

## 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](mailto: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

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

#### Cluster Priority Activities 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

#### Cluster Geographic Priorities for this CHF Round

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

Mother and Children Development Aid(MaCDA)

#### Project CAP Code

SSD-13/H/55045/R/15667

#### CAP Gender Code

1

#### CAP Project Title (please write exact name as in the CAP)

Integrated lifesaving and capacity building nutrition project in Northern Bahr el Ghazal State

#### Total Project Budget requested in the in South Sudan CAP

US\$400,000

#### Total funding secured for the CAP project (to date)

US\$100,000

#### Direct Beneficiaries

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	929	3,087
Girls:	1,640	3,746
Men:	20	40
Boys:	1,579	3,457
<b>Total:</b>	<b>4,168</b>	<b>10,330</b>

#### 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

State	%	County/ies (include payam when possible)
NBeG	100%	Aweil South County(Nyieth, Takweng and Wathmok Payams)

#### Funding requested from CHF for this project proposal

US\$100,000

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

#### Indirect Beneficiaries

*Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived.*

#### Catchment Population (if applicable)

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM	0	0	412	446
MAM	804	0	1,228	1,133
BSFP	0	0	0	0
IYCF promotion	100	0	0	0
Trainees	25	20	0	0
Micronutrient supplementation*	804	0	1,640	1,579
Deworming*	804	0	1,640	1,579

\* **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)
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Contact details Organization's Country Office	
Organization's Address	Hai Mobil Round About Street (in OXFAM premises), Central Equatorial State-Juba
Project Focal Person	Dr Joyce Juan David, <a href="mailto:kjosephmacda@gmail.com">kjosephmacda@gmail.com</a> , +211-955123743
Country Director	Getish Tamirat, <a href="mailto:macdasouthsudan@gmail.com">macdasouthsudan@gmail.com</a> <a href="mailto:gtamirat@macdasouthsudan.org">gtamirat@macdasouthsudan.org</a> +211-955526362
Finance Officer	William Onyango <a href="mailto:wonyango@macdasouthsudan.org">wonyango@macdasouthsudan.org</a> +211-956981633

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Duration: <b>1 September 2013 – 31 March 2014</b>
Number of months: <b>7 months</b>

Contact details Organization's HQ	
Organization's Address	Hai Mobil Round About Street, (in OXFAM premises), Central Equatorial State-Juba
Desk officer	Getish Tamirat, <a href="mailto:macdasouthsudan@gmail.com">macdasouthsudan@gmail.com</a> <a href="mailto:gtamirat@macdasouthsudan.org">gtamirat@macdasouthsudan.org</a> +211-955526362
Finance Officer	William Onyango <a href="mailto:wonyango@macdasouthsudan.org">wonyango@macdasouthsudan.org</a> +211-956981633

## 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 <sup>1</sup>
<p>NBeG State has been affected by multiple shocks; conflict, population movements (returnees &amp; IDPs) &amp; natural disasters. Food insecurity is a significant problem in NBeG, disruptions market supply routes impact on households' nutritional vulnerability, directly food availability and indirectly as commodity prices rise, creating barriers to men and women accessing food. Increased stress associated with inadequate access to food for families affects lactating capacity of nursing mothers, compromising nutrition of IYC. NBeG is particularly with 61% HHs found food insecure including 12% severely &amp; 49% moderately food insecure, AS is most deteriorated (2012/2013 ANLA). Also, in case of any further shock, the currently moderately food insecure HHs may slip into being severely food insecure.</p> <p>NBeG received 72,768 new arrivals (UNOCHA Jul'12). Internal population movements increasing, with inter-communal fighting, cross-border conflict and flooding displacing nearly 55,000 people (UNOCHA Sep'12). NBeG facing great challenges in provision of health care despite interventions done by few agencies at specific locations in the counties. Health indicators are amongst the most alarming in South Sudan. NBeG has highest maternal mortality rate in the country (2,182/100,000; SSHS'10). The health situation therefore is precarious in event of outbreaks of water borne diseases and malaria. The health system in Aweil South is weak with limited HF providing the BPHS. Those HF providing services lack qualified staff, drugs &amp; medical supplies to respond the H&amp;N needs of the population. Communities' members have to travel long distances to access health services. The already weak systems have been further stretched by displacements and population movements.</p> <p>Malaria, diarrhea &amp; pneumonia are most common diseases contributing to morbidity, mortality and key underlying causes of malnutrition (SHHS'10 &amp; LQAS'11). 1/3 mothers are aware of basic principles concerning treatment of childhood disease but few children are actually treated for these conditions. It also showed only 15.6% children &lt;5 with fever had received MOH-recommended medications, and 36.6% of children with diarrhea received ORS, indicating unmet needs and problems in access to BPHS for</p>

<sup>1</sup> 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.

treatment.

