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

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

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

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

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

e) if required, emergency preparedness and response activities.

Cluster Geographic Priorities for this CHF Round

a) Jonglei (Pibor, Akobo)

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

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

d) Northern Bahr el Ghazal (all counties)

e) Warrap (Twic, Tonj East)

SECTION II

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

Requesting Organization	
Relief International (RI)	
Project CAP Code	**CAP Gender Code**
SSD-13/H/55014/R/6971	2a

CAP Project Title *(please write exact name as in the CAP)*
Emergency Nutrition Response in Maban, Upper Nile State (ENR), South Sudan

Project Location(s)

State	%	*County/ies (include payam when possible)*
Upper Nile	100	*Maban county (Benshowa and Bunji Payams)*

Total CAP Project Budget	US$ 494,645
CAP secured for	US$ 219,963

CHF Funding	US$200,000

Are some activities in this project proposal co-funded (including in-kind)? Yes ☒ No ☐

Direct Beneficiaries

	CHF direct beneficiaries	CAP direct beneficiaries
Women:	4142	3783
Girls:	1075	1560
Men:	330	1000
Boys:	875	1400
Total:	6422	7743

Indirect Beneficiaries

22,600

Catchment Population (if applicable)
73,747 (Hosting Community 55,000 + Returnees 21,577 + IDPs 170). There are also 43112 Refugees in Doro camp

Nutrition activity beneficiary breakdown

	Women	Men	Girls (under 5)	Boys (under 5)
SAM	2187		1075	875
MAM	-	-	-	-
BSFP	-	-	-	-
IYCF Promotion	1750	300	-	-
Trainees	205	30		
Micronutrient supplementation*			400	375
De-worming*	100		400	375

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)
Duration: SIX months (1 October 2013 – 31 March 2014)

Contact details Organization's Country Office	
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Project Focal Person	*Berehanu Eshete,* *berehanu.gizaw@ri.org* *+211(921)264820*
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Finance Officer	Tom Kikulube; Tom.Kikulubee@ri.org *+211 (955)076693*

Contact details Organization's HQ	
Organization's Address	818 Connecticut Ave, NW Suite 600 Washington DC 20006, USA
Desk officer	Scott Webb; scott.webb@ri.org 202-639-8660
Finance Officer	*Toumany Diakite* toumany.diakite@ri.org +211 (955) 076693

SECTION III

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]

The last year's rains that started around mid June has created production loss due to the overly flood in most parts of the Upper Nile State. The overwhelming flood created due to climate change has resulted in decreased access to food and hence increased malnutrition and malnutrition related diseases at household level in Maban. Even in areas where supplementary feeding programs are ongoing (e.g. Maban County), recovery of children seriously affected due to the flood that constrained mothers' movements to visit clinical centers. On the other way, the food insecurity situation at household level forced mothers to opt dividing the supplementary food for children among its members, limiting the impact of the intervention.

Many and varied issues amplified the need for nutrition intervention in Maban County. The situation in Maban is complicated due to the non stopping refugee influx – where the prices for food items are escalated more than ever before. As per the UNHCR survey report, Feb/March 2013, the prevalence of GAM in the 4 main camps of Maban is just at the emergency threshold. A survey conducted by MSF-B5 in Batil camp in July 2012 shows a GAM rate of 39.8 %. The UNHCR survey further stressed that the prevalence of SAM was unacceptably high in Jammam and Batil camps at 3.5%, which is near to Maban and the place where host communities are living. In a similar vein, a survey conducted by Relief international among the host community living around the Maban camps, showed GAM rate of 18.1% and SAM of 3.5%.

