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

CHF Cluster Priorities for 2013 Second 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
i) Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups ii) Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education, supplementation, BSFP) iii) Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies) iv) Pipeline: Procurement and management of pipeline(s) from central to end user location v) Provision and strengthening of state-level coordination aimed at improving intervention outcomes	1. Jonglei-Pibor, Akobo, Nyirol, Ayod, Fangak, Pochalla, Urol, Duk 2. Upper Nile -Maban, Nasir and Ulang 3. Unity-Panyjar, Koch, Mayom, Abiemnhom, and Mayendit 4. NBeG- Aweil East and North 5. Warrap- Twic and Abyei area 6. WBeG-Raja

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

Requesting Organization	
Universal Network for Knowledge & Empowerment Agency (UNKEA)	
Project CAP Code	**CAP Gender Code**
SSD-13/H/52569/R/16068	2a

CAP Project Title *(please write exact name as in the CAP)*
Strengthening the capacity of community to address the root cause of malnutrition and improved the nutrition status of children under 5 and P&LW

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

State	%	*County/ies (include payam when possible)*
Upper Nile	100%	Nasir County, Jikmir, Nasir, Kierwan and Kuetrengke Payams

Total Project Budget requested in the in South Sudan CAP	US$: **307,605.00**
Total funding secured for the CAP project ***(to date)***	US$: **58,910 form Help Germany and ended in July, 31st. 2013)**

Funding requested from CHF for this project proposal	US$: **100,000**

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

Direct Beneficiaries

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	1,510	1,720
Girls:	3,200	4,191
Men:	301	360
Boys:	2,800	2,794
Total:	**7,811**	**9,065**

Indirect Beneficiaries

Women, men, girls and boys of targeted payams in Nasir County of Upper Nile State

Catchment Population (if applicable)

210,002 (Source; 2008 HH census)

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM	330	15	1,440	1,260
MAM	1,060	18	1,920	1,540
BSFP	120	60	220	204
IYCF promotion	12,712	3,814	-	-
Trainees	23	42	-	-
Micronutrient supplementation*	-	-	6,000	4,650
Deworming*	320	210	4,500	3,600

* **Not** counting beneficiaries treated according to protocols (e.g. SAM or MAM treatment)

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

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Duration: Seven (1 September, 2013 - 31 Mach 2014)

Contact details Organization's Country Office	
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Finance Officer	*David Dak Deng* *David.dak@unkea.net* *Deng_dak@yahoo.co.uk* *+211 955 812 211*

Contact details Organization's HQ	
Organization's Address	Nasir County, Upper Nile State Republic of South Sudan, P.O Box: 504 Juba www.unkea.net *+211 955 295 774,* + 211956 386 655
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Finance Officer	*Christopher Matajora* *chrispaluru@gmail.com* *+ 211 956 595 627*

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

Al though the general humanitarian situation in Upper Nile improved in 2012, Nasir County still remains a humanitarian emergency flash point. Jikmir, Nasir, Kuetrengke and Kierwan payams of Nasir County are the densely populated payams with a totals population of 28,614, 43,696, 23,093 and 31,791 (2008 HH census) respectively and most of whom are nomadic pastoralists.

Humanitarian emergencies in Nasir County are especially fueled by inter- communal violence, cattle raids and floods resulting to high populations movements, displacements and increase risks of malnutrition among children under five, PLW due to food insecurities. According to OCHA assessment report for 2013, the total number of IDPs, food insecure populations and returnees in Nasir County has been projected to 11,910, 24,800 and 718 respectively. Jikmir, Nasir, Kuetrengke and Kierwan payams accommodate about 5,157, 3,157, 2,300 and 2,014 IDPs/ returnees respectively. The Murle armed groups attack in Toalori cattle camp in Ulang County left about 13,000 IDPs (May 2013 OCHA and inter- agency assessment). About 9, 500 of these are settled in Kuetrengke and 3,500 in Nasir payams.

