfeeding and women groups on what constitutes a nutritious diet and how to constitute it using local products.	60% of pregnant and lactating mothers will be educated on exclusive breastfeeding and on how to make a nutritious diet using locally available products.
	8.	Conduct one SMART survey pre-harvest in line with nutrition cluster recommendations	Conduct one Pre-harvest survey April –May 2013
	9.	Bi weekly supervisory and technical supports visits to the feeding centers	Attend at least 10 feeding sessions per feeding Centre
	10.	Participate in cluster coordination meetings in both state and national level.	Attend 2 national cluster coordination meetings Attend 3 State cluster coordination meetings
X	11.	Timely and complete monthly reports submitted in the reporting period.	6 nutrition cluster reports completed and submitted to the cluster on time during the project cycle.

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.

Tearfund is the direct implementer of this project and does not have any implementing partners relating to this project. With the withdrawal of MSF from Uror Tearfund is the sole NGO working in nutrition in these vulnerable Payams. However, Tearfund receives gifts in kind and nutrition supplies from UNICEF and WFP to enable the implementation of the project objectives.

1. Conduct SMART nutrition survey pre-harvest in coordinating with SMOH / CHD and Cluster

Tearfund will conduct the pre-harvest survey in April-May 2012 in line with the Nutrition cluster standardized timings. The survey will be conducted internally by Tearfund staff in full coordination with the CHD and SMOH. The results of the survey will be disseminated to the cluster, NGOs, UN agencies including WFP, local authorities and donors operating in South Sudan. The information will also be relevant for advocacy if further interventions are necessary to address underlying food insecurity or nutrition issues in the community.

2. Deliver OTP and TSFP from decentralized sites using UNICEF and WFP GIK.

Tearfund will continue to implement the nutrition strategy in line with current WHO, UNICEF and RoSS MOH recommendations and practice. Plumpy Nut will be obtained as gift in kind through the UNICEF PCA agreement and dry ration for TSFP will be obtained from WFP. A nutrition manager and a nutrition officer will oversee the project directly at field level, with a nutrition advisor at Juba level for technical support.

OTP, TSFP children and PLW will be attended in the already established feeding centres in three Payams in Motot, Pieri and Pulchuol. Three new feeding centres will be established in Pathai, Weckol and Padiak. The whole county will now be served with feeding centres.. All the services will be offered in the six feeding centres as per the IMSAM and MAM guidelines by the nutrition extension workers. All children admitted to the nutrition programme will receive de-worming medication, micronutrient supplements and referred for measles vaccinations in accordance with SPHERE standards. All PLW admitted in the programme will receive Iron and folate to prevent anaemia and will be referred for ANC and Post natal care where necessary. Tearfund will work closely with CHD and other Health implementing partners to come up with a good referral system for ANC, Post natal care and immunization for both ANC and children of post natal mothers.

3. Prevention (Screening and micronutrients supplementation) with internal trainings

All children under 5 years, pregnant and lactating women in Uror County will be screened at the community level by nutrition extension workers. Coordination with CHD Health staff and other health care providers will be in place and a referral mechanism from the CARE run health facilities will be put in place to make sure the needs for all malnourished children are taken care of appropriately. Children with MUAC <115mm and / or oedema will be referred to OTP for treatment of acute malnutrition and MUAC of 115mm to 125mm and without oedema will be referred to TSFP for treatment of moderate malnutrition. All PLW with MUAC of less than 230mm will be referred to TSFT for PLW.

In house training will support Nutrition extension workers to recognise, screen and appropriately refer cases of malnutrition, and administer appropriate micronutrients (deworming and vitamin A).

4. Referrals for Secondary Care

Severely malnourished children with complications will be referred to IMC Walgak stabilization center or MSF-H Lankien PHCC for further management using Tearfund vehicles. Once their condition has stabilized they will be transferred back to the OTP center to complete their treatment. CARE international who have taken over the running of health in Uror county will be establishing inpatient units in Motot and Yuai which will be referral centers once they are established and functioning. Tearfund will coordinate closely with CARE on the referral systems. It is expected that the health workers of CARE and Tearfund nutrition staff will meet regularly to assess progress on referrals and ways to continuously improve the systems.

5. Coordination

Tearfund will attend the monthly Juba nutrition cluster meetings. State cluster meetings in Bor will also be attended regularly and no less than on a

quarterly basis, to strengthen coordination between Tearfund with the cluster and Ministry. Monthly reports will be submitted to all levels and stakeholders through existing reporting mechanisms between Tearfund and the cluster.

