

## 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</b>
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**CHF Cluster Priorities for 2013 First Round Standard Allocation**

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

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> <li>Provide services for treatment of acute malnutrition in children U5 years, P&amp;LW and other vulnerable groups including HIV, TB, KZ &amp; other chronic illnesses</li> <li>Provide services for prevention of under nutrition in children U5 years and P&amp;LW</li> <li>Strengthen Nutrition emergency preparedness and response capacity</li> <li>Strengthen position of nutrition and nutrition policy through advocacy</li> </ul>	<ol style="list-style-type: none"> <li>1. UNITY STATE</li> <li>2. JONGLEI</li> <li>3. UPPER NILE</li> <li>4. WARRAP</li> <li>5. LAKES</li> <li>6. NORTHERN BAHR EL GHAZAL</li> <li>7. WESTERN BAHR EL GHAZAL</li> </ol>

**Project details**

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

<b>Requesting Organization</b>	<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)	
UNIVERSAL INTERVENTION AND DEVELOPMENT ORGANIZATION (UNIDO)	<b>State</b>	<b>%</b>
<b>Project CAP Code</b>	<b>County</b>	
SSD-13/H/55194/14826	UNITY	50%
<b>CAP Project Title</b> (please write exact name as in the CAP)		50%
Nutritional support for under five children and other vulnerable groups in Mayendit county of Unity State		KOCH
<b>Total Project Budget requested in the in South Sudan CAP</b>	<b>Funding requested from CHF for this project proposal</b>	
US\$ 341,339	US\$ 170,000	
<b>Total funding secured for the CAP project (to date)</b>	<b>Are some activities in this project proposal co-funded?</b>	
US\$	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

<b>Direct Beneficiaries</b> (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:	7512	27,537
Girls:	3035	3415
Men:	8615	13,227
Boys:	3481	3,556
<b>Total:</b>	22,643	47,735

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

<b>Indirect Beneficiaries</b>
<b>Catchment Population (if applicable)</b>
<b>CHF Project Duration</b> (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 6 Months (April – September)

Contact details Organization's Country Office	
Organization's Address	Hai Tongpiny Off Kololo Road Nuer Peace Council Compound
Project Focal Person	<i>Name, Email, telephone</i> Alexander Mbogo Muthie <a href="mailto:mbogoh.unidosouthsudan@gmail.com">mbogoh.unidosouthsudan@gmail.com</a> 0921035073
Country Director	<i>Name, Email, telephone</i> James Keah Ninrew <a href="mailto:keahninrew@yahoo.com">keahninrew@yahoo.com</a> 0955008160
Finance Officer	<i>Name, Email, telephone</i> Kennedy Wanyonyi Recha <a href="mailto:krecha3000@yahoo.com">krecha3000@yahoo.com</a> 0955432877

Contact details Organization'sHQ	
Organization's Address	Hai Tongpiny Off Kololo Road Nuer Peace Council Compound
Desk officer	<i>Name, Email, telephone</i> James Keah Ninrew <a href="mailto:keahninrew@yahoo.com">keahninrew@yahoo.com</a> 0955008160
Finance Officer	<i>Name, Email, telephone</i> Kennedy Wanyonyi Recha <a href="mailto:krecha3000@yahoo.com">krecha3000@yahoo.com</a> 0955432877

## SECTION II

### A. Humanitarian Context Analysis

Briefly describe (inno more than500 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>

