

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	
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-Raga

Project details																
The sections from this point onwards are to be filled by the organization requesting CHF funding.																
Requesting Organization	Project Location(s)															
World Relief	<table border="1"> <thead> <tr> <th>State</th> <th>%</th> <th>County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Unity State</td> <td>100%</td> <td>Koch county: Boaw Payam(Boaw PHCC and Bieth PHCU), Pakur Payam(Pakur PHCU), and Jaak Payam (Koch PHCC)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	State	%	County/ies (include payam when possible)	Unity State	100%	Koch county: Boaw Payam(Boaw PHCC and Bieth PHCU), Pakur Payam(Pakur PHCU), and Jaak Payam (Koch PHCC)									
State	%	County/ies (include payam when possible)														
Unity State	100%	Koch county: Boaw Payam(Boaw PHCC and Bieth PHCU), Pakur Payam(Pakur PHCU), and Jaak Payam (Koch PHCC)														
Project CAP Code	CAP Gender Code															
SSD-13/H/55005/R/5926	0															
CAP Project Title (please write exact name as in the CAP)																
Community Based Nutrition Support in Complex Emergency Project																

Total Project Budget requested in the in South Sudan CAP	US\$750,000	Funding requested from CHF for this project proposal	US\$ 150,000
Total funding secured for the CAP project (to date)	US\$ Nil	Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Plumpy nut And CSB Plus (CSB Plus) in kind)	

Direct Beneficiaries			Indirect Beneficiaries
	Direct beneficiaries targeted in CHF Project	CAP Direct beneficiaries	Catchment Population (if applicable)
Women:	500	3450	Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived. Koch county: (Boaw, Pakur, and Jaak Payam): 35,100 (based on HPF/SMoH data)
Girls:	910	2066	
Men:	42	2000	
Boys:	910	2319	
Total:	2,362	9841	

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM			278	278
MAM	500	0	632	632
BSFP	0	0	0	0
IYCF promotion	300	60	0	0
Trainees	12	12	0	0
Micronutrient supplementation*	0	0	0	0
Deworming*	0	0	0	0

* **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)

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Proposed dates: 1 October 2013 - 31 March 2014 Number of months: 6

Contact details Organization's Country Office	
Organization's Address	Hai Cinema PO Box 41, Juba, Southern Sudan
Project Focal Person	<i>Name, Email, telephone</i> Rose Ogwaro, <i>E-mail: rogwaro@wr.org, +211926776961</i>
Country Director	<i>Name, Email, telephone</i> Darren Harder <i>Email: dharder@wr.org, +211954634201</i>
Finance Officer	<i>Name, Email, telephone</i> Thatien Munyaneza <i>E-mail TMunyaneza@wr.org, +211956803205</i>

Contact details Organization's HQ	
Organization's Address	World Relief 7 East Baltimore St Baltimore MD, 20707 USA
Desk officer	<i>Name, Email, telephone</i> Diana Smith, <i>E-mail: dsmith@wr.org, 443-451-1900</i>
Finance Officer	<i>Name, Email, telephone</i> Dick Oyieko, <i>E-mail: doyieko@wr.org, Tel: 443-451-1900</i>

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
Results from World Relief South Sudan's (WRSS) December 2012 SMART nutrition survey in Koch County show a Global Acute Malnutrition (GAM) rate of 18.0% (14.5-22.0 95% CI) (WFH Z-score -WHO 2006), above the 15% WHO emergency threshold. Survey results also indicate the Severe Acute Malnutrition rate (SAM: WHO 2006) is 4.4% (2.9-6.7 95% CI). The 2012 pre-harvest results conducted between April to May 2012 across 20 counties in the region (Warrap, Northern Bahr el Ghazal, Upper Nile, Unity and Lakes States) showed GAM ranges from 17.5% to 28.7% which is above the WHO emergency threshold of 15% (2012 pre-harvest survey results validated by the nutrition cluster). With a steady stream of IDP and refugee families fleeing conflict on the North/South border, the situation in Koch County may get even worse, as displaced families are particularly vulnerable to malnourishment while their households are in transition and they are often food insecure. The main causes of malnutrition in Koch County include food insecurity, poor sanitation and hygiene, poor infant and young child feeding and limited healthcare services. A key aggravating factor is the recurring insecurity due to cattle raiding and tribal conflicts. Health care and nutrition service coverage is further hindered by geographical constraints and poor transport infrastructure. The internal and external conflicts and resulting displacement of people has increased tensions and raised the level of vulnerability among county residents in competition for scarce resources.

