

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
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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		
INTERNATIONAL MEDICAL CORPS-UK (IMC-UK) ¹		State	%	County/ies (include payam when possible)
Project CAP Code	CAP Gender Code	Jonglei	50%	Akobo County(Denjok, Nyadit, Bilkey & Alali)
SSD-13/H/55043/R/13107	0		25%	Pochalla County (Pochalla, Adongo, Akoyi)
CAP Project Title (please write exact name as in the CAP)		Upper Nile	25%	Maban County (Jimkwata)
Community Based Nutrition Intervention in Jonglei, Upper Nile States				

Total Project Budget requested in the in South Sudan CAP	US\$ 2,518,599	Funding requested from CHF for this project proposal	US\$ 400,000
Total funding secured for the CAP project (to date)	US\$ 320,000 (CHF 2013 Rnd1) US\$ 1,000,000 (ODFA)	Are some activities in this project proposal co-funded (including in-kind)? Yes x No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

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)			Indirect Beneficiaries
	Number of direct beneficiaries targeted in CHF Project	Direct beneficiaries targeted in the CAP	
Women:	24,714	59,500	Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived.
Girls:	2,697	14,700	
Men:	470	16,358	
Boys:	2,608	15,300	
Total:	30,489	105,858	
			Catchment Population (if applicable)
			Akobo east :79,064 ² (Population for 3 payams in Akobo East) Jinkwata payam: 15,864 ³ Pochalla: 53,162(2 payam Pochalla 23,936 and Adongo 29,226)

¹ International Medical Corps UK (IMC-UK) is an independent affiliate of International Medical Corps (IMC), with which it shares the same name and charitable objectives and mission. IMC-UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. International Medical Corps will be performing services under any agreement under the supervision of IMC-UK.

² SSRRC population estimates

³ SSRRC population estimates

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM			402	381
MAM	1436		512	460
BSFP			1143	1189
IYCF promotion	21,120	410		
Trainees	2158	60		
Micronutrient supplementation*				
Deworming*			640	578

* 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: October 1, 2013 – March 31 2014
Number of months: 6

Contact details Organization's Country Office	
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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 ⁴
<p><u>Akobo County East, Jonglei</u> Akobo County regularly experiences food/nutrition shocks, both man-induced and natural disasters⁵. The consequences are reflected in the nutritional status of under-fives. The Dec. 2012 post-harvest SMART survey reported global and severe acute malnutrition rates of 21.7% and 5.3% respectively among children under five years, while the pre-harvest survey in April shows 25.7% MAM and 4.8% SAM in Akobo East⁶</p> <p><u>Pochalla County, Jonglei</u> Security in Pochalla country has been extremely volatile in 2013 with incidences of ambushes, kidnapping, soldiers harassing the local population. The previous nutrition program, implemented by CRADA, ended in February 2013. IMC, UNICEF and CRADA carried out a Rapid Nutrition Assessment in Pochalla town and reachable villages. GAM was 14.5%, with a MAM of 11.6% and SAM of 3.5%. This is high for a generally productive area of the country and in villages that areas relatively close to town and secure.</p> <p><u>Jinkwata Payam, Maban County, Upper Nile</u> Jinkwata, with an estimated population of 15,864t hosts Gendressa camp (16,500 refugees)^{7,8}. The refugee crisis has led to rising food prices, competition for grazing land and a realization that refugees have access to more and better quality services than the host community. IMC's April 2013 Maban SMART Survey found GAM rates of 13.1% and a SAM of 3.3%, below the emergency threshold but above crisis level, and exacerbated by sub-optimal infant and young child feeding (IYCF) practices, poor water and sanitation facilities, and high food insecurity⁹.</p>

⁴ 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.

⁵ Post August 2012 flooding, a rapid assessment of 12 villages in Akobo East found 980 households affected with 660 households displaced. The flooding accounted for 47% of household food security shocks in Akobo County,⁵ and followed a cattle raid in March of 2012 that depleted livestock. In February 2013, over 1500 people arrived in Akobo East from Akobo West and Kiir, fleeing insecurity and worsening food security.