In January, 2013, about 2,500 people were displaced by inter-clan conflicts between the Gaguang and Gajiok in Jikmir. Food insecurity is triggered by high population mobility, prolonged droughts and floods. During dry season, milk which is the main source of protein is extremely limited. The situation is even worse among IDPs and returnees who own nothing, limited number of cows and limited intake of fortified foods especially among children under five, pregnant and lactating women increases their vulnerability to

[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.

acute malnutrition. In the last three months (April, May and June), admissions for acute malnutrition among under five in Nasir Hospital, Kierwan, Torpuot, Mandeng and Jikmir were 164, 181 and 229 respectively. This increased demand is likely to overwhelm the existing nutrition centers that are likely to rapture after the end of the three months bridging contract from Help Germany end on July, 31st. 2013.

B. Grant Request Justification

Briefly describe (in no more than 300 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 end of the bridging contract from Help Germany by the end of July, 2013 will cause rapture in the nutrition pipeline and leaves the lives of thousands of children under five, pregnant and lactating mothers of the vulnerable IDPs, returnees and host communities at risk of malnutrition. This funding is requested to support UNKEA's accelerated response initiative (ARI) to reduce morbidity and mortality due to severe acute malnutrition in children under five, pregnant and lactating women among the vulnerable IDPs, returnees and host communities through provision of emergency therapeutic nutrition services in 2 SCs and 5 existing OTPs sites and 3 fixed outreach sites. At the same time, the fund will be used to conduct a SMART survey for Nasir County baseline data, support the transportation of nutrition supplies, nutrition technical trainings, community level awareness campaigns, screening, treatment, prevention and management of acute malnutrition at 5 OTP sites and 2 stabilization centers in Jikmir, Kierwan, Kuetrengke and Nasir payam, including 3 fixed outreach sites in Nordeng, Dhuording and Kuetrengke to target the victims of the Toalori cattle camp attack. With UNKEA 10 years presence and working experiences in Nasir County, there is a strong community's trust, support, acceptability and involvement making programs intervention cost effective and sustainable. Working with community nutrition volunteers has been an added a value to the success of our programs. UNKEA has viable working relationship with its partners such as CHD, Nutrition Cluster, UNICEF, SMoH, ADRA and MSF in supporting the health care system in Nasir County. So far, UNKEA has been receiving a three months funding envelope from Help-Germany as abridging contract for its nutrition services from May to July, 31st. 2013. As a long term plan, UNKEA has submitted a proposal to UNICEF for scaling up an integrated Maternal, Neonatal and Child Health Project (IMNCHP) with an integrated nutrition services in Nasir County.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

The routine screening and management of acute malnutrition in children under five, pregnant and lactating mothers at the OTPs, SCs and fixed outreach sites will significantly contribute to reduction in morbidity and mortality associated with acute malnutrition. Capacity building through skills training of health workers, Strengthening appropriate referrals and community awareness in detecting and responding appropriately to nutrition emergencies will prevent and control emergency of acute malnutrition in the communities.

ii) Project Objective

State the objective/s of this CHF project. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

- To screen, refer and manage acute malnutrition in children under five years, pregnant and lactating mothers in both health facilities and communities
- To prevent and control acute malnutrition through community levels awareness campaigns on nutrition and IYCF
- To build the capacity of the communities , health workers and CHD to detect, respond and manage nutrition emergencies in Nasir County

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).

- Screening and Treatment of SAM and MAM using the [MOH] IM-SAM guidelines in all sites
- Provision of preventive services to under five (deworming, Vitamin A and Micronutrient) in all facilities.
- Monthly and quarterly supportive supervisory visits to all project sites
- Ongoing facility and community based screening and referrals of severe and acute cases of malnutrition in Nasir, Jikmir, Kuerengke and Kierwan payams.
- Skills training of health workers on MAM, SAM and IYCF in all facilities
- Ongoing community social mobilizations and sensitizations in Nasir, Jikmir, Kuerengke and Kierwan payams.
- Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and community level.
- Training of community nutrition volunteers (women peer groups, home health promoters, teachers and leaders (traditional, religious and civil servants) on prevention and control of malnutrition.