Food security has been hampered by erratic rains causing floods, insecurity, inflation and border closures have doubled the number of people requiring food assistance from 1.2 million to 2.4 million countrywide. With South Sudan heavily reliant on imported food the rising prices are hitting households and causing an increase in malnutrition.<sup>2</sup>The counties of Koch and Mayendit registered high levels of returnees with Mayendit recording 15225<sup>3</sup> and Koch 8095 further putting a strain to local food resources in counties constantly plagued with flooding and armed conflicts. The food situation is bound to exacerbate the number of children who are stunting which currently is at 25%<sup>4</sup> of the children under 5yrs. A rapid MUAC rapid assessment done by UNIDO teams in Mayendit using CHF funds 2012 allocation indicates more boys suffer from severe acute malnutrition compared to girls, while more girls suffer from moderate acute malnutrition compared to boys. An analysis from the survey showed 3.4% of the sample population of 1880 children did suffer from SAM with 5.5% suffering from MAM. In August 2012, the County experienced heavy flooding that cause displacement of people in large numbers especially in Pabong, Madol Two, Malkuer Payams and some parts of Madol One and Bhor Payams. The main livelihood in Mayendit County is pastoralist however there is significant trading and farming during wet season. Last year flooding in the County it contributed to displacement of people and destruction of food crops. Also, during this time there was a challenge in food accessibility due to impassable roads which contributed to food crisis during flooding season. In Mayendit County there are recurrent episodes of insecurity due to cattle rustling that has significantly contributed to displacement of people particularly vulnerable groups such as women and children. Heavy flooding leading to destruction of food crops and recurrent episodes of insecurity have remarkably affected livelihoods of the community in this region. All these factors have negatively impacted nutrition situation in the county. Areas in which the cattle camps are far off had more malnutrition rates and also child spacing in families, since in more affected families there are more children under five. The is issue of complementary feeding practices is also a contributory factor with many children being fed with porridge only while still at one year old. Food availability seems to aggravate the malnutrition conditions.

### B. Grant Request Justification

Briefly describe (inno more than500 words)the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster.Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The activities proposed in this grant request have been designed to continue with the ongoing intervention from CHF and UNICEF funding in 2012 which include early detection, referral and treatment of acutely malnourished children; building the capacity of existing local health personnel working with the Primary Health Care Units community nutritional volunteers ( CNVs) in the targeted communities in order to detect, treat and prevent acute malnutrition in a comprehensive approach. UNIDO will provide nutrition care and treatment services for children with acute malnutrition in Mayendit County as outlined in MoH/GoSS guidelines. Treatment services will be provided through Outpatient Therapeutic Program ( OTP) Targeted supplementary feeding programs. OTP will form basis of community based approach aimed at addressing and treating cases of severe malnutrition without complications amongst children 6 to 59 months. Children under 5 ( 6-59 months) and PLW with moderate acute malnutrition ( MAM) will be treated through Targeted Supplementary Feeding Program TSFP. Severe acutely malnourished children with complications will be referred for inpatient care at the MSF Holland inpatient facilities in Leer. The ultimate goal is

<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.

<sup>2</sup> UNOCHA 7/8/2012

<sup>3</sup> UNOCHA 3/5/2012 IOM SSRRC verified figures

<sup>4</sup> SSSH 2010

saving lives by reducing mortality and morbidity related to malnutrition thus helping in reducing GAM rates in Unity State. Community mobilization will be an integral part of all nutrition program activities with both men and women being involved, the project shall initiate mother to mother support groups and involve men in IYCF activities. Community mobilization will involve community sensitization, active case finding and defaulter and non response follow up. Community sensitization will be conducted to enhance community understanding of the program to maximize uptake and achieve wider program coverage. UNIDO shall undertake curative activities through together with prevention through Blanket Supplementary Feeding Projects (BSFP), health and nutrition education, IYCF and micronutrient supplementations of vitamin A, de-worming and capacity building of health workers in four facilities. This will ensure long term capacity for preventing and addressing acute malnutrition at the county level. The Community MAM program will be incorporated health facility based and community-based infant and young-child and community workers to facilitate the education. the education shall target both male and female to create and understanding among the men on the need to be involved in alleviating the malnutrition impact of lactating mothers and children under 5 years. A module on IYCF will be included in the nutrition survey carried out to better inform the national database at the cluster level. This information shall be used to tailor the BCC approach to the prevailing context.. UNIDO shall implement a blanket supplementary feeding program, in partnership with the World Food Program in Bentiu, in which all (6-36) months children will receive nutrition support. this will take place during the hunger season February- August 2013), when levels of malnutrition are high due crop failure experienced this season year's (2012) and of cattle camps during the February -May period. UNIDO shall continue with capacity building of the County Health Department, Community Nutrition Volunteers, and project staff in order to build the capacity in effectively managing Community MAM program, mainstreaming IYCF into nutrition intervention and nutrition surveillance including coverage assessments. UNIDO Shall train county health department and SMOH staff on reporting to enhance the quality of SFP through strengthened monitoring and reporting. UNIDO shall undertake coordination activities at the county with other humanitarian actors to ensure effective programming both State and County levels to ensure maximum coverage, address gaps and to avoid overlap. In Cluster meetings in Juba, UNIDO shall feed in results of any nutrition surveys and updated related to the nutrition emergency in Mayendit County as well as coordinate with partners willing to undertake SMART surveys for the 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.