The existing nutrition services in Mabaan are inadequate to meet needs of a growing returnee and host community population. Vulnerable young children, pregnant and lactating women have specific nutritional requirements that provide major challenges to meet in the context of crisis. These challenges are highly pronounced when the already vulnerable groups are affected by climate caused vulnerability like flood. Flood is one of the major climate induced variable to aggravate malnutrition. The situation in Maban is different as there is no agency operating in the host community to tackle moderate acute malnutrition. In Maban situation seem even worst as compared with other counties in Upper Nile as most refugee are coming from Blue Nile are hosted here which through time compete the host community with the existing natural resources. This *per-se* escalates the depletion rate of natural resources like forest which in turn complicates the livelihood and food security situation. The recent data from the UNHCR survey shows that a total of registered population was 114,000 as at February 19th 2013. When the already existing problem compounded with more influx of refugees, it demands close attention and supervision of humanitarian agencies for active outreach and mobile service delivery and in fact for active case finding. For the poorest of the poor problems increasing the food insecurity stats of HHs and the repeated occurrences of the phenomenon results malnutrition to reach to a point which may not be reversed easily. When these combined with insufficient access to health services together with inadequate water and sanitation services and food insecurity contribute a high rate of malnutrition especially for pregnant and lactating women and under five children increasing morbidity for both sub-groups.

On top of all these, Upper Nile particularly Mabaan demonstrates a very low level of general capacity for health workers and communities at large. With the influx of returnees and refugees from conflict regions like Blue Nile, mainly being women, boys and girls, efforts to train and educate staff and communities on nutrition topics have paramount importance to cater quality services.

Due to the issues mentioned above and the cyclical or seasonal nature of the humanitarian needs, RI is focused on increasing access to services and increasing the overall capacity of health workers and volunteers to prevent and treat malnutrition. Though helpful in addressing the needs, the static clinics are insufficient to meet needs across a large rural catchment area. RI for instance is currently operational in only three mobile clinics, de to capacity limitation in terms of logistic and human resources.

The current number of community health workers in Mabaan host community is low. Coordination is needed between sectors to capitalize on similar efforts to identify potential community mobilizes in the areas of health, hygiene, sanitation and nutrition. RI maintains a regional presence in an area experiencing a contemporary humanitarian crisis and is positioned to assist in nutrition service delivery to host, returnees and IDPs in Mabaan County.

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.

[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.

The overall capacity limitation of health and nutrition workers at various levels of Upper Nile in general and Maban in particular complicates the health problem of the County. Community's exposure to various skills and knowledge in mitigating health problems is very low. RI using its mandate, presence and its many years' experiences will focus on increasing access to services and increasing the overall capacity of health workers and volunteers both to prevent and treat malnutrition using the community management of acute malnutrition. Although it has a paramount importance to address the needs, the static clinic based malnutrition treatment is insufficient to meet needs across the larger community segments. RI is therefore will strive to cover the rest of Payams through outreach services. The proposed project enables RI to undertake facility and community based nutrition screening to identify vulnerable individuals for Malnutrition both severe and moderate acute malnutrition. This will support the management and referral of severe and moderate acute malnutrition in children, pregnant and lactating women and the nutritionally vulnerable, reduce defaulter rate and increases access and coverage of the program for mothers by decreasing long distance walk and long time stay in the waiting areas which RI will do in conjunction with the respective County Health Department (CHD) and in partnership with other agencies. Considering the CHF resource limitations, OTP services will be provided in three PHCUs and six outreach sites in Maban County to ensure optimal geographic coverage. With a goal of increasing service uptake, all nutrition centers will be fully integrated in existing health facilities and health staff will be involved in OTP outreach activities.

The results obtained from past experiences, signaled the need RI to set a surveillance system in place to monitor the trends in malnutrition using the SMoH/UNICEF-recommended SMART methodology. Both for program implementation and strengthening the surveillance system, RI is processing recruitment for an expatriate nutrition specialist, who shall be based in Maban.

