

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
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CHF Cluster Priorities for 2013 First Round Standard Allocation	
Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
i. Provide services for the treatment of acute malnutrition in children under 5 years, and pregnant and lactating women, people living with HIV, tuberculosis, kala azar and other chronic illnesses ii. Provide services for prevention of under-nutrition in children under 5 years, and pregnant and lactating women iii. Strengthen nutrition emergency preparedness and response capacity iv. Strengthen position of nutrition through advocacy	i) Jonglei (Pibor, Akobo) ii) Upper Nile (Host communities around Maban, Renk) iii) Unity (Likely northern counties) iv) NBeG (All counties) v) Warrap (Twic) vi) High risk spots of WBeG, EES and Lakes.

Project details		
The sections from this point onwards are to be filled by the organization requesting CHF funding.		
Requesting Organization	Project Location(s) (list State, and County (or counties) where <u>CHF activities</u> will be implemented. If the project is covering more than one State please indicate percentage per State)	
World Vision South Sudan (WVSS)	State	%
Project CAP Code	County	
SSD-13/H/55154/15794	Warrap	100
CAP Project Title (please write exact name as in the CAP)		
Emergency Response to Malnutrition Among Returnees, IDPs and Vulnerable Host Communities in South Sudan.		

Total Project Budget requested in the in South Sudan CAP	US\$2,000,000.00	Funding requested from CHF for this project proposal	US\$ 470,000
Total funding secured for the CAP project (to date)	US\$ 0	Are some activities in this project proposal co-funded?	
		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)

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:	7,298	57,671
Girls:	9,248	125,302
Men:	7,021	13,399
Boys:	9,625	125,302
Total:	33,192	321,674

Indirect Beneficiaries

504 167

Catchment Population (if applicable)

16,360 returnees

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

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 6 months [April - September]

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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 population¹

South Sudan humanitarian context remains volatile as conflicts and population movement continue amidst worsening food insecurity, and flooding experienced from June to October 2012. In 2012, more than half the population—4.7 million people—were at risk of food insecurity, with over one million people at risk of severe food insecurity, and 3.7 million facing moderate food insecurity.² In 2013, 4.6 million South Sudanese are projected to face food insecurity, with 2.3 million South Sudanese likely requiring food assistance according to OCHA³. This is due to insecurity/conflict, natural disasters, weak commodity markets and insufficient food availability at national level as projected in the annual cereal deficit poor agricultural productivity⁴.

While overall, the number of people requiring food assistance figures denote a minor improvement in the country's food security situation compared to 2011/2012, Warrap State is one of among 5 states where food insecurity worsened⁵. According to WFP, Warrap has highest rate of severely food insecure households in the country at 66%, with an additional 26% considered moderately food insecure⁶. Access and availability to food remain critical issues: In Warrap, the 2011 CFSAM estimated net cereal production to be 46,033mts, which is 51% less than in 2010. The production covered 44% of the state's cereal requirements for 2012⁷. According to a report on food security issued by WFP in August 2012, Warrap currently faces a cereal deficit of almost 60,000 Mts⁸, decreasing food availability for the year ahead. According to FEWSNET, food security in Warrap State is anticipated to remain stressed through to March 2013., after which food security outcomes are anticipated to deteriorate, marking an early start to the lean season.

Increased food insecurity in Warrap is attributed to the numerous shocks the state has experienced in 2011 and 2012. Population influxes have in part strained food security in Warrap. The state is estimated to host over 7,298 IDPs from Abyei as a result of unresolved border disputes with Sudan, many of whom abandoned their fields or had livelihood assets destroyed as a result of conflict. Additionally, Warrap, Warrap received about 37,155 returnees⁹ since October 2010. The WFP 2012 ANLA report indicated 12% and 27% of IDPs and returnees respectively were severely food insecure. IDPs are especially asset poor households who succumb easily to periodic food shocks during the lean months March – September every year. Insecurity in the form of conflict in Warrap almost doubled in 2012, causing displacement and interrupting the population's activity cycle, including cultivation. Interethnic clashes and cattle raids are likely to increase as the dry season starts. For example, from December 20, 2012 – January 18, 2013, 5 security incidents were reported between Gogrial East and Tonj East, including 4 cattle raids in the latter county. Households in Warrap have also been affected by shocks such as flooding in Gogrial East and Tonj South in October 2012. Interagency assessment reports have recommended rapid screening, deworming, refresher training and acquisition of OTP supplies¹⁰. FEWSNET also warns that yields in the Western Flood Plains livelihood zone, particularly Twic, Gogrial East and West, could be reduced for late planted crops and long-maturing sorghum (the main staple crop in Warrap) as a result of flooding¹¹. Lastly, soaring inflation has been identified as a major shock among HHs in Warrap. The food inflation rate increased by 73% year-to-year as of June according to the National Bureau of Statistics. Prices of sorghum continue to rise across key markets causing substantial food consumption gaps with end result of malnutrition in addition to displacement and low yield.¹² This erodes HH purchasing power, stretching coping mechanisms and pushing people further towards food insecurity¹³.

The most frequent coping mechanisms used by food insecure households includes reducing meal serving size (40%), consumption of cheaper, less preferred food (40%), reducing the number of meals (35%), and limiting adults' consumption (25%)¹⁴. This is evidenced by food consumption rates in Warrap: 30.4% of HHs have a poor food consumption score meaning that HHs have low dietary frequency and diversity¹⁵. About 24% of HHs in Warrap were considered borderline. The majority (75%) of the severely food insecure group consume <4 food groups¹⁶. Female-headed households are significantly more likely to adopt coping strategies and more severe ones than male-headed ones. While 73% of households with female heads used some coping strategy, 10% less households with male heads reported any strategy¹⁷.

Inadequate food intake constitutes a major contributing factor to malnutrition. According to WFP, 63% of HHs in Warrap are

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

² WFP Annual Needs & Livelihood Assessment, 2012.