- 1) The project targets to integrate nutrition with health services, ensure cross referrals between various child health components and nutrition (IMCI and vaccination being implemented in Madol PHCU, Dablual PHCU in Mayendit County and Patit PHCC, Ngony PHCU, Mirmir PHCU in Koch County.
- 2) Koch County has experienced Kalazaar outbreak and hence need to maintain sufficient therapeutic supplies for vulnerable children and PLW in area underserved by health services.
- 3) Ensure provision of emergency nutrition services in priority states in South Sudan and focusing on high risk underserved communities and in areas where there is food insecurity, and/or high numbers of internally displaced people and returnees

#### 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)

1. To provide quality emergency nutrition response and service in Mayendit and Koch Counties of UNITY State for the prevention and reduction of severe acute malnutrition

#### iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

1. The project shall maintain four OTP centers and TSFP to take care of malnutrition cases within four PHCU's Madol PHCU, Dablual PHCU in Mayendit County and Patit PHCC, Ngony PHCU, Mirmir PHCU in Koch County.
2. Conduct on anthropometric nutritional survey using SMART methodology with data being disaggregated between boys and girls. UNIDO shall collaborate with Medair in undertaking analysis of the data before reporting to the Cluster.
3. Treat severely malnourished children less than five years of age disaggregated by sex and gender at four PHCU's( Thaker, Luom, Madol & Kuok and on PHCU ( Mayendit).
4. Provide referral system from outpatient to inpatients or TSFP program from the PHCUs and the PHCU to MSF Holland Leer Hospital or Bentiu Hospital.
5. Provide micronutrient supplementation ( Vitamin A, Albendazole, folic iron tablets) and de-worming to children under 5 of aged and PLW as medically appropriate.
6. Conduct community mobilization and sensitization meetings in the community by the training health care givers and volunteers.
7. Conduct awareness of health and nutrition education and promotion ( IYCF) topics for both men and women to a target 16,127 people.
8. Provide supplementary foods to boys and girls aged six-36 months.

9. Facilitate Four (4) nutrition assistants to work along health workers in health facilities in provision of TFSP.
10. Conduct MUAC screening, active case finding, tracing of defaulters and follow up (home visit) by community nutrition volunteers in four Payams.
11. Train 10 health care providers and 20 community nutrition volunteers on management of SAM and MAM according to national guidelines to support emergency assessment and response teams
12. Provide fortified bended food to 6236 children aged 6-36 months in the Blanket Supplementary Feeding Program. Train 16 MOH and 3 UNIDO staff in detection, referral and treatment of SAM and MAM in line with national guidelines.
13. Train staff on IYCF( refresher on job training) and three mother support groups
14. Participate in cluster coordination meetings at both county and State Levels and participate in Nutritional Surveys by Cluster members.

#### iv). Cross Cutting Issues

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

##### **Gender**

UNIDO nutrition program incorporates issues related to gender within the overall programmatic structure, targeting both men and women for nutrition education within the community. Providing nutrition education at the household level as well as supporting caregivers through the SFP will ensure that both male and female caregivers are in a position to ensure an environment conducive to optimal nutrition practices. By focusing on both men and women, the dissemination of approved IYCF and health and hygiene messages is greatly increased.

A strong effort will also be made to encourage male caregivers' support/involvement in ensuring an environment that is supportive of optimal IYCF and tied to the strategic health needs of households. Further, the CMAM approach emphasizes close clinic-to-community linkages that assist in minimizing the burdens often placed disproportionately on women caregivers who are caring for young children. UNIDO shall utilize Village Health Committees present to proactively encourage male participation in these linkages.

UNIDO is committed to ensuring that men and women participate equally in all training opportunities, decision-making and screening functions. To this end, the election process of Community Nutrition Volunteers and the hire nutrition assistants will focus on equally representation of male and female members as possible.