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).

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.

Indicate if any other steps have been taken to secure alternative funding.

The malnutrition rates in Koch County are above the WHO emergency threshold for intervention. WRSS has been providing health and nutrition services in Koch County since 2003 most recently with a CHF grant that ended in December 2012 and an OFDA grant that ended in May 2013. WRSS has recently been contracted under the Health Pool Fund (HPF) to provide health services in collaboration with the Koch County Health Department (KCHD) but that budget is limited and although it supports nutrition monitoring, it does not provide for any nutrition services. CHF funding to support nutrition services in Koch County will be an excellent complement to the HPF health program. WRSS proposes to partner with the KCHD to deliver the nutrition services described below to the communities surrounding 4 health facility locations covering most of the population in the county. With this CHF grant WRSS and KCHD will be able to provide supplementary feeding for the moderately malnourished and treatment and rehabilitative services for the severely malnourished in a full annual cycle beginning with monitoring and early detection at the end of the harvest and continuing with early preventative interventions through the nutrition gap season and up to the 2014 harvest. WRSS did not receive first allocation funding; therefore this is not top up funding. As a result, the activities and the beneficiaries in this funding will depend solely on this funding.

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.

CHF funding will enable WRSS/KCHD to reduce morbidity and mortality in the vulnerable targeted population with treatment services through OTPs and TSFPs that include supplementary feeding, distribution of micronutrients and de-worming, and referral services for complicated cases.

CHF funding will enable WRSS/KCHD to prevent acute malnutrition in the vulnerable targeted population with IYFC promotion through the CMAM coordinators and community nutrition volunteers employed in the program who will also conduct case finding to detect early malnutrition cases in the community and refer to nutrition centers for management before it becomes severe. Health and nutrition education conducted by nutrition staff at the centers and in the community is expected to change community perception towards certain traditional behaviors and promote good habits. In addition, attending coordination meetings and sharing information will improve intervention outcomes.

CHF funding will enable WRSS/KCHD to maintain a network of nutrition volunteers and staff covering almost all parts of Koch county who will provide early warning and be trained for rapid response in the event of an emergency.

ii) Project Objective

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

To prevent and provide treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups in Koch 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).

Note, all of the following proposed nutrition intervention activities will be implemented across Koch County from the health center bases in three of the Payam where WRSS is implementing the HPF health program. Coordination will take place in Bentiu or Juba as required by the coordinating agencies. Beneficiary details are included in the indicator section below.

- Conduct training on the management of CMAM to nutrition workers (CMAM coordinators and CNVs). Emphasis will be on outreach activities and IYCF to strengthen their knowledge in nutrition education (BCC)
- Conduct training to Community representatives on IYCF
- Active case finding, defaulter tracing, community mobilization and sensitization
- Conduct health and nutrition education and promotion at the nutrition sites, in the community, and during home visits
- Conduct food demonstrations on the use of locally available foods to the communities. Emphasis will be placed on preparation of balanced diet using low cost nutritious local foods.
- Conduct trainings to health facility staff (nurses, CHW and others) on management of severe malnutrition following CMAM protocol
- Treatment and rehabilitative services for SAM and MAM in children under 5 years through OTPs and TSFPs
- Provide micronutrient supplementation and deworming to beneficiaries in OTP and TSFP
- Provide referral services for severely acute malnourished children with medical complications to the nearest Stabilization/Inpatient Care Centers
- Conduct frequent supervisory visits to treatment and rehabilitation, of 4 OTP and 4 TSFP sites
- Participate in and attend nutrition cluster coordination and partnership meetings with MoH, UN agency and other stakeholders
- Coordinate nutrition services with other regional service providers
- Conduct at least 1 SMART survey post-harvest year to monitor progress and facilitate future planning.
- Prepare reports as scheduled

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

HIV/AIDS: HIV/AIDS awareness will be an integral part of health and nutrition education and promotion activities. The project will continue to build on HIV/AIDS awareness activities under this project. People living with HIV/AIDS are direct beneficiaries of this project.