iv). Cross Cutting Issues

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

Empowerment of women, men, youths, boys, girls, community leaders and teachers will enhance collective responsibility of all gender and different groups in addressing the root causes of malnutrition in the communities. Women empowerment through formation and training of support groups will enhance focused small groups discussions on issues related to IYCF, basic hygiene and sanitation among themselves. In this way women will be able to identify key challenges and solutions to prevention and control of malnutrition. Involvement of men in supporting IYCF especially exclusive breastfeeding, supplementary feeding will be key in addressing the root causes of malnutrition in the communities. Involvement of community change agents such as teachers, religious, traditional and civil servants in awareness campaigns will help to effectively address the root causes of malnutrition, HIV/AIDs, SGBV and poor family planning such as child spacing. Moreover, addressing safe disposal of household waste and human excreta though use of pits and latrines as well as access to safe and clean through water source protection and simple water purification

techniques will reduce spread of most of the intestinal helminthes such as *Hookworms* and *Ascaris* that are major causes of malnutrition. Household planting of vegetables and fruits such oranges, mangoes, guava and lemon will be encouraged within the local communities. This will not only contribute to generation of foods rich in iron and vitamin C but also conserve the environment.

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

Provision of fortified foods to malnourished children under five years, pregnant and lactating women will reduce morbidity and mortality associated with acute malnutrition in the four Payams of Nasir County
In addition, involvement of community volunteers, women groups and building their capacity as well as skills training of health workers will strengthen the communities to identify, refer and manage malnutrition cases appropriately within their communities. This intervention will reinforce the efforts to address maternal, neonatal and child health among the IDPs/returnees/host communities in Jikmir, Kierwan, Nasir and Kuetrengke payams of Nasir County.

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)	
			Male/boys	Female/girls
		Age		
(X)	1	Children (under-5) screened and referred for treatment of SAM and MAM	3500	3700
		Children (under-5) admitted for the treatment of SAM	1760	1260
(X)	2	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	1760	1260
(X)	3	Pregnant and Lactating Women (PLWs) admitted for MAM	-	1510
(X)	4	Health workers trained on SAM, MAM & IYCF management in emergency response	3	2
	5	Community leaders (chiefs, teachers, HHPs, TBAs) trained on identification and referrals for SAM and MAM	11	9
(X)	6	Community members including PLW reached with key messages on Nutrition	105	982
(X)	7	20 women support groups established for IYCF promotion in all project locations	N/A	N/A
(X)	8	5 Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing MAM	N/A	N/A
(X)	9	2 Stabilization centers (SAM)	N/A	N/A
(X)	10	Children under 5 de-wormed	1760	1260
(X)	11	Children provided with Vitamin A supplement	2760	2500
(X)	12	PLW and children (under- 5yrs) receiving micronutrient supplementation	2100	1850
(X)	13	Children screened in the community for MAM & SAM	4500	5000
(X)	14	5 nutrition treatment sites given supportive supervision once a quarter	N/A	N/A
	15	5 Nutrition site well stocked with nutrition supplies	N/A	N/A

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.

UNKEA will provide skill training to Community nutrition workers to manage the OTP sites and stabilization centers. Additionally, Community nutrition volunteers that include women groups, traditional birth attendants (TBAs), home health promoters, teachers, community leaders (chiefs, church leaders and civil servants) will be used to carry out social mobilizations and awareness campaigns. This can be done through peer group discussions among women and men, community large events, music, dance and drama with targeted messaging of nutrition issues. Assorted IEC materials such as brochures, leaflets, bill board, T-shirts will be produced in the local language and used in community social mobilizations and awareness campaigns. The community nutrition volunteers will be trained to carry out targeted community level screening and referral of cases. Furthermore, these volunteers will be assigned by nutrition workers to follow up clients and give health education at family level. The community nutrition workers will on daily basis distribute weekly ready to use therapeutic food (RUFT) to the beneficiaries and monitor and review the utilization on weekly basic. The project will engage active involvement of community members as change agents. Women will be organized in groups and encouraged to discuss among themselves issues related to prevention and control of malnutrition as well as balanced diet, IYCF, and food preparation. This project will ride on the back of the integrated primary health care project where malnourished clients will be provided with clinical services in the health facilities. To create ownership and sustainability of the project, UNKEA will seek and foster effective collaboration coordination with line government ministries and their respective departments at the County level in addition to closely working with other non governments engaged in similar initiatives to share lessons learnt. UNKEA will continue to documents its success stories and use to inform programming at all levels of the project management. This project will be delivered under the technical guidance and supervision of the Health and Nutrition Advisor who will provides the overall project oversight at the direction of the Executive Director. He will dedicate 100% of his time to the project and assisted by his Nutrition Manager.