³ UNOCHA South Sudan Consolidated Appeal 2013, page 28.

⁴ Ibid.

⁵ WFP VAM FSMS round 7, July 2012

⁶ Report on Food Security & Nutrition in South Sudan. WFP, FAO, Ministry of Agriculture, etc. August 2012, p 12

⁷ ANLA South Sudan 2012, p. 73

⁸ Report on Food Security & Nutrition in South Sudan. p 14

⁹ OCHA Cumulative No. of Returnees: 30 October 2010 – 26 June, 2012

¹⁰ Rapid Emergency Inter-Agency Flood Assessment

¹¹ South Sudan, Food Security Outlook October 2012-March 2013. FEWSNET. October 2012.

¹² FEWSNET, South Sudan Food Security Outlook July to December 2012 http://www.fews.net/docs/Publications/South_Sudan_OL_2012_07_final.pdf

¹³ OCHA Weekly Humanitarian Bulletin, August 2012

¹⁴ WFP ANLA 2012

¹⁵ Report on Food Security & Nutrition in South Sudan. p. 20

¹⁶ ANLA South Sudan 2010/2011, p. 1

¹⁷ *ibid.*

considered food deprived, consuming 1301 calories per day, much fewer than FAO's minimum recommended intake for the country of 1717 kcal per person per day to live an active and healthy life¹⁸. Apart from food availability, cultural dietary taboos and preferences are found to be determinant in influencing nutritional status of children among communities in South Sudan and have contributed to some of the worst GAM rates since 2010¹⁹. Women and girls tend to eat last, enjoying the least diet diversity. Young children need at least four meals per day as they are not able to absorb larger quantities in fewer meals. According to 2010 FSMS, only 4 percent of under-five children in SS had four or more meals in the previous day, only one third of children consume an adequate diet with the highest proportion in October after the harvest and lowest in February at the beginning of the lean period²⁰.

As a result acute malnutrition have been recorded (17% MAM and 2% SAM VAM MUAC assessment). In June 2012, WVSS conducted several SMART Nutrition Surveys across several counties in Warrap, the results of which validate the VAM assessment results as indicated below. The results for the pre- harvest surveys for most counties were above 15% with exception of Tonj North which had a GAM rate of 12.6% and defined as critical according to WHO standards. In all the surveys, children 12-23 Months are the most affected.

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.

Increased HHs food insecurity and poor food consumption was found to be the major factors to rise in malnutrition among women and children²¹. According to the WFP Round 7 VAM, out of 2,147 non-pregnant women aged 15 to 49 years screened for malnutrition, about 20% showed acute malnutrition, with 2% severe cases. Child malnutrition in Warrap was recorded at 17% MAM and 2% SAM²². Warrap state is listed as high priority as a result of the critical Nutrition Situation following recent nutrition assessment. The state recorded a global acute malnutrition (GAM) of 18.14% (exceeding the WHO critical emergency threshold of 15% GAM)²³, with a Severe Acute Malnutrition rate of 3.58%, whilst the under-five crude mortality was 0.96. Undernutrition has negative effects at all stages of the life cycle, but some of the most damaging effects occur during the period from conception to 24 months of age. In Warrap, 15.7% of HHs are likely to have a child experiencing stunting; 14 % of HHs for wasting and 16.8% of HHs with underweight children²⁴.

In June 2012, World Vision South Sudan, alongside other partners conducted a pre-harvest nutrition survey in four counties in Warrap. The survey was done in order to ascertain the level of malnutrition and establish existing benchmarks. The results showed higher prevalence of acute malnutrition. According to the survey, the malnutrition rate in Warrap was 18.1%. In Gogrial East, GAM and SAM were 19.9% and 4.4% respectively; Tonj North and Tonj South GAM was 19% compared to 11% in 2010, and Gogrial West GAM and SAM were recorded at 22.3% and 4.4% respectively.

Prevalence of Malnutrition per County in Warrap

Figure 1. Prevalence of Malnutrition per County in Warrap										
State	County	2010 SMART July		Pre-harvest 2011 (June)		Post-harvest 2011 (Nov)		Pre-Harvest 2012 (Jun)		Source
		GAM	SAM	GAM	SAM	GAM	SAM	GAM	SAM	
Warrap	Gogrial East	19.9	4.4	19.9	4.2	14.7	3.4	18.5	3.9	WVI SMART Survey
	Tonj South	12.9	0.9	18.9	3.9	12.2	3.5	18.1	4.6	WVI SMART Survey
	Tonj North			19	0.8	10.5	1.5	12.6	2.2	WVI SMART Survey

¹⁸ Report on Food Security & Nutrition in South Sudan. p.4

¹⁹ WVSS Report: Malnutrition in Children under 5, 2010

²⁰ ibid

²¹ WVI SMART Survey 2011

²² WFP VAM FSMS Round 7, July 2012

²³ WVSS Report: Malnutrition in Children under 5, 2010

²⁴ Report on Food Security & Nutrition in South Sudan, p. 14

Gogrial West			22.3	4.4	-	-	21.6	5.5	ACF/WVI
Tonj East			13.5	5.2	-	-	-	-	MSF MUAC

World Vision in Warrap state is currently implementing projects to reduce malnutrition through CHF Round 2 funding allocation targeting children under five, pregnant and lactating women with particular attention to children under two. Through implementation of community based management of acute

malnutrition (CMAM) through CHF 2012 Round 1 & 2 funding, WVSS has contributed towards reduction of the prevalence of malnutrition in some counties e.g. Tonj North underwent a significant reduction (GAM 12.6% was recorded in 2012 compared to 19% during the same period in 2011). Availability of funding will prevent gaps and lead to further achievements including consistent and quality programming. Integrative programming, within areas such water, hygiene and sanitation, as well as food security contributed to such an improvement. In addition the programme attained the expected targets for recovery rate, defaulter and death rates as stipulated in the IMSAM guidelines during the same period.

