South Sudan
2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariat chfsouthsudan@un.org

SECTION I:

CAP Cluster	Nutrition

CHF Cluster Priorities for 2013 Second Round Standard Allocation
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

Kissito Healthcare International (KHI)

Project CAP Code	CAP Gender Code
SSD-13/H/55135/R/15607	0

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

Provision and expansion of emergency nutrition services to combat malnutrition and strengthen local capacity in Jonglei and Lakes States

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)*
Jonglei	100	*Pibor County (Pibor Payam, Gumuruk Payam)*

Total Project Budget requested in the in South Sudan CAP	US$ 747,691
Total funding secured for the CAP project ***(to date)***	US$ 50,000

Funding requested from CHF for this project proposal	US$ 250,000

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

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	486	7075
Girls:	882	2976
Men:	243	500
Boys:	919	3315
Total:	2530	13865

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			**164**	**171**
MAM			**718**	**748**
BSFP				
IYCF promotion	**243**	**243**		
Trainees	**12**	**12**		
Micronutrient supplementation*	**486**		**882**	**919**
Deworming*			**718**	**748**

* **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)
Plan International – South Sudan

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

Contact details Organization's Country Office	
Organization's Address	Kissito Healthcare International-South Sudan PLOT 138 BLOCK NO 11,JUBA NABARI 3rd CLASS RESIDENTIAL AREA JUBA, SOUTH SUDAN.
Project Focal Person	*Daniel Obiero, Country Programs Director* *Email:* ***Daniel.Obiero@kissito.org*** *+211.(0)956.928.987*
Finance Officer	*Berhanu Tesfaye* *Email:* ***Tesfaye.Berhanu@kissito.org*** *Tel: +211 921 368 743*

Contact details Organization's HQ	
Organization's Address	Kissito Healthcare International 5228 Valleypointe Pkwy, Building-B, Suite-1 Roanoke, VA, 24019, USA
Desk officer	*Name, Email, telephone* *Alakananda Mohanty* *Email:* ***Alakananda.Mohanty@kissito.org*** *Tel: +1 540-204-2213*
Finance Officer	*Lori Huffman* *Email:* ***Lori.Huffman@kissito.org*** *Tel: +1.540.265.0322*

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

Hostilities between state and non-state armed actors, and intense inter-communal violence have led to a huge humanitarian crisis and have displaced thousands of people in Pibor County of the Jonglei state. More than 100,000 people are out of reach of humanitarian support following violence that broke out in July between the Lou Nuer and Murle communities and following clashes between the government and a rebel movement led by David Yau Yau. Out of the six major populations centres ***(Lekonguele, Gumuruk, Pibor, Manyabol, Boma, Muruwa Hills)*** in the County, five have been almost entirely depopulated with around 40,000 inhabitants displaced. Humanitarian assistance has been severely disrupted and many agencies were forced to suspend services and evacuate many parts of Pibor earlier this year.

Tens of thousands of people face severe food insecurity. Even prior to the start of armed conflict the UN and the Famine Early Warning System Network (FEWSNET) reported Pibor County was experiencing chronic levels of food insecurity and predicted that 39,000 people would be severely food insecure in early 2013 with food insecurity potentially reaching emergency thresholds by July-August.

A nutrition survey conducted by MSF-B (2012) revealed the GAM and SAM rates in Pibor to be 22.6% and 4.2% respectively. The continued prevalence of insecurity in Jonglei has led to increasing number of IDPs which will continue to worsen malnutrition in the vulnerable groups because of their poor living conditions and limited access to existing nutritional services. An IA assessment conducted on 15 June, 2013 showed 560 IDPs to be in Gumuruk Payam of Pibor County .The level of access to basic nutrition care, particularly unmet needs for therapeutic and supplementary feeding and capacity enhancement for local communities is paramount as per the most recent Interagency assessment report (July 21, 2013).

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.