vii) Monitoring and Reporting Plan

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

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

Through previous operational experience in health and nutrition programs, UNKEA has strong knowledge in identifying and measuring appropriate indicators, in data collection and analysis, and in partnering with donors and other agencies to coordinate the dissemination of the information. UNKEA will ensure the prompt and accurate collection of information and compile the results for data analysis and program evaluation according to the goal, objectives, and indicators of the program. As start-up process a SMART survey and orientation planning workshop will be held in order to generate baseline data and ensure that all staffs understand the proposal and work plan well, to formulate individual staff work plans, which will tie performance to agree upon timelines for compiling monitoring information and reporting. This will ensure good data with which to measure progress against work plan during the intervention. The logical framework will provide the basis for monitoring the project indicators and the output indicators will be measured using program records and reports. The Health and Nutrition Advisor will be responsible for the overall planning, monitoring and reporting of activities as per the log frame and work plan. This will include regular visits to all sites in the Program, monitoring of staff activities, compiling and analyzing program records, assessing external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure the attainment of objectives. He will coordinate the health and nutrition program, attend the nutrition and health cluster technical working groups and ensure that relevant information is factored into program implementation and share UNKEA's progress reports with all partners. The Executive Director will ensure that planed activities take place. He will also attend sectoral working group and coordination meetings, ensure the relevant information is factored into program implementation and share UNKEA's progress and statistical information with other agencies where appropriate. UNKEA will continue to build the operational capacity of project staffs in monitoring and reporting in the project cycle management (PCM) and maximize their participation in all activities.

Data collection and Analysis

Project data will be collected and analyzed immediately by the Project Manager under the supervision of the Nutrition Advisor. This will be a continuous process as it will be inbuilt into project implementation process so that it will be concurrent with activity implementation. The Nutrition Data clerk will also be responsible for compiling the data into a fair draft which will be reviewed by Project Manager to ensure correctness and accuracy.

Quality of data

The accuracy and consistency of the data will be assured through the use of standardized data collection tools duly protected for reliability, completeness, and consistency and approved. The Project Manager and Nutrition Advisor will make monthly and quarterly visits to the project sites to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This wills involve data quality audits in randomly selected project sites done on quarterly basis that will form part of project data quality assurance and quality control. All collected data will be stored electronically and manually to ensure its security as part of control and safety measure.

Reporting

This will be both an individual role of the project staff as well as the entire team. UNKEA will provide monthly, quarterly and end of Project progress reports as against work plan, budget and targets indicated in the proposal. Nutrition workers will at the primary health facilities send monthly reports to the project Manager who will then review for consistency and accuracy. The Project Manager then sends these reports to the Nutrition Advisor to finally review reports for consistency and accuracy. Nutrition Adviser will share these reports with the Executive Director who will approve and send to the donor using the relevant reporting format. Efforts will be made to ensure that the report capture project narrative and financial aspects of the proposed project's work plan and budget and targets. UNKEA will adhere with specific donors reporting formats and guidelines. A database for recording beneficiary

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

information and mapping trends across the implementation locations will be created and the information is to be disseminated to the DHIS, SMoH, GOSS MoH and other stakeholders on regular basis. Project deliverables will be monitored through monthly, quarterly and annual progress reports that should include success stories. The project will be reviewed at mid-point and at the end through a joint plan.

UNKEA will conduct a midterm review after three months of implementation. In these reviews, stakeholders at the state, county and national levels will be engaged in discussing the findings and production of their recommendations (part of the data quality audit). UNKEA will develop tools to capture data from community workers (TBAs, CNWs and HHPs). Monitoring tools will include data gathering and analysis based on attendance records, drug distribution records and training reports which will feed into the Indicator Performance Tracking Table (IPTT). The IPTT will allow the project to track progress towards results on a monthly, quarterly basis, although some indicators will only be updated on bi-annual basis throughout the project period. This will enable early identification and action to address program challenges that help in ensuring timely implementation of planned activities. In addition routine collection and analysis of program data will allow UNKEA to regularly share results with the SMoH, CHD, donors and the local (community) authorities to identify and address potential challenges such as default rates. A community level assessment survey tool will be developed to assess community engagement/satisfaction levels and the value attached to UNKEA services. Field staff will be holding regular meetings with the health authorities at state, County and payam (community) levels to review progress. Partner meetings will focus on implementation progress, lessons learned and proactive ways forward. These meetings will allow UNKEA to address implementation and M & E concerns and challenges in partnership with the health authorities and community leaders at multiple points throughout the project, allowing for UNKEA to adjust its implementation and monitoring strategies as necessary and thus increasing the likelihood of success. A score-card monitoring system will be developed to monitor the progress against key indicators for each health facility. The M & E plan will include building the capacity of project staff through focused M & E trainings. An evidence-based evaluation approach will be employed to assess the overall effectiveness and impact of the program.