Although pretty important to operate at the level of feeding center, RI will targets through this project the most vulnerable groups in the host and returnee communities, mainly the malnourished U5, malnourished PLW and partly malnourished adults' referral. RI will not directly manage SC and TSFP. The focus of RI is to maintain the outpatient therapeutic care as well as the referral of SAM cases with medical complications to the Stabilization Centers (SC) in health facilities by different agencies like Medicines Sans Frontiers [MSF]) as well as linking the OTP with the existing TSFP. The recently established linkage and a unique partnership with *Samaritans Purse International* where RI to admit critical OTPs that are referred by MSF is one live examples on the ground. Based on the assumption of 50% program coverage, 375 children with SAM without medical complication will be admitted into the RI outpatient therapeutic program (OTP). In addition, the referral of 1850 children under five with MAM and 1965 malnourished PLW to a targeted supplementary feeding program (TSFP) will be conducted. This project will support nutrition service delivery as well as enhancing and strengthening surveillance capacity of MOH to monitor trends, plan and manage nutrition interventions.

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 purpose of this project is to reduce the SAM and GAM rates in children 6-59 months and PLW in Mabaan County over a six months period. This will be done through strengthening of the MoH and RI staff capacity to run OTP programs within the proposed two Payams. The project will take a community based management of acute malnutrition (CMAM) approach in its implementation. RI has developed significant CMAM experience, skills and knowledge in the project area. This CHF-funded project will help to work with local communities towards the reduction of a critical level of acute malnutrition through OTP-level treatment, prevention of disease, community capacity building and addressing the underlying causes of malnutrition. The project intends to work with government and community leaders and other influential persons in conducting advocacy for exclusive breast feeding and for infant and young child feeding (IYCF) promotion, minimizing mother workload for appropriate child care and social mobilization. Early case detection, referral, and treatment-seeking behavior will be promoted during the project implementation. The project will also strengthen the effort towards reduction of morbidity and mortality through the treatment of pneumonia, malaria and diarrhea as integral part of the existing health system. Caregivers and the community will be educated on appropriate child caring practices, sanitation and hygiene matters, and nutrition therapy throughout OTP sites.

ii) Project Objective

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

To contribute reduction of Severe Acute Malnutrition (SAM) below 1% and Global Acute Malnutrition (GAM) below 10% in children 6-59 months in Mabaan County, Upper Nile State, over a six month period, through strengthening of Outpatient Therapeutic Program (OTP) run by RI and Stabilization centers (SC) programs and implementation of Targeted Supplementary Feeding Program (TSFP) run by other partners.

To build capacity of County level health staff so that they are able to better respond to fluctuating levels of severe acute malnutrition through management and monitoring of Community-based Management of Acute Malnutrition (CMAM) services.

iii) Proposed Activities

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

All activities will be implemented within three health facilities and six outreach sites in Bounj and Banshowa Payams within Maban county, Upper Nile State. RI is currently working on health interventions, supporting basic health services and nutrition, in the proposed county of Upper Nile state and plans to continue to do so. The target beneficiaries per activities are included by bullet point; however, the total number of direct beneficiaries is 4,137 (where 1,950 children under five and 2,187 mothers), especially mothers with children under two years old, who will directly benefit from the IYCF and other nutrition education sessions:

- 4.137 (1,950 children under five where 1075 females and 875 males and 2,187 mothers) will be screened for acute malnutrition
- 375 (where 157 females and 218 severely malnourished males without medical complication treated through OTP. Calculation of target beneficiaries is based on 70% coverage rate.

- The programming is aiming to achieve cure rates of > 75%, defaulter rates < 15% and mortality rates <3%, average length of stay < 60 days in all OTPs Sites.
- Children who recovered from stabilization center and who deteriorated from SFP will be admitted to RI OPT program for recovery or discharged cured.
- 20 MOH health workers/CHWs, 20 RI health and nutrition staff and 20 community volunteers will be trained on Infant and Young Child Feeding.
- 1750 mothers will directly benefit from the IYCF and other nutrition education sessions that will be conducted by the programme staff while 1,226 children under five will indirectly benefit from the sessions.
- 175 lead mothers on IYCF exercise will be formed and will follow 20 households for each lead mother.
- 20 MoH nutrition outreach workers/CHWs (10 men and 10 women) and 20 RI Nutrition staff (10 men and 10 women) are trained in BNSP like treatment of acute malnutrition, IYCF and MUAC, etc. using IMAM approach.
- Acutely malnourished children under five, pregnant and lactating women will be identified according to their nutritional status by anthropometric measurements. The new WHO reference standards and MUAC will be used in line with the national guidelines on integrated management of acute malnutrition. The beneficiaries will be selected for the programme using the following criteria:
  - ✓ Severe acute malnutrition (SAM) with medical complications: Children with WFH < -3 z-score and / or MUAC <115mm and / or presence of bilateral pitting oedema and no appetite. These will be referred to the nearest Stabilization Centre (SC).
- Severe acute malnutrition (SAM) without medical complication: Children with WFH < -3 z-score and / or MUAC <115mm and / or presence of bilateral pitting oedema and good appetite. These will be admitted into RI run Outpatient Therapeutic Programme (OTP).

