

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 <ul style="list-style-type: none"> 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 	Cluster Geographic Priorities for this CHF Round <ol style="list-style-type: none"> 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 Action Against Hunger-USA	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																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Project CAP Code</th> <th style="width: 50%;">CAP Gender Code</th> </tr> </thead> <tbody> <tr> <td>SSD-13/H/55015/R/14005</td> <td>1</td> </tr> </tbody> </table>	Project CAP Code	CAP Gender Code	SSD-13/H/55015/R/14005	1	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">State</th> <th style="width: 33%;">%</th> <th style="width: 33%;">County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Warrap</td> <td>40</td> <td>Twic</td> </tr> <tr> <td>NBeG</td> <td>60</td> <td>Aweil East</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)	Warrap	40	Twic	NBeG	60	Aweil East						
Project CAP Code	CAP Gender Code																			
SSD-13/H/55015/R/14005	1																			
State	%	County/ies (include payam when possible)																		
Warrap	40	Twic																		
NBeG	60	Aweil East																		
CAP Project Title <i>(please write exact name as in the CAP)</i> Assessment, treatment and prevention of severe and moderate acute malnutrition in Warrap and Northern Bahr el Ghazal and Lakes States	Funding requested from CHF for this project proposal US\$ 350,000																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%;">Total Project Budget requested in the in South Sudan CAP</td> <td>US\$ 2,558,054</td> </tr> <tr> <td>Total funding secured for the CAP project (to date)</td> <td>US\$1,190,606</td> </tr> </tbody> </table>	Total Project Budget requested in the in South Sudan CAP	US\$ 2,558,054	Total funding secured for the CAP project (to date)	US\$1,190,606	Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i>															
Total Project Budget requested in the in South Sudan CAP	US\$ 2,558,054																			
Total funding secured for the CAP project (to date)	US\$1,190,606																			
Direct Beneficiaries <i>(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Number of direct beneficiaries targeted in CHF Project</th> <th style="width: 50%;">Number of direct beneficiaries targeted in the CAP</th> </tr> </thead> <tbody> <tr> <td>Women:</td> <td>17,350</td> <td>78,820</td> </tr> <tr> <td>Girls:</td> <td>8,310</td> <td>16,065</td> </tr> <tr> <td>Men:</td> <td>4,340</td> <td>5,530</td> </tr> <tr> <td>Boys:</td> <td>10,150</td> <td>19,635</td> </tr> <tr> <td>Total:</td> <td>40,150</td> <td>120,050</td> </tr> </tbody> </table>		Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	Women:	17,350	78,820	Girls:	8,310	16,065	Men:	4,340	5,530	Boys:	10,150	19,635	Total:	40,150	120,050	Indirect Beneficiaries <i>Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived.</i>	
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP																		
Women:	17,350	78,820																		
Girls:	8,310	16,065																		
Men:	4,340	5,530																		
Boys:	10,150	19,635																		
Total:	40,150	120,050																		
Catchment Population (if applicable)																				

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM			885	1080
MAM			2925	3570
BSFP				
IYCF promotion	17350	4340		
Trainees				
Micronutrient supplementation*			4500	5500
Deworming*				

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

*Deworming and Micronutrient Supplementation same children

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: 1st October 2013 - 31st March 2014
Number of months: six months

Contact details Organization's Country Office	
Organization's Address	Plot AXT, 2 nd class Hai Cinema. Juba, South Sudan
Project Focal Person	E:mail: cmn.ssd@acf-international.org Tel: +211 955-495756 or +211 911-723566
Country Director	Sirak Mehari, e-mail: hom.ssd@acf-international.org, Tel: +211 912 730 534
Finance Officer	Jinene Dassoum admin.ssd@acf-international.org, Tel : +211 912 730 533 or +211 913 237 282