In spite of the ongoing violence and conflicts, KHI commenced its emergency nutrition (EN) activities in Gumuruk in July 2013. KHI also continued its EN activities in Pibor Payam throughout the hard times and continues to do so. The insecurity resulted in delay in delivering SAM treatment activities, supplies and Micronutrients as the road to Pibor from Bor was not passable. However, KHI has made significant progress in addressing and treating SAM and MAM cases in Pibor County. Currently a sister program is operational in GUMRUK. We will resume our operations in Pibor once the situation improves.

The project aims to treat acute malnutrition (SAM and MAM) among children under five and PLW in Pibor and Gumruk Payams. ***The MAM cases in Pibor are old ones (we treat them as defaulters for now) but we will treat new cases when the program resumes. All SAM and MAM cases in Gumruk are NEW cases.***

The deteriorating humanitarian situation in the County calls for continued life-saving nutritional care in a quick, effective and sustainable manner. Providing the most needed lifesaving interventions in Gumuruk at the height of conflicts, KHI is well placed to continue its life-saving services among the most vulnerable populations in Pibor County. KHI also aims to scale up its EN services and intends to maximize allocated resources to reach more vulnerable populations. In Pibor & Gumuruk, MSF-B is running a SC and static OTPs from Pibor PHCC and Gumuruk PHCU. KHI is fully coordinating and communicating with MSF-B to ensure optimum coverage in the towns of Pibor and Gumuruk in order to avoid duplication in programming and in strengthening the referral system.

Our partner Plan International has committed to provide matching funding 20% of total project budget and KHI will ensure to have maximum utilization of CHF funding.

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.

1. **Management of Acute Malnutrition: Treatment for SAM and MAM among children U5 years, PLW and other vulnerable groups**

KHI will continue its ongoing efforts to increase coverage of provision of therapeutic and supplementary nutrition care among children under five and pregnant and lactating women (PLW) in the underserved Pibor County. KHI will ensure the provision of the minimum package of continuum of nutrition care utilizing the CMAM approach. KHI will strengthen nutrition services in its project sites i.e.: OTPs and TSFPs in Pibor and Gumuruk Payams. To ensure the continuity of care in nutrition activities, KHI will strengthen the internal referrals among MAM, OTPs and the SC treatment sites. KHI will further strengthen its partnership with MSF-B ***(who is also implementing OTP services in Pibor and Gumuruk Payams)*** to ensure better coordination as well as to avoid duplication in programming and minimizing missed opportunities.

KHI will facilitate the employment of trained health and nutrition staff as per the BPHNS at its project sites. KHI will ensure the health and nutrition workers at the project sites implement project activities according to the GoSS MoH IMSAM guideline (2009) as well as within the internationally

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.

accepted MAM guidelines. Training events will be closely linked and coordinated with the MoH and other partners. Future trainings will include necessary guidance on management of referrals between OTP, TSFP and SC sites to ensure an integrated response to nutrition service delivery, community screening and referral.

2. **Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education, supplementation, BSFP)**

In these past six months, KHI has felt a critical need to intensify its community mobilization for utilization of nutrition services. Therefore KHI will utilize and strengthen the community structures and conduct extensive nutrition promotion campaigns/programs emphasizing ***IYCF, the use of locally available nutritious food stuff, common childhood illnesses, and maternal nutrition, hygienic preparation of child food, healthcare seeking behavior, and information on available nutrition services in the project sites.***

KHI will conduct training programs for the Health Extension Workers (HEWs) on the basics of nutrition to enhance preventive activities at the community level. The HEWs will be trained on nutrition screening, referral, defaulter tracing and key nutrition messaging. KHI will identify, recruit and train IYCF counselors and mother-to-mother support groups to mobilize the community to change feeding practices. KHI will further engage in building capacity of the community members and mother support groups on ***community management of acute malnutrition (CMAM).*** Positive deviant mothers in IYCF will be supported to have a higher impact mother-to-mother nutrition education. The activities of the community actors will be linked with OTP and TSFP functions to ensure prompt and appropriate referral mechanism, and timely transfers from community and OTPs/TSFPs. KHI will ensure the availability of IEC/BCC materials, micronutrient supplementation, supporting mechanisms, and screening items for the community-based nutrition workers.