iv). Cross Cutting Issues

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

Gender: In general women are playing role both in productive and reproductive activities though their contribution is overlooked due to the male dominance and patriarchy system. Women are not represented in any decision making position and there is no way to accept women in public places and hear their voice. In order to alleviate such problem we have to empower women using the available opportunities that give them chance to participate in decision making process. One of the available opportunities to involve women for public interest is this nutrition project.

In order to improve equity and sustainability of nutrition provisions, specific measures will be taken to promote active involvement of women and children in the 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. Relief International has a plan focusing benefiting children and mothers these are:

- Children under five mothers will be screened for acute malnutrition and referred for treatment.
- Severely malnourished children without medical complication are treated through OTP.
- Moderately malnourished children and pregnant and lactating women will be screened and referred to Targeted SFP.
- Mothers will directly benefit from the IYCF and other nutrition education sessions.

Environment: Environment is one of the critical areas which we should give attention in the nutrition project. RI will understand that the effect of environmental deterioration will bring more food insecurity to complicate the nutritional attainment of children, pregnant and lactating mothers. The proposed project will therefore give emphasis to enhance environmental sustainability by closely working with the existing food security and livelihood and protection sector including other agencies. Moreover, activities will support proper disposal of medical supplies and keen attention to location and sustainability so that the environment is well maintained through sustainable use of resources.

Protection: Do No Harm approach (DNH) will be pursued the project to cater quality nutrition services. In order to do that a team in RI will oversee and analyze the level of conflict sensitive issues while discharging the responsibilities. RI undertakes regular conflict monitoring analysis to reinforce security and stability.

HIV/AIDS: It is clear that HIV/AIDS is a daunting development challenge. It has been understood that there are limited awareness on HIV/AIDS. Awareness creation is therefore a key to RI's programming strategy across its program sites. RI will continue to take a community participatory approach to HIV/AIDS awareness and education. It involves health provider training and outreach strategies that are based on culturally relevant and appropriate messages. Methods will also be devised within the cultural context for outreach to women, men, and sexually active adolescents. RI is collaborating with its ongoing community partners and Village Health Committees to facilitate local participation in HIV/AIDS education. Awareness promotion will begin in the RI-supported health facilities and outreach sites. Many under five children and adults are also likely to be suffering from HIV/AIDS and/or Tuberculosis (TB). Anyone who suffers with opportunistic infections related to HIV/AIDS will automatically get medical attention and treatment in RI run health facilities, regardless of the cause of the diseases. If a patient presents with symptoms that are suggestive of these diseases, they will be referred to the nearest diagnostic and ARV facility.

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.

