

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

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

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) - 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																
Hold the Child		<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 20%;">State</th> <th style="width: 10%;">%</th> <th style="width: 70%;">County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>100</td> <td>Fangak (Old fangak, and partially in Phom, Manajang, Toic Payams under the SMART survey)</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)	Jonglei	100	Fangak (Old fangak, and partially in Phom, Manajang, Toic Payams under the SMART survey)									
State	%	County/ies (include payam when possible)																
Jonglei	100	Fangak (Old fangak, and partially in Phom, Manajang, Toic Payams under the SMART survey)																
Project CAP Code	CAP Gender Code																	
SSD-13/H/55038/R/14923	2a																	
CAP Project Title (please write exact name as in the CAP)																		
Provision of integrated emergency nutrition services in northern Jonglei																		
Total Project Budget requested in the in South Sudan CAP		US\$ 205,309																
Total funding secured for the CAP project (to date)		US\$ 100,617																
Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)																		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP																
Women:	2,040	3,441																
Girls:	1,065	2,100																
Men:	400	1,045																
Boys:	1,073	2,100																
Total:	4,578	10,716																
Indirect Beneficiaries																		
<i>Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived.</i>																		
Catchment Population (if applicable)																		

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM			155	161
MAM	220		310	312
BSFP				
IYCF promotion	1,800	400		
Trainees	20			
Micronutrient supplementation*				
uDeworming*			600	600

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

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

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	White Nile Bor Town, Jonglei State
Project Focal Person	Kiweesi Alex, kiwesi@holdthechild.org , +211 956 122 614
Country Director	Kiweesi Alex, kiwesi@holdthechild.org , +211 956122614, +2111 912257656
Finance Officer	Elijah Yai Anyieth, yai@holdthechild.org +211955282656, 0955058067

Contact details Organization's HQ	
Organization's Address	White Nile Bor Town, Jonglei State
Desk officer	Name, Email, telephone
Finance Officer	Elijah Yai Anyieth, yai@holdthechild.org +211955282656, 0955058067

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 population¹

The Annual Needs and Livelihoods Analysis (ANLA) 2011/2012 report ranked Jonglei state at 14.0% food insecurity, among the highest in South Sudan.

The survival and welfare of children in Fangak and northern Jonglei is affected by several factors i.e. limited access to basic services such as health care, food supply, education etc.; Child health is severely challenged with high rates of nutrition and water related morbidities and mortalities. With reference to the Nutrition cluster validated SMART surveys August 2012 updates, Jonglei presented the highest Crude mortality rate of 1.79% highest in south Sudan; 2.08% U5 crude mortality rate second highest; such high mortality rates are attributed to low coverage of health service delivery; high levels of ignorance; limited livelihood activities; limited supply of food items and acute malnutrition rates GAM rate at 23.25% second highest in south Sudan which is not only attributed to food insecurity but also other predisposing factors like inappropriate feeding practices, poor domestic hygiene & sanitation, and poor medical care; which too are aggravated by high levels of poverty illiteracy especially among the females (women) who take care of the children.

This situation was followed with heavy flooding in Fangak County and Jonglei state (OCHA reports) that was characterized with very poor crop yields which has overstretch the limited natural resources and worsen the nutritional status of Fangak County in early 2013. The rapid MUAC screening done in Old Fangak late February indicate GAM rates at 27.8% with SAM at 7.2%; the Month of April has had 159 new SAM admissions for OPT at Old Fangak including those that come from as far as Toic of Mareang Payam (Hold the Child). It is anticipated that the seasonal malnutrition peak of October 2013 will present with higher rates in comparison to October 2012.

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.

Food security Food security and nutrition studies indicate two peaks of malnutrition for <5s i.e. in June and the in October.

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.

With the current limited nutrition services and stressed food sources; it is expected that the current malnutrition rates and related morbidities and mortalities among <5s in the communities of Fangak will rise far above the emergence threshold rates of 2-3% SAM and 15% GAM.