3. **Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies)**

- KHI will continue participating in inter-agency nutrition needs assessments in response other partners such as UNOCHA.
- KHI will conduct a rapid nutrition assessment to document progress and achievement of nutritional interventions. All assessment/survey undertakings will be coordinated with other partners, particularly UNICEF and the Nutrition Cluster mechanism.
- Robust surveillance systems through OTP/TSFP/SC service provision points and community health workers will be established to monitor the situation and ensure timely response to early warning signs of changes in the nutritional status of target populations.

4. **Procurement and management of pipeline(s) from central to end user location**

- KHI will ensure the availability of routine SC, OTP and TSFP medical supplies and therapeutic food, through its partner agency Plan International, SC opening kits through UNICEF, WFP and/or the MoH's supply chain. KHI's logistics team will draw upon lessons learned during the first phase of project implementation to ensure effective and uninterrupted supply.

5. **Provision and strengthening of state-level coordination aimed at improving intervention outcomes**

- As a key partner of the MoH in the Jonglei State, KHI will continue sharing of quality nutritional data with the MOH in a timely manner.
- KHI will also continue to play an active role in nutrition cluster and sector coordination meetings both at the national and state level in sharing project information.

ii) Project Objective

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

KHI aims:

- To reduce mortality from severe acute malnutrition (SAM) and its complications among children less than five years in Pibor County of Jonglei state by treating 335 SAM cases
- To reduce morbidity and mortality from moderate acute malnutrition (MAM) among children less than five years in Pibor County of Jonglei state by treating 1,465 MAM cases
- To reduce morbidity and mortality from moderate acute malnutrition (MAM) among pregnant and lactating women (PLWs) in Pibor County of Jonglei state by treating 486 MAM cases
- To reduce morbidity from acute malnutrition and its complications among children less than five years and PLWs by distributing micronutrient supplements and deworming tablets to 2,287 direct beneficiaries
- To strengthen local capacity by training 15 health workers in IYCF to support HEWs in promoting community-based IYCF practices
- To strengthen local capacity by training 8 HEWs to conduct MUAC screening and education to advocate for healthy child care practices, eating practices, child feeding, EBF among other IYCF practices

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).

Treatment

- In the Pibor & Gumuruk Payams, KHI will be managing SAM & MAM (U5 & PLW) cases in community outreach OTP and TSFP sites. (2,287 Beneficiaries: 486 Women, 882 Girls, 919 Boys)
- Increase/maintain coverage of Community-based Management of Acute Malnutrition (CMAM) (both severe and moderate)

Prevention

- Carry out nutrition screening and growth monitoring and promotion at the KHI's treatment sites, to be conducted by trained health workers
- Ensure community-based screening and referral of malnourished girls and boys to TSFPs, OTPs by trained Health Extension Workers (HEWs)
- Ensure functioning of OTP/TSFPs in both Pibor and Gumuruk project sites
- Supply nutrition foods, micronutrient supplements, and de-worming medicines to all KHI's treatment centres in Pibor County (nutritional supplies provided by MoH/UNICEF/WFP)
- Supply necessary materials for nutrition screening and growth monitoring to KHI's treatment centres and HEWs
- Target mothers and fathers of malnourished children with health and nutrition education and IYCF messages (486 Beneficiaries: 243 Men and 243 Women)
- Promote healthy IYCF practices among mothers and fathers (486 Beneficiaries: 243 Men and 243 Women)
- Educate PLW to exclusively breastfeed (243 Women Beneficiaries)
- Distribute micronutrient supplements to children under 5 and PLW (2,287 Beneficiaries: 486 Women, 882 Girls, 919 Boys)
- Implement activities for prevention of malnutrition in the target counties through delivery of health/nutrition education messages and

promotion of healthy IYCF practices
- Deliver nutrition education messages through group discussions, sensitization campaigns, school health (girls and boys), including women's groups etc.
- Promote Behavioural Change Communication (BCC) messages on nutrition, particularly IYCF (including the promotion of exclusive breast feeding for children below six months, appropriate weaning and complementary feeding practices, and appropriate feeding of sick children), promotion of hygiene practices and management of diarrheal and other common childhood diseases
- Train IYCF counselors and/or mother-to-mother support groups, with the involvement of men, for care of malnourished children