**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.

NBeG remains one of the high risk states for child malnutrition and mortality. The GAM prevalence was 18.7% and SAM 2.7% with U5CMR 2.55/10,000/day and CMR 0.88/10,000/day(CWW preliminary SMART Mach13), well above WHO emergency threshold of 15%, while there was no statistical difference observed in the malnutrition rates between boys and girls. AS has an under-five population of 12,974 and about 18% of them suffer from severe acute malnutrition. Chronic nature of GAM also suggests poor IYCF practices, only 37.8% children are exclusively BF up to 6 months and solid/semi-solid foods introduced at an appropriate age. The workload of women in frequently separates them from their children and is a possible cause of the low number of meals given to young children (FANTA SANSS'10).

The proposed integrated lifesaving nutrition intervention seeks to treat the children with severe acute malnutrition, rehabilitate those with moderate acute malnutrition thereby preventing further deterioration of the situation. The project also seeks to prevent future malnutrition through improving the nutrition of mothers, provision of IYCF support and improving access and coverage to health and nutrition services. MaCDA is only organization providing lifesaving nutritional services in AS to host community, returnees and IDPs. AS has an under-five population of 12,974 and about 18% of them suffer from severe acute malnutrition.

CHF support is essential to ensure provision of basic lifesaving nutrition services and maintenance of emergency response capacity for unpredictable needs in these vulnerable populations, with a focus on women and under five children's. The project will treat of 3,165 children under five& PLWS in 4OTPs&TSFPs in Makuei-Alel, Akac, Majak-Gai and Pan-Adhot PHCUs/PHCC through IM-SAM& CMAM guidelines. SAM children with medical complications will be referred to the nearest SC. MaCDA aims to improve well-being of women, girls, boys and men, through ensuring that women and men consulted during programme planning and implementation, and both are able to access and control over opportunities and resources.

**C. Project Description (For CHF Component only)**

**i) Contribution to Cluster Priorities**  
Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

The requested CHF fund will be used to treatment SAM and MAM in children U5 years, P&LW and other vulnerable groups through integrated CMAM program, prevention of acute malnutrition in the vulnerable population targeted through IYCF-E, nutrition education and supplementation, provision of emergency preparedness and response services through rapid assessments and 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 treat 3,165 cases of SAM and MAM in children under 5 years ages, PLWs and other affected vulnerable people in extremely underserved areas, to prevent malnutrition by addressing its underlying causes, capacity building on nutrition in emergencies and monitor nutritional trends of Aweil South County in Northern Bahr el Ghazal state.

**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).

- Treat 858 children (Boys 446 & Girls 412) with severe acute malnutrition (SAM) through 4OTP sites.
- Provide SFP services to 2,361 children (Boys 1,228 & Girls 1,133) with moderate acute malnutrition through 4SFP sites.
- 804 pregnant and lactating women (PLWs) with MAM will receive supplementary feeding rations.
- MUAC screening of 5,838 (Boys 3,036 & Girls 2,802) children under five years and PLWs from target communities and referral of identified malnourished cases for appropriate care/treatment.
- Provide micronutrients supplements as well as de-worming tablets to children < 5 and PLWs
- Provide referral services to severely acute malnourished children with medical complications to the nearest SC/inpatients services at PHCC.
- Active case finding, defaulter tracing, improve defaulter and non-improver rates, community mobilization and sensitization
- Conduct community mobilization to support, promote and protect BF, advocate for exclusive B/F& support optimal IYCF practices.
- Work with 50 women groups and positive deviants to support IYCF practices, including cooking demonstration for women in the SFP
- Improved IYCF Practices to identify practical and acceptable child caring practices to improve nutritional health status of children
- Training of SMoH, MaCDA staffs & Community Nutrition Volunteers (CNVs) on nutrition in emergency IM-SAM in line with national guidelines.
- Conduct community leader's sensitization and awareness' meetings.
- Conduct joint monitoring & supervisory visits with CHD once per months.
- Attend nutrition cluster working group meetings, coordination meetings and workshops at County, State and National level