Despite these gains, the nutrition situation is still precarious. Compounding the matter is the limited availability of services in certain counties: Tonj East is served by two PHCC and none of them have SC facilities; mothers are referred either to Tonj North Marial Lou or Thiet in Tonj South. The majority does not make it due to distance and poor access. Currently some of the counties like TN and TS receive cases from underserved counties of Lakes and WBEG states hence an increase on the severe complicated malnutrition managed to date as per the counties reports²⁵.

Through support from CHF 2012 2nd round allocations, World Vision Nutrition interventions reach five of six counties in Warrap targeting a total of 504,167 individuals in the 26 payams and have reached underserved counties and payams. However, World Vision South Sudan was only able to secure 59% of its original CAP 2012 requirement (\$1,101,754 of \$1,860,400). Although CHF 2012 2nd Round funds are still being used for implementation until May 2013, interruption to service provision could worsen the humanitarian situation across the state. As seen, in the pre-harvest survey (June 2012), the prevalence of GAM is down from June the previous year, but has increased since November 2011. The state has experienced various shocks impacting on the household ability to provide the recommended food basket as well as interruption of their livelihoods. In the month of September-October 2012, Warrap experienced flooding across different counties and payams; crops were affected and the diseases surveillance reported an upsurge of malarial cases. With compromised immunity due to poor nutrition the increase of infection due to waterborne diseases among other infection increases the risk of mortality among the population. Access to health facilities has been interrupted by the flooding, as well as market access. These are some of the contributing factors that have drawn back the progress made on the reduction of malnutrition and which necessitate the need to continue and/or scale up nutrition interventions in Warrap.

The CHF 2013 Round 1 funding will enable World Vision to maintain continuity of CMAM services in the five counties, effectively considering the financial and technical resources used in building the programme in the past phase, which ends May 2013. In support of the proposed intervention, WVSS will also receive GIK support (MAM & SAM supplies) from both WFP and UNICEF through respective agreements (2013 FLA and PCA) already in place. WVSS has also managed to secure \$63,000 in private funding from one WVI partnership offices in order to support various intervention activities, as well as administrative costs.

The project intervention will improve access to quality prevention, care, and treatment of acute malnutrition by providing CMAM coupled with promotion of essential nutrition actions (appropriate breastfeeding, complementary feeding, adequate vitamin A, Iron, folate, iodine, maternal nutrition and care for the sick child) as a preventive package as well as a way of maintaining adequate nutrition for those who will have successfully recovered from the CMAM program. The total target for under 5 children for both SAM and MAM is 18,874 (see details in table below):

County	Total # of children <5 (2008 population census Sudan)	GAM	SAM	Caseload SAM		Total SAM	Caseload MAM	Source
		%	%	SAM	10% SC			
Tonj South	18607	18.1	4.6	856	87	943	2512	WVI Jun 2012
Tonj North	34296	12.6	2.2	755	76	831	3567	WVI Jun 2012
Tonj East	22732	13.5	5.2	1182	118	1300	1887	MSF Mar 2010
Gogrial West	51,007	21.6	5.5	935	0	935	2,737	Other Nutrition partners will cover some caseload
Gogrial East	22,038	18.5	3.9	859	86	945	3,217	
Total	148,680			4587	367.0	4954	13,920	

Working closely with SMoH staff and through SMoH systems, the proposed project will not only provide timely treatment for acute

²⁵ Please see Annex II for a detailed report of each county.

malnutrition but also consequently strengthen SMOH's capacity to respond to nutrition emergencies as well as community resilience to the same and ensure continuity of treatment for the malnourished children and women in the program to September 2013.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

The CHF funding will be utilized in the implementation of CMAM, which is one of the proven nutrition interventions in addressing malnutrition in the population. CMAM will be combined with other recommended nutrition interventions including breastfeeding promotion, adequate complementary feeding, improving access to and consumption of essential vitamins and minerals (e.g., vitamin A, iodine, iron and folic acid). Furthermore the project will promote hand washing or hygiene interventions in order to effectively address knowledge gaps as well as cultural barriers towards attainment of optimal IYCF practices in Warrap.

The preventive package will put emphasis on pregnant women and children aged below two years due to their pronounced vulnerability as well as maximizing the window of opportunity to minimize irreversible outcomes of malnutrition after the age of 2 years through MSGs(Mother support groups) on IYCF.

The project will coordinate with other sectors to address other underlying causes of malnutrition, including water and sanitation and food security components. The programme beneficiaries will be encouraged to engage in livelihood activities and uplift hygienic interventions in order to prevent recurrence at household level.

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)

Specific Objectives:

1. Reduce Global malnutrition rates among children under five to below 15% in Gogrial East and West, Tonj East and Tonj South and below 10% in Tonj North Counties of Warrap State through immediate response and improved services for prevention of malnutrition
2. Increase the capacity of County health department in the management of nutrition interventions at Payams and county level.
3. Reduce mortality and morbidity among under five children by 15% from the current baseline in 5 months.