6. Promote health education including IYCF.
Tearfund have developed 5 crosscutting key messages in all our programmes. The messages are as follows:
· Use only safe water from the borehole for drinking
· Immunize all pregnant women and children below one year to prevent disease
· Eat more vegetables and fruit to be healthy
· Give only breast milk for the first 6 months to prevent sickness
· Wash your hands after defecation and before handling food to prevent diarrhoea.

For Uror these five health messages have been translated into Nuer, the local tribal language. The UNICEF IYCF package of resources is also used, along with Tearfund's own pack of resources on exclusive breastfeeding, including the use of breastfeeding messages on T-shirts, banners, posters for community areas, flip charts for trainings and training DVDs and manuals for maternal care workers.
Tearfund Nutrition extension workers will regularly attend feeding centers and deliver these key messages. Sharing sessions, demonstrations, support and counseling mothers are important components of education for community women's groups with voluntary small groups formed to support special mothers with different infant feeding needs. Good feeding practices and messages on complementary feeding will be taught, with demonstrations on the type of local nutritious food to use when feeding young children. Feedback will be obtained from the community groups via the community empowerment officer, for purposes of quality improvement and accountability.
Breastfeeding messages are not only passed to mothers but also to men, village and church leaders, and others with decision making powers within the communities.

7. Capacity building and training nutrition staff on IYCF guidelines and MoH SAM protocols.
Nutrition extension workers and CHD nutrition department staffs will be trained internally by Tearfund on MUAC screening, IYCF and referral of malnutrition cases. With the expansion into new areas staff will be fully trained on IYCF guidelines and SAM protocols. All nutrition extension workers and supervisors will be internally trained on IM-SAM and CMAM protocols using the MoH guidelines, with training done by the nutrition manager. Tearfund will specifically train all CHD staff in the nutrition department in all the Payams on CMAM and IM-SAM so that they will be able to fully integrate nutrition services in their PHCUs.

8. Emergency Preparedness
Program supplies including inputs for beneficiaries will be delivered to the field before the rainy season starts and propositioning to the distribution centers will be done before the roads becomes inaccessible. Documented systems are in place for remote management during insecurity, and referral guidelines for emergency SAM cases are in place. Nutrition health workers will be trained on rapid MUAC screening and prepared ready to conduct rapid MUAC assessments wherever returnee number more than 500 in all project areas.

vii) Monitoring and Reporting Plan

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

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

- Monthly Ministry of Health DHIS reports, nutrition cluster monthly report and internal Tearfund DHIS reports will measure accurately the number of child aged 6-59 months screened for malnutrition with MUAC, given Vitamin A, and deworming tablets.
- Internal Tearfund Nutrition reports will measure accurately the number of pregnant and lactating women given micronutrients in the form of iron and folate.
- Monthly Tearfund nutrition narrative reports will record and document progress made with teaching communities nutritious recipes, and the numbers reached in IYCF health education.
- Pre and post SMART survey reports will monitor and assess the impact of the project on IYCF, SAM and GAM rates, measles and hand washing rates, morbidity and mortality, and the impact of the health and nutrition education on community behavior.
- OTP and TSFP admission data, cluster reporting and DHIS systems will monitor the OTP and TSFP programme quality for SPHERE standards.
- Donors and cluster will verify the punctuality and completeness of Tearfund's submitted cluster reports.
- Monthly HR training reports and monthly nutrition cluster reports will document the number of staff trained, including females and different cadres. Monthly nutrition reports will capture all the indicators set above to monitor program performance and areas of improvement in the design of the project. Accountability to the community and donors in terms of achieving the set indicators and regular feedbacks. Monthly HR report will give an overview of areas to target in terms of staff development.