GENDER: Throughout the project, gender concerns will be taken into consideration. The nutrition project will target individuals affected directly or indirectly regardless of their sex hence promoting gender equality throughout the project period. Monitoring and evaluation systems will capture information segregated by sex. Women will be involved in the entire process of the program-assessment, implementation, monitoring and evaluation. Out of the project selected beneficiaries, at least 49% will be women. Pregnant and lactating women are one of the target vulnerable populations.

PROTECTION MAINSTREAMING: World Relief has a mandate to serve the most vulnerable people around the world. In doing this, it strongly incorporates protection issues into the design, implementation, and evaluation of assistance programs whenever possible and appropriate. This is done in order to assist returnees, IDPs and other vulnerable populations to reduce or manage risks from violence, abuse, harassment, and exploitation.

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.

- Reduced mortality and morbidity associated with severe acute malnutrition in children under five years of age, P&LW and other vulnerable groups
- Increased knowledge for the prevention, identification and treatment of malnutrition of key community leaders through training of community nutrition volunteers
- Increased community knowledge for the prevention of malnutrition through health and nutrition education on various topics
- 910 girls and 910 boys treated for SAM or MAM
- 500 P&LW treated for MAM
- 6,000 community members trained in the prevention of malnutrition through health and nutrition education on various topics

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)	#	Outcome/Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	SAM program default rate (< 15%, SPHERE standards)	Percentage of default rate <15%
X	2.	SAM program death rate (< 10%, SPHERE standards)	Percentage of death rate <10%
X	3.	SAM program cure rate (> 75%, SPHERE standards)	Percentage of cure rate >75%
X	4.	MAM program default rate (<15%, SPHERE standards)	Percentage of default rate <15%
X	5.	MAM program death rate (< 3%, SPHERE standards)	Percentage of death rate <3%
X	6.	MAM program cure rate (>75%, SPHERE standards)	Percentage of cure rate >75%
	7.	Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)	3 OTP sites
	8.	New OTP sites established	1 new site
X	9.	Children (under-5) admitted for the treatment of SAM	Number of children U5 admitted in OTP: Boys:278 Girls:278
X	10.	Number of MAM treatment centers/TSFP sites	No. of MAM centers/TSFP sites 3 TSFP sites
	11.	New MAM centers/TSFP sites established	1TSFP site
X	12.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	Number of children admitted for MAM Boys: 632 Girls: 632
X	13.	Pregnant and Lactating Women (PLWs) admitted for MAM	Number of PLWs: 500

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.

From its base in Koch town, WRSS in partnership with the KCHD and in cooperation with SMoH will start by recruiting key staff for the nutrition program. It is expected that they will be experienced staff that have worked with WRSS on prior nutrition programs in the area and will be able to move quickly into implementation; recruiting and training at least 5 community volunteers for each OTP/TSFP center.

The volunteers and key health facility staff will be trained on early detection and screening and basic nutrition messages. Community mobilization is a key component to making the services accessible to most vulnerable among the whole population of the county. The volunteers will reach out to their population clusters to encourage active participation from the community. Local community leaders and/or church leaders will be informed of the project, and will be requested to assist in creating awareness about the program, participate in evaluation exercises, and will play a significant role in information sharing and identification of community workers. Health workers will integrate screening and nutrition education into the OPD registration routine.

WRSS will receive nutrition program commodities from UNICEF and WFP at each location and ensure that they are securely and carefully stored and accounted for. Program and health center staff will be trained and then will set up and implement OTP and TSFP, treating malnourished individuals following standard cluster protocols.