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. Provide services for treatment of acute malnutrition, targeting children under 5 years, P&LW, elderly persons, disabled persons, TB patients, persons with HIV/AIDS in Tonj South, Tonj North, Gogrial West and Gogrial East Counties of Warrap State

- 1.1. Conduct screening of all U5 to identify SAM and MAM cases and ensure they are treated at the SC, OTP and SFP 4,954 children under 5 SAM; 13,920 children under 5 MAM Achieve and maintain the target sphere standards as specified in the IMSAM guidelines
Recovery rate: >75%
Defaulter rate: < 15%
Death rate: < 5%
- 1.2. Provide SC, OTP and SFP treatment rations and supplementary food rations to under-fives (18,874 children)
- 1.3. Provide fortified blended food (e.g. CSB) to 7,298 P&LWs and vulnerable returnees.
- 1.4. Manage 5 Stabilization centers 32 OTPs and 35 SFPs in the operation area, targeting care to U5 Children and P&LW,
- 1.5. Complement both inpatient and outpatient therapeutic feeding care with the required medicine and medical equipment

2. Provide services for prevention of under nutrition in children under 5 years and P&LW in Tonj South, Tonj North, Gogrial West, Gogrial East Counties in Warrap State

- 2.1 Provide BSFP to 6 – 36 months children 31,377 during food lean period of the year (March- September)
- 2.2 Provide micronutrients (Vitamin A, Iron tablets and folic acid), to children < 5, and PLW in SFP i.e. those fulfilling the admission criteria to the program, (U5s:18,874 ; PLWs:7,298
- 2.3 Conduct community mobilization of males, females, boys and girls to support, promote and protect Breast Feeding (BF) from

unhealthy cultural practices especially those that stop mothers from breast feeding for the recommended 2 years, advocate for exclusive BF and protect BF, advocate for exclusive B/F and support optimal IYCF practices.

2.4 Work with Mother support groups to support IYCF practices (10 women groups)

2.5 Provide incentives for outreach community volunteers (150 screening and Nutrition education Volunteers). These incentives are not in monetary form. The Community Nutrition volunteers are given items such as visibility T-shirts, or they are linked to Food AID program to receive food for the time worked under food for assets

2.6 Support SmoH during de-worming and micro-nutrient supplementation campaigns for U5 children

3. Increase the capacity of county health department and WV staff in the management of nutrition interventions at Payam and county level in Tonj East, Tonj North, Tonj South, Gogrial West, Gogrial East Counties in Warrap State

3.2. Conduct 4 nutrition surveys (post-harvest) using SMART methodology in Tonj East, Gogrial East, Tonj North and South selected communities

3.3. Analyze survey data and utilize it to inform programming (4 surveys)

3.4. Nutrition/EPI/CHW/CHD Staff Training on nutrition assessment and data management [26 Nutrition Assistants]

3.5. Training of CHW, MA and CO on SAM and MAM Management [26 persons]

3.6. Training of Health Staff and on IYCF Practices [50 persons]

3.7. Train 10 Women groups and 150 outreach community volunteers on IYCF

3.8. Train 100 volunteers on screening and community mobilization to respond to nutrition emergencies.

3.9. Periodic monitoring of project sites, and conduct on job training to MoH and WV staff. (5SC, 32 OTP and 35 SFP)

3.10. Training of health workers on rapid nutrition assessment, nutrition survey and response to nutrition in emergencies [60 health workers]

3.11. Support and further humanitarian partner coordination through Nutrition cluster

3.12. Participate in national (Juba) cluster meetings and support Nutrition cluster joint-agency initiatives, such as assessments and contingency planning meetings – estimate 6 meetings

3.13. Participate and provide leadership of Nutrition cluster in Warrap State as state cluster focal point [monthly meetings – total 6 meetings]

iv). Cross Cutting Issues

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

Protection, Peace building & conflict resolution: World Vision south Sudan will use 'Do No Harm' principles, supporting nutrition that promotes social cohesion and reduce further disasters to the community. Integrating gender awareness messages into nutrition activities, and gender disaggregated data at project level, etc

Gender: Nutrition assessments will investigate gender specific differences and needs in the prevention and treatment of acute malnutrition. Information collected from assessments and performance reports will be segregated into boys and girls, women so as to identify any unique needs to the gender. In order to improve equity and sustainability of health provisions, specific measures shall also be taken to promote active involvement of women and children in planning and design of rural schemes, which are appropriate to their own needs and priorities. All activities will include at least 50% females where possible. Specific measures shall therefore be taken to promote active involvement of women and children in planning and design to ensure that the project is appropriate to their own needs and priorities. In addition, the nutrition interventions specifically targets Pregnant and Lactating women.

Advocacy: The proposed project staff will advocate for the expressed needs of the community and the most vulnerable. In order to improve the nutrition situation as well as security situation faced by the communities, greater efforts must be made to advocate for infrastructure development and safety of these communities especially their children, returnees, and IDPs. The area also requires more attention from government. Advocacy efforts will be made to enhance assistance from the Warrap state government to support development of health and nutrition basic services and social infrastructure. World Vision Sudan Policy and Advocacy Officer based in Juba along with greater policy networks will work closely with project staff to support community needs. Project staff humanitarian accountability standards will also support transparency of programming while also making efforts to increase the influence of and representation of citizens (including children) at local, regional, and national levels.

Disability: To ensure that people with disability are actively engaged in the project, measures to encourage involvement of all community members, especially the most vulnerable, including those with disabilities, will be made to ensure their contribution to the project. Project staff will be sure to seek out physically challenged members of the communities to work against challenges in accessing health centers and participation in project activities.

Sustainability: To ensure durable solutions, the nutrition interventions proposed have both a curative (CMAM) and preventive (ENA including IYCF) component integrated into an existing primary health care clinics. Working through SMoH at existing PHCs, SMoH staff capacity will be strengthened in planning & conducting surveys, and management of acute malnutrition which will sustain continuity of services after the project period or gradual handover of CMAM services to SMoH. Community outreach volunteers. Community health workers will be trained as well to increase community awareness and involvement in identification and management of malnutrition. Being community owned resource persons; the CHW's will remain a resource to the community in terms of identifying and referring malnourished individuals as well as increase the demand for services at the PHC/OTP/SFC. This will strengthen the link between communities and health facilities ensuring a timely health seeking practice.

HIV & AIDS: HIV AIDS remains an aggravating factor for malnutrition and beneficiaries from the nutrition program will be directly linked to existing HIV services at the clinics and referral hospitals which include awareness raising, voluntary counseling and testing care and support for PLWHA.