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)
N/A	N/A

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

SECTION III:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.
Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55068	**Project title: Lifesaving support to vulnerable population suffering from Malnutrition**	**Organisation: TEARFUND**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* • 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:** *What are the key indicators related to the achievement of the CAP project objective?* • *SAM 70% needs coverage* • *MAM 70% needs coverage*	**How indicators will be measured:** *What are the sources of information on these indicators?* • SMART survey (needs) • Monthly reports from treatment records (coverage)	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • To contribute to the response to the nutrition emergency in Wuror County and reduce mortality from malnutrition by providing quality services for the prevention of acute malnutrition and treatment of severe and moderate acute malnutrition.	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • SAM rates in the county stay below emergency threshold levels (<2%) and GAM rate improves from the current prevalence of 18.8% pre-harvest SMART survey of May 2012	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • SMART survey • Feeding Center records	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Services for the treatment of MAM remain available • No emergency health outbreaks • No large population movements or displacement • On-going funding • Political and social stability • Absence of large scale humanitarian crisis or disasters • Normal climatic conditions • Security in the target areas remains sufficiently stable to allow access to conduct humanitarian activities • On-going support and willing participation of South Sudan Relief and Rehabilitation Commission (SSRRC) counterpart, local authorities, MoH and beneficiaries • Absence of extreme price or exchange rate shifts. • Localised conflict or emergencies do not result in inability to remotely monitor programme
s u l t	**Results - Outcomes (intangible):**	**Indicators of progress:**	**How indicators will be measured:**	**Assumptions & risks:**

	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. • Quality treatment for SAM is provided • Undernourished U5s have good access to SAM and MAM treatment • Infant care practices improved	*What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • SAM treatment achieves SPHERE standards (<10% died, >75% recovered and <15% defaulted) • MAM treatment achieves SPHERE standards (<3% died, >75% recovered and <15% defaulted) • Access to therapeutic care for undernourished u5s is at SPHERE standards (>50% in rural are • Improvement in exclusive breastfeeding practices at 6 months and young infant care practices by (50%)	*What are the sources of information on these indicators?* • Treatment cards and feeding centre weekly reports • Treatment cards, monthly reports and SMART survey estimations • SMART Survey Report	*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?* • No emergency health outbreaks • No large population movements or displacement • On-going funding • Natural disasters (e.g. flooding) do not take place
	Immediate-Results - Outputs (tangible): *List the products, goods and services (grouped per areas of work) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.* **Treatment** • Children are treated for SAM and MAM • OTP and TSFP sites are operating • Increase in the number of OTP and TSFP sites **2. Prevention of acute malnutrition** • PLW and children U5 are provided with micronutrient supplementation • Children aged 6-59 months attending receive Vitamin A supplementation during community screening • Children 12-59 months receive de-worming tablet as per WHO guidelines during community screening sessions. • All children less than 1 year are referred for routine immunization including measles vaccination.	Indicators of progress: *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • Number of children treated for SAM and MAM • Number of OTP and TSFP sites operating (6 sites) • The proportion of exits from therapeutic care in line with Sphere standards; % who have died is <10%, recovered is >75% and defaulted is <15% • Number of new OTP and TSFP sites (4 sites) • 80% of children aged 6-59 months are screened for malnutrition with MUAC (10,614 girls and 9,942 boys) • Improved malnutrition prevention with micronutrients supplements. More than 80% of children aged 6-59 months screened for malnutrition will receive Vitamin A supplementation (10,614 girls & 11,047 boys), More than 80% of children aged 12-59 months will receive deworming tablets as per WHO guidelines during community screening (9,553 girls & 9,942 boys).	**How indicators will be measured:** *What are the sources of information on these indicators?* • Feeding centre records • Monthly reports • Admission and discharge statistics • Distribution reports • Monthly nutrition reports • Cluster monthly reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Political and social stability • Absence of large scale humanitarian crisis or disasters • Normal climatic conditions • Security in the target areas remains sufficiently stable to allow access to conduct humanitarian activities • On-going support and willing participation of South Sudan Relief and Rehabilitation Commission (SSRRC) counterpart, local authorities, MoH and beneficiaries • Absence of extreme price or exchange rate shifts. • Localized conflict or emergencies do not result in inability to remotely monitor programme • Appropriate funding is received •