D. 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)
-	-
-	-
Pledges for the CAP project	
-	-
-	-

SECTION III:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: ..... SSD-13/H/52569**.....**	**Project title:** Strengthening the capacity of community to address the root cause of malnutrition and improved the nutrition status of children under 5 and P&LW	**Organisation:** **.UNKEA.....**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* i) Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups. ii) Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education, supplementation, BSFP). iii) Provision of emergency preparedness and response services (rapid assessments and response, trainings on Nutrition in Emergencies). iv) Pipeline: Procurement and management of pipeline(s) from central to end user location. v) Provision and strengthening of state-level coordination aimed at improving intervention outcomes.	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • # of children <5 years, P&LW, other vulnerable groups of people treated on SAM. • % of targeted vulnerable population reached through nutrition education, optimal IYCF-E, supplementation and BSFP. • % of targeted population reached through emergency preparedness and response service • State-level coordination activities undertaken.	**How indicators will be measured:** *What are the sources of information on these indicators?* • County Health Department/Health facility records. • Rapid assessment reports • Training reports • Pipeline supply records • Coordination meeting minutes/reports	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • To screen, refer and manage acute malnutrition in children under five years, pregnant and lactating mothers in both health facilities and communities. • To prevent and control acute malnutrition through community level awareness campaigns on nutrition and IYCF. • To build capacity of the communities, health workers and CHD to detect, respond and manage nutrition emergencies in Nasir County.	**Indicators of progress:** *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative.* • # of children <five years and PLW screened, referred to and managed at health facilities and the community level. • # of community awareness campaigns undertaken on nutrition and IYCF. • # of people reached through IYCF and nutrition community awareness campaigns. • # of people trained on management of nutrition emergencies per each Payam.	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • Health facility Nutrition Registers/records • Community Awareness campaign forms/records. • Training and supervision reports/records • County Health Department reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Security stability in the project area • Uninterrupted funding and supply of relief items and drugs • Continued community and acceptability and support • Commitment and support of partners to the project • Continuous accessibility to project sites.
Results	**Results - Outcomes (intangible):** *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*.	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • % reduction in cases of mortality and	**How indicators will be measured:** *What are the sources of information on these indicators?* • Health facility/County Health Department records	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?*

	• Reduction in morbidity and mortality in the four Payams of Nasir County caused by acute malnutrition. • Strengthened capacity of the communities to identify, refer and manage malnutrition cases appropriately	morbidity caused by acute malnutrition. • # of malnutrition cases appropriately identified referred and managed by the community members. • # of community members trained on identification, referral and management of malnutrition cases. • # of nutrition staff trained on identification, referral and management of malnutrition cases. • # of nutrition facilities that are fully functional per Payam.	• Training records • Monthly supervisory records	• Security stability in the project area • Uninterrupted funding and supply of relief items and drugs • Continued community and acceptability and support • Commitment and support of partners to the project • Continuous accessibility to project sites
	Immediate-Results - Outputs (tangible): *List the products, goods and services **(grouped per areas of work)** that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.* • Children (under-5) admitted for the treatment of SAM. • Pregnant and Lactating Women (PLWs) admitted for MAM. • Health workers trained on SAM, MAM & IYCF management in emergency response. • Community leaders (chiefs, teachers, HHPs, TBAs) trained on identification and referrals for SAM and MAM. • Community members including PLW reached with key messages on Nutrition. • Women support groups established for IYCF promotion. • 5 Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing MAM. • 2 Stabilization centers (SAM) • Children under 5 de-wormed • Children provided with Vitamin A supplement. • PLW and children (under- 5yrs) receiving micronutrient supplementation. • Children screened in the community for MAM & SAM. • 5 nutrition treatment sites given supportive supervision once a quarter. • 5 Nutrition sites well stocked with nutrition supplies.	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • # of Children (under-5) admitted for the treatment of SAM**.** • # of Pregnant and Lactating Women (PLWs) admitted for MAM**.** • # of Health workers trained on SAM,& IYCF management in emergency response. • # of Community leaders (chiefs, teachers, HHPs, TBAs) trained on identification and referrals for MAM. • # of Community members including PLW reached with key messages on Nutrition. • # of Women support groups established for IYCF promotion. • # of Children under 5 de-wormed. • # of Children provided with Vitamin A supplement. • # of PLW and children (under-5yrs) receiving micronutrient supplementation. • # of Children in the community screened for SAM per month. • Nutrition treatment sites given supportive supervision every quarter. • Nutrition site well stocked with nutrition supplies.	**How indicators will be measured:** *What are the sources of information on these indicators?* • Health facility/nutrition registers/records. • Micronutrient/supply distribution forms • Drug dispensation forms • Training reports/records • Community outreach activity forms/reports.	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Security stability in the project area • Uninterrupted funding and supply of relief items and drugs • Continued community and acceptability and support • Commitment and support of partners to the project Continuous accessibility to project sites