1. **OTP**
   - 4.137 (1,950 children under five where 1075 females and 875 males and 2,187 mothers) screened for acute malnutrition and admitted for treatment
   - 375 (where 157 females and 218 severely malnourished males without medical complication treated through OTP. Calculation of target beneficiaries is based on 70% coverage rate.
   - The programming is aiming to achieve cure rates of > 75%, defaulter rates < 15% and mortality rates <10%, average length of stay < 60 days in all OTPs Sites.
   - 500 children will be de-wormed
   - 500 children supplied with vitamin A

2. **SFP**
   - 1950 Children who recovered from OTP and 2,187 PLWs with MAM referred to nearby TSFP program for recovery or discharged cured.
   - Support partners to maintain SPHERE standards throughout the program in achieving cure rates of >75%, defaulter rates <15%, mortality rates <3%, and average length of stay <90 days in all Sites.
3. **IYCF**
   - 20 MoH health workers/CHWs, 20 RI nutrition staff and 20 community volunteers trained on CMAM and IYCF.
   - 1750 mothers will directly benefit from the IYCF and other nutrition education sessions conducted by the program staff while 1,226 children under five indirectly benefit from the sessions.
   - 175 lead mothers on IYCF exercise will be formed in the community and will follow 20 households for each lead mother.
   - A total of 40 staff, health providers and 20 volunteers trained on nutrition education, IYCF and essential components of Basic Nutrition Service Package (BNSP)

4. **Staffing**
   - 20 health and nutrition staff and 20 community volunteers (both 50% men and 50% women) recruited/retained;
   - 09 outpatient (three statics and six outreaches) nutrition sites established and equipped to ensure minimum requirements are met in order to deliver OTP services
   - 16 MoH staff/CHWs (8 men and 8 women) and 20 RI health and nutrition staff and 20 community volunteers (10 men and 10 women) trained on CMAM and IYCF.

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

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
xx	1.	Children (under-5) admitted for the treatment of SAM	375 children in OTP
xx	2.	Quality of SAM program improved	cure rate >75%, defaulter rate <15%, death rate <10%
	3.	MoH Staff/CHWs, Health and nutrition workers and volunteers trained on CMAM and IYCF	20 MoH staff/CHWs (10 men and 10 women) and 20 RI health and nutrition staff and 20 community volunteers (10 men and 10 women) trained on CMAM and IYCF.
	4.	Community members made aware through education sessions on nutrition and IYCF at community as well facility level	2500 beneficiaries at community and 1500 beneficiaries at facility level received health promotion messages on nutrition and IYCF
	5.	Supervisory visits/quarter/to the nutrition treatment sites during the reporting period	8 supportive supervisory visit/quarterly performed to all nutrition treatment sites
	6.	Mothers benefited from IYCF and other nutrition education	1,750 mothers will directly benefit from the IYCF and other nutrition education sessions.
xx	7.	No of children de-wormed	500 children be de-wormed

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.

RI will employ a system where all stakeholders to participate in all cycle of project management including project implementation. Community leaders/representatives and government partners will play a major role to implement project activities. Moreover, RI pursue an integrated strategy whereby the links between nutrition, health, food security, water and sanitation activities are strengthened programs to have more synergies. RI's 2013 strategy has been developed based on a thorough context analysis on best practices in the field in which high humanitarian needs exist and key priority sectors defined in basic package of health and nutrition services for Southern Sudan by the Republic of South Sudan (RoSS). In 2013, RI is adopting a dual approach to its positioning for its programs built around early recovery and emergency scenarios.

Bi-Weekly Reporting and Local Monitoring: At the onset of the program, RI's expatriate nutrition coordinator, in collaboration with other RI senior teams, will develop detailed performance monitoring and work plans to be used as key implementation guides by national staff at all RI target areas. These plans will form a basis of progress monitoring throughout the program period. Five major parameters will be assed in all monitoring activities like outputs, inputs, whether progress of activities are according to the objectives, decision making processes and context analysis. Put it differently, progress towards achieving deliverables and quality of services rendered will be monitored by expatriate nutrition coordinator via weekly meetings with all local staff, community volunteers and community workers in RI field office in Maban, as well as field visits. Local staff and community workers will report to the RI nutrition coordinator based in Maban and the coordination office twice a month to update on activities and address and resolve implementation challenges with the Program Manager based in Maban. The program manager will then report to the country office on monthly basis. Local staff and community worker visits to RI's central locations will also provide an opportunity for additional trainings, guidance, and when necessary, course correction. These workers will be liaisons between remote communities in need and RI, and, over time, will develop skills and leadership capacities to be an effective part of both monitoring and service delivery. This is also a methodology that is building local skills in support of RI's sustainability and transition strategies.