Capacity Building

- Build capacity among clinical staff and health workers to support community-based MUAC screening and referral of children with acute malnutrition for appropriate treatment. (15 Clinical Staff)
- Train HEWs to conducting MUAC screening and education to advocate for healthy child care practices, eating practices, child feeding, EBF and other IYCF practices. (8 HEWs)
- Work with all key stakeholders (including Nutrition Cluster partners, the SMOH, and CHDs) to support improvements in coordination and support for nutrition activities within the target county to improve intervention outcomes
- Continue ensuring effective reporting and information sharing with other partners and also at the state and national levels in a timely manner.
- Continue to play an active role in Nutrition Cluster and sector coordination meetings (involving key stakeholders) both at National and State level to discuss nutrition and health related activities
- Continue working with the government departments at the state and the country level to ensure that the project activities are fully implemented with the involvement of local authorities

iv). Cross Cutting Issues

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

Gender

In order to improve equity and sustainability, specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring and evaluation. PLW, boys and girls will benefit and participate equally in the project. PLW, boys and girls will benefit from the ready to use therapeutic foods (RUTF). KHI will ensure that female and male representation will be balanced in community mobilization, and during recruitment of health staff at various levels. KHI will continue to encourage and proactively recruit female staff in the above mentioned Payams, where the level of literacy and tradition of females working outside home is low. Through an activity focus on nutrition, KHI will work to empower female decision-making for treatment seeking by facilitating male involvement and increasing nutrition promotion activities at the community level. Gender issues will be improved based on the IASC guidelines. All activities will include at least 50% females wherever possible.

Environment

Awareness on the negative consequences of deforestation to the environment and especially on climate will be highlighted during discussions which will be organized for the community members including women, boys and girls. All of the activities implemented will respect environmental considerations. In addition, it will be ensured that all activities related to this project will avoid depleting natural resources. The proposed project will work to enhance environmental sustainability, of project impact and service delivery. Activities will include creating awareness on proper disposal of medical supplies and keen attention to location and sustainability so that the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources.

HIV/AIDS

HIV/AIDS prevention activities will be mainstreamed into all community activities. HIV/AIDs issues prevention, control and care of the victims will be addressed during health education sessions in all the proposed nutrition treatment centers of KHI South Sudan. Awareness on HIV prevention, and medical transmission of HIV will be given due attention in community settings. KHI will provide HIV/AIDS awareness training for staff and community to reduce stigma in the community. HIV/AIDS issues will be improved based on the IASC guidelines.

Early Recovery

KHI is committed to staying beyond the crisis situation to help improve the current malnutrition situation in South Sudan and has considerable experience from other countries in developing programmatic interventions and strategies designed to target the transitional period from relief to development. It is a strategic objective of KHI in South Sudan to develop an early recovery strategy in coordination with the activities of other partners. Through improving information and data management, and working closely with the target communities, KHI will continue to monitor the situation and the root causes of SAM and MAM to adjust programmatic interventions with a view to longer term development objectives.

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.

- Increased availability and access to quality nutrition services for children under 5 and PLW
- Reduced malnutrition among children under 5 and PLW
- Improved knowledge among communities and health workers to respond to cases of acute malnutrition and prevention
- Improved data collection mechanisms at SC, OTP and TSFP sites
- Improved community awareness of integrated management of acute malnutrition (IMAM), IYCF practices, WASH and common childhood disease prevention
- Increased nutrition awareness and behavioral change practices in the community
- Increased utilization of therapeutic and preventive nutrition services
- Coordination and capacity of all nutrition partners including communities and line ministries to deliver quality and sustainable nutrition services through a variety of approaches strengthened

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	335 children treated (171 boys and 164 girls)
(X)	2.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	1466 children treated (748 boys and 718 girls)