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

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

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

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

**v) Expected Result/s**

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

- 858 (446boys & 412girls) of malnourished under five years of age children admitted and treated for SAM
- 4 of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) of SAM
- 1,503(782boys &721girls) of malnourished under five years of age children admitted & treated for MAM
- 804 pregnant and Lactating Women (PLWs) admitted and treated for MAM
- Establishing and 4 TSFP sites in Aweil South to increase access to MAM treatment in Aweil Centre
- Maintaining and supporting existing OTP sites to deliver treatment of uncomplicated SAM cases to maintain coverage of OTP services.
- 2,361(1,228 boys and 1,133girls) of children under-five de-wormed
- 30 of health and nutrition workers trained (includes facility and community level health and nutrition workers) on SAM, MAM and IYCF protocols
- 25 health and nutrition workers trained (includes facility and community level health and nutrition workers) on SAM, MAM and IYCF protocols
- 50 women groups and positive deviants support IYCF practices, including cooking demonstration for women in the SFP
- Improved system of referral from OTP to SC and vice versa following the referral pilot intervention.
- 350(100men and 250women) of community members are reached through education on prevention and treatment of malnutrition, IYCF and hygiene sanitation
- Improved access to Vitamin A and deworming prevention services for boys and girls <5 years Aweil South
- Community groups, including mothers' groups receiving health messages on IYCF and hygiene promotion exclusive breastfeeding rates for boys and girls

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.	#of malnourished under five years of age's children admitted and treated for SAM(boys and girls)	858(446 boys and 412 girls) (> 75% cure, <15% defaulter and >10% death rates)
	2.	# of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing SAM	4OTPs
X	3.	#of malnourished under five years of age's children admitted and treated for MAM(boys and girls)	2,361(1,228boys and 1,133girls) (> 75% cure, <15% defaulter and >3% death rates)
	4.	Pregnant and Lactating Women (PLWs) admitted for MAM	804 (> 75% cure, <15% defaulter and >3% death rates)
	5.	# of MAM treatment centers/TSFP sites	4TSFPs
X	6.	# of children under-five de-wormed(boys and girls)	2,361 (1,228 boys and 1,133girls)
	7.	# of PLW and children (under- 5yrs) receiving micronutrient supplementation	804
X	8.	# of health and nutrition workers trained (includes facility and community level health and nutrition workers) on nutrition in emergency, IM- SAM, MAM & IYCF protocols	25 (15 women and 10men on SAM, MAM and IYCF protocols)
	9.	# of community members made aware through education sessions on nutrition and IYCF(men and women)	350 (100men and 250women)
	10.	# of supervisory visits to the nutrition treatment sites during the reporting period	6sites visits
X	11.	# of cluster coordination meetings attended in the reporting period (state and national)	6 (cluster meeting both state and national level)
	12.	# of women groups and positive deviants support IYCF practices, including cooking demonstration for women in the SFP	100
	13.	# women groups and positive deviants support IYCF practices, including cooking demonstration for women in the SFP	50
	14.	# of timely and complete monthly reports submitted in the reporting period	6 monthly reports

#### 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.

MaCDA South Sudan Programme in partnership with the State MoH, WFP and UNICEF work together to provide lifesaving nutrition services to responds to the emergency levels of malnutrition and growing number of returnees and IDPs in the project targeted areas. This will be achieved by providing critically needed outpatient therapeutic care programming (OTPs) and targeted supplementary feeding (TSFPs). Community-based nutrition programming (including of outreach, follow-up home visits, and health education) complements the community-based health work and food security and livelihood activities being implemented by MaCDA in the same project areas. Community mobilization is the key component of the project for maximum coverage, making the services more accessible to the highest possible proportion of the malnourished population through timely early case detection and management.

MaCDA will use its existing systems and community structure, like CMAM coordinators and community nutrition volunteers (CNVs), and will be actively engaged in early case detection and defaulter tracing. The project will encourage active participation from the communities. The local community leaders will be informed of the project, and be requested to assist in creating awareness about the program, participate in evaluation exercise, and play a significant role in information sharing and identification of community workers.