Community-based nutrition programming (including outreach, follow-up home visits, default tracing and health education) will complement the community-based health work and food security and livelihood activities also being implemented by WRSS in the county. WR will use community members, like CMAM coordinators and community nutrition volunteers (CNVs), to be actively engaged in early case detection and default tracing. The project will encourage active participation from the community. The local community leaders and/or church leaders will be informed of the project, and will be requested to assist in creating awareness about the program, participate in evaluation exercises, and will play a significant role in information sharing and identification of community workers.

WR will use UNICEF and WFP food commodities to support the program in Koch. During this project, children under 5 years, PLW and vulnerable groups in communities will receive free of charge services and TFSP rations appropriate to their health conditions to avoid falling into severe malnutrition status. World Relief will conduct regular measurements (anthropometric) to monitor the status of children under the program. Weight, height and MUAC will be measured on admission and according to national SAM and MAM guidelines. Children identified as severely malnourished with medical complications will be referred to the nearest SC center. Measles vaccination will be administered if a child has no card or record of measles vaccine. In addition to this, children will be screen on admission and those found not to have taken Vit A the last six month or during a campaign will be given Vit A, while deworming will given according to protocol as per child's weight. Other treatment such as antibiotics, anti-malarial, iron and folic acid will be administered as required following protocol of South Sudan.

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.

WR will monitor this project in conjunction with the aggressive routine monitoring schedule of the M&E team of WRSS staff together with KCHD staff. Monitoring activities include twice monthly field visits by the Nutrition and Health Program Manager, regular meetings with project implementers and ongoing discussions with community members.

World Relief will provide progress reports to UNICEF on monthly basis. These reports will cover the activities undertaken, results achieved, challenges faced during the reporting period, and any other relevant information. Information and indicator data shall be updated on a weekly basis for OTP and on a monthly basis for TSFP.

Data will be collected through formal reports (formatted form), and analysing the data against standard protocol on achievement such as standard indicators for selective feeding program (discharge, default, death, referral rates, average weight gain and length of stay) which will be calculated on a monthly basis and will be compared with SPHERE minimum standards.

Bi-weekly community screening using formatted form will be conducted and severely malnourished children under 5 years will be referred to OTP for nutritional and medical assessment and will either be admitted or referred to a stabilization centre. The project interventions will be evaluated according to input/output and outcomes to assess the impact. The indicators set in this proposal are the basis of impact determination.

Beneficiaries enrolled in the OTP programs will be given an individual Case Number that they will keep regardless of whether they are transferred to different components of the nutrition intervention. This will enable the program to track and follow up on beneficiaries. The case numbers will include a code signifying the component of the program they are first admitted to in order to avoid double counting of beneficiaries when transferred among the different components. The case numbers, along with a minimal amount of information (MUAC and weight gain/loss recorded at every visit, and height is recorded at admission and discharge, and monthly if possible) are kept in registers. A ration card with the case number is given to the care taker as well. Medical, nutritional and follow up information is recorded regularly. Supervisors will review registers for appropriate admission and discharge, medical treatment, and RUTF and supplemental food distribution. Supervisors will also ensure that appropriate action is taken for children whose condition remains static or deteriorates.

All children under five who meet criteria for admission will be admitted to the nutrition program regardless of their sex. WRSS will make sure that half of the nutrition workers are women to allow close interaction between cares and the worker as traditionally women may not be comfortable sharing some information with men.

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.

WRSS will conduct training on IYCF to a mother support group. This group will be tasked with sharing information among women. The information sharing will be monitored through focus group discussion, and key informant interviews. Meetings will be conducted on a biweekly to discuss progress and challenges facing the group.

There will be regular staff meeting with minutes documented and informal sources (observations, informal conversions carried out for better program outcome.