Monitoring will be disaggregated by sex to enable analysis of the different situations facing beneficiaries, and to ensure appropriate responses for boys and girls, men and women.

Pregnant and lactating women and their partners will be a target of the program in order to meaningfully address the increased risks to infant feeding and maternal nutrition during conflict and displacement

##### **Environment**

During the trainings health workers will be trained on proper waste disposal to ensure medical waste does not pollute the environment and care shall be undertaken when constructing and rehabilitating new TFSP sites not destroy trees present.

##### **WASH**

Community Nutrition Volunteers shall also receive appropriate WASH messages that they shall cooperate in the IYCF activities. Special emphasis shall be on Hand washing behavior, use of clean water for drinking in taking care of vulnerable group

##### **HIV AIDS**

UNIDO shall involve community Nutrition volunteers and village health committee members in this project to incorporate the education on the need for proper nutrition for affected persons as well as need for enrolling on ARV for those affected and are pregnant in their community outreach activities.

#### v) Expected Result/s

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

- 1) To provide and undertake treatment activities and build the capacity of SMOH staff to undertake emergency nutrition services at county level in Mayendit and Koch Counties
  - a) Performance indicators are within the SPHERE indicators (cured >75%, defaulters < 15%, death < 10% (SAM treatment program) or death < 3 % ( MAM treatment program)
  - b) 6,516 children under 5 and 1,832 PLW are screened for acute malnutrition.
  - c) 4 CMAM sites (OTP, TSFP) are integrated into primary health care facilities and operational
  - d) Coverage for CMAM services is > 50%
- 2) Provide services for the prevention of under nutrition in children under 5 years PLW and other vulnerable groups in Mayendit and Koch Counties
  - a) 20 caretakers (CNVs) and community members receive nutrition education
  - b) 1,817 children under five receive vitamin A and de-worming drugs.
  - c) 5 % increase in the number of women who report practicing exclusive breastfeeding
  - d) 1,817 children aged 6-36 months receive highly nutritious fortified blend food through BSFP

- 3) To build the capacity of the SMoH staff in CMAM, IYCF and nutrition assessments (SMART methodology)
- a) 16 SMOH staffs are trained in CMAM in detection, referral and treatment of SAM and MAM in line with national guidelines.
  - b) 39 staff and 3 Mother support groups trained in IYCF.
  - c) SMART survey training conducted for health workers as an emergency assessment personnel.
  - d) Nutrition coordination meetings held at County Level and State Level

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.	Number of acutely malnourished boys and girls U5 and P&LW treated in line with Sphere Standards	1,420 ( 758 Boys 662 girls )
X	2.	Number of health workers trained in SAM and MAM protocols	19
X	3.	Number of boys & girls U5 & P&LW receiving micronutrient supplementation	1,847 ( 971 Boys 846 girls ) 30 PLWs
X	4.	Number of health workers, lead mothers of MSGs and CBOs trained in IYCF	41 ( 8 Outpatient SAM Protocols', 18 Screening and referral, 15 MAM protocols )
X	5.	Number of emergency assessment and response teams available for deployment if required	2 ( one in Mayendit one in Koch )
X	6.	Number of boys and girls six-36 months provided with supplementary products during seasonal hunger period in priority states	1,420 ( 758 Boys 662 girls )
	7.	Community members made aware through education sessions on nutrition and IYCF	16,127
	8.	Number of Mother Support Groups formed	6
	9.	Pregnant and Lactating Women (PLWs) admitted for MAM	30
	10.	Supervisory visits/quarter/to the nutrition treatment sites during the reporting period	3
	11.	Cluster coordination meetings attended in the reporting period (state and national)	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.

UNIDO plans to monitor project achievements through service reports from OTP activities, and outreach reports for health education activities. Health and Nutrition database from the facilities UNIDO is overseeing in Mayendit and Koch will facilitate the utilization of data to monitor activities, and analyze trends to inform project planning.

UNIDO will implement all nutrition activities in coordination with County Health Departments, utilizing MoH guidelines, protocols, and training curricula. Implementation of CMAM activities will commence in April 2013 to March 2014.