The implementation of 'Provision of integrated emergency nutrition services in northern Jonglei' with CHF funding will bridge the funding gap, and support the following;

- Maintain the ongoing therapeutic and supplementary feeding services in Old Fangak Payam and scaling up to the underserved Children in the villages of in Mareang Payam;
- Scale up IYCF initiatives and nutrition education to the various communities of Fangak County to reduce on the practices related causes of Malnutrition of <5s;
- Post-harvest SMART in the area and focus on the causal analysis to inform future programming in the area.
- Strengthen our participation in the state level cluster and emergency response surge capacity around the state hot spots

Through these 6 months interventions, Hold the Child will be able to support therapeutic and supplementary feeding to reduce Malnutrition rates and related morbidities and mortalities of <5s and PLW thereby boosting Child survival in the underserved, flood prone Fangak communities (Old fangak Payam); and provide surge capacity support to the state cluster in the event of emergency.

This 6 months project will build on the completed IOM (RRF) supported project, and will bridge the transitional period during which Hold the Child will be mobilizing resources to gear at strengthening the livelihood initiatives in the area to address.

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.

Under 'Provision of integrated emergency nutrition services in northern Jonglei' project, Hold the Child will utilize CHF funding for the implementation of emergency nutrition activities that directly contribute to the achievement cluster priority activities as follows;

- Maintain the ongoing therapeutic and supplementary feeding services in Old fangak Payam and scaling up to the underserved Children in the villages of Mareang Payam; which directly contributes to the cluster priority(i) above "Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups"
- Scale up IYCF initiatives and nutrition education to the various communities of Fangak County to reduce the practices related causes of Malnutrition of <5s; directly contributing the cluster priority (ii) above "Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education, supplementation, BSFP"
- Post-harvest SMART in the area and focus on the causal analysis to inform future programming in the area; which directly contributes to the cluster priority (iii) Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies)
- Hold county nutrition meetings, and strengthen our participation in the state level cluster and emergency response surge capacity around the state hot spots supports cluster priority (v) & (iii) "(v) Provision and strengthening of state-level coordination aimed at improving intervention outcomes; and (iii) Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies)"

ii) Project Objective

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

To provide integrated services for the treatment of acute malnutrition in 1,260 children under 5 years, 220 P&LW and reach 1,200 women with IYCF key messages the underserved Fangak county in the last quarter of 2013 and the first quarter of 2014.

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).

- Provide treatment 316 SAM (161 boys and 155 girls) and ensure proper disposal of package materials at OTP/SFP site;
- Provide supplementary feeding for 622 MAM (310 boys and 312 girls) <5 years, and 220 P&LW and ensure proper disposal of package materials at OTP/SFP site;
- Provide deworming to 1,200 children 6 -59 months both boys and girls, and ensure proper disposal of packaging materials;
- Facilitate IYCF counseling at the center and conduct community visits and discussions on child feeding practices
- Train 20 lead women on IYCF appropriate practices in Bomas around old fangak and some parts of Toic;
- Facilitate the formation of 10 mother support groups (300 women). And engage them in vegetable gardening with environmental sensitive methods;
- Conduct 2 rapid community nutritional screening and referral of malnutrition cases in the surrounding Bomas of Old fangak;
- Conduct a Post-harvest SMART Nutrition survey across the Payams of Fangak (i.e. Phom, Old fangak, Manajang, Toic), to profile the nutrition status and the causal determinants to inform future programming in the area;
- Hold at least 2 county coordination meetings (with county based partners and stakeholders) to encourage shared learning and strengthen the fight against malnutrition,
- Participate in 5 State level, and 5 national cluster forums, and avail and emergency response surge team in Jonglei (for inter-agency assessments should there be need).

iv). Cross Cutting Issues

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

a. Gender considerations

In the implementation of “*Provision of integrated emergency nutrition services in northern Jonglei*”, will provide an equal opportunity to male and female at staff, and at beneficiary levels; boys and girls will be considered as equal beneficiaries; All project documents i.e. reporting templates, summary reports will bear data/information designated by sex.

b. Environment considerations

The implementation of “*Provision of integrated emergency nutrition services in northern Jonglei*” will ensure that packaging materials will be disposed with environmentally friendly approaches.

c. HIV/AIDS considerations

“*Provision of integrated emergency nutrition services in northern Jonglei*” project will provide equal opportunity to all members of the society of Fangak County regardless of their HIV status, and will undertake procedures that do not encourage stigmatization of those living with 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.