⁶ IMC Post harvest Survey, validate by nutrition cluster, Save the Children Pre-Harvest survey April 2013 (pending verification)

⁷ SSRRC population estimates of Jinkwata payam

⁸ UNHCR report June 2013

⁹ IMC April 2013 Maban County SMART Survey, Dec 2012 KAP study on IYCF in Jinkwata Payam

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.

To avoid a nutrition emergency in Akobo County and to prevent a precarious nutritional situations rises from worsening, International Medical Corps needs to continue/initiate nutrition activities in all three counties, contributing to cluster priorities of prevention and management of acute malnutrition and building local capacity in nutrition emergency preparedness and response, and taking advantage of our presence on the ground. In Pochalla, where there is no nutrition program but where IMC already supports the primary health care sector, the aim is to use CHF funds to integrate nutritional treatment into existing health services (including a stabilization center at the PHCC+), while undertaking prevention activities that target health workers, pregnant and lactating mothers and community stakeholders, and encouraging other actors to assume responsibility for short term blanket supplementary feeding and/or treatment of MAM. In Maban county, IMC has expanded primary health and nutrition services from Gendrasa camp alone to include Kaya camp, but has not received the expected level UNHCR funding. CHF funding is absolutely crucial to continuing any services in the host community in Maban. In Akobo, where IMC supports the hospital and runs the community management of acute malnutrition program, a key funder of IMC's existing nutrition program has moved away from nutrition programming towards more preventive food security interventions- however, these are new and have not yet borne fruit so the need for continuing support is paramount.

International Medical Corps has sought other funding for nutrition activities in Maban in general- and as indicated above ECHO/UNHCR/CHF SSD/12 fund the camps based nutrition activities. In Akobo and Pochalla efforts are being made to identify funders for longer-term food security-nutrition and nutrition-early childhood development activities.

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.

International Medical Corps proposes the continuation of interventions to prevent and manage acute nutrition in Akobo and Maban and to initiate both preventive and curative nutrition activities, including a stabilization center in Pochalla County. Specifically IMC intends to:

- To provide integrated management of acute malnutrition for children under five, and PLW through 9 SFPs, 7 OTPs and 1 SC in Akobo, 2 OTPs in Maban and in Pochalla 3 OTPs at PHCU and 1 SC at the PHCC.
- To prevent malnutrition in pregnant and lactating women and children under five using mother to mother support and care groups to promote optimal IYCF practices in Akobo, Maban and Pochalla, supplemented by blanket supplementary feeding in 7 BSFP sites in Akobo.
- To strengthen emergency preparedness in Pochalla by, developing technical capacity in Pochalla County (health staff/authorities, and community volunteers) to do rapid nutrition assessments, respond to potential nutrition emergencies as well as to individual cases of acute malnutrition.

ii) Project Objective

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

The overall objective is to provide services to prevent and manage acute malnutrition in Akobo, Maban and Pochalla counties reaching some **17,200** vulnerable women and **10,750** children under five years in three counties by March 2014. The specific objectives include:

- 1) To provide curative nutrition services in to a minimum of 583 children with SAM, 585 children with MAM and 678 PLWs in 7 OTPs, 9 TSFPs & 1 SC in Akobo County, 2 OTP sites in Maban and 3 OTPs, 1 SC in Pochalla.
- 2) To improve nutritional and care practices during early childhood, pregnancy and through infant and young child feeding support groups (IYCFSG) in Akobo, Maban and Pochalla County.
- 3) To establish and support emergency health and nutrition response team in Pochalla County, to undertake nutritional screening and referral, and be able respond in times of nutrition emergencies.

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).

