

South Sudan 2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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

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

SECTION I:

CAP Cluster

Nutrition

CHF Cluster Priorities for 2013 Second Round Standard Allocation

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, TSFP)
- 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		Project Location(s)	
Universal Intervention and Development Organization (UNIDO)		State	%
		County/ies (include payam when possible)	
Project CAP Code	CAP Gender Code	Unity	100
SSD-13/H/55194/R/14826	0	Mayendit County Payams: Bhor, Tutnyang, Thaker and Rubkuai	
CAP Project Title (please write exact name as in the CAP)			
Nutritional support for under five children and other vulnerable groups in Mayendit county of Unity State			
Total Project Budget requested in the in South Sudan CAP	US\$ 341,339	Funding requested from CHF for this project proposal	US\$ 130.000
Total funding secured for the CAP project (to date)	US\$ 170,000	Are some activities in this project proposal co-funded (including in-kind)? XYes <input type="checkbox"/> 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	Number of direct beneficiaries targeted in the CAP	
		<p><i>Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived.</i></p>	

Women:	7223	27,537
Girls:	9000	3415
Men:	6529	13,227
Boys:	9000	3,556
Total:	31,752	47,735

Catchment Population (if applicable)

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM			1000	1000
MAM	1000		1500	1500
IYCF promotion	1500	480		
Trainees	6	13		
Micronutrient supplementation*	1000		1500	1500
Deworming*	1000		1500	1500

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

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

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Proposed dates: 1 November 2013 – 31 April 2014
Number of months: 6

Contact details Organization's Country Office	
Organization's Address	Juba na Bari, plot 256, block 4
Project Focal Person	Faith Shiddy, faithshiddy@yahoo.com , 0955074363
Country Director	James Ninrew, ninrewk@gmail.com , 0917088006
Finance Officer	Kennedy Recha, krecha3000@yahoo.com , 0955432877

Contact details Organization's HQ	
Organization's Address	
Desk officer	<i>Name, Email, telephone</i>
Finance Officer	<i>Name, Email, telephone</i>

SECTION II

A. Humanitarian Context Analysis
Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population ¹
<p>Mayendit county is one of the counties in Unity state that is prone to floods during the rainy season making it completely cut off from the neighboring counties. Last year heavy rains caused one of the worst floods which destroyed homes and crops making the area to be one of the counties recognized as a food insecure county by WFP. No SMART survey has ever been done in the area hence there is no baseline information on the levels of malnutrition; however from the nutrition interventions (UNIDO being the only nutrition implementing organization) we have been providing through supporting 4 OTP sites, the number of malnourished children (SAM) girls and boys <5 is quite high and increasing by the day from 11 children in late March to 242 in June and MAM cases <5 boys and girls 544 (June), it is noted though that the number of malnourished boys and girls is almost the same no much disparity. The cross boarder reduced activities due to the Sudan and South Sudan boarder closure has also exacerbated the malnutrition situation with majority of the population being illiterate and poverty levels being high they cannot afford the high commodity prices hence are forced into coping mechanisms like eating once a day which has a big nutrition implication to P&LW and children <5 girls and boys who currently their stunting is at 25% (SSHS 2010). Mayendit registered high levels of returnees at 15,225 (OCHA) creating more</p>

food vulnerability to the host community.

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.

UNIDO has been present in Mayendit county since 2007 hence fully understands the community and has been working hand in hand with the community, CHD and the local authority. The activities under this grant have been designed to continue with the ongoing nutrition interventions in line with the cluster priorities which include management of acute malnutrition, prevention of acute malnutrition, Provision of emergency preparedness and response services, pipeline and provision and strengthening of state level coordination meetings aimed at improving the intervention outcomes.

Under management of Acute malnutrition, UNIDO provides treatment services through Outpatient Therapeutic Program (OTP) for children boys and girls 6-59 months without medical complications and those with complications are referred to Leer hospital. This is achieved in two ways; one through community screening and referral by the CNVs, mother leads and at the health facility level. Children boys and girls 6-59 months and P&LW with Moderate Acute Malnutrition (MAM) will be treated through Targeted Supplementary Feeding Program (TSFP) in partnership with WFP as well as those who are referred from the OTP (the TSFP will be integrated in the four health facilities that have the OTP sites). The ultimate goal is saving lives by reducing mortality and morbidity related to malnutrition thus helping in reducing malnutrition rates in Mayendit County.