MaCDA will use UNICEF and WFP food commodities to support the program in Northern Bahr el Ghazal State. During this project, children under 5 years, PLW and vulnerable groups of communities will receive free of charge services and TFSP rations appropriate to their health conditions to avoid falling into severe malnutrition status. MaCDA plans to conduct regular measurements (anthropometric) to monitor the status of children and PLWs under the program. Weight, height and MUAC will be measured on admission and according to national IM-SAM and MAM guidelines. Children identified as severely malnourished with medical complications will be referred to nearby SC centers/ MSF-F hospital in Aweil town. Measles vaccination will be administered if a child has no card or record of measles vaccine. In addition to this, appropriate routine medication and treatments (de-worming, Vitamin A, antibiotics, anti-malarial, measles vaccination, iron and folic acid) as needed will be administered to beneficiaries as per nutrition protocol Republic of South Sudan.

#### vii) Monitoring and Reporting Plan

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

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

MaCDA will put a regular monitoring scheme in place. Monitoring activities include monthly field visit by the nutrition coordinator, regular meetings with project implementers and on going discussions with community members, collections of data through formal reports, staffs meeting minutes, and informal sources (observations, informal conversions and meetings). Standard performance indicators such as discharge, default, death, referral rates, average weight gain and length of stay will be calculated on a monthly basis and compared with SPHERE minimum standards.

MaCDA will submit quarterly manner of the CHF financial and narrative report. Community screening and referral of severely malnourish under five children to OTP for nutritional and medical assessment and decision for admission or referral to Stabilization center. Beneficiaries enrolled in the OTP/TSFP programs will be given individual case number that they will keep regardless of whether they are transferred to different components of the nutrition intervention. This will enable the program to track and follow up on beneficiaries. The case numbers will include a code signifying the component of the program they are first admitted to in order to avoid double counting of beneficiaries when transferred among the different components. The case numbers, along with a minimal amount of information (MUAC and weight gain/loss recorded at every visit, and height is recorded at admission and discharge, and monthly if possible) are kept in registers. A ration card with the case number is given to the care taker as well medical, nutritional and follow up information is recorded regularly. Supervisors will review registers for appropriate admission and discharge, medical treatment, and RUTF and supplemental food distribution. Supervisors will also ensure that appropriate action is taken for children whose condition remains static or deteriorates. The project interventions will be evaluated according to input/output and outcomes to assess the impact. Set indicators of this proposal are the basis of impact determination. .

#### 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)
<b>Pledges for the CAP project</b>	

<sup>2</sup> 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/55043/R</u>		Project title: <u>Integrated lifesaving and capacity building nutrition project in Northern Bahr el Ghazal State</u>		Organisation: <u>Mother and Children Development Aid(MaCDA)</u>
Overall Objective	<p><b>Cluster Priority Activities for this CHF Allocation:</b>  <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i>            Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&amp;LW and other vulnerable groups</p>	<p><b>Indicators of progress:</b>  <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> <li># of SAM and MAM &lt;5 years children and PLW reached with emergency nutrition services.</li> <li>&gt; 75% cure, &lt;15% defaulter and &gt;10% death rates</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Registration books, OTP follow up cards, weekly/monthly report</li> <li>MaCDA nutrition program records/reports, CHD records</li> <li>Registration books, TSFP follow up cards, weekly/monthly report</li> </ul>	
	<p><b>CHF Project Objective:</b>  <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i>            To treat and prevent SAM &amp; MAM in children under 5 years ages, PLWs and other affected vulnerable people in extremely underserved areas, to prevent malnutrition by addressing its underlying causes, capacity building on nutrition in emergencies and monitor nutritional trends of Aweil South County in Northern Bahr el Ghazal state.</p>	<p><b>Indicators of progress:</b>  <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"> <li># of SAM and MAM &lt;5 years children and PLW reached with emergency nutrition services.</li> <li>&gt; 75% cure, &lt;15% defaulter and &gt;10% death rates</li> </ul>	<p><b>How indicators will be measured:</b>  <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"> <li>Registration books, OTP follow up cards, weekly/monthly report</li> <li>MaCDA nutrition program records/reports, CHD records</li> <li>Registration books, TSFP follow up cards, weekly/monthly report</li> </ul>	<p><b>Assumptions &amp; risks:</b>  <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>The target population is not displaced to the extent that activity cannot continue.            Insecurity improves during the period</p>
Results	<p><b>Results - Outcomes (intangible):</b>  <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>            To reduce mortality and morbidity from malnutrition among highly vulnerable populations in extremely underserved areas, through the provision of integrated assistance in the areas of assessment, treatment and prevention.</p>	<p><b>Indicators of progress:</b>  <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"> <li>#of malnourished under five years of age's children admitted and treated for SAM(boys and girls)</li> <li>% of mortality and morbidity reduced among highly vulnerable population</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Registration books, OTP follow up cards, weekly/monthly report</li> <li>MaCDA nutrition program records/reports, CHD records</li> <li>Registration books, TSFP follow up cards, weekly/monthly report</li> </ul>	<p><b>Assumptions &amp; risks:</b>  <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> <p>The same as above</p>
	<p><b>Immediate-Results - Outputs (tangible):</b>  <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"> <li>858 (446boys &amp; 412girls) of malnourished under</li> </ul>	<p><b>Indicators of progress:</b>  <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>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p>	<p><b>Assumptions &amp; risks:</b>  <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>