Objective 1: To provide curative nutrition services in 7 OTPs, 9 TSFPs & 1 SC to a minimum of 582 children with SAM, 583 children with MAM and 500 PLWs in Akobo County, 60 children and 48 PLWs in 2 OTP sites in Maban and 3 OTPs, 1 SC in Pochalla County targeting 79 children with SAM.

Location: Akobo East & Pochalla County in Jonglei; Jimkwata Payam of Maban County in Upper Nile State

Direct Beneficiaries: Akobo: 1126 children < 5 years (boys: 523 girls: 503) and 500 women

Maban: 60 Children <5yrs (34 girls, 26 boys) and 48 women

Pochalla: 79 children < 5 years (boys: 40, girls: 39)

Activities:

- 1) Provide therapeutic treatment and care for children under five and pregnant and lactating women with SAM without medical complications in OTP using ready-to-use therapeutic food (RUTF). Anthropometry, routine medical treatment, nutrition education and referrals will be also provided. EPI services, in Pochalla the OTP will be done in the health facilities, in Akobo 2 OTP are facility based other 5 to integrate with outreach EPI services during the nutrition feeding days. Mothers/caregivers will receive health education during OTP and TSFP sessions. In Maban, 2 mobile OTP sites will integrate EPI, and routine medication as well as nutrition education.
- 2) Provide inpatient clinical and therapeutic treatment for children under five with SAM and associated medical complications in the SC. The program will provide therapeutic food and routine medical treatment in an inpatient setting 24 hours a day until the child is stabilized for referral to OTP. Psychosocial support care (toys, playing items) will also be provided, in addition to nutrition education and referrals.
- 3) Provide supplementary feeding rations, anthropometric follow-up and routine medical care for children 6-59 months with MAM in TSFPs in Akobo County.
- 4) Facilitate and follow up on referrals of to OTP, TSFP, SC
- 5) Ensure SC, OTP and TSFPs are equipped to standard with supplies and materials.
- 6) Organize community-based mass MUAC screening, case identification and appropriate referrals as well as defaulter tracing of children under five.

Objective 2: To promote optimal feeding and nutritional practices during infancy, early childhood, pregnancy and lactation through the 78 existing support groups in Akobo, 79 support Groups in Maban and support formation and establishment of 15 support groups in Pochalla County.

Location: Akobo, Maban & Pochalla County

Direct Beneficiaries: 1100 PLW in Akobo East, 948 PLW in Maban and 100 PLW in Pochalla who participate in support groups

- 1) Target 70% of PLW with children under two to strengthen IYCF practices
- 2) Organize IYCF sessions and facilitate open discussions about experiences and optimal practices in :
 - Essential nutrition actions (exclusive breastfeeding, complementary feeding, feeding during illnesses, health care seeking behavior, pregnancy and lactation)
 - Essential hygiene actions (hygiene during feeding, potable water, hand washing among others)
 - Early Childhood Development (ECD): especially activities to prevent and compensate for developmental delays caused by malnutrition.
- 3) Monitor IYCF & BCC sessions, and ensure participants disseminate messages and promote practices at community level to a maximum of 12 households that each mother will be assigned to reach in a two week period.
- 4) Support and organize cooking demonstrations using the locally available foods, where mothers will share ideas on how to prepare nutritious meals for their children (complementary feeding). These gatherings will also help in sharing other health related best practices.
- 5) Organize sessions for the wider community, targeting male leaders, spouses of support group mothers and general public with key nutrition and ECD messages.

Objective 3: To establish and support emergency health and nutrition response team in Pochalla County, to be able respond in times of nutrition emergencies.