	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* • Screening and Treatment of SAM and MAM using the [MOH] IM-SAM guidelines in all sites. • Provision of preventive services to under five (deworming, Vitamin A and Micronutrient) in all facilities. • Monthly and quarterly supportive supervisory visits to all project sites. • On-going facility and community based screening and referrals of severe and acute cases of malnutrition in Nasir, Jikmir, Kuerengke and Kierwan payams. • Skills training of health workers on MAM, SAM and IYCF in all facilities. • Ongoing community social mobilizations and sensitizations in Nasir, Jikmir, Kuerengke and Kierwan payams. • Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and community level • Training of community nutrition volunteers (women peer groups, home health promoters, teachers and leaders (traditional, religious and civil servants) on prevention and control of malnutrition.	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* Relief items/equipment committed to support the project (LLTNs) Funds ($100,000) Commitment of technical and support staff	• Health facility/nutrition registers/records. • Micronutrient/supply distribution forms. • Drug dispensation forms • Training reports/records • Community outreach activity forms/reports.	**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* • The health facilities remain accessible throughout the life time of the project. • Security situation remains stable during the implementation of the project • There is available funds for the running of project activities throughout the year • Funds are released on time • Community members/ PLW are willing and take health related messages. • Prices for building materials such as cement remain stable during the period the project is implemented. • Health facilities are well staffed with the qualified and experienced medical personnel. • The community is involved in the delivery of project activities early enough. • Government is interested and supports NGO activities.

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.

Project start date:	**1 September 2013**	**Project end date:**	**31 March 2014**

Activities	**Q3/2013**			**Q4/2013**			**Q1/2014**			**Q2/2014**			**Q3/2014**		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Activity 1: Recruitment of project staff, purchase of office, field (training and outreach activities') supplies			X	X											
Activity 2: Screening and Treatment of SAM and MAM using the [MOH] IM-SAM guidelines in all sites.			X	X	X	X	X	X							
Activity 3: Provision of preventive services to under five (deworming, Vitamin A and Micronutrient) in all facilities.			X	X	X	X	X	X							
Activity 4: Monthly and quarterly supportive supervisory visits to all project sites			X	X	X	X	X	X							
Activity 5: Ongoing facility and community based screening and referrals of severe and acute cases of malnutrition in Nasir, Jikmir, Kuerengke and Kierwan payams.			X	X	X	X	X	X							
Activity 6: Skills training of health workers on MAM, SAM and IYCF in all facilities					X		X								
Activity 7: Ongoing community social mobilizations and sensitizations in Nasir, Jikmir, Kuerengke and Kierwan payams.			X	X	X	X	X	X							
Activity 8: Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and community level.			X	X	X	X	X	X							
Activity 9: Training of community nutrition volunteers (women peer groups, home health promoters, teachers and leaders (traditional, religious and civil servants) on prevention and control of malnutrition.					X										
Activity 10: Monitoring/supervision			X	X	X	X	X	X							
Activity 11: Donor reporting			X	X	X	X	X	X							
Activity 12: End of project assessment									X						

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