Environment: The proposed project will work to enhance sustainability, including environmental sustainability, of project impact and service delivery. Activities will support proper disposal of medical supplies and keen attention to location and sustainability so that

the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources.

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

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.

Outcome 1: Reduced malnutrition rates among Pregnant and Lactating Women and children under five in five counties of Warrap state i.e Gogrial East, Tonj East, Tonj South, Tonj North and Gogrial West.

- 18,874 children rehabilitated and recovered from Severe and Moderate acute malnutrition,
- Program maintains the target sphere standards as specified in the IMSAM guidelines:
 - Recovery rate: >75%,
 - Defaulter rate: < 15%,
 - Death rate: < 5%
- 5 Stabilization center 32 OTPs and 35 SFPs in the operation area fully functional, targeting care to U5 Children and P&LW,
- 18,874 children, 7,298 PLWs screened and referred to SAM and MAM service points.
- 18,874 children provided with SC, OTP and SFP treatment rations and supplementary food rations to under-fives.
- 7,298 P&LW and vulnerable returnees provided with fortified blended food (e.g. CSB).

Outcome 2: Prevention of under nutrition in children under-fives, pregnant and lactating women in Tonj South, Tonj North, Gogrial West, Gogrial East and Tonj East Counties in Warrap State

- 45,000 (6 – 36 months) children provided with BSFP during food lean period of the year (March - September)
- 18,874 U5s; 7,298 PLWs provided with micronutrients (Vitamin A, Iron tablets and folic acid),
- Community mobilization of males, females, boys and girls to support, promote and protect Breastfeeding (BF) and support optimal IYCF practices.
- 10 women groups to support IYCF practices mobilized and trained.
- MOH supported during de-worming and micro-nutrient supplementation campaigns for U5 children
- 150 outreach community volunteers responsible for screening and Nutrition education provided with incentives.

Outcome 3: Strengthened nutrition emergency preparedness and increased response capacity of Warrap State Cluster; SMOH and 5 CHD response and coordination of Nutrition response and surveillance, planning and Monitoring as well as Mapping of Nutrition services.

- 4 nutrition surveys (post-harvest) using SMART methodology in Tonj East, Gogrial East, Tonj North and South conducted and disseminated, results analyzed to inform programming.
- 35 Nutrition/EPI/CHW/CHD Staff Trained on nutrition assessment and Data management.
- 32 Health Workers and volunteers trained on Nutrition protocols (indices, admission and discharge criteria).
- 50 CHW, MA and CO trained on SAM and MAM Management
- 10 Women groups mobilized and trained on IYCF
- 150 outreach community volunteers trained on screening and community mobilization to strengthen response to nutrition emergencies.
- Periodic monitoring of project sites and on job training conducted continuously to increase MOH and WV capacity in nutrition response.
- 60 health workers trained on rapid nutrition assessment, nutrition survey and response to nutrition in emergencies.
- Coordinated Support of partners and active participation in the humanitarian partner coordination through Nutrition cluster
- Participate in national (Juba) cluster, meetings and support Nutrition cluster joint-agency initiatives, such as assessments and contingency planning meetings. – estimate 6 meetings]
- Nutrition leadership of Nutrition cluster in Warrap State as state cluster focal point [monthly meetings – total 6 meetings]

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	Target (indicate numbers or percentages)
		(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	(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.	Children with severe acute malnutrition treated in OTP, SC and SFP	4,954 children under 5 SAM; 13,920 children under 5 MAM (SAM: 2,427 girls, 2,522 boys & MAM: 7,099 boys, 6,821 girls)

X	2.	Children < 5 receive micronutrients - vitamin A.	18,874 of children who received vitamin A (9,248 girls, 9,625 boys)
	3.	De-worming campaigns are supported	18,874 of children who received de-worming tablets (9,248 girls, 9,625 boys)
	4.	PLW receive micronutrient supplementation	7,298 of PLW that received iron folate tablets
X	5.	Appropriate infant and young feeding practiced protected, supported and promoted	10 women's groups trained on IYCF
	6.	Assessment (SMART and Rapid) conducted and information analyzed to inform programming	4 of nutrition surveys conducted

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

Implementation Strategy: World vision is currently the focal point for nutrition in Warrap state; as such will work closely with other sectors and the SMOH to enhance Nutrition programming and response capacity. This will be done through frequent contact and close collaboration with all the actors at state level, with the SMOH enhancing coordination of nutrition response mapping and nutrition surveillance whilst building capacity of the counties to better manage and report nutrition data to the state level.

The Project will be implemented by World Vision South Sudan within the existing health infrastructure (i.e. SCs) and outreach centres (OTPs, BSFPs and SFPs) in order to ensure sustainability. The implementation will be in accordance with nutrition sector strategies.

Implementation Agreements: The project will be implemented in accordance with nutrition sector strategies. WVSS has already signed a two year project cooperation agreement (PCA) with UNICEF and One year (FLA) with (WFP) through which nutritional supplies would be obtained for the two Gogrial and three Tonj Counties of Warrap state. Equally important, WVSS will sign MoU with the SMOH at Warrap State level. It will be noted that the WVSS will sign a PPA with UNDP indicating the targets to be achieved. Various primary data capturing tools will be used for tracking programmatic targets both for commodities, provided by UNICEF and WFP and operational. Also, MoH RoSS data tools and WVI CMAM Online databases will be used to aggregate data and segregate them by target groups.