WRSS will provide timely financial and narrative report to CHF as required

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)
Nil	
Pledges for the CAP project	
Staff salaries and benefits (national & international staffs)- program field based and support staff	110,000
Trainings (beneficiaries, CHD staffs and volunteers), transport of goods, air travel, inputs and support	550,000
Administration- office rent, field base administration & running costs, internet, phone, vehicle hire	90,000
Total	750,000

SECTION III:

LOGICAL FRAMEWORK				
CHF ref./CAP Code: <u>SSD-13/H/55005</u>		Project title: <u>Community Based Nutrition Support in Complex Emergency Project</u>		Organisation: <u>World Relief</u>
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: <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"> • Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups • Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education, supplementation, BSFP) 	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> • SAM program default rate (< 15%, SPHERE standards) • SAM program death rate (< 10%, SPHERE standards) • SAM program cure rate (> 75%, SPHERE standards) • Pregnant and Lactating Women (PLWs) admitted for MAM • MAM program default rate (<15%, SPHERE standards) • MAM program death rate (< 3%, SPHERE standards) • MAM program cure rate (>75%, SPHERE standards) 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • SMART survey • Clinic records • OTP/TSFP records 	
Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <p>To prevent and provide treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups in Koch County</p>	<p>Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <p>Number and % of children under five, PLW admitted and treated in 4 nutrition centers</p>	<p>How indicators will be measured: <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"> • OTP/TSFP records 	<p>Assumptions & risks: <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"> • Assumptions – nutrition activities will be integrated with HPF activities; relationship with Koch County Health Department remains conducive to project implementation; project activities will continue throughout the rainy season; guardians will bring children to the nutrition centers; P&LW will attend to the nutrition centers; money is available • Risks – escalation of insecurity; influx of returnees;
Results	<p>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</i></p>	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • SMART survey 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may</i></p>

<p><i>of the direct beneficiaries.</i></p> <ul style="list-style-type: none"> • Increased knowledge for the prevention, identification and treatment of malnutrition of key community leaders through training of community nutrition volunteers • Increased community knowledge for the prevention of malnutrition through health and nutrition education on various topics • Reduced mortality and morbidity associated with severe acute malnutrition in children under five years of age, P&LW and other vulnerable groups 	<ul style="list-style-type: none"> • Number of community leaders who have participated in training in the prevention, identification and treatment of malnutrition • Number of individuals within communities who have attended training in the prevention, identification and treatment of malnutrition <p>SAM program default rate (< 15%, SPHERE standards) SAM program death rate (< 10%, SPHERE standards) SAM program cure rate (> 75%, SPHERE standards)</p> <p>Pregnant and Lactating Women (PLWs) admitted for MAM MAM program default rate (<15%, SPHERE standards) MAM program death rate (< 3%, SPHERE standards)</p> <ul style="list-style-type: none"> • MAM program cure rate (>75%, SPHERE standards) 	<ul style="list-style-type: none"> • Training records • Awareness record conducted • OTP/TSFP records 	<p><i>get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • Assumptions – nutrition activities will be integrated with HPF activities; relationship with Koch County Health Department remains conducive to project implementation; project activities will continue throughout the rainy season • Risks – escalation of insecurity; influx of returnees;
<p>Immediate-Results - Outputs (tangible): <i>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.</i></p> <ul style="list-style-type: none"> • 4 OTP sites for the treatment of children (uner-5) experiencing SAM • 556 Children admitted/treated with SAM (Boys: 278; Girls: 278) • 6104 children under five years old and PLW screened for malnutrition in 4 nutrition sites in Koch county • 4 MAM treatment centers/TSFP sites established • 1264 Children and 500 P&LW admitted/treated with MAM 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> • Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM) • Children (under-5) admitted for the treatment of SAM and MAM • PLW admitted for MAM • Number of MAM treatment centers/TSFP sites • New MAM centers/TSFP sites established • Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) • Pregnant and Lactating Women (PLWs) admitted for MAM 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • OTP records • TSFP records • Volunteer screening reports • Training reports • Site visit reports • SMART survey 	<p>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></p> <ul style="list-style-type: none"> • Assumptions – nutrition activities will be integrated with HPF activities; relationship with Koch County Health Department remains conducive to project implementation; project activities will continue throughout the rainy season; supplies will be available • Risks – escalation of insecurity; influx of returnees;