Expatriate Field Visits: Expatriate field visits to RI target sites are critical to monitor the quality and integrity of RI's programs in

remote program locations. Security permitting, the expatriate nutrition coordinator, and senior local staff will visit remote locations for monitoring visits at a minimum on weekly basis. RI's Program Manager is required to spend 60% or more of his time at program sites. Senior country leadership, namely the Country Director, will continue this practice during the CHF program period with routine and sometimes extended stays in Maban and Malakal to facilitate oversight, work plan and finance reviews, and course correction discussions. These oversight opportunities also promote the team building process within RI and routine community relations with key local leaders and line ministry partners. RI's local acceptance and permissions requirements, fundamental to ensuring field activities are occurring regularly. RI Desk officers in Washington DC and London will pay visits at least once in the program areas as part of RI Global monitoring and capacity building program.

Coordination with other partners: RI teams at all levels will also coordinate with UNICEF and other nutrition partners working in similar areas or the same cluster to add value to the process. RI will closely coordinate with the government health and nutrition institutions, both at Maban and Malakal levels, to enhance access to quality health and nutrition services for vulnerable communities, especially children and PLW. RI will also link the project beneficiaries to its other ongoing programs to maximize benefits and integration. The project will be managed by a highly qualified nutrition coordinator based in Maban and manage the team of health and nutrition workers, community mobilizes, and community volunteers who are currently working with RI in its health and nutrition intervention projects and also recruit additional staff as needed by the project. A program manager based in Maban will provide managerial and administrative support. A liaison officer based in Juba will serve as a link between project staff, the nutrition cluster and UNICEF for better coordination. The RI South Sudan Country Director will provide an oversight and coordination support at donor level. The regional nutrition coordinator and HQ RI Program Officer will provide a remote oversight support to the program.

vii) Monitoring and Reporting Plan

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

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

Monitoring: Project monitoring will be undertaken as an integral part of project implementation and will focus on the inputs, activities and outputs including whether the progresses are according to objectives and whether the objectives are relevant or not. Moreover, the monitoring exercise will focus on the context and the decision making processes in order to achieve the project objective. Monitoring will mainly be done through regular and periodic visits to project sites, reflection and learning events as well as through a system of reporting.

Management and Oversight: In terms of institutional structure and management capacity, the Country Director of RI based in Juba, South Sudan and the nutrition specialist, based in the capital of Bunji, Maban will maintain the overall leadership of the project. The nutrition specialist at field level will work with a competent and internationally experienced management team comprised of three HQ East Africa desk members responsible for programs, operations and human resources. The senior management team at country level will undertake key policy and strategic decisions related to the project in consultation with the RI HQ, especially the RI East Africa Regional Office in Nairobi, Kenya. The regional nutrition coordinator is also responsible for doing all the monitoring and evaluation work of the respective projects at regional level. Project coordinator at county level will be responsible for 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.

Field Visits: Regular/routine field site visits will be undertaken by the technical nutrition coordinator in collaboration with the regional nutrition coordinator. Data and information on progress will be collated and/or reviewed during such visits and, where appropriate, follow up actions and plans discussed/developed. Periodic visits (monthly, quarterly or on need basis) will be conducted by the nutrition coordinator; the country director, and regional nutrition coordinator. Such visits will essentially be meant to assess progress in implementation and provide necessary technical, managerial and administrative back up to the field staff.

Reporting: Reporting of monitoring information will be done through activity and progress reports. Activity reports will be confined to reporting on discrete activities and will be done in line with formats to be developed by the sectors. Progress reports will be done monthly and quarterly. The monthly reports will be done in line with the RI Internal reporting formats while the quarterly financial and narrative reports will be done in line with formats agreed with the funding partners and UNICEF.