Location: Pochalla County

Direct beneficiaries: 25 health facility workers & community nutrition volunteers

- 1) Establish and train an emergency nutrition response team, mostly health facility workers, to collect, analyze and interpret MUAC data and with local authorities make informed decisions based on the findings. This will include review of routine facility-based MUAC data as well as rapid assessments (screening)
- 2) Support the team to carry out periodic rapid nutrition assessments, especially in the event of a natural or conflict related disaster or displacement, and when/if access to more remote parts of the county becomes possible later in the year
- 3) Strengthen reporting structures using the existing HMIS data to show trends of malnutrition, as an alert to quick response and pre-disposition of nutritional support, supplies and materials to the nutrition partners

iv). Cross Cutting Issues

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

The project builds on existing **gender** roles and targets the mother as the person most directly involved with preventing and treating acute malnutrition, however, the wider community and specifically spouses of pregnant and lactating mothers are also targeted. Studies have shown that providing men with correct information and encouraging them to take an interest in their children's feeding practices can lead to improvements in infant feeding practices, and IMC experience in Maban and Akobo has shown that men as well as women are interested in learning about early childhood development, including its relationship with nutrition and good feeding practices, and activities to stimulate optimal development in their children.

Coordination with Save the Children (food for assets and other food security interventions to increase agricultural production) and ACTED (WASH, including food for assets) aims to reduce key causal factors in on-going nutritional emergency in Akobo, namely asset and income depletion and reduced agricultural production.

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.

Through CHF funding IMC aims to;

- Increased availability, access and utilization to quality nutrition therapeutic and preventive services among children under 5 years and PLW
- Reduced malnutrition rates among children under 5 years and Pregnant Lactating women.
- Improve knowledge among communities and health workers to respond to acute malnutrition emergencies and prevention measures
- Reach more women and fathers and increase awareness on IYFC practices, knowledge and skills on hygiene related topics and prevention of common illness especially among the children under 5 years.
- Continue supporting the mother to mother support group and care group in Maban, Akobo and Pochalla to increased behavioral change practices in the community.
- Monitor and investigate the trends of malnutrition in Akobo and Pochalla through SMART and SQUEAC survey.
- Strengthen coordination and representation from in all levels of administration within the county, state and at the national level. Engage communities to fully participate in the program and have open forum to provide feedback that can bring change.

In Pochalla, Maban and Akobo, local health staff will have the capacity to assess and respond to early indications of nutritional emergencies and individual cases of acute malnutrition, have experience in screening populations and out-patients for malnutrition, and undertaking preventive and curative nutrition activities.

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.	Children (under-5) admitted for the treatment of SAM	668 children (Boys: 326 and girls: 342)
X	2.	Number of Out-patient Therapeutic Program (OTP) sites and stabilization centers for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)	7 OTP sites/1 SC will be operated in Akobo East, 2 OTP sites in Maban and 3 OTP sites/ 1 SC in Pochalla
X	3.	Quality of SAM treatment	Overall program cure rate > 75%, default rate < 15% and death rate < 10% (Sphere standards)
X	4.	Number of MAM treatment centers/TSFP sites	9 TSFPs in Akobo
X	5.	Children (under-5) admitted for the treatment of MAM	898 (Boys:420 Girls:478) Akobo
X	6.	Pregnant and Lactating Women (PLWs) admitted for MAM	1350 PLWs for Akobo (assuming some pipeline issues)
X	7.	Quality of MAM program	Overall program cure rate > 75%, default rate < 15% and death rate

			< 3% (Sphere standards)
	8.	Children screened in the community	10,750 (Akobo: 6871, Maban: 1348, Pochalla: 2534) Boys: 5483, Girls: 5367
X	9.	PLW and children (6-36 months) receiving supplementary foods through Blanket Supplementary Feeding Program (BSFP)	2332 (Boys: 1189, Girls: 1143)
X	10.	Community members made aware through education sessions on nutrition and IYCF	21,120 women reached with educational messages as well as 410 men
X	11.	Number of IYCF support groups	Akobo: 78 groups, Maban: 79 & Pochalla: 15 groups
X	12.	Emergency nutrition response team formed, functional and on standby for any emergencies.	25 health staff capacity built in Pochalla.

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.