Management and Quality Assurance: In terms of institutional structure and management capacity, the National Director of WVSS based in Juba, the Warrap Regional Program Manager, based in the capital of Warrap, Kuajok, will maintain the overall leadership of the project. The Program Manager will work with competent and internationally experienced Senior Management Team comprised of four Directors responsible for Operations; Finance; Human Resources; and Operations. The Senior Management Team will undertake key policy and strategic decisions related to the project in consultation with the WVI Partnership, especially the WVI East Africa Regional Office (EARO). The Operations Division, supported by highly qualified Sector Advisors, including a Health and Nutrition Advisor, based in Juba, will be responsible for the technical oversight and implementation, while the Program Quality department will be responsible for monitoring and evaluation of all project activities. The Program Quality department is the Design Monitoring and Evaluation (DME) Unit headed by a Specialist DME Manager. There are DME Officers who assist the DME Unit in all functions located at field locations. The DME unit is also responsible for doing all the monitoring and evaluation work of their respective projects at regional level. Project Officers, a qualified Nutritionist at County level will be responsible to day-to-day implementation of the project, whereas, periodic monitoring will be done in collaboration with SMOH, CHD, UN Agencies and INGO local representatives.

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

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

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

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)²⁶.
- Weekly reports will be generated at the PHCU level for internal purposes and support information sharing with SMOH during monitoring visits.
 - Monthly progress reports (financial and programmatic) will be compiled inclusive of program quality performance like cure rates, defaulter rates, death rates, average weight gain and average length of stay
 - Quarterly reports, financial reports and Semi – annual narrative reports will be compiled and shared with relevant partners and donors
 - On job supervision and monitoring by project staff and Health/Nutrition Advisor
 - Monitoring site visits for performance measurement and capacity building
 - Nutrition surveys (pre-harvest) using SMART methodology are conducted every 12 months to assess changes in malnutrition rate in the target communities (Tonj East, Gogrial East, Gogrial west, Tonj North and South) conducted and disseminated, results analyzed to inform programming.

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)
WV UK Private Match Funding (for this proposed CHF intervention)	\$63,000
WFP GIK MAM Management supplies – WV FLA FY13	\$1,566,582
UNICEF GIK SAM Management Supplies – WV PCA	\$404,982

²⁶ 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/55154	Project title: Emergency Response to Malnutrition Among Returnees, IDPs and Vulnerable Host Communities in South Sudan	Organisation: World Vision South Sudan

Overall Objective	<p>Cluster Priority Activities for this CHF Allocation:</p> <p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <ul style="list-style-type: none"> • Ensure provision of emergency nutrition services in five counties of Warrap state focusing on high risk underserved communities and areas where there is food insecurity, high malnutrition and/or high number of displaced people and returnees 	<p>Indicators of progress:</p> <p><i>What are the key indicators related to the achievement of the CAP project objective?</i></p>	<p>How indicators will be measured:</p> <p><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Annual reports 	
Purpose	<p>CHF Project Objective:</p> <p><i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> • Provide Treatment of acute malnutrition in children under 5 year, pregnant and lactating women and vulnerable groups including HIV/AIDS and TB • Provide services for prevention of under nutrition in children under-fives, pregnant and lactating women • Strengthen nutrition emergency preparedness and response capacity 	<p>Indicators of progress:</p> <ul style="list-style-type: none"> • <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i> • % of severely acute malnourished treated • Appropriate infant and young feeding practiced protected, supported and promoted • Assessment (SMART and Rapid) conducted and information analyzed to inform programming 	<p>How indicators will be measured:</p> <p><i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> • Monthly reports • Annual reports 	<p>Assumptions & risks:</p> <p><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • Reliable supplies for medical and food packages • The quality of the other stake holder's contribution in nutrition supplement is sustained • Security guaranteed

	Results - Outcomes (intangible): <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i>	Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i>	How indicators will be measured: <i>What are the sources of information on these indicators?</i>	Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i>
Results	<p>1. Outcome 1: Reduced malnutrition rates among Pregnant and Lactating Women and children under five in five counties of Warrap state i.e Gogrial East, Tonj East, Tonj South, Tonj North and Gogrial West.</p> <p>2. Outcome 2: Prevention of under nutrition in children under-fives, pregnant and lactating women in Tonj South, Tonj North, Gogrial West, Gogrial East and Tonj East Counties in Warrap State</p> <p>3. Outcome 3: Strengthened nutrition emergency preparedness and increased response capacity of Warrap State Cluster; SMOH and 5 CHD response and coordination of Nutrition response and surveillance, planning and Monitoring as well as Mapping of Nutrition services.</p>	<ul style="list-style-type: none"> • % of SAM and GAM in the targeted community • % of children aged 6 – 59 months who are under weight to (weight for age WAZ ≤2) in targeted area. • # of beneficiaries receiving the preventive packages • # of county health department staff and community members trained on management of nutrition 	<ul style="list-style-type: none"> • Monthly, quarterly and Annual Reports • Project progress reports 	<ul style="list-style-type: none"> • Reliable Supply of OTP, SC Packages • Guaranteed Security • Constant supply of SFP packages • Guaranteed Security • Stable socio-economic and political situation in the Region