- 316 SAM (161 boys and 155 girls) <5 provided with therapeutic foods and 622 MAM (310 boys and 312 girls) <5 years, 220 P&LW provided with supplementary foods;
- 2 rapid screening and referrals done in the surrounding Bomas of Old fangak
- 1,200 (600 boys and 600 girls) 6 -59 months dewormed;
- 20 lead women trained and 10 mother support groups formed (300 women engaged);
- 1,800 women reached with IYCF key messages and nutrition education;
- 1 Post-harvest SMART nutrition survey conducted, with causal analysis studies;
- 2 county coordination meetings held, 5 State and 5 National cluster coordination meetings participated in.

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 <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>	
X	1.	Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)	1 OTP sites operated	
X	2.	Children (under-5) admitted for the treatment of SAM	Boys: 161	Girls: 155
X	3.	<i>Overall SAM program cure rate (> 75%, SPHERE standards)</i>	80% overall SAM cure rate	
X	4.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	Boys: 310	Girls: 312
X	5.	Children de-wormed	Boys: 600	Girls: 600
X	6.	Community members made aware through education sessions on nutrition and IYCF	Male 400	Female 1,800
X	7.	Number of surveys undertaken during the reporting period	1 Post-Harvest SMART Nutrition survey	
X	8.	Cluster coordination meetings attended in the reporting period (state and national)	5 state and national cluster coordination meetings attended	
X	9.	Timely and complete monthly reports submitted in the reporting period	6 monthly reports submitted in time	

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.

Project activities will be implemented by Hold the Child organization in conjunction with government actors including, County Education department, and local authorities/leaders. Dedicated project staffs will work with;

- Services for SAM and MAM and IYCF counseling will be undertaken by the assistants and mobilisers at the facility; this team will also adopt a schedule with the guidance of the coordinator and the officer to outreach some hot spot areas along the banks of the Niles should there be an identified need
- Community mobilisers will conduct MUAC rapid screening in the target high risk areas and the screening report will be drawn by the nutrition officer
- The field coordinator will work with local leaders to organize free village gatherings for dissemination of key messages on IYCF and better nutrition practices
- Delivery of supplies from UNICEF (Malakal) and WFP (Phom) to the project site will be coordinated by the field coordinator
- Monthly reports on OTP/SFP, IYCF will be compiled by the nutrition assistants in conjunction with the field coordinator and

verified by the nutrition officer

- The post-harvest SMART survey will be handled by the contracted consultant who will work in collaboration with Nutrition officer and the field coordinator; upon verification of the methodology by the Cluster technical team, sampling clusters will be selected, and enumerators will be selected by the CHD and trained by the consultant and the nutrition officer. The consultant and the officer will undertake the data compilation and analysis; a preliminary report will be verified by the cluster technical team before the survey report is completed.
- The monitoring and evaluation of the project including performance ranking, reprogramming due to unforeseen realities
- will be handled by the Head of Programmes and Nutrition officer, who will work in collaboration with the whole field team;
- The Nutrition officer based in Bor (and partly in the field) will provide additional emergency surge support capacity to the nutrition cluster at state level should the need arise.

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.