International Medical Corps-UK will implement the proposed intervention directly and cooperate with other actors on the ground. Insecurity has occasionally resulted into interruption of the nutrition activities, but currently the situation is calm and training local health staff and officials in nutritional assessment and response can help build a strong team at the county level that can easily be able to manage malnutrition with minimal support, if all the nutritional supplies are on the ground.

IMC-UK will continue working closely with the Bor State MoH, WFP and UNICEF in order provide lifesaving nutrition services to responds to the emergency levels of malnutrition in the three mention areas (Akobo, Pochalla and Jinkwata in Maban). IMC will continue providing the outpatient therapeutic care programming (OTPs) and targeted supplementary feeding (TSFPs) and Blanket supplementary feeding program. Community Nutrition volunteers will continue with home visiting, screening, house per house, home visit of the children already in the program, support the mother support group in carrying out IYCF messages.

IMC-UK using the supplies from UNICEF and WFP will ensure that acute malnutrition is treated timely and also prevented with the use of BSFP products and even engaging mothers more in discussion on IYCF practices. We also want to continue engaging the local leaders, first to understand the effects of malnutrition and how they can fully participate in mobilization and raising awareness on treatment and prevention. Traditional healers and religious leaders will also be engaged fully.

IMC will also ensure that the program is well monitored and evaluated periodically; this will help inform the partners and the cluster at large on the gaps, and recommendations on reducing malnutrition rates in Akobo, Pochalla and Jinkwata (Maban). We plan to carry out SMART survey and SQUEAC, IMC Monitoring and reporting team, have already put in place reporting mechanism that the field staff find friendly to use, and detailed to provide in-depth information about the progress of the nutrition 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)¹⁰.

IMC's monitoring plan aims to achieve three objectives: 1) assess progress of project activities; 2) identify the gaps and weaknesses during project implementation; and 3) provide targeted and relevant monitoring data that allows IMC and relevant partners to develop recommendations for changes, allowing for adjustments and improvements throughout the life of the project.

IMC employs a dedicated M&E team, who maintains the project database and support project staff on monitoring activities, including analysis of data for informed decision-making. The project team, assisted by the M&E staff will be responsible for ensuring that data and results are obtained and reported timely, using SMOH, nutrition cluster, and IMC standards. M&E tasks include

- (1) Conduct routine monitoring, including analysis of project data;
- (2) Prepare interim and final reports to CHF; and the nutrition cluster;
- (3) Supportive supervision and feedback: An M&E focal person will visit the county on a quarterly basis, to assess the performance of the project. Based on the gaps identified, a plan of action will be developed to improve the project; and
- (4) Coordinate with CHF or UNDP staff for on-site monitoring visits as requested.

Monitoring of project data is done appropriately according to the activity. For the feeding programs, enrolled individuals are listed in BSFP/TSFP/OTP/SC registers. Ration cards are issued to all participating individuals receiving supplementary rations. For community outreach, education and support group activities, participants sign attendance sheets, which are also used to trace defaulters and dropouts. CNVs attend all support group meetings for monitoring purposes, and assist in compiling the reports due to the fact that most participating mothers are illiterate.

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)
OFDA (January 2013-September 20,2013)	1,000,000
CHF SSD (April 2013 –September 2013)	320,000
Pledges for the CAP project	