	<p>five years of age children admitted and treated for SAM</p> <ul style="list-style-type: none"> <li>• 4 of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) of SAM</li> <li>• 1,503(782boys &amp;721girls) of malnourished under five years of age children admitted &amp; treated for MAM</li> <li>• 804 pregnant and Lactating Women (PLWs) admitted and treated for MAM</li> <li>• Establishing and 4 TSFP sites in Aweil South to increase access to MAM treatment in Aweil Centre</li> <li>• Maintaining and supporting existing OTP sites to deliver treatment of uncomplicated SAM cases to maintain coverage of OTP services.</li> <li>• 2,361(1,228 boys and 1,133girls) of children under-five de-wormed</li> <li>• 30 of health and nutrition workers trained (includes facility and community level health and nutrition workers) on SAM, MAM and IYCF protocols</li> <li>• 25 health and nutrition workers trained (includes facility and community level health and nutrition workers) on SAM, MAM and IYCF protocols</li> <li>• 50 women groups and positive deviants support IYCF practices, including cooking demonstration for women in the SFP</li> <li>• Improved system of referral from OTP to SC and vice versa following the referral pilot intervention.</li> <li>• 350(100men and 250women) of community members are reached through education on prevention and treatment of malnutrition, IYCF and hygiene sanitation</li> <li>• Improved access to Vitamin A and de-worming prevention services for boys and girls &lt;5 years Aweil South</li> <li>• Community groups, including mothers' groups receiving health messages on IYCF and hygiene promotion exclusive breastfeeding rates for boys and girls</li> </ul>	<ul style="list-style-type: none"> <li>• #of malnourished under five years of age's children admitted and treated for SAM(boys and girls)</li> <li>• # of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing SAM</li> <li>• #of malnourished under five years of age's children admitted and treated for MAM(boys and girls)</li> <li>• Pregnant and Lactating Women (PLWs) admitted for MAM</li> <li>• # of MAM treatment centers/TSFP sites</li> <li>• # of children under-five de-wormed(boys and girls)</li> <li>• # of PLW and children (under-5yrs) receiving micronutrient supplementation</li> <li>• # of health and nutrition workers trained (includes facility and community level health and nutrition workers) on nutrition in emergency, IM- SAM, MAM &amp; IYCF protocols</li> <li>• # of community members made aware through education sessions on nutrition and IYCF(men and women)</li> <li>• # of supervisory visits to the nutrition treatment sites during the reporting period</li> <li>• # of cluster coordination meetings attended in the reporting period (state and national)</li> <li>• # of women groups and positive deviants support IYCF practices, including cooking demonstration for women in the TSFP</li> <li>• # women groups and positive deviants support IYCF practices, including cooking demonstration for women in the TSFP</li> <li>• # of timely and complete monthly reports submitted in the reporting period</li> </ul>	<ul style="list-style-type: none"> <li>• Registration books, OTP follow up cards, weekly/monthly report</li> <li>• MaCDA nutrition program records/reports, CHD records</li> <li>• Registration books, TSFP follow up cards, weekly/monthly report</li> </ul>	<p>Security is stable, weather is conducive, community is cooperative and cooperation from local authorities</p>
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<p><b>Activities:</b>  <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>Activity 1: Treat 858 children (Boys 446 &amp; Girls 412) with severe acute malnutrition (SAM) through 4OTP sites.</p> <p>Activity 2: Provide SFP services to 2,361 children (Boys 1,228 &amp; Girls 1,133) with moderate acute malnutrition through 4SFP sites</p> <p>Activity 3: 804 pregnant and lactating women (PLWs) with MAM will receive supplementary feeding rations.</p> <p>Activity 4: MUAC screening of 5,838 (Boys 3,036 &amp; Girls 2,802) children under five years and PLWs from target communities and referral of identified malnourished cases for appropriate care/treatment.</p> <p>Activity 5: Provide micronutrients supplements as well as de-worming tablets to children &lt; 5 and PLWs and referral services to severely acute malnourished children with medical complications to the nearest SC/inpatients services at PHCC.</p> <p>Activity 6: Active case finding, defaulter tracing, improve defaulter and non-improver rates, community mobilization and sensitization, conduct community mobilization to support, promote and protect BF, advocate for exclusive B/F&amp; support optimal IYCF practices.</p> <p>Activity 7: Work with 100 women groups and positive deviants to support IYCF practices, including cooking demonstration for women in the SFP and improved IYCF Practices to identify practical and acceptable child caring practices to improve nutritional health status of children</p> <p>Activity 8: Training of SMoH, MaCDA staffs &amp; Community Nutrition Volunteers (CNVs) on nutrition in emergency IM-SAM in line with national guidelines and conduct community leader's sensitization and awareness' meetings</p> <p>Activity 9: Conduct joint monitoring &amp; supervisory visits with CHD once per months.</p> <p>Activity 10: Attend nutrition cluster working group meetings, coordination meetings and workshops at County, State and National level</p>	<p><b>Inputs:</b>  <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"> <li>• Salaries to project staff</li> <li>• Fuel for Motor and vehicles</li> <li>• Training materials</li> <li>• OTPs and TSFP follow up cards and registration books</li> <li>• Plumpy nuts and RUTF</li> <li>• IEC materials</li> <li>• Stationeries</li> <li>• Mobile Airtime</li> <li>• Thuraya phone airtime</li> <li>• Laptop computer and scanner</li> <li>• Office rent</li> <li>• Vehicle hire fee</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b>  <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"> <li>• All trained volunteers will go back and conducted the sessions</li> </ul>
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## 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.