Based on the outlined project outcomes and indicators outlines above (v), with reference to the project activity plan the following forms the monitoring plan:

- i. Report on training sessions including participants, and training schedule will be compiled at every end of each training session,
- ii. Reports on rapid screenings and Post-Harvest SMART survey
- iii. Children reached with Rapid screening, admissions for OTP and SFP, IYCF counseling, Training sessions will be compiled on a monthly basis; and filled in the standard Nutrition cluster reporting format
- iv. Field visits by the management team to the project sites will be scheduled regularly after two months to support the teams on ground
- v. Testimonies from the project beneficiaries will be compile at different instances during the project cycle

These reports will be summarized into one monthly narrative report that will also include the challenges faced in the reporting period. Monthly reports will be submitted to cluster coordinators and state focal points will be copied; Monthly report will also be analyzed by the project management to address the challenges faced in the reporting period. Monthly narrative reports will be summarized into quarterly project reports and ultimately into final project narrative report; monthly financial statements, ledgers & vouchers will be compiled into monthly, quarterly fiscal reports and ultimately into a final fiscal report. Both narratives and fiscal reports will be submitted to OCHA/UNDP in quarterly basis and at the end of the project cycle.

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)
IOM/RRF; 14/01/2013	100,617
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: <u>SSD-13/H/55038/R</u>		Project title: <u>Provision of integrated emergency nutrition services in northern Jonglei</u>	Organisation: <u>Hold the Child</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); • Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies); • Provision and strengthening of state-level coordination aimed at improving intervention outcomes; 	<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"> • Number of boys and girls <5 years treated for SAM and MAM; • Percentage cure rate of admitted boys and girls; • Number of P&LW provided with supplementary foods; • Number of lead women trained on IYCF and functional IYCF mother-mother support groups; • Number of women and men reached with IYCF counseling and nutrition education; • Number of cases and proportions of SAM, and MAM identified during the rapid screening outreaches; • SAM, MAM rates established by the SMART nutrition survey; • Number of coordination meeting attended; • Number of inter-agency assessment team contributed to; 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Admission, feeding and discharge OTP/SFP reports; • Reports on defaulting, cure proportion and rates; • Testimonials from women whose children have cured from Malnutrition; • Reports on IYCF lead women training and facilitation of mother-mother support groups; • Reports on IYCF counseling and nutrition education; • Reports on rapid screening and active case finding; • SMART nutrition survey report; • Reports/minutes of the nutrition stakeholders coordination meetings facilitated in Fangak; • Reports/minutes for state and national cluster meeting attended; • Inter-agency assessment reports; 	
	Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> • To provide integrated services for the treatment of acute malnutrition in 1,260 children under 5 years, 220 P&LW and reach 1,200 women with IYCF key messages the underserved Fangak county in the last quarter of 2013 and the first quarter of 2014. 	<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> <ul style="list-style-type: none"> • Number of boys and girls <5 years treated for SAM and MAM; • Percentage cure rate of admitted boys and girls; • Number of P&LW provided with supplementary foods; • Number of women reached with IYCF key messages; 	<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"> • Admission, feeding and discharge OTP/SFP reports; • Reports on defaulting, cure proportion and rates; • Reports on lead women training and mobilization of IYCF mother-mother support groups; • Reports on IYCF counseling and nutrition education;