¹⁰ 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/55043		Project title: Community Based Nutrition intervention in Jongleiland Upper Nile states	Organisation: International medical Corps-UK	
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> <p>To provide acute malnutrition preventive and curative services among the children under 5 years of age and Pregnant, Lactating mother, in Akobo, Maban (Jinkwata) and Pochalla counties. Build a strong team that can respond to nutrition emergencies in Pochalla county.</p>	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <p>1) .50% coverage in Akobo and Pochalla counties. >90% in Jimkwata Maban.</p> <p>2) % decrease in GAM and SAM in target communities and percentage increase in PLWs demonstrating standard IYCF practices</p> <p>3) MoH and IMC staff trained and ready to provide services in nutrition emergency response, treatment and prevention activities.</p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <p>1) Field monitoring visits/observation, nutrition program or cluster report.</p> <p>2) Nutrition SMART/Coverage Survey and IYCF reports</p> <p>3) Field monitoring visits, training reports, nutrition program center records</p>	
Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <p>1. Provide curative nutrition services in 7 OTPs, 9 TSFPs & 1 SC to a minimum of 582 children with SAM, 583 children with MAM and 500 PLWs in Akobo County, 60 children and 48 PLWs in 2 OTP sites in Maban and 3 OTPs, 1 SC in Pochalla County targeting 79 children with SAM.</p> <p>2. Promote optimal feeding and nutritional practices during infancy, early childhood, pregnancy and lactation through the 78 existing support groups in Akobo, 79 support Groups in Maban and support formation and establishment of 15 support groups in Pochalla County. :</p> <p>3. Establish and support emergency health and nutrition response team in Pochalla County, to be able respond in times of nutrition emergencies.</p>	<p>Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <p>1.1 Number of children (under-5) admitted for the treatment of SAM</p> <p>1.2 Number of SC,OTP &TSFP sites</p> <p>1.3 Quality of SAM & MAM treatment SAM-(Recovery >75%, death <10%, defaulter <15%)</p> <p>1.4 Number of children (6-59 months) and PLWs admitted for the treatment of MAM</p> <p>1.5 Number of children screened in the community</p> <p>1.6 Number of surveys undertaken during the project period</p> <p>2.1 > 30% increase of IYCFSG participants that are knowledgeable on feeding and nutritional practices during early childhood, pregnancy and Lactation period</p> <p>2.2 Number of community members made aware through education Sessions on nutrition and IYCF.</p> <p>2.3 Number of children under 5 years targeted for ECD initiatives in Jinkwata host community.</p> <p>3.1 Number of Health and nutrition workers and volunteers trained on emergency health and nutrition response in Pochalla county</p>	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <p>1.1.1 Monthly NIS report</p> <p>1.1.2 Nutrition program center records (daily tally sheets, weekly statistics etc.)</p> <p>1.1.3 Monthly nutrition cluster report</p> <p>1.1.4 Monthly nutrition cluster reports</p> <p>1.1.5 Monthly nutrition cluster report</p> <p>1.1.6 Nutrition survey report</p> <p>2.1.1 Pre & post test results of Community based mother support and IYCF group sessions in Akobo, Pochalla and Jimkwata</p> <p>2.2.1 Monthly nutrition cluster reports</p> <p>2.3.1 Monthly reports</p> <p>3.1.1 Training reports, pre and post Test results. Monthly reports</p>	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <p>1. Stability in South Sudan and security permits programs to operate</p> <p>2. No large population movements or displacement</p> <p>3. On-going funding</p> <p>4. Target communities continue to be participate in the program</p> <p>5. UNICEF and WFP maintain nutrition supplies pipeline in country</p> <p>4. Weather conditions remain conducive</p>