<p>Immediate-Results - Outputs (tangible):</p> <p>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.</p> <ul style="list-style-type: none"> Children under five with SAM and MAM are treated of severe malnutrition at the Outpatient Therapeutic Feeding Centres (OTP) Supplementary Feeding Programme (SFP) and Stabilization Centres (SC) Children with MAM are prevented from deteriorating to SAM and children < 5 are prevented from developing MAM and SAM through promotion of basic interventions such as breastfeeding, complementary feeding and hand washing or hygienic interventions 	<p>Indicators of progress:</p> <p>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?</p> <p>Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</p> <ul style="list-style-type: none"> # of Children (boys and girls) screened in the community # of Children (girls and boys) enrolled for supplementary food # of children (boys and girls) treated in SC, OTP and SFP Children (girls and boys) admitted/treated for SAM (Moderate Acute Malnutrition) Children (girls and boys) admitted/treated for MAM (Moderate Acute Malnutrition) # of Stabilization centers (SC) functioning # Out Patient Therapeutic Program (OTP) sites for the treatment of Severe Acute malnourished (SAM) children. # of Pregnant and Lactating Women (PLWs) admitted/treated for MAM Quality of SAM treatment <ul style="list-style-type: none"> Recovery rate >75 % Defaulter rate < 15% Death rate < 10% # of children boys and girls receiving the preventive packages # of Children (boys and girls) admitted/treated for MAM (Moderate Acute Malnutrition) No. of TSFP providing treatment for MAM and SAM # of Children (girls and boys) receive micronutrients - Vitamin A # of Children (girls and boys) de-wormed # of PLWs receive micronutrient supplementation – Iron folate Appropriate infant and young child feeding practices protected, supported and promoted 	<p>How indicators will be measured:</p> <p>What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> Weekly report Monthly, quarterly and Annual Reports Project progress reports Bi Weekly report <p>Survey reports</p> <p>Rapid Assessments reports</p> <p>Monthly, quarterly and Annual reports</p>	<p>Assumptions & risks:</p> <p>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> <ul style="list-style-type: none"> Reliable Supply of OTP, SC Packages Guaranteed Security Constant supply of SFP packages <p>Stable socio-economic and political situation in the Region</p>
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	<p>Supplementary food to children 6 – 36 months and PLWs provided</p> <ul style="list-style-type: none"> • Nutrition surveys using SMART methodology are conducted to strengthen nutrition emergency preparedness and response capacity • Increase the capacity of county health department in the management of nutrition interventions at Payam and county level • Health workers, mothers and support groups and community based organizations trained in infant and young child feeding (IYCF) 	<ul style="list-style-type: none"> • # assessments (SMART or Rapid) conducted and information analyzed to inform programming • # of health workers trained in Inpatient and Outpatient treatment of SAM, MAM and IYCF and Screening and referral. • # of lead mothers and CBOs representatives trained MSG, IYFC, screening and referral. 	<p>Training reports, list of trainees</p>	
	<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <p>1. Provide services for treatment of acute malnutrition, targeting children under 5 years, P&LW, elderly persons, disabled persons, TB patients, persons with HIV/AIDS in Tonj South, Tonj North,</p>	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <p>International Staff</p> <ul style="list-style-type: none"> - Health and Nutrition Manager 1 @ 6500 (@ 5%) Juba - Project Officer @5200 @ 100% (TE&TS and GE&TN and GW) - Shared Warrap States level program staff 6 @5200@10% 		<p>Assumptions, risks and pre-conditions: <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> <ul style="list-style-type: none"> • The quality of the other stake