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 of the direct beneficiaries.</i></p> <ul style="list-style-type: none"> • Under served villages of Fangak are reached with outreach nutrition services; • Children (boys and girls) treated and recovered from acute malnutrition and nutrition related mortalities reduced; • Women have increase awareness on appropriate infant/child feeding practices; • Communities have increase knowledge on prevention and management of malnutrition; • Malnutrition status of <5s and causal determinants established and Future nutrition programming in Fangak is informed; • Nutrition programme related challenges lessons and migration strategies shared by county based nutrition stakeholders with leadership of the county health department; 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> • Under served villages reached with nutrition services; • Percentage cure rate of admitted boys and girls; • Number of function mother-mother support groups; • Number of community members reached with nutrition education meetings and IYCF counseling; • Established SAM and MAM rates of <5 of fangak; • Number of participants in the county based nutrition stakeholders meetings; 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Admission, feeding and discharge OTP/SFP reports; • Reports on defaulting, cure proportion and rates; • Testimonies of mothers whose children have recovered from acute Malnutrition; • Reports on the formation and the functioning of IYCF mother support groups; • Reports on IYCF counseling and nutrition education; • Testimonies on infant/child feeding practices; • SMART nutrition survey report; • Reports/minutes of the nutrition stakeholders coordination meetings facilitated in Fangak; 	<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"> • Political stability in the county and the state; • Positive participation from the local authorities and communities members; • Stable supplies pipelines; • Proper utilisation of therapeutic and supplementary foods by the beneficiaries and adherence on the programme recommendations; • IYCF and nutrition education key messages are well understood; • Data collection enumerators understand and cooperate during the SMART survey; • Stable fuel supplies and prices ; • Stable communication network
	<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"> • Boys and girls <5 treated with therapeutic, and supplementary foods and dewormed, recovered from acute malnutrition to reduce nutrition related mortalities; • P&LW treated from MAM, in the underserved villages thereby increasing the coverage of nutrition services; • Rapid screening and referrals done in the surrounding Bomas of Old fangak to cover the underserved villages thereby increasing the coverage of nutrition services; 	<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 boys and girls <5 years treated from acute malnutrition; • Percentage cure rate of admitted boys and girls; • Number of P&LW treated and recovered from Acute malnutrition; • Number of cases and proportions of SAM, and MAM identified and referred during the rapid screening outreaches; • Number of lead women trained on IYCF appropriate practices; • Number of function mother-mother support groups; • Number of women and men reached with 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Admission, feeding and discharge OTP/SFP reports • Reports on defaulting, cure proportion and rates • Testimonies of mothers whose children have recovered from acute Malnutrition; • Reports on lead women training; • Reports on the formation and the functioning of IYCF mother support groups; • Reports on IYCF counseling and nutrition education; • Reports on rapid screening and active case finding and referrals; • SMART nutrition survey report; 	<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"> • Political stability in the county and the state; • Positive participation from the local authorities and communities members; • Stable supplies pipelines; • Proper utilisation of therapeutic and supplementary foods by the beneficiaries; • IYCF and nutrition education key messages are well understood; • Data collection enumerators understand and cooperate during

	<ul style="list-style-type: none"> • Lead women trained and mother-mother support groups facilitated to increase awareness on appropriate infant/child feeding practices; • Community members (men and women) covered with nutrition education thereby have increase knowledge on prevention and management of malnutrition; • Post-harvest SMART nutrition survey conducted, with causal analysis studies to establish malnutrition status of <5 and causal determinants identified to inform future nutrition programming; • County based nutrition stakeholders meetings facilitated to share lessons and identify common challenges and mitigation strategies; 	<p>IYCF counseling and nutrition education;</p> <ul style="list-style-type: none"> • SAM, MAM rates established by the SMART nutrition survey; • Number of county based stakeholders meeting facilitated; 	<ul style="list-style-type: none"> • Reports/minutes of the nutrition stakeholders coordination meetings held in Fangak; • Reports/minutes for state and national cluster meeting attended; 	<p>the SMART survey;</p> <ul style="list-style-type: none"> • Stable fuel supplies and prices; • Stable communication network;
	<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"> • Provide treatment 316 SAM (161 boys and 155 girls) and ensure proper disposal of package materials at OTP/SFP site; • Provide supplementary feeding for 400 MAM (200 boys and 200 girls) <5 years, and 220 P&LW and ensure proper disposal of package materials at OTP/SFP site; • Provide deworming to 1,200 children (600boy and 600 girls) 6 -59 months both boys and girls, and ensure proper disposal of packaging materials; • Facilitate IYCF counseling at the center and conduct community visits and discussions on child feeding practices • Train 20 lead women on IYCF appropriate practices in Bomas around old fangak and some parts of Toic; • Facilitate the formation of 10 mother support groups (300 women). And engage them in vegetable gardening with environmental sensitive methods; 	<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"> • Management team with dedicated staffs i.e. nutrition officer and field coordinator; • 4 nutrition assistants based at the facility and 3 community based mobilisers; • Nutrition supplies i.e. Mabendazole, retinol, therapeutic spread, CSB, Supplemental plumpy, and sugar; • Anthropometric measurement equipment i.e. MUAC tapes, weighing scales, weighing trousers, height boards; • Costs for printing admission forms, and registers; • Costs for mobilization of women groups; • Costs for printing IEC materials; • Costs for travels and communication; • Costs for boat rides including hires, fueling and maintenance; • SMART Nutrition survey consultant; 		<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> <p><i>Pre-conditions:</i></p> <ul style="list-style-type: none"> • A well-functioning county health department; • An established OTP centre; • Enrolled skilled staff ; • Established agreements with UNICEF, and WFP to access core pipeline supplies; • Nutrition supplies and equipment; <p><i>Risks and assumptions:</i></p> <ul style="list-style-type: none"> • Political stability in the county and the state; • Positive participation from the local authorities and communities members • Stable supplies pipelines;