Evaluation Plan: The project has proposed to undertake pre-harvest and post harvest nutrition survey. These will be undertaken to establish the following information:

Mid-Term Evaluation (Coverage survey) - This will be conducted bi-annually, by the project to: review the appropriateness of the project goal and outcomes; assess progress towards meeting the targets (with a goal of determining which targets need to be revised); assess the effectiveness and efficiency of the strategies adopted (e.g. appropriateness of activities and whether these need to be revised, whether they are cost-effective); and an analysis of the major challenges that have affected project implementation. The outcome of the mid-term evaluation will be used to make appropriate adjustments in the project design.

Supply Chain Management: RI documented procurement and supply chain management systems, which adheres to international principles and standards, will aid in management of this project. The Supply Chain Department will ensure competitive bidding processes, quality assurance, and internal capacity building for procurement of goods and services. RI 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.

[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.

Also, procurement and delivery aligned to project implementation and monitoring. This approach will enable RI to ensure improved quality for better delivery of services and accountability.

Accounting and Financial Management: RI maintains a centralized financial tracking and a monitoring unit within the Juba head office. The HQ 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. RI has in place a 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 though regular Internal Audit Systems. Financial officers are seated at county, state, and national level offices to ensure that policies and procedures are properly followed.

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)
NA	
Pledges for the CAP project	
	USD200,000

SECTION III:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55014/R	**Project title: Emergency Nutrition Response in Maban, Upper Nile State (ENR), South Sudan**	**Organisation: Relief Internal**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* • Ensure provision of emergency nutrition services in priority states, focusing on high-risk underserved communities and areas where there is food insecurity, high malnutrition, and/or high numbers of displaced people and returnees	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • *SAM 70% needs coverage*	**How indicators will be measured:** *What are the sources of information on these indicators?* • Monthly reports from treatment records (coverage)	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • *To contribute reduction of severe acute malnutrition (SAM) below 1% in children 6-59 months in Maban County, Upper Nile State, through strengthening of outpatient therapeutic program (OTP) run by RI and stabilization centers (SC) programs and implementation of targeted supplementary feeding program (TSFP) run by other partners* • To build capacity of County level health staff so that they are able to better respond to fluctuating levels of severe acute malnutrition through management and monitoring of Community-based Management of Acute Malnutrition (CMAM) services	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • SAM and GAM in the targeted community <1% and 10% respectively • 20 MoH staff/CHWs (10 men and10 women) and 20 RI health and nutrition staff and 20 community volunteers (10 men and 10 women) trained on CMAM and IYCF.	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • Rapid Nutrition Assessment Report • Training Report	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • *Services for the treatment of SAM remain available* • *No emergency health outbreak* • *No large population movements or displacement* • *Security guaranteed*
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.* • *Infant care practices improve due to improved attitude and behavior of mothers* • *Quality treatment of SAM provided* • *Capacity of health and nutrition staff in managing malnutrition improved*	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Percentage of targeted caregivers practicing exclusive breastfeeding at 6 months (50%) • *SAM treatment achieves SPHERE standards (>75% recovered, <15% defaulted and <10% died)* • *20 MoH staff/CHWs (10 men and 10 women) and 20 RI health and nutrition staff and 20 community volunteers (10 men and 10 women) trained on CMAM and IYCF.* •	**How indicators will be measured:** *What are the sources of information on these indicators?* • Rapid IYCF Assessment Report • *Treatment cards and facility reports* • Training report	**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?* • *No emergency health outbreak* • *No large population movement or displacement* • *Peace and political stability* •
	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.* **1. Treatment**	**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.*	**How indicators will be measured:** *What are the sources of information on these indicators?*	**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*