Training for key nutrition personnel for CMAM and IYCF will be conducted in the first quarter while refresher training on SMART survey training in the second quarter of the project. UNIDO shall work in hand with MEDAIR who are highly skilled in emergency response to offer capacity building from Juba to facilitate the training in assessments. UNIDO will be fully engaged in the cluster system at county and state levels so that synergies with other partners working in the other parts of the counties are achieved. UNIDO will also coordinate with MSF Leer Hospital to ensure rapid referrals and adequate medical follow up for the severely malnourished children. In Koch where UNIDO partners with World Relief in some of the health facilities, collaboration with the World Relief Nutrition programs shall be done in PHCUs separately run by UNIDO in this project

**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 ethnics 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>5</sup>.

UNIDO shall monitor the project through an M&E officer who will support field teams to establish a detailed monitoring plan which will be used guide teams in collecting appropriate and timely data. Monitoring tools will include the gathering and analysis of fixed and outreach nutrition service delivery reports and CMAM admission records, which will all feed into the Health and Nutrition Management Information System (HNIMS) and the MRP Database as part of the monitoring components throughout the life of the program. The HNIMS and the MRP database will allow routine nutrition monitoring data to be collated and analyzed in one place and allow for easy disaggregation across time and geographic location.

The databases and additional monitoring tools such as supervisory checklists, training reports and post-distribution monitoring reports will feed into an Indicator Performance Tracking Table (IPTT). The IPTT will allow the program to track progress towards results and indicators (as included in the log frame) on a monthly basis throughout the project period.

Internal monthly and quarterly reports will provide information to management on the progress of activities and the impact they are having on the communities. Donor reports will also be submitted as per time line. Activities will be continuously monitored by the project team and will be formally monitored on a routine basis by the Health and Nutrition Project Manager who shall ensure the project is achieving results and provide overall supervision to nutritional staff.

**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 (in kind, nutrition supplies)	68,000
WFP (in Kind)	-

<sup>5</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.



### 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: .....		Project title: .....		Organisation: .....
Overall Objective	<p><b>Cluster Priority Activities for this CHF Allocation:</b> What are the Cluster Priority activities for this CHF funding round this project is contributing to:</p> <ul style="list-style-type: none"> <li>Provide services for treatment of acute malnutrition in children U5 years, P&amp;LW and other vulnerable groups including HIV, TB, KZ &amp; other chronic illnesses</li> <li>Provide services for prevention of under nutrition in children U5 years and P&amp;LW</li> <li>Strengthen Nutrition emergency preparedness and response capacity</li> <li>Strengthen position of nutrition and nutrition policy through advocacy</li> </ul>	<p><b>Indicators of progress:</b> What are the key indicators related to the achievement of the CAP project objective?</p> <ul style="list-style-type: none"> <li>Number of acutely malnourished boys and girls U5 and P&amp;LW treated in line with Sphere Standards</li> <li>Number of health workers trained in SAM and MAM protocols</li> <li>Number of boys &amp; girls U5 &amp;P&amp;LW receiving micronutrient supplementation</li> <li>Number of health workers, lead mothers of MSGs and CBOs trained in IYCF</li> <li>Advocacy positions developed and shared</li> </ul>	<p><b>How indicators will be measured:</b> What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> <li>Treatment Cards and facility monthly reports</li> <li>Training reports</li> </ul>	
Purpose	<p><b>CHF Project Objective:</b> What are the specific objectives to be achieved by the end of this CHF funded project?</p> <ol style="list-style-type: none"> <li>To provide quality emergency nutrition response and service in Mayendit and Koch Counties of UNITY State for the prevention and reduction of severe acute malnutrition</li> </ol>	<p><b>Indicators of progress:</b> What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</p> <ul style="list-style-type: none"> <li>% decrease in SAM rates in the county</li> </ul>	<p><b>How indicators will be measured:</b> What sources of information already exist to measure this indicator? How will the project get this information?</p> <ul style="list-style-type: none"> <li>Smart Survey reports</li> <li>Assessment reports</li> <li>Monthly program reports</li> </ul>	<p><b>Assumptions &amp; risks:</b> 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?</p> <p>Funding shall be accessed in time to avoid severity of the present condition</p> <p>There shall be relative stable population with no big increase of IDPs from the neighbouring country</p>
Results	<p><b>Results - Outcomes (intangible):</b> 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.</p>	<p><b>Indicators of progress:</b> What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</p> <ul style="list-style-type: none"> <li></li> </ul>	<p><b>How indicators will be measured:</b> What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> <li>Treatment Cards and facility monthly</li> </ul>	<p><b>Assumptions &amp; risks:</b> 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?</p>