Under prevention of acute malnutrition, UNIDO provides vitamin A and deworming to both boys and girls <5 at the health facilities and during NIDs (campaigns) and also micronutrient supplementation to P&LW. UNIDO provides optimal IYCF/nutrition education at the health facilities and also at the community level through the formed 4 MTMSGs lead by well-trained IYCF counselors and also through community mobilization and awareness. UNIDO will provide Targeted Supplementary Feeding Program (TSFP) in partnership with WFP as a referral of those who have been discharged from the TSFP and also be a prevention of children both boys and girls 6-36 months, P&LW and households that have one bread winner and the elderly men and women. Community mobilization will involve community sensitization on good nutrition/IYCF practices and hygiene promotion, active case finding, defaulter tracing, and home visits. Capacity building to the CHD and health workers (male and female) through trainings and on job training is ongoing as a way of providing sustainability in the program and ownership. (In the TSFP we will also target children who are in cattle camps since our field nutrition team noted that during movement of cattle for greener pastures, the men take with them children so that they can milk the cows since in the Nuer culture adult men cannot milk cows; in these camps these children mostly boys rarely get a balanced diet and adequate food.)

Under provision of emergency preparedness and response services UNIDO will conduct rapid needs assessments and response in emergencies like floods and provide trainings to CHD and SMoH staff both male and female so that they can be prepared. UNIDO will also conduct a post-harvest and pre-harvest SMART surveys in the county together with the CHD and SMoH staff male and female which will be baseline surveys on the nutrition prevalence, IYCF, morbidity and mortality.

Under procurement and management of pipeline, UNIDO will transport therapeutic supplies from the state level in Bentiu UNICEF office and if not available from the central store in Juba to Mayendit county 4 OTP sites.

UNIDO actively participates in the state level nutrition cluster coordination meetings which aims at improving intervention outcomes of all the stakeholders in service delivery and we intend to continue that way.

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.

UNIDO aims to provide better service delivery to the community in Mayendit County including essential nutrition lifesaving services e.g. treatment and prevention of malnutrition to children <5 and P&LWs through OTP, TSFP, TSFP micronutrient supplementation and deworming. Conduct IYCF/nutrition/hygiene education and community awareness, conduct capacity building to the SMoH and CHD staff male and female on IMSAM national guidelines, IYCF. Conduct 1 post-harvest and 1 pre-harvest SMART surveys in the county, conduct a NiE training the CHD, UNIDO and SMoH staff both male and female and actively participate in state level coordination meetings.

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

- To improve and manage acute malnutrition through treatment for SAM (OTP) and MAM (TSFP) in children U5 years, P&LW and other vulnerable groups in Mayendit County by end of April 2014.
- To prevent acute malnutrition and increase awareness through provision of optimal IYCF-E, nutrition education, micro nutrient supplementation, and provision of TSFP in Mayendit County by end of April 2014.
- To know the nutrition status in Mayendit County by end of April 2014
- To strengthen coordination at county, state and national level by end of April 2014

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

- Integrating 4TSFP sites in partnership with WFP to 4 OTP sites to treat children <5 boys 1500 and girls 1500 and P&LW 1000 in Mayendit PHCC, Kuok, Luom and Thaker PHCUs
- Support micronutrient supplementation to P&LW 1000, deworming 1000, vitamin A children <5 boys 1500 girls 1500, deworming children <5 boys deworming 1500, girls 1500 in Mayendit PHCC, Kuok, Luom and Thaker PHCU
- Conduct training to CHD male 2, SMoH male 13, female (CNVs) 2, 4 mother leads on optimal IYCF/nutrition practices, hygiene, CMAM in Kuok, Thaker, Luom PHCUs and Mayendit PHCC
- Conduct IYCF, hygiene and nutrition education and awareness to female 1500, male 480 in Mayendit County.
- Conduct 1 post-harvest SMART surveys in the county and rapid needs assessment in an emergency e.g. floods.
- Conduct NiE training to 2 Male CHD, SMoH male 13, 2 female CNVs and 4 mother leads

iv). Cross Cutting Issues

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

UNIDO will establish an awareness and community support team through the various group associations and disseminate existing messages and materials using appropriate channels for HIV/AIDS. We will also provide nutrition treatment in SFP and OTP services and nutrition education in PMTCT including IYCF for HIV+ mothers. We will also provide nutrition education to PLWH (People Living with HIV/AIDS). In environment UNIDO will maintain it by correct disposal of plastic paper bags and other wastes. UNIDO will also use fuel cooking efficient techniques like sheltering cooking fires, pre-soaking beans before cooking them as a way of saving fuel. We will continue with demonstration farms as a way of protecting the soil from erosion and promote creation of community woodlots.