<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will result in the project outputs.</i></p> <ul style="list-style-type: none"> • Conduct training on the management of CMAM to nutrition workers (CMAM and CNVs). Emphasis will be on outreach activities and IYCF to strengthen their knowledge in nutrition education(BCC) • Conduct training to Community representatives on IYCF • Active case finding, defaulter tracing, community mobilization and sensitization • Conduct health and nutrition education and promotion at the nutrition sites, in the community, and during home visits • Conduct food demonstrations on the use of locally available foods to the communities. Emphasis will be placed on preparation of balanced diet using low cost nutritious local foods. • Conduct trainings to health facility staff (nurses, CHW and others) on management of severe malnutrition following CMAM protocol • Treatment and rehabilitative services for SAM and MAM in children under 5 years through OTPs and TSFPs • Provide micronutrient supplementation and deworming to beneficiaries in OTP and TSFP • Provide referral services for severely acute malnourished children with medical complications to the nearest Stabilization/Inpatient Care Centers • Conduct frequent supervisory visits to treatment and rehabilitation, of 4 OTP and 4 TSFP sites • Participate in and attend nutrition cluster coordination and partnership meetings with MoH , UN agency and other stakeholders • Coordinate nutrition services with other regional service providers • Conduct at least 1 SMART survey post-harvest year to monitor progress and facilitate future planning. • Prepare reports as scheduled 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc. ?</i></p> <ul style="list-style-type: none"> • Nutrition Staff time, IEC materials, travel • Volunteer time, IEC materials, travel • Nutrition Staff time, nutrition site rehabilitation, IEC materials, travel • Nutrition and Volunteer Staff time, IEC materials, locally available foods, cooking utensils, travel • Nutrition Staff time, IEC materials, travel • Nutrition Staff time, nutrition site rehabilitation, IEC materials, travel • Nutrition Staff time, nutrition site rehabilitation, IEC materials, nutrition supplements, travel • Volunteer Staff time, referral books, IEC materials, travel, referral networks • Nutrition Staff time, construction materials, transportation costs, travel • Nutrition Staff time, travel • Nutrition Staff time, construction materials, transportation costs, travel • Nutrition Staff time, computer, printer 	<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"> • Assumptions – nutrition activities will be integrated with HPF activities; relationship with Koch County Health Department remains conducive to project implementation; project activities will continue throughout the rainy season; community will fully participate; leaders will agree to be trained • Risks – escalation of insecurity; influx of returnees; • Pre-conditions – relationship with Koch County Health Department is conducive to project implementation
--	---	--

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:	October 1, 2013	Project end date:	March 31, 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: Conduct training on the management of CMAM to nutrition workers (CMAM and CNVs). Emphasis will be on outreach activities and IYCF to strengthen their knowledge in nutrition education(BCC)				X			X								
Activity 2: Conduct training to Community representatives on IYCF				X			X								
Activity 3: Active case finding, defaulter tracing, community mobilization and sensitization				X	X	X	X	X	X						
Activity 4: Conduct health and nutrition education and promotion at the nutrition sites, in the community, and during home visits				X	X	X	X	X	X						
Activity 5: Conduct food demonstrations on the use of locally available foods to the communities. Emphasis will be placed on preparation of balanced diet using low cost nutritious local foods.					X			X							
Activity 6: Conduct trainings to health facility staff (nurses, CHW and others) on management of severe malnutrition following CMAM protocol						X									
Activity 7: Treatment and rehabilitative services for SAM and MAM in children under 5 years through OTPs and TSFPs				X	X	X	X	X	X						
Activity 8: Provide micronutrient supplementation and deworming to beneficiaries in OTP and TSFP				X	X	X	X	X	X						
Activity 9: Provide referral services for severely acute malnourished children with medical complications to the nearest Stabilization/Inpatient Care Centers				X	X	X	X	X	X						
Activity 10: Conduct frequent supervisory visits to treatment and rehab of 4 OTP and 4 TSFP sites				X	X	X	X	X	X						
Activity 11: Participate in and attend nutrition cluster coordination and partnership meetings with MoH , UN agency and other stakeholders				X	X	X	X	X	X						
Activity 12: Coordinate nutrition services with other regional service providers				X	X	X	X	X	X						
Activity 13: Conduct at least 1 SMART survey post-harvest year to monitor progress and facilitate future planning.				X	X	X									
Activity 14: Prepare reports as scheduled				X	X	X	X	X	X						

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