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> <ol style="list-style-type: none"> 1. Increased access to quality nutrition services among the children 6-59 months and PLWs. 2. Improved knowledge and skills on IYCF and ECD among the target group. 3. Improve expertise in nutrition Emergency response capabilities among the MoH and IMC staff 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ol style="list-style-type: none"> 1.> 50% coverage of targets, in Akobo and Pochalla, while >90% in Maban 2.% increase in optimal feeding nutrition practices, ECD and IYCF practices by targets 3.>80% of MOH and IMC staff demonstrate standard skills and knowledge in response to nutrition emergencies, CMAM, IYCF and other nutrition approaches 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ol style="list-style-type: none"> 1. SQUEAC study report 2. Field observation, FGD 3. Training reports, 4. Nutrition cluster monthly 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> <ol style="list-style-type: none"> 1. Stability in South Sudan and security permits programs to operate 2. Target communities continue to be receptive to IMC interventions. 3. UNICEF and WFP maintain nutrition supplies pipeline in country
	<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> <ol style="list-style-type: none"> 1. > 75% of children under five admitted with SAM and MAM cured, according South Sudan IMSAM/IMAM guidelines and Sphere standards. 2. > 30% of community members received messages on nutrition, hygiene, IYCF during community mobilization activities. 3. > 70% of MOH & IMC staff demonstrates knowledge gained in trainings in executing their jobs. 4. Minimum of 10,750 children between 6 -59 months screened using MUAC and nutrition status identified. 5. > 30% of care group participants demonstrate knowledge of key IYCF indicators (early initiation of breastfeeding, exclusive breastfeeding, introduction of complementary food, diet diversity and minimum meal frequency). 6. > 30% of community leaders/men participate in community mobilization activities focusing on IYCF, ECD and 	<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> <ol style="list-style-type: none"> 1.1 Quality of SAM & MAM treatment 1.2 Children (6-59 months) admitted for the treatment of SAM 1.3 Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (6-59 months) with SAM and SC (Stabilization center) treating SAM with medical complications 1.4 Number of MAM treatment centers/TSFP sites 1.5 Children (6-59 months) and PLWs admitted for the treatment of MAM 2.1 Community members made aware of IYCF, hygiene through education sessions 3. 1 Health and nutrition workers and volunteers trained (includes facility and community level health and nutrition workers and lead mothers) in SAM and MAM protocols 4. 1 Children screened in the community and referral to OTP/TSFP done 5.1 Percentage increase in IYCFSG Participants that is knowledgeable on feeding and nutritional practices during early childhood, pregnancy and lactation in Akobo, Jimkwata Counties. 6.1 Number of community leaders/men participating in community mobilization IYCF, ECD and nutrition activities 7.1 Number of children under 5 years 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ol style="list-style-type: none"> 1. Monthly Nutrition cluster reports 2. Check list use during filed visit 3. OTP, TSFP register books 4. Observations during Field Monitoring visits 5. Training reports 6. MCG and CG session attendance records 	<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> <ol style="list-style-type: none"> 1. Stability in South Sudan and security permits programs to operate 2. Target communities continue to support and utilise IMC nutrition interventions. 3. UNICEF and WFP maintain nutrition supplies pipeline in country 4. Weather condition remain conducive

	<p>nutrition for children under five and PLWs.</p> <ol style="list-style-type: none"> 7. 25 % of lead mothers show increase knowledge in IYCFSG, ECD and IYCF practices. 8. 25% of PLW in care groups show increased knowledge on key IYCF topics. 9. 25% of PLW demonstrate knowledge in ECD. 10. 50% PLWs in catchment areas participate in IYCF support groups 	<p>targeted for ECD initiatives in Jinkwata host community</p> <ol style="list-style-type: none"> 8.1 Number of PLWs participating in IYCFSG group sessions 9.1 Number of PLWs participating in ECD 10.1 Number of IYCF support groups 		
	<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> <p>Treatment:</p> <ol style="list-style-type: none"> 1. Provide therapeutic treatment and care for children 6-59 months with SAM without medical complications in OTP 2. Provide in-patient clinical and therapeutic treatment for children (0-59 moths) with SAM and associated medical complications in the 2 SC. 1 in Akobo and another in Pochalla. 3. Provide supplementary feeding rations, anthropometric follow-up and medical care for children 6-59 months with MAM in TSFPs in Akobo, Pochalla and Maban. 4. Establish 1 SC and 3 OTP sites in Pochalla. <p>Prevention</p> <ol style="list-style-type: none"> 1. Organize community-based mass MUAC screening, case identification and appropriate referrals of children 6-59 months. 2. Provide Health education during any nutrition gathering event on IYCF, Hygiene and health seeking behavior. 3. Organize care group session and facilitate open discussions and experience EDC, Nutrition, and IYCF 4. Organize community base large gatherings using local theatre groups on nutritional practices, IYCF and hygiene. 5. Facilitate ECD stimulation activities during care group sessions 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <p>Treatment</p> <ol style="list-style-type: none"> 1. Staff time 2. Mats 3. Weighing scale 4. Height board 5. Benches 6. Table and chairs 7. Flip charts 8. Water dispenser 9. MUAC Tapes 10. Register books, referral cards 11. Plumpy nut, routine medications 12. Buckets for beneficiaries 13. Record cards 14. Water <p>Prevention</p> <ol style="list-style-type: none"> 1. Staff time 2. Vitamin A 3. Deworming tablets 4. IEC Materials 5. IYCF counseling cards 6. Mats 7. Space in the hall <p>Capacity Building</p> <ol style="list-style-type: none"> 1. IMSAM training curriculum 2. Travel expenses for staff 3. Staff time 4. Refreshments for training sessions 5. Tools (MUAC, height boards, weighing scales) 6. Staff motivated to learn 		<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> <ol style="list-style-type: none"> 1. Availability of funds 2. MoU with line Ministry at State level 3. Stable security situation 4. Accessibility, rainy season does not start earlier than the usual pattern 5. Inter community conflict and emergency. 6. Mothers willing to engage in groups and be trained on IYCF 7. Absence of large scale humanitarian crisis or disasters 8. Access to UNICEF & WFP pipeline for nutrition supplies