Contact details Organization's HQ	
Organization's Address	247 West 37th Street, 10th Floor. New York, U.S.A. 10018, Telephone: +1(212)967-7800
Desk officer	Nipin Gangadharan, e-mail: ngangadharan@actionagainsthunger.org , Tel: +1 212 967 7800 Ext.115; Cell: +1 347 422 2311
Finance Officer	Dew Dwiyanti e-mail: ddwiyanti@actionagainsthunger.org Tel: (212) 967-7800 ext. 129

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
<p>Alarming malnutrition rates were reported by the anthropometric assessment conducted by ACF in Aweil East & Twic during the pre-harvest time of 2012 which showed GAM rates of 28.7% & 32% respectively. The nutrition cluster for South Sudan compiled all TFP admissions in the country in 2012 and reported that the two operational states of ACF (Warrap & NBeG) were among the two most affected states.</p> <p>According ANLA (2013), in 2013 some 1 million people are at risk of severe food insecurity while 3.1 million are moderately food insecure. 2013 will experience an estimated 371,000 Mt of cereal deficit. Majority of those households who do not produce staple food are either severely or moderately food insecure, while quite important proportion of households who cultivated also experience similar characteristic. Warrap and NBeG experience low production mainly due to damages from heavy rains. Besides, the food insecurity in Warrap and NBeG States is also attributed to poor food consumption as indicated by poor food consumption scores. The lean season has resumed early and households dependence on markets has increased while acute food security outcomes will be worsened as the lean season progresses due to high food prices, reduced income, and persistent insecurity.</p> <p>The nutrition situation of children under-5 years is a major concern as the GAM rates have been consistently above WHO emergency level of 15% for an extended duration of time. The trends from 2010 to 2012 show a deteriorating</p>

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.

trend in acute malnutrition. Nutrition Causal Analysis study conducted by ACF in 2011 in Northern Bahr el Ghazal State revealed the underlying causes of under-nutrition as mother's occupation, access to antenatal care and childbirth conditions, household water treatment practice, hand washing behavior, child illness, household waste disposal and food diversity and intake, with acute malnutrition.

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.

ACF-USA has been operational in Warrap and NBeG States since 2005. ACF-USA will continue its engagement in treating acute malnutrition through CMAM guidelines while strengthen its prevention programs through TSFP, IYCF, micro nutrient supplementation, food security and livelihoods and WASH.

ACF-USA is soliciting assistance from CHF to enable it to complete the existing programs co-funded by ECHO, SDC, Unicef and CIAA (French Government). Though generous contributions from the mentioned donors have been received, a sizeable amount of fund is still needed to meet the cost of treating the estimated target number of vulnerable population in our areas of operation. ACF-USA planned to enhance its activities in the counties that had been identified as hot spots by the nutrition cluster over the years. ACF-USA's presence in these areas records good programming performance and have gained well experienced staff.

In the first half of 2013, ACF-USA treated 9463 children in the TFP and 6641 in the TSFP with the TFP Cured rate of 88.1%, Mortality rate of 0.1%, Defaulter rate 7.3% and Non responder rate of 4.6%. Each indicator achieved a percentage that is above the Sphere standard thresholds. A total of 85,784 under 5 children were screened for malnutrition identification during the past 6 months. 10,005 children that were not admitted to the programme but qualify for Vitamin A supplementation were supplemented while 9,250 children were given deworming treatment. ACF has recorded 90,463 caregivers and members of the community that participated in the health, IYCF and nutrition sessions. As part of the health system strengthening, ACF provided trainings to a total of 991 people from MoH staff, partners' and community volunteers on topic related to SAM and MAM management, IYCF and Malnutrition prevention among others.

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.

To support the nutrition cluster agreed priorities, ACF will focus on the following approaches:

Treatment:

Provision of nutrition service through 13 Out-patient Therapeutic Programme (OTP), 2 stabilization centers (SC) and 6 Targeted Supplementary Feeding Programme (TSFP). The Programme will use IM-SAM guidelines and SPHERE standards for its programming and in measuring its performance.

Children admitted in the SC will receive specific nutritional and medical treatment for complications as well as systematic treatment, medical follow up and health and nutrition education. Once the beneficiary's medical complications are treated and appetite has returned the beneficiary will continue treatment in the OTP.