<b>Project start date:</b>	<b>1 September 2013</b>	<b>Project end date:</b>	<b>31 March 2014</b>
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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
Activity 1: Treat 858 children (Boys 446 & Girls 412) with severe acute malnutrition (SAM) through 4OTP sites.			X	X	X	X	X	X							
Activity 2: Provide SFP services to 2,361 children (Boys 1,228 & Girls 1,133) with moderate acute malnutrition through 4SFP sites			X	X	X	X	X	X							
Activity 3: 804 pregnant and lactating women (PLWs) with MAM will receive supplementary feeding rations.			X	X	X	X	X	X							
Activity 4: MUAC screening of 5,838 (Boys 3,036 & Girls 2,802) children under five years and PLWs from target communities and referral of identified malnourished cases for appropriate care/treatment.			X	X	X	X	X	X							
Activity 5: Provide micronutrients supplements as well as de-worming tablets to children < 5 and PLWs and referral services to severely acute malnourished children with medical complications to the nearest SC/inpatients services at PHCC.			X	X	X	X	X	X							
Activity 6: Active case finding, defaulter tracing, improve defaulter and non-improver rates, community mobilization and sensitization, conduct community mobilization to support, promote and protect BF, advocate for exclusive B/F& support optimal IYCF practices.			X	X	X	X	X	X							
Activity 7: Work with 100 women groups and positive deviants to support IYCF practices, including cooking demonstration for women in the SFP and improved IYCF Practices to identify practical and acceptable child caring practices to improve nutritional health status of children			X	X	X	X	X	X							
Activity 8: Training of SMoH, MaCDA staffs & Community Nutrition Volunteers (CNVs) on nutrition in emergency IM-SAM in line with national guidelines and conduct community leader's sensitization and awareness' meetings.			X												
Activity 9: Conduct joint monitoring & supervisory visits with CHD once per months.			X	X	X	X	X	X							
Activity 10: Attend nutrition cluster working group meetings, coordination meetings and workshops at County, State and National level			X	X	X	X	X	X							
Finalize outstanding activities and prepare final reports									X						

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