(X)	3.	Pregnant and Lactating Women (PLWs) admitted for MAM	486 PLW treated
(X)	4.	Children de-wormed	1801 children de-wormed (919 boys,882 girls)
(X)	5.	Children supplemented with Vitamin A	1801 children supplemented (919 boys, 882 girls)
(X)	6.	PLW and children (under- 5yrs) receiving micronutrient supplementation	2287 PLW and children under 5 treated (486 PLW, 919 boys, 882 girls)
(X)	7.	Children under 5 years screened in the community	7,965 children under 5 years screened
(X)	8.	Number of Mother Support Groups formed	2 mother support groups formed
(X)	9.	Health and nutrition workers trained in inpatient treatment of SAM protocols	15 health and nutrition workers trained in inpatient treatment of SAM protocols
(X)	10.	Health and nutrition workers trained in outpatient treatment of SAM protocols	15 health and nutrition workers trained in outpatient treatment of SAM protocols
(X)	11.	Health and nutrition workers trained in outpatient treatment of MAM protocols	15 health and nutrition workers trained in treatment of MAM protocols
(X)	12.	Health and nutrition workers trained in IYCF	15 health and nutrition workers trained in IYCF
(X)	13.	Health and nutrition workers trained in screening and referral	15 health and nutrition workers trained in screening and referral
(X)	14.	Community members made aware through education sessions on nutrition and IYCF	8 HEWs - at the community level educated on nutrition and IYCF (4 men and 4 women)
(X)	15.	Cluster Coordination meetings attended in the reporting period (National)	12 Cluster coordination meetings attended in the reporting period (6 at national level and 6 at state level)
(X)	16.	Timely and complete monthly reports submitted during the reporting period	6 monthly reports submitted

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 implementing partner is Plan International-South Sudan. Other partners include MSF-B operating in Pibor. KHI, Plan International, and MSF-B share similar vision/mission, core sectors of intervention (health and nutrition) and approaches (strengthening of the existing local system rather than duplication of efforts / establishment of parallel structures) and are already used in collaboration and information sharing both at HQ, SS Country and field offices level. All the NGOs are registered INGOs in SS and are acknowledged by Jonglei Relief and Rehabilitation Commission, State Ministry of Health and Pibor County Health Department. The partnership between the agencies is aimed at ensuring integration of services as well as proper support and supervision to integrated primary healthcare & nutrition service delivery and emergency response in Jonglei.

Existing services will be strengthened in order to guarantee continuous and effective frontline and emergency service provision in the catchment area. KHI will recruit and train 8 HEWs on nutrition and its referral by October 2013. Expansion of outreach and establishment of effective referral system are meant at widening population access to and utilization of frontline and emergency nutrition services, as well as to expand the nutrition surveillance capacities.

The project design is based on proactive and continuous collaboration between the project implementing partners (KHI, Plan and MSF-B) at Jonglei. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), project coordination bodies will be purposely established and meet on regular basis to ensure achievement of expected results. KHI will continue working in partnership with the State Ministries of Health and County Health Departments, particularly in facilitating health and nutrition system coordination, health information management systems, and transition strategies.

KHI Nutrition Coordinator and Country Programs Director in liaison with the staff at the field level will be responsible to ensure the technical implementation of the project in line with national and international standards.

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 work plan (Section III)[2].

1). KHI has established a robust monitoring and evaluation (M&E) system that will guide successful implementation of the project, including key gender sensitive indicators. It will be a continuous process of collecting information and presenting data, throughout the project cycle, in order to assess the impact and lead to improvements in the effectiveness of the project.

2). KHI monitoring efforts in the project will ensure compliance with IMAM guidelines and SPHERE standards and policies and relevant learning is documented, disseminated to staff and used to make future decisions. Based on the reporting mechanisms that have been developed, field focal points will continue verifying project implementation and evaluations regularly. Data will be collected (disaggregated by sex), synthesized and analyzed for summary and thematic reports on M&E findings. KHI will share the data regularly following monthly cluster data reporting schedules.