	<ul style="list-style-type: none"> • Conduct 2 rapid community nutritional screening and referral of malnutrition cases in the surrounding Bomas of Old fangak; • Conduct a Post-harvest SMART Nutrition survey across the Payams of Fangak (i.e. Phom, Old fangak, Manajang, Toic), to profile the nutrition status and the causal determinants to inform future programming in the area; • Facilitate at least 2 county coordination meetings (with county based partners and stakeholders) to encourage shared learning and strengthen the fight against malnutrition, • Participate in 5 State level, and 5 national cluster forums, and avail and emergency response surge team in Jonglei (for inter-agency assessments should there be need). 			<ul style="list-style-type: none"> • Proper utilisation of therapeutic and supplementary foods by the beneficiaries; • IYCF and nutrition education key messages are well understood; • Data collection enumerators understand and cooperate during the SMART survey; • Stable fuel supplies and prices ; • Stable communication network ;
--	--	--	--	---

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: Provide treatment 316 SAM (161 boys and 155 girls) and ensure proper disposal of package materials at OTP/SFP site;				X	X	X	X	X	X						
Activity 2: Provide supplementary feeding for 400 MAM (200 boys and 200 girls) <5 years, and 220 P&LW and ensure proper disposal of package materials at OTP/SFP site;				X	X	X	X	X	X						
Activity 3: Provide deworming to 1,200 children 6 -59 months both boys and girls, and ensure proper disposal of packaging materials;				X	X	X	X	X	X						
Activity 4: Facilitate IYCF counseling at the center and conduct community visits and discussions on child feeding practices				X	X	X	X	X	X						
Activity 5: Train 20 lead women on IYCF appropriate practices;					X										
Activity 6: Facilitate the formation of 10 mother support groups (300 women). And engage them in vegetable gardening with environmental sensitive methods;					X										
Activity 7: Conduct 2 rapid community nutritional screening and referral of malnutrition cases in the surrounding Bomas of Old fangak;				X			X								
Activity 8: Conduct a Post-harvest SMART Nutrition survey across the Payams of Fangak (i.e. Phom, Old fangak, Manajang, Toic), to profile the nutrition status and the causal determinants to inform future programming in the area;						X									
Activity 9: Hold at least 2 county coordination meetings (with county based partners and stakeholders) to encourage shared learning and strengthen the fight against malnutrition,					X			X							
Activity 10: Participate in 5 State level, and 5 national cluster forums, and avail and emergency response surge team in Jonglei (for inter-agency assessments should there be need).				X	X	X	X	X	X						
Activity 11: Compile monthly coverage reports and submit to the cluster information officer and copy state focal points				X	X	X	X	X	X						
Activity 12: Submit quarterly project progress reports and testimonials							X								

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