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.

UNIDO expects to have achieved treatment of children boys and girls, start 4 TSFP sites and treat 3000 children boys and girls and 1000 P&LW, start TSFP in and cover 1000 P&LW, and 3000 children <5 boys and girls, provide micronutrients to 1500 P&LW, Vitamin A to 3000 boys and girls <5, deworm 3000 boys and girls <5. Conduct training to 2 male CHD, 11 SMoH males, 2 female CNVs and 4 mother leads in IYCF/nutrition education/awareness, hygiene promotion. Conduct post-harvest and pre harvest survey and rapid needs assessment in an emergency like floods. Conduct NiE training to CHD males 2, 11 SMoH males, 2 female CNVs and 4 mother leads. Support procurement and management of pipeline to the 4 sites and actively in monthly state level coordination at the end of 31/04/2014

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)	4 OTP sites mayendit PHCC, Kuok, Luom and Thaker PHCus
X	2.	New MAM centers/TSFP sites established	4 in mayendit PHCC, Kuok, Luom and Thaker PHCus
X	3.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	Boys 1500, girls 1500
X	4.	Pregnant and Lactating Women (PLWs) admitted for MAM	1000
X	5.	Children de-wormed	Boys 1500, girls 1500
X	6.	Children supplemented with Vitamin A	Boys 1500, girls 1500
X	7.	PLW receiving micronutrient supplementation	1000
X	8.	Children screened in the community	
X	9.	Number of Mother Support Groups	4
X	10.	Health and nutrition workers trained (includes facility and community level health and nutrition workers)	2 male CHD, 10 SMoH male, 2 female CNVs, 4 female mother leads
X	11.	Community members made aware through education sessions on nutrition and IYCF	Male 480, female 1500
X	12.	Number of surveys undertaken during the reporting period	1 post-harvest (October/November)
X	13.	Supervisory visits/quarter/to the nutrition treatment sites during the reporting period	2
X	14.	Cluster coordination meetings attended in the reporting period (state and national)	6 at state level and 6 at national level
X	15.	Timely and complete monthly reports submitted in the reporting period	6
X	16.	Estimated beneficiaries reached by the supplies from the pipeline	Women 2500, men 480, girls 4500, boys 4500

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.

This nutrition project will be directly implemented by UNIDO personnel. Monitoring and evaluation of the project progress will be central to the success of the project and will be carried out to ensure the quality, effectiveness and service delivery performance. Monthly management reports in line with project targets, the state of financial resources, and summary of expenditures, shall be compiled. These will result to quarterly programmatic and financial reports detailing progress made in accordance with the project activity implementation requirements. The nutrition coordinator and finance manager will ensure that all necessary reports are prepared, compiled and submitted at the end of each quarter. Various tools e.g. observation, review of documentation, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of project success. This will help in restructuring the project implementation course (if needful) in order to maximally deliver the project objectives

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.

UNIDO shall monitor the project through an M&E officer who will support field teams to establish a detailed monitoring plan which will be used guide teams in collecting appropriate and timely data. Monitoring tools will include the cluster reporting tool, gathering and analysis of fixed and outreach nutrition service delivery reports and CMAM admission records, which will all feed into the Health and Nutrition Management Information System (HNIMS) and the MRP Database as part of the monitoring components throughout the life of the program. The HNIMS and the MRP database will allow routine nutrition monitoring data to be collated and analyzed in one place and allow for easy disaggregation across time and geographic location.

The databases and additional monitoring tools such as supervisory checklists, training reports and post-distribution monitoring reports will feed into an Indicator Performance Tracking Table (IPTT).The IPTT will allow the program to track progress towards results and indicators (as included in the log frame) on a monthly basis throughout the project period.