3). KHI will follow the CHF financial and narrative reporting requirements in a timely manner. KHI will further develop and facilitate training materials and presentations for capacity building of project staff on M&E. The project will regularly review and improve the M&E system by seeking stakeholder inputs and through consultations with other organizations working in the region. Quarterly M&E meetings with stakeholders and partner agencies will be convened. Annual impact assessment will be conducted at the end of each year to review progress on achieving the project objectives and next steps to promote sustainable activities. Annual review of the project objectives, activities and outcomes will help identify gaps in implementation.

Continuous monitoring of project activities will be ensured by:

- **Effective Monitoring System:**
  (i) compilation of daily/weekly/monthly health facility registers,

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.

(ii) Compilation of outreach reports,
(iii) Compilation of monthly and quarterly reports for Jonglei State MoH
(iv) Compilation of quarterly progress report for the donors
(v) Monthly and quarterly reports to HQ project division

- **Effective Financial Monitoring System:**
  (i) KHI will continue to utilize its robust accounting systems that have been designed to meet project needs. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable will be recorded using a specific accounting software which is reconciled on a daily/weekly/monthly basis under the supervision of HQ administrative department;
  (ii) Budget follow-up will be elaborated and approved by HQ project department together with the request for funds
  (iii) Procurement plan will be elaborated at the beginning of the project and review on a quarterly basis with the support and supervision of HQ procurement officer;
  (iv) Compilation of financial report will be elaborated by KHI country administration with the support of a Project accountant and subsequently approved by HQ administrative department
  (v) Annual financial audit will be conducted.

- **Qualified Technical Assistance:**
  Both implementing partners have envisaged employment of technical human resources skilled in management and supervision, responsible for assisting local nutrition staff at both facility and outreach level. They will be based in each main project location (Pibor and Gumuruk towns) and will ensure daily supervision of the quality of the services provided.

- **M&E Officer:**
  KHI staff will include an M&E officer based in SS Head Office (Juba), who will be responsible of periodic visits in the project areas, to check about indicators, targets and performances. The same role will be played by KHI Country Programs Director.

- **External Monitoring:**
  All the implementing partners will share periodical information and data on the project implementation with Nutrition Cluster focal persons in Pibor, to share views and get additional inputs and comments.

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)
Plan International-20% Matching Grant for CHF Project	**$50,000**
Pledges for the CAP project	

SECTION III:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55135	**Project title:** Provision and expansion of emergency nutrition services to combat malnutrition and strengthen local capacity in Jonglei State	**Organisation:** Kissito Healthcare International (KHI)