Beneficiaries admitted in the OTP will receive bi-weekly RUTF rations, nutritional follow up, nutrition and health promotion as well as systematic treatment.

TSFP will provide treatment for children who are moderately malnourished. The TSFP provides bi-weekly rations (RUSF/ CSB) to the beneficiaries as well as nutritional follow up and systematic treatment.

Screening:

ACF-USA will conduct screening in the nutrition centres as well as conduct active case finding in the OTP/TSFP catchment area (10 km radius) in collaboration with community nutrition volunteers. Screening and active case finding contributes to the early detection acutely malnourished children. The community will be mobilized to detect and refer malnourished children to the nutrition centres

If need is justified through regular screening and mobilization, additional mobile OTPs will be operational in areas with high levels of acute malnutrition.

Prevention:

The number of beneficiaries to be targeted for prevention of malnutrition through health, IYCF and nutrition education, community mobilization as well as micro-nutrient supplementation/de-worming.

ii) Project Objective

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

To improve nutritional status of the population through an integrated approach towards health/Nutrition, practices and food security and livelihoods in South Sudan

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).

- Please use point form

The main activities to be implemented with the CHF funding includes:

- Running SC for admission and treatment of SAM children with health complications. The program is targeting to admit 150 cases out of the total TFP target.
- Scaling-up of OTP and TSFP services to respond to the current high need through static OTP and TSFP centers for the U5 children, using IMSAM/MAM guidelines and WHO standards. The health condition and anthropometric measurements will be monitored and those who satisfy the criteria will receive RUFT or RUSF and routine medication. These children will attend weekly, follow-ups.
- Intensifying outreach nutrition activities and community mobilization linked with screening for case finding.
- Actively work on prevention of acute malnutrition using appropriate nutrition education messages for 21,690 care-takers at nutrition facilities as well as all villages in the catchment areas of each OTPs.
- Conduct effective monitoring and evaluation with regular facility supervision at each OTP, TSFP and SC sites as well as the nutrition out-reach activities.
- Participate in the national campaign of micronutrient supplementation and de-worming.
- Health, IYCF and nutrition promotion will be provided to caretakers of malnourished children admitted in the programmes as well as in the community. The health, IYCF and nutrition educations will be conducted daily in the OTP's, TSFPs and SC's, while in the community it will take place once a week during screening activities

iv). Cross Cutting Issues

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

Gender

The program targets all boys and girls under 5 with acute malnutrition. All of ACF nutrition programs have a high percentage of female beneficiaries, as women are traditionally the main caretakers (especially for childcare) in the family in South Sudan. Although the majority of care-takers of children coming to ACF nutrition centre are women, fathers who bring their children for screening or attend nutrition education at community level will also benefit from the program. Female beneficiaries engaged as caretakers of malnourished boys and girls in the nutrition program will benefit from IYCF nutrition/health education at OTPs, TSFPs and SCs. In addition, women who qualify for Community Nutrition Workers (CNW) position will be given priority for selection. Both men and women will also be involved as Community Nutrition Volunteers at the OTP and TSFP centers.

Environment

All construction under the nutrition activities as well as disposal of medical supplies will be undertaken with efforts to minimize any adverse/negative impact, if any, on the environment. All measures will be taken to ensure safe handling and disposal of medical waste.

HIV/AIDS

There is no discrimination on beneficiaries based on the status of HIV/AIDS.

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.

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)
X	1.	Number of children treated for severe acute malnutrition	1,965 U5 (Boys 1080 & Girls 885)
X	2.	Number of children treated for moderate acute malnutrition	6,495 U5 (Boys 3576 & Girls 2925)
	3.	Number of children that received Micronutrient Supplementation and deworming	10,000 U5 (Boys 5,500 & Girls 4,500)
X	4.	Number of care-givers and community members that benefitted from awareness sessions on the prevention of acute malnutrition through Health/IYCF and Nutrition Education	21,690 (Men 43400 & Women 17350)

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.