<p>Gogrial West and Gogrial East Counties of Warrap State</p> <p>1.1 Conduct screening of all U5 to identify SAM and MAM cases and ensure they are treated at the SC, OTP and SFP 4,954 children under 5 SAM; 13,920 children under 5 MAM Achieve and maintain the target sphere standards as specified in the IMSAM guidelines Recovery rate: >75% Defaulter rate: < 15% Death rate: < 5%</p> <p>1.2 Provide SC, OTP and SFP treatment rations and supplementary food rations to under-fives (18,874 children)</p> <p>1.3 Provide fortified blended food (e.g. CSB) to 7,298 P&LWs and vulnerable returnees.</p> <p>1.4 Manage 5 Stabilization centers 32 OTPs and 35 SFPs in the operation area, targeting care to U5 Children and P&LW,</p> <p>1.5 Complement both inpatient and outpatient therapeutic feeding care with the required medicine and medical equipment</p> <p>2. Provide services for prevention of under nutrition in children under 5 years and P&LW in Tonj South, Tonj North, Gogrial West, Gogrial East Counties in Warrap State</p> <p>2.1 Conduct community mobilization of men and women; boys and girls to support and promote optimal IYCF practices</p> <p>2.2 Support the de-worming and micronutrient supplement campaign</p> <p>2.3 Commemoration of the World Breastfeeding Week (WBW)</p> <p>2.4 Conduct community leaders sensitization and awareness meetings</p> <p>2.5 Provide incentives for outreach community volunteers</p> <p>3 Building the capacity of county health department</p> <p>3.1 Conduct 4 nutrition surveys (post-</p>	<ul style="list-style-type: none"> - 6 Shared Operation staff - state (Kuajok) office@5% (International staff) (6500) - 6 Shared Operation staff - Head office (Juba) @5% (National and International staff 6500) <p>National Staff</p> <ul style="list-style-type: none"> - 2 County Nutrition Coordinator @ 800 - Tonj East and Gogrial East - 6 Nutrition Nurses for the five 5 S @800(Tonj/Thiet/Lunyaker/Lethiom/Warrap)SCs - 5 Community Health Workers in Nutrition centers in the facilities with no (chw)@450 in 5 Counties - 15 Community Mobilizers/vaccinators (volunteers)- Incentives @100 in 5 counties - 3 Driver/mechanic @400 5 counties - 15 Cleaners/Watchmen @250 Outreach Nutrition Centers - 20 Nutrition Assistants @450 (for the 20 sites) <p>National Office support staff</p> <ul style="list-style-type: none"> - 1 Health and Nutrition Associate officer Juba @ 1800 - 8 Shared Program Staff - Juba Office@5% (National staff) <p>Equipment and supplies</p> <ul style="list-style-type: none"> - Essential drugs for SC and OTPs - Construction of OTP shelters using locally available material - Food provisions for others/caregivers in SC <p>Vehicle operating & maintenance costs</p> <ul style="list-style-type: none"> - Motor bike fuel & maintenance - Vehicle fuel & maintenance <p>Office equipment & communications</p> <ul style="list-style-type: none"> - National office (HQ Juba) Utilities - National Office HQ (Juba) Office Supplies (Stationary,etc) - Warrap Regional Supplies for 5 Counties - County Camp maintenance - Bank charges & DHL/Courier <p>Trainings, workshops, seminars, campaigns</p> <ul style="list-style-type: none"> -Nutrition Cluster States coordination, sharing and planning meetings -5 County planning meetings in five counties (Quarterly) and Joint Monitoring 		<p>holder's contribution in nutrition supplement is sustained</p> <ul style="list-style-type: none"> • Stable socio –economic and political situation in the region • Constant supply of SFP and packages • Guaranteed security
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	<p>harvest) using SMART methodology in Tonj East, Gogrial East, Tonj North and South selected communities</p> <p>3.2 Analyze survey data and utilize it to inform programming (4 surveys)</p> <p>3.3 Nutrition/EPI/CHW/CHD Staff Training on nutrition assessment and data management [26 Nutrition Assistants]</p> <p>3.4 Training of CHW, MA and CO on SAM and MAM Management [26 persons]</p> <p>3.5 Training of Health Staff and on IYCF Practices [50 persons]</p> <p>3.6 Train 10 Women groups and 150 outreach community volunteers on IYCF</p> <p>3.7 Train 100 volunteers on screening and community mobilization to respond to nutrition emergencies.</p> <p>3.8 Periodic monitoring of project sites, and conduct on job training to MoH and WV staff. (5SC, 32 OTP and 35 SFP)</p> <p>3.9 Training of health workers on rapid nutrition assessment, nutrition survey and response to nutrition in emergencies [60 health workers]</p> <p>3.10 Support and further humanitarian partner coordination through Nutrition cluster</p> <p>3.11 Participate in national (Juba) cluster meetings and support Nutrition cluster joint-agency initiatives, such as assessments and contingency planning meetings – estimate 6 meetings</p> <p>3.12 Participate and provide leadership of Nutrition cluster in Warrap State as state cluster focal point [monthly meetings – total 6 meetings]</p>	<p>-100 Community screeners, volunteers trained on MUAC screening.</p> <p>-Train 10 women groups on IYCF IN Five counties</p> <p>-WV UK Monitoring costs</p> <p>CONTRACTS/SUB GRANTS (Specialized services for the project provided by outside contractors or partners/NGOs</p> <p>- 4 Post - harvest SMART surveys (GW, Gogrial East ,Tonj North, TS)</p> <p>- Rapid assessment</p>		
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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
1. Provide services for treatment of acute malnutrition, targeting children under 5 years, P&LW, elderly persons, disabled persons, TB patients, persons with HIV/AIDS in Tonj South, Tonj North, Gogrial West and Gogrial East Counties of Warrap State			x	x	x	x	x	x					
Activity													
1.1 Conduct screening of all U5 to identify SAM and MAM cases and ensure they are treated at the SC, OTP and SFP 4,954 children under 5 SAM; 13,920 children under 5 MAM Achieve and maintain the target sphere standards as specified in the IMSAM guideline				x	x	x	x	x					
1.2 Provide SC, OTP and SFP treatment rations and supplementary food rations to under-fives (18,874 children)				x	x	x	x	x					
1.3 Provide fortified blended food (e.g. CSB) to 7,298 P&LWs and vulnerable returnees.								x					
1.4 Manage 5 Stabilization centers 32 OTPs and 35 SFPs in the operation area, targeting care to U5 Children and P&LW,				x	x	x	x	x					
1.5 Complement both inpatient and outpatient therapeutic feeding care with the required medicine and medical equipment				x	x	x	x	x					
1.8 Conduct supervision and periodic monitoring of project sites, run the continuous sentinel surveillance and promote growth monitoring at facility level				x	x	x	x	x					
1.9 Provide food provisions for mothers /caregivers with children admitted to SC				x	x	x	x	x					
1.10 Rehabilitation of OTP shelters using locally available material in Gogrial East and Tonj North						x	x						
2. Provide services for prevention of under nutrition in children under 5 years and P&LW in Tonj South, Tonj North, Gogrial West, Gogrial East Counties in Warrap State													
Activity													
2.1 Conduct community mobilization of men and women; boys and girls to support and promote exclusive BF and appropriate IYCF practices				x	x	x	x	x					
2.2 Conduct community leaders sensitization and awareness meetings				x									
2.3 Provide incentives for outreach community volunteers				x	x	x	x	x					
2.4 Support the de-worming and micronutrient supplement campaign				x			x						
2.5 Commemorate World Breastfeeding Week							x						
2.6 Printing of the IYCF Counseling cards and treatment stationaries				x	x								
3. Building the capacity of county health department													
Activity													
3.1 Community Leaders Workshops				x	x								
3.2. Conduct 4 nutrition surveys (post-harvest) using SMART methodology in Tonj East, Gogrial East, Tonj North and South selected communities					x								
3.3 Nutrition/EPI/CHW/CHD Staff Training on nutrition assessment and data management [26 Nutrition						x	x						

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		
Assistants]															
3.4 Training of CHW, MA and CO on SAM and MAM Management [26 persons]															
3.5 Training of Health Staff and on IYCF Practices [50 persons]				X	X	X									
3.6 Train 100 volunteers on screening and community mobilization to respond to nutrition emergencies				X	X	X									
3.7 Periodic monitoring of project sites, and conduct on job training to MoH and WV staff. (5SC, 32 OTP and 35 SFP)				X	X	X	X	X	X						
3.8 Training of health workers on rapid nutrition assessment, nutrition survey and response to nutrition in emergencies [60 health workers]				X	X	X									
3.9 Participate in national (Juba) cluster meetings and support Nutrition cluster joint-agency initiatives, such as assessments and contingency planning meetings – estimate 6 meetings Participate and provide leadership				X	X	X	X	X	X						
3.10 Participate and provide leadership of Nutrition cluster in Warrap State as state cluster focal point [monthly meetings – total 6 meetings]				X	X	X	X	X	X						

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