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* • Ensure provision of emergency nutrition services in priority states, focusing on high-risk underserved communities and areas where there is food insecurity, high malnutrition, and/or high numbers of displaced people and returnees	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • 50+% SAM needs coverage • 50+% MAM needs coverage	**How indicators will be measured:** *What are the sources of information on these indicators?* • Coverage survey • Monthly reports from treatment records	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • To reduce mortality from severe acute malnutrition (SAM) and its complications among children less than five years in Pibor County of Jonglei state by treating 335 SAM cases • To reduce morbidity and mortality from moderate acute malnutrition (MAM) among children less than five years in Pibor County of Jonglei state by treating 1,465 MAM cases • To reduce morbidity and mortality from moderate acute malnutrition (MAM) among pregnant and lactating women (PLWs) in Pibor County of Jonglei state by treating 486 MAM cases • To reduce morbidity from acute malnutrition and its complications among children less than five years and PLWs by distributing micronutrient supplements and deworming tablets to 2,287 direct beneficiaries • To strengthen local capacity by training 15 health workers to support community-based MUAC screening and referral of children with acute malnutrition for appropriate treatment • To strengthen local capacity by training 8 HEWs to conduct MUAC screening and education to advocate for healthy child care practices, eating practices, child feeding, EBF among other IYCF practices	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes. Indicators may be quantitative and qualitative* • Increased availability and access to quality nutrition services for children under 5 and PLW at OTP and TSFP sites • Proportion of children and mothers accessing services in target community • Increased service utilization rates • Increased access to micronutrient supplements at the OTP and TSFP sites • Increased access to deworming tablets at the OTP and TSFP sites • Improved capacity of clinical staff and health workers to support community-based MUAC screening and referral of children • Improved knowledge among communities and health workers to respond to cases of acute malnutrition and prevention.	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • Attendance/ Treatment Registers at OTP and TSFP sites • Stratified Random sampling Survey in each Payam	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Conducive security situation in target communities allowing access to and by beneficiaries. • Services for the treatment of MAM remain available • No emergency health outbreaks • No large population movements or displacement • On-going funding
Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*. • Increased availability and access to quality nutrition services for children under 5 and PLW • Malnutrition among children under 5 and PLW reduced • Improved knowledge among communities and health workers to respond to cases of acute malnutrition and prevention. • Improved data collection mechanisms at SCs, OTPs and SFP sites. • Improved community awareness of integrated management of acute malnutrition, IYCF practices, WASH and common childhood disease prevention. • Increased nutrition awareness and behavioural change practices in the community. • Increased utilization of therapeutic and preventive nutrition services. • Coordination and capacity of all nutrition partners including communities and line ministries to deliver quality and sustainable nutrition services through a variety of approaches strengthened.	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • SAM treatment achieves SPHERE standards (<10% died, >75% recovered and <15% defaulted) • Access to therapeutic care for undernourished u5s is at SPHERE standards (>50% in rural areas)	**How indicators will be measured:** *What are the sources of information on these indicators?* • Treatment cards and facility reports • Treatment cards, monthly reports and other survey estimations	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • No emergency health outbreaks • No large population movements or displacement • On-going funding • Natural disasters (e.g. flooding) do not take place • Sufficient and adequately qualified staffs are available to run the project. • There is cooperation with the local authorities. • Satisfactory supply movement possible. • Insecurity does not limit possibility to conduct regular monitoring and supervision of OTP and TSFP sites • Adequate community participation.
	Immediate-Results - Outputs (tangible): *List the products, goods and services* ***(grouped per areas of work)*** *that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.* **Treatment** • Children under 5 are treated for SAM • Children under 5 are treated for MAM • PLW are treated for MAM • SC & OTP sites are operating • TSFP sites are operating **2. Prevention of acute malnutrition** • PLW and children U5 are provided with micronutrient supplementation • Children 12-59 months attending health facility receive de-worming tablet as per WHO guidelines • Mothers receive IYCF education and support through mothers support groups **3. Improved capacity building** • Improved capacity for health workers on management of SAM & MAM • Improved capacity for community workers and volunteers (including lead	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • Number of children under 5 treated for SAM (171 boys, 164 girls) • Number of children under 5 treated for MAM (748 boys, 718 girls) • Number of PLW treated for MAM (486 PLW) • Number of PLW and children under 5 receiving micronutrient supplementation (486 PLW, 882 girls, 919 boys • Number of children under 5 receiving deworming tablets (882 girls, 919 boys) • Number of health workers receiving training on SAM & MAM (15) • Number of community workers receiving training on nutrition and IYCF (4 men and 4 women) • Number of national nutrition cluster meetings attended (6)	**How indicators will be measured:** *What are the sources of information on these indicators?* *What are the sources of information on these indicators?* • Feeding centre records • Monthly tracking reports • Monthly reports • Distribution reports • Monthly tracking registers • Attendance sheets of mothers on IYCF education • Training attendance sheets and monthly training report • Community Training attendance sheets and training report • Nutrition cluster meeting minutes	**Assumptions & risks:** *at 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?* • Political and social stability • Absence of large scale humanitarian crisis or disasters • Normal climatic conditions • Security in the target areas remains sufficiently stable to allow access to conduct humanitarian activities • On-going support and willing participation of South Sudan Relief and Rehabilitation Commission (SSRRC) counterpart, local authorities, MoH and beneficiaries • Absence of extreme price or exchange rate shifts. • Localised conflict or emergencies do not result in inability to remotely monitor programme • Appropriate funding is received