The ACF nutrition programs at OTP level are run by 3 Community nutrition workers for each center who are trained at the start of the program and receive quarterly refresher trainings. OTP supervisors provide the necessary supplies and conduct regular monitoring of activities. Four nutrition treatment workers under the supervision of a team-leader run each stabilization centers. The overall activities are coordinated by a program Officer and a deputy Program Manager.

The nutrition program will be implemented using CMAM approach. Using this community-based approach to target the malnourished children under 5. ACF will make sure that at least the minimum package of nutrition interventions are delivered for the treatment of severe and moderate malnutrition (SC, OTP as well as SFP); assessments of the situation (SMART/rapid assessments); and prevention and timely identification of malnutrition cases (community based screening and referral, nutrition education including IYCF promotion). The project will operate through 15 OTP and 6 TSFP centers located in Aweil East and Twic Counties and also from 2 Stabilization Centers located in Maluakon and Wunrok. The OTPs in Aweil East County are integrated in IRC run PHCC/PHCUs and while those in Twic County are integrated in PHCU/PHCCs run by GOAL. The CNWs from OTPs and SFPs, the nurse from SCs and the Community Mobilization Officer provide report on admission, discharges and all information as per the national guideline (IMSAM) guideline. The TSFPs will be implemented using the draft national guidelines.

The overall components for the management of SAM, MAM and community mobilization, as well as capacity building and assessments will be implemented as per the South Sudan IMSAM guideline. ACF works in very close partnership with UNICEF that will provide in-kind supply of medication and RUTF for SAM treatment and with WFP that provides in-kind supplies for MAM treatment.

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.

ACF has OTP, SFP, SC and community mobilization supervisors for each county. As there is one SC per county. The SC supervisor has a direct day to day monitoring of the activities of the nurse-aids. The OTP supervisor makes a weekly monitoring plan and monitoring check-list. The check-list includes the main activities at OTP/TSFP levels. The monitoring rating will be used for performance evaluation of the CNWs.

Activities are monitored on weekly bases by program managers and monthly by Juba based technical coordinators. To ensure the highest standard of the intervention, technical support on specific program activities is provided on an ongoing basis to the coordination team and field teams by technical advisor from the headquarter.

ACF will gauge its programs using the SPHERE Standard indicators on monthly bases and will monitor the nutritional and morbidity status of children under 5 through SMART Anthropometric and Morbidity Surveys.

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	

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.

SECTION III:

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/H/55015		Project title: Treatment and Prevention of Acute Malnutrition in Twic, Warrap State and Aweil East, Northern Bahr el Ghazal State		Organisation: <u>Action Against Hunger-USA</u>
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: What are the Cluster Priority activities for this CHF funding round this project is contributing to:</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: What are the key indicators related to the achievement of the CAP project objective?</p> <ul style="list-style-type: none"> • Number of acutely malnourished boys and girls under 5 years treated in line with SPHERE Standards • Number of boys and girls under 5 receiving micronutrient supplementation and deworming 	<p>How indicators will be measured: What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> • Monthly qualitative and quantitative nutrition reports 	
	<p>CHF Project Objective: What are the specific objectives to be achieved by the end of this CHF funded project?</p> <ul style="list-style-type: none"> • To reduce morbidity and mortality due to acute malnutrition in IDPs, returnees and host populations in Twic, Warrap States and Aweil East, NBeG State through the provision of comprehensive community based quality nutrition services in the areas of assessment, treatment, prevention and capacity building 	<p>Indicators of progress: What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</p> <ul style="list-style-type: none"> • Number of children admitted & cured • Number of people provided with health/IYCF/nutrition education • Number of children screened in the centres and during community mobilization • Quality of service as per Sphere Standard (percentage cured, defaulted, died, non-respondents) 	<p>How indicators will be measured: What sources of information already exist to measure this indicator? How will the project get this information?</p> <ul style="list-style-type: none"> • Monthly program reports 	<p>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?</p> <ul style="list-style-type: none"> • Therapeutic products, drugs and non-food items pipeline from partners / suppliers is maintained
	<p>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.</p> <ul style="list-style-type: none"> • Severely & moderately malnourished children U5 yrs are treated in ACF nutritional centers 	<p>Indicators of progress: What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</p> <ul style="list-style-type: none"> • 1965 malnourished children U5 yrs are admitted at OTP's and stabilization centre 	<p>How indicators will be measured: What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> • ACF monthly qualitative and quantitative nutrition reports 	<p>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?</p> <ul style="list-style-type: none"> • Security and political situation remains stable, Access to beneficiaries is ensured