	<ol style="list-style-type: none"> <li>1. Performance indicators are within the SPHERE indicators (cured &gt;75%, defaulters &lt; 15%, death &lt; 10% (SAM treatment program) or death &lt; 3% (MAM treatment program)</li> <li>2. Increased coverage in the program areas</li> </ol>	<ul style="list-style-type: none"> <li>• Number of acutely malnourished boys and girls U5 and P&amp;LW treated in line with Sphere</li> <li>• Standards Coverage for CMAM services is &gt; 50%</li> </ul>	<p>reports</p> <ul style="list-style-type: none"> <li>• PHC and EPI records</li> </ul>	<ul style="list-style-type: none"> <li>• Community members are willing to take their children to the OTP sites to minimize on default rate</li> </ul>
	<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> <ol style="list-style-type: none"> <li>1. 6,516 children under 5 and 1,832 PLW are screened for acute malnutrition.</li> <li>2. 4 CMAM sites (OTP, TSFP) are integrated into primary health care facilities and operational</li> <li>3. 20 caretakers (CNVs) and community members receive training on community screening and case detection</li> <li>4. 1,817 boys &amp; girls under five receive vitamin A and de-worming drugs.</li> <li>5. 5 % increase in the number of women who report practicing exclusive breastfeeding</li> <li>6. 1,817 children aged 6-36 months enrolled in BSFP</li> <li>7. 16 SMOH staffs, are trained in CMAM in detection, referral and treatment of SAM and MAM in line with national guidelines.</li> <li>8. 3 new Mother support groups formed</li> <li>9. 39 SMOH staff, members of MSG and CBOs trained in IYCF.</li> <li>10. SMART survey training conducted for health workers as an emergency</li> </ol>	<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> <ol style="list-style-type: none"> <li>1. Number of children boys and girls and PLWs screened in the community</li> <li>2. Number of OTP Sites integrated into primary health care facilities and operational</li> <li>3. Number CNV and community members trained</li> <li>4. Number of boys &amp; girls U5 receiving Vitamin A supplement and de-worming drugs</li> <li>5. % of increase in exclusive breastfeeding</li> <li>6. Number of children (6-36 months) boys and girls in Blanket Supplementary Feeding Programs (BSFP)</li> <li>7. Number of health workers trained in SAM</li> </ol>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>• Screening reports</li> <li>• Feeding Center reports</li> <li>• Training reports</li> <li>• Treatment Cards and facility monthly reports</li> <li>• PHCU and EPI records</li> <li>• surveys reports on Breast feeding practices</li> <li>• Antenatal follow-up data collection</li> <li>• Treatment Cards and follow up data collection</li> <li>• Distribution reports</li> </ul>	<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>• Peace shall prevail to avoid population displacements due to armed conflicts</li> <li>• Food situation shall improve to avoid a surge of MAM affected being transferred to SAM category</li> <li>• Mother to Mother groups formed shall utilise knowledge acquired in creating nutritional gardens around homesteads.</li> <li>• Adverse weather conditions do not hamper provision of nutritional services</li> <li>• Support from the health department continues</li> </ul>