	• Mothers receive IYCF education and support through mothers support groups	• More than 50% children aged 0-6 months are exclusively breastfeed. • Number of PLW and children receiving micronutrient supplementation (651) • Number of mothers support groups (30); number of mothers (300)		
	3. Improved capacity building • Improved capacity for nutrition staff on management of SAM and MAM. • Improved capacity for nutrition staff and community volunteers (including lead mothers) on IYCF. • Improve capacity for CHD nutrition staff on general nutrition and protocols for management of SAM and MAM	• Number of Nutrition staff receiving training on SAM and MAM (50) • Number of nutrition staff and community volunteers receiving training on IYCF (120) • Number of CHD nutrition staff receiving nutrition training (8)	• Training attendance sheets and monthly training report	
	4. Assessment and coordination • Valid nutrition assessment conducted in the county • Active coordination with other nutrition actors • Active participation in cluster Coordination meetings.	• Number of SMART surveys conducted (1) • Number of national nutrition cluster meetings attended (3) • Number of state cluster coordination meetings attended (3)	• SMART survey report • Nutrition cluster meeting minutes • Final evaluation report	
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* **1. Assessment:** • Conduct pre-harvest SMART nutrition survey in (April-May 2012) in coordinating with SMOH / CHD and Cluster 232,075 target population for sampling. • Conduct focus group discussions with the beneficiaries bi-annually to improve coordination and gain a qualitative understanding of the projects impact. 1.2 • Disaggregate all needs assessment data for gender. **2.Treatment of acute malnutrition:** • Treat SAM and GAM in boys and girls by delivering OTP and TSFP in 6 feeding centres using SPHERE standards, IM-SAM and MAM guidelines.	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.* • Staff time • Contractor for the setting up new OTP/TSFP sites. • Maintenance and repair of the existing OTP/TSFP sites • Mats • Weighing scale • Height board • Benches • Table and chairs • Flip charts • Water dispenser • MUAC Tapes • Staff time • Plumpy nut, deworming tablets, antibiotics • Plumpy sup for TSFP MAM children • Dry ration for PLW. • Buckets for beneficiaries • Record cards • Water		**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* • Stable security • Accessibility, rainy season does not start earlier than the usual pattern • Political and social stability • Localised conflict and emergency. • Transport contractors willing to transport GIK and other supplies • Women groups willing to be trained on IYCF and implement the new objectives • Absence of large scale humanitarian crisis or disasters • Appropriate funding is received • Access to Unicef and WFP pipeline for nutrition supplies

	• Ensure proper secondary care referral pathways for all SAM children with complications. Referrals will be to IMC Walgak and MSF-H Lankien PHCC for further specialized management. • Improve defaulter tracing mechanism and non-responder rates by proper follow-up to the IDP camp in Pathai. Defaulter rates are high in the project area due to pastoralist movements and insecurity. • All admission data collection is disaggregated for gender. **3.Prevention of acute malnutrition:** • Screen all children aged 6-59m with MUAC in the community (direct beneficiaries 21,661 • Administer Vitamin A to all children aged 6-59m during community screening according to WHO guidelines. Direct beneficiaries 21,661 • Administer deworming tablets to all children aged 12-59m during community screening direct beneficiaries 19,445 • Administer iron and folate to all pregnant women attending admitted in PLW program. Direct beneficiaries: 651. • Educate all pregnant and lactating women on exclusive breastfeeding. Promote appropriate IYCF direct beneficiaries 6,232 • Educate women's groups on what constitutes a nutritious diet, using local products, including the use of demonstration sessions. • Improved Capacity building: • Train all nutrition staff and CHD nutrition department staffs on IM-SAM and MAM guidelines. 50 beneficiaries • Train nutrition staff on IYCF and promotion of Breastfeeding. 50 beneficiaries • Train nutrition staff in all aspects of emergency response. 30 beneficiaries • Train Nutrition extension workers and CHD nutrition department staff on Nutrition protocols 50 Beneficiaries • SPSS and data management training. direct beneficiaries 10 • Train nutrition staff in all aspects of emergency response. Direct beneficiaries: 10 trained.	• Vitamin A • Deworming tablets • Micronutrient sprinkles/supplements • IYCF counseling cards • Tracks for transporting supplies to project sites • The defaulter tracing procedure includes a visit by a nutrition extension worker to the defaulter's home; assumes access • Training Space in the hall • Air transport to State headquarters • IYCF Materials, posters • Training materials (IMSAM, IYCF protocols) • GIK • CHD staff who are ready to be trained and participate in nutrition activities • IMSAM and MAM training curriculum • Travel expenses for staff • Refreshments for training sessions • Questionnaires and record sheets • Height boards • Computer equipment for input		