		<ul style="list-style-type: none"> • 6495 moderately malnourished children U5 yrs are admitted at SFP • Nutrition programme performance (Cured rate >75%, mortality rate <5%, defaulter rate <15%, • 21,690 caretakers/mothers have received health and nutrition promotion messages • 10,150 children not admitted in the nutrition programme receive micronutrient supplementation and deworming 		<ul style="list-style-type: none"> • Involvement and interest for collaboration of communities, local partners and authorities is adequate
	<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 outcome</i></p> <ul style="list-style-type: none"> • 1965 malnourished acute children U5 yrs are admitted at OTP's and stabilization centre • 6495 moderately acute malnourished children U5 yrs are admitted at SFP • Nutrition programme performance (Cured rate >75%, mortality rate <5%, defaulter rate <15%, • 21,690 caretakers/mothers have received health ,IYCF and nutrition education • 10,150 children not admitted in the nutrition programme and during national immunization campaigns 	<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 acute malnourished children U5 yrs are admitted at OTP's and stabilization centre • Number of moderately acute malnourished children U5 yrs are admitted at SFP • Number of caretakers/mothers have received health , IYCF and nutrition education • Number of children not admitted in the nutrition programme and during national immunization campaigns receive micronutrient supplementation 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • ACF monthly qualitative and quantitative nutrition reports 	<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"> • Therapeutic products, drugs, food and non-food items pipeline from partners / suppliers is maintained • Security and political situation remains stable, Access to beneficiaries is ensured • Involvement and interest for collaboration of communities, local partners and authorities is maintained.

	<p>receive micronutrient supplementation and deworming</p> <ul style="list-style-type: none"> • 	<p>and deworming</p> <ul style="list-style-type: none"> • 		
	<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ul style="list-style-type: none"> • Running of 2 Stabilization Centers (SCs) for inpatient treatment and 13 Out-patient Therapeutic Program (OTPs) and 3 supplementary feeding programs (SFPs) • Set-up screening of beneficiaries for admission at community as well as OTPs /SFPs • Provide Micronutrient Supplementation and deworming to under 5 children • Conducting community mobilization activities on Health/IYCF/nutrition education • Conduct training for mother support groups, CBOs, TBA, community leaders and staff 	<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 and Medication supplies, staff time, nutrition equipment, transportation, and stationeries 	<p>Monthly report</p>	<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"> • Security and political situation remains stable, Access to beneficiaries is ensured • Involvement and interest for collaboration of communities, local partners and authorities is assured

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: 1st October 2013 **Project end date:** 31st March 20114

Activities	Q3/2013			Q4/2013			Q1/2014			Q2/2014			Q3/2014		
			Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Activity 1 Running of 2 Stabilization Centers (SCs) for inpatient treatment and 13 Out-patient Therapeutic Program (OTPs) and 3 supplementary feeding programs (SFPs)				X	X	X	X	X	X						
Activity 2 Set-up screening of beneficiaries for admission at community as well as OTPs /SFPs centres				X	X	X	X	X	X						
Activity 3 Provide Micronutrient Supplementation and deworming to under 5 children				X	X	X	X	X	X						
Activity 4 Conducting community mobilization activities on Health/IYCF/nutrition education				X	X	X	X	X	X						
Activity 5 Conduct training for mother support groups, CBOs, TBA, community leaders and staff				X	X	X	X	X	X						

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