	assessment personnel.	and MAM protocols	<ul style="list-style-type: none"> <li>• Training reports</li> <li>• Supervision reports by the CHD</li> </ul> <ul style="list-style-type: none"> <li>• Training reports</li> <li>• Training reports</li> <li>• Supervision reports by the CHD</li> <li>• Smart survey report</li> </ul>	
	<p><b>Activities:</b>  <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will result in the project outputs.</i></p> <ol style="list-style-type: none"> <li>1. Conduct MUAC screening, active case finding, tracing of defaulters and follow up (home visit) by community nutrition volunteers in four Payam</li> <li>2. Treat severely malnourished children less than five years of age disaggregated by sex and gender at four PHCU's( Thaker, Luom, Madol &amp; Kuok and on PHCU ( Mayendit</li> <li>3. Provide fortified bended food to 6236 children aged 6-36 months in the Blanket Supplementary Feeding Program</li> <li>4. Provide micronutrient supplementation (Vitamin A, Albendazole, folic iron tablets) and de-worming to children under 5 of aged and PLW as medically appropriate.</li> <li>5. Conduct on anthropometric nutritional survey using SMART methodology</li> <li>6. Conduct awareness of health and nutrition</li> </ol>	<p><b>Inputs</b></p> <ul style="list-style-type: none"> <li>• MUAC tapes</li> <li>• Height Boards</li> <li>• Weighing Scales</li> <li>• Beneficiaries records</li> <li>• Nutritional supplies, drugs and supplements</li> <li>• Furniture</li> <li>• Water pots</li> <li>• mugs</li> <li>• Drugs and vitamin supplementation)</li> <li>• IEC material</li> </ul>	<ul style="list-style-type: none"> <li>• Screening reports</li> <li>• Program reports</li> <li>• SMART survey reports</li> <li>• Attendance sheets of the training sessions and awareness sessions reports</li> </ul>	<p><b>Assumptions, risks and pre-conditions:</b>  <i>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?</i></p> <ol style="list-style-type: none"> <li>1. UNICEF supply lines are accessed without delay and prepositioned in the county</li> <li>2. Communities shall cooperate in providing local materials for the construction of treatment sites</li> <li>3. The CNVs trained shall remain on ground till the project end</li> <li>4. The health, FSL or WASH situation does not deteriorate or worsen</li> </ol>

	<p>education and promotion (IYCF) topics for both men and women to a target 16,127 people.</p> <p>7. Training health care givers and MSG on IYCF</p> <p>8. Train 16 SMOH, 3 UNIDO staff and 20 community nutrition volunteers on management of SAM and MAM according to national guidelines to support emergency assessment and response teams</p> <p>9. Participate in cluster coordination meeting at both county and State Levels and participate in Nutritional Surveys by Cluster members.</p> <p>10. Construction and maintenance of four OTP an TSFP centers</p>	<ul style="list-style-type: none"> <li>• Motor Vehicle</li> <li>• Staff per diems</li> <li>• Stationeries</li> <li>• Questionnaires and record sheets</li> <li>• Lap top for data input</li> <li>• Motor vehicle</li> <li>• Training materials' and IYCF publications</li> <li>• Training materials and IYCF publications</li> <li>• Refreshments for training sessions</li> <li>• Training Materials</li> <li>• SAM and MAM protocol publications</li> <li>• Refreshments for training sessions</li> <li>• Local construction materials</li> <li>• Cash for labor</li> <li>• Camera</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 Conduct MUAC screening, active case finding, tracing of defaulters and follow up (home visit) by community nutrition volunteers in four Payam													
Activity 2 Treat severely malnourished children less than five years of age disaggregated by sex and gender at four PHCU's( Thaker, Luom, Madol & Kuok and on PHCU ( Mayendit													
Activity 3 Provide fortified bended food to 6236 children aged 6-36 months in the Blanket Supplementary Feeding Program													
Activity 4 Provide micronutrient supplementation (Vitamin A, Albendazole, folic iron tablets) and de-worming to children under 5 of aged and PLW as medically appropriate													
Activity 5 Conduct on anthropometric nutritional survey using SMART methodology													
Activity 6 Conduct awareness of health and nutrition education and promotion (IYCF) topics for both men and women to a target 16,127 people													
Activity 7 Training health care givers and volunteers on IYCF													
Activity 8 Train 16 SMOH, 3 UNIDO staff and 20 community nutrition volunteers on management of SAM and MAM according to national guidelines to support emergency assessment and response teams													
Activity 9 Conduct training on IYCF for three mother support groups													
Activity 10 Participate in cluster coordination meeting at both county and State Levels and participate in Nutritional Surveys by Cluster members													
Activity 11 Construction and maintenance of four OTP an TSFP centers													
Activity 12 Monitoring and Reporting to Cluster , OCHA (CHF)													

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