	5. Improved coordination, emergency preparedness and emergency response: • Ensure data collection procedures allow monitoring throughout the period of program implementation • Pre-position enough supplies to all feeding centres before the rainy season starts. • Continuous recording and monitoring supply stock outs with proper analysis for future prevention. • Submit timely monthly reports and nutrition surveys to cluster. • Ensure secondary care referral pathways are documented and in place. • Carry out monitoring and evaluation with regular feeding centre supervision. • Establish improved data collection procedures to ensure continuous monitoring. Ensure data collection procedures allow monitoring to continue when movement and access to outreach centres is reduced. **6. Emergency preparedness** • Ensure nutrition team is trained and prepared on Rapid MUAC assessment and are able to carry out a rapid assessment when there is an influx of returnees or internally displaced population more than 500 in all projects areas. **7. Coordination** • Attend all monthly interagency coordination meetings at the county level • Attend state cluster coordination meetings. • Attend National cluster coordination meetings			

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	
1. Assessment															
1.1 Conduct SMART nutrition survey pre-harvest in coordinating with SMOH / CHD and Cluster					X										
1.2 Conduct focus group discussions with the beneficiaries bi-annually to improve coordination and gain a qualitative understanding of the projects impact.				X				X	X						
2.Treatment of acute malnutrition:															
2.1 Treat SAM and GAM in boys and girls by delivering OTP and TSFP in 6 feeding centres using SPHERE standards, IM-SAM and MAM guidelines.			X	X	X	X	X	X	X						
2.2 Ensure proper secondary care referral pathways for all SAM children with complications. Referrals will be to IMC Walgak and MSF-H Lankien PHCC for further specialized management.			X	X	X	X	X	X	X						
2.3 Improve defaulter tracing mechanism and non-responder rates by proper follow-up to the IDP camp in Pathai. Defaulter rates are high in the project area due to pastoralist movements and insecurity.			X	X	X	X	X	X	X						
3.Prevention of acute malnutrition:															
3.1 Screen all children aged 6-59m with MUAC in the community			X	X	X	X	X	X	X						
3.2 Administer Vitamin A to all children aged 6-59m during community screening according to WHO guidelines.			X	X	X	X	X	X	X						
3.3 Administer deworming tablets to all children aged 12-59m during community screening.			X	X	X	X	X	X	X						
3.4 Administer iron and folate to all pregnant women attending admitted in PLW program. Direct beneficiaries: 651.			X	X	X	X	X	X	X						
3.5 Educate all pregnant and lactating women on exclusive breastfeeding. Promote appropriate IYCF.			X	X	X	X	X	X	X						
3.6 Educate women's groups on what constitutes a nutritious diet, using local products, including the use of demonstration sessions.			X	X	X	X	X	X	X						
4. Improved Capacity building:															
4.1 Train all nutrition staff and CHD nutrition department staffs on IM-SAM and MAM guidelines.			X			X		X	X						
4.2 Train nutrition staff on IYCF and promotion of Breastfeeding.			X			X		X	X						
4.3 Train nutrition staff in all aspects of emergency response.			X			X									
4.4 Train Nutrition extension workers and CHD nutrition department staff on Nutrition protocols			X			X		X	X						
4.5 SPSS and data management training.				X											
5. Improved coordination, emergency preparedness and emergency response:															
5.1 Ensure data collection procedures allow monitoring throughout the period of program implementation			X	X	X	X	X	X	X						
5.2 Pre-position enough supplies to all feeding centres before the rainy season starts.			X	X	X	X	X	X	X						
5.3 Continuous recording and monitoring supply stock outs with proper analysis for future prevention.			X	X	X	X	X	X	X						
5.4 Submit timely monthly reports and nutrition surveys to cluster.			X	X	X	X	X	X	X						
5.6 Ensure secondary care referral pathways are documented and in place.			X	X	X	X	X	X	X						
5.7 Carry out monitoring and evaluation with regular feeding center supervision.			X	X	X	X	X	X	X						
5.8 Establish improved data collection procedures to ensure continuous monitoring.			X	X	X	X	X	X	X						
6. Emergency preparedness															
6.1 Ensure nutrition team is trained on Rapid MUAC assessment and are able to carry out a rapid assessment when there is an influx of returnees or Internally displaced population is more than 500 projects impact.			X		X			X	X						
7. Coordination															
7.1 Attend all monthly interagency coordination meetings at the county level			X	X	X	X	X	X	X						
7.2 Attend state cluster coordination meetings.			X		X	X		X	X						
7.3 Attend National cluster coordination meetings				X		X		X	X						

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