	mothers) on IYCF **4. Assessment & Coordination** • Active coordination with other nutrition actors			
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* 1. **Treatment** • Supply Community Outreach OTP sites • Supply TSFP sites • Screen children in the community 6- 59 months • Admit and treat PLWs and children under 5 experiencing severe acute malnutrition • Treat children under 5 experiencing moderately acute malnutrition • Work with local health providers to establish referral pathways for children with severe acute malnutrition **2. Prevention** • Administer Vitamin A to all children screened aged 6-59m • Administer deworming tablets to all children screened aged 12- 59 m • Administer micronutrient supplements to all PLWs attending for antenatal care • Educate mothers and fathers of malnourished children with health and nutrition education • Promote healthy IYCF practices among mothers and fathers • Educate PLW to exclusively breastfeed. **3. Improved capacity building:** • Train HEWs to advocate for healthy child care practices, eating practices, child feeding, EBF and other IYCF practices • Build capacity among clinical staff and health workers to support community-based MUAC screening and referral of children with acute malnutrition for appropriate treatment • Train HEWs to conducting MUAC screening **4. Assessment & Coordination** • Conduct a Rapid Nutrition Assessment • Present results to nutrition team and relevant stakeholders • Attend cluster coordination meetings	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Staff time • Mats • Weighing scale • Height board • Benches • Table and chairs • Flip charts • Water dispenser • MUAC Tapes • Plumpy nut, antibiotics, deworming tablets • Buckets for beneficiaries • Record cards • Water • Staff time • Deworming tablets • Micronutrient supplements to PLW • IYCF counseling cards • Space for training • Refreshment for education sessions • Qualified medical staff • Trainers and training materials • Communication equipment • MUAC screening demonstration tools • IMAM training curriculum • Travel expenses for staff • Staff time • Refreshments for training sessions • Education material (Flyer, Pamphlet etc.) on nutrition, IYCF, health child care and eating practices • Travel expenses for staff	• Feeding centre records • Monthly reports • Monthly reports • Distribution reports • Micronutrient supplementation reports • Health education reports • Attendance reports from IYCF education sessions for mothers and fathers • Attendance reports from EBF sessions for PLW • Training attendance sheets of clinical staff and monthly training reports • Training attendance sheets of HEWs and monthly training reports • Community training attendance sheets and training report • Stakeholders Meeting reports • Nutrition Cluster coordination meeting reports	**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* • Stable security situation • Accessibility, rainy season does not start earlier than the usual pattern • Localised conflict and emergency. • Peaceful disarmament • Mothers willing to engage in groups • and be trained on IYCF • Absence of large scale humanitarian crisis or disasters • Access to Unicef pipeline for nutrition supplies • Funding can be secured

PROJECT WORK PLAN

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

Project start date:	**1 September 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: Recruitment and training of health extension workers (HEWs) in nutrition screening and referral				X											
Activity 2: Supply necessary materials for nutrition screening to community HEWs				X											
Activity 3: Carry out community-based and static nutrition screening , growth monitoring and promotion, and referral of malnourished cases to OTP and/or TSFP sites for treatment			X	X	X	X	X	X							
Activity 4: Formation and sensitization of mother-to-mother support groups on IYCF				X	X	X	X	X							
Activity 5: Supply nutrition foods, micronutrient supplements, and de-worming medicines to OTP and TSFP treatment centers			X	X	X	X	X	X							
Activity 6:Deliver nutrition education messages through group discussions, sensitization campaigns focusing on IYCF			X	X	X	X	X	X							
Activity 7: Ensure effective reporting and information sharing with other partners/SMOH levels in a timely manner			X	X	X	X	X	X							
Activity 8: Participate in Nutrition Cluster and sector coordination meetings (involving key stakeholders) both at National and State level to discuss nutrition and health related activities			X	X	X	X	X	X							
Activity 9: Conduct Rapid Nutrition assessment				`			X								
Finalize outstanding activities and preparation of reports									X						

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