	• *Children are treated for SAM* • *Children de-wormed in OTP* **2. Prevention of acute malnutrition** • Mothers receive IYCF education and support through mothers support groups • *Children supplied with vitamin A* **3. Improved capacity building** • Improved capacity for health workers on management of CMAM and IYCF • Improved capacity for community workers and volunteers (including lead mothers) on IYCF **4. Assessment and coordination** • *Active coordination with other nutrition actors*	• *196 boys, 212 girls U5 treated for SAM* • *500 children de-wormed* • *3 Static and outreach OTP SITE* • *60 lead mothers formed; each lead mother follows 15 households* • *500 children supplied with vitamin A* • • 20 MoH staff/CHWs (10 men and 10 women) and 20 RI health and nutrition staff received training • 20 community volunteers (10 men and 10 women) and 120 lead mothers trained (60 refresher training) on CMAM and IYCF - 06 national/State/County nutrition cluster meetings attended	- Recording in the clinics - IYCF reports - Training attendance sheets and monthly training report - Nutrition/State/County cluster meeting minutes	*achieving these objectives?* • *Safety and security maintained* • *No political and social upheaval* • *No people displacement and huge number of population movement* • *Accessibility, rainy season does not bear flood that constrain movements*
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* **1. Treatment** • *Screen children in the community 6- 59 m months* • *Admit and treat children under 5 experiencing severe acute malnutrition* • *Work with local health providers to establish referral pathways for children with severe and complicated cases* • *Maintenance and rehabilitation static OTP centers* • *Essential drugs for OTPs* **2. Prevention** • *Administer Vitamin A to all children screened aged 6-59m* • *Administer deworming tablets to all children screened aged 12- 59 m* *Support mothers support groups with space and resources* **3. Capacity building:** • *Train all health and nutrition staff and community health workers on CMAM and IYCF* • *Provide training on IYCF to community health workers and mothers support group leaders*	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* ***1. Human resource*** • *Nutrition technical Coordinator* • *60 lead mothers* • *OTP Nurse* ***2. Program supplies*** • Mats • Weighing scale • Height board • Benches • Table and chairs • Water dispenser • MUAC Tapes • Plumpy nut, de-worming tablets, antibiotics • Buckets for beneficiaries • Record cards • Water • Vitamin A • Deworming tablets • IYCF counseling cards • Mats • Space in the hall • CMAM/IYCF training curriculum • Refreshments for training sessions		**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?* - Understanding of the project concept and necessary support from CHD and community leaders - Security situation maintained

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 October 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 Management of severe acute malnutrition in the area															
Activity 1.1: Screen children in the community 6- 59 months				X	X	X	X	X	X						
Activity 1.2: Admit and treat children under 5 experiencing severe acute malnutrition				X	X	x	x	x	x						
Activity 1.3: Children de-wormed				x	x	x	x	x	x						
Activity 1.4: Work with local health providers to establish referral pathways for children with severe and complicated cases				X	X	x	x	x	x						
Activity 1.5: Maintenance and rehabilitation static OTP centers				x	x										
Activity 1.6: Essential drugs for OTPs				X	X										
Activity 2 Prevention of severe acute malnutrition in the area															
Activity 2.1: Lead mothers (60) established and trained				x	x	x									
Activity 2.2: Establish mother support groups (60MSG)				X	X	X									
Activity 2.3: Support mothers support groups with space and resources				X	X	X	X	X	X						
Activity 2.4: Administer Vitamin A to all children screened aged 6-59m				x	x	x	x	x	x						
Activity 2.5: Administer de-worming tablets to all children screened aged 12- 59 m				x	x	x	X	X	x						
Activity 2.6: Children supplied with vitamin A				x	x	x	x	x	x						
Activity 3 **Improved capacity building on severe acute malnutrition in the area**															
Activity 3.1: CMAM training (16 MoH, 20 RI staff and 20 Community volunteer's)				x	X	X									
Activity 3.3: Training of 20 health and nutrition workers on IYCF					x										
Activity 4 **Assessment and coordination on management of severe acute malnutrition in the area**															
Activity 4.1: Conduct rapid nutrition assessment and present results to nutrition team and relevant stakeholders				x											
Activity 4.2: Attend cluster coordination meetings				x	X	x	x	x	x						
Activity 4.3: Purchase community mobilization supplies, megaphone and batteries				x	x										
Activity 4.4: Purchase furniture for OTP (replacement for broken ones)				x	X										

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