	<ol style="list-style-type: none"> 6. Monitor care group behavior change communication (BCC) sessions. 7. Conduct home visits to identify PLW and refer them to health services, ANC, PNC, immunization. 8. Conduct follow up home visits to enroll women in community based CG and ECD activities. 		
	<p><i>Capacity Building</i></p> <ol style="list-style-type: none"> 1. Conduct training needs assessment of targets and develop a training plan and execute. 2. Conduct trainings on nutrition, e.g. CMAM, IYCF, Nutrition in Emergencies 3. Train 70 Community Nutrition Promoters on community mobilization, active case finding and nutrition education 4. Train 25 PHCU & PHCC staff in Pochalla on Emergency Nutrition Response 		

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The workplan must be outlined with reference to the quarters of the calendar year.

Project start date:	October 1st 2013	Project end date:	March 31 2014
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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
1. Provide therapeutic treatment and care for children under five with SAM without medical complications in OTP				X	X	X	X	X							
2. Provide inpatient clinical and therapeutic treatment for children under five with SAM and associated medical complications in the SC.				X	X	X	X	X							
3. Provide supplementary feeding rations, anthropometric follow-up and medical care for children 6-59 months with MAM in TSFPs in Akobo and Jinkwata (Maban)				X	X	X	X	X							
4. Establish 1 SC and 3 OTP in Pochalla integrated within the PHCC and PHCU					X	X									
5. Organize community-based mass MUAC screening, case identification and appropriate referrals of children under five years.				X	X	X	X								
6. Organize IYCF support group session and facilitate open discussions and experience EDC, Nutrition, and IYCF				X	X	X	X	X							
7. Organize community base large gatherings using local theatre groups on nutritional practices, IYCF and hygiene.						X	X								
8. Facilitate ECD stimulation activities during IYCFSG sessions				X	X	X	X	X							
9. Monitor IYFC support groups social behavior change communication (SBC) sessions.				X	X	X	X	X							
10. Conduct training needs assessment of targets and develop a training plan and execute				X		X									
11. Conduct trainings on nutrition, e.g. CMAM, IYCF, Nutrition in Emergencies				X	X	X	X								
12. conduct SMART/SQUEAC survey in Akobo, Pochalla and Jinkwata (Maban)					X		X								
13. train 25 PHCU & PHCC staff in Pochalla on Emergency Nutrition Response					X										
Finalize outstanding activities and preparation of reports										X					

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