Internal monthly and quarterly reports will provide information to management on the progress of activities and the impact they are having on the communities. Donor reports will also be submitted as per the time line. Activities will be continuously monitored by the project team and will be formally monitored on a routine basis by the Health and Nutrition Project Manager.

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)
CHF January 2013	130,000
Pledges for the CAP project	

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13//H/55194		Project title: Nutritional support for under five children and other vulnerable groups in Mayendit county of Unity State		Organisation: UNIDO
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <ul style="list-style-type: none"> 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, TSFP) 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 	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> • Number of Acutely Malnourished boys and girls U5 and P&LW treated in line with sphere standards <p>Number of Health workers trained in SAM and MAM protocol</p> <ul style="list-style-type: none"> • Number of Health Workers and lead mothers and CBO trained on IYCF-E • Number of sites established • Number of joint initiatives and coordination meeting by UNIDO 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Treatment cards and facility monthly reports • Training reports 	
	Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> • To improve and manage acute malnutrition through treatment for SAM (OTP) and MAM (TSFP) in children U5 years, P&LW and other vulnerable groups in Mayendit County by end of April 2014. • To prevent acute malnutrition and increase awareness through provision of optimal IYCF-E, nutrition education, micro nutrient supplementation, and provision of BSFP in Mayendit County by end of April 2014. • To know the nutrition status in Mayendit County by end of April 2014 • To strengthen coordination at county, state and national level by end of April 2014 	<p>Indicators of progress:</p> <ul style="list-style-type: none"> • <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i> <ul style="list-style-type: none"> • Number of children U5and P&LWs treated for SAM (OTP) and MAM (TSFP) in Mayendit. • Number of Health workers trained in SAM and MAM and children given micronutrient supplement and BSFP in Mayendit • Timely submission of Analysis and assessment and Monthly reports and nutrition surveys • Number of joint initiatives undertaken by UNIDO, county Health Department and other partners in Mayendit 	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> • SMART survey • Assessment reports • Monthly reports

	<p>Results - Outcomes (intangible): <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ul style="list-style-type: none"> • Start 4 TSFP sites and treat children boys and girls and P&LW • Start TSFP in and cover P&LW, and children <5 boys and girls. • Provide micronutrients to P&LW, Vitamin A to boys and girls <5. • Deworm boys and girls <5. • Conduct training to, male CHD, SMOH males, female CNVs and mother leads in IYCF/nutrition education/awareness, hygiene promotion. • Conduct post-harvest and pre harvest survey and rapid needs assessment in an emergency like floods. • Support procurement and management of pipeline to the sites and actively in monthly state level coordination at the end of 31/04/2014 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> • Number of children boys and girls and P&LW treated • Number of P&LW, and children <5 boys and girls started • Number of P&LW, boys and girls <5 provided with Micronutrient and Vitamin A • Number of boys and girls <5 dewormed. • Number of trainings conducted on CHD, SMOH ,CNVs and IYCF/nutrition • Number of post harvest surveys done • Sphere standards (cure, death, defaulter) • Number of sites established 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Supervision reports • Nutrition reports • Workshop trainings • Surveys • Treatment cards 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • Community members are willing to take their children to the OTP sites to minimize on default rate.
<p>Results</p>	<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.Four OTP sites established 2000 children Boys 1000, girls 1000 (under-5) admitted for the treatment of SAM 3.4 MAM centers/TSFP sites established in Mayendit 4.1000 Pregnant and Lactating Women (PLWs) admitted for MAM 5. 3000 children(Boys 1500, girls 1500) dewormed 6. 3000 children(Boys 1500, girls 1500) supplemented with Vitamin A 7.1000 PLW receiving micronutrient supplementation 8.4 Number of Mother Support Groups established 9.18 Health and nutrition workers trained (includes facility and community level health and nutrition workers) 10. 1980 community members(Male 480, female 1500) made aware through education sessions on nutrition and IYCF 11.One post harvest survey conducted 12 Two Supervisory visits/quarter/to the nutrition treatment sites during the reporting period 13.6, Cluster coordination meetings attended in the reporting period (state and national) 14.6, timely and complete monthly reports submitted in the reporting period. 15.1180 estimated beneficiaries (Women 2500, men 480, girls 4500, boys 4500) reached by the supplies from pipeline 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> • Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM) • Children (under-5) admitted for the treatment of SAM • New MAM centers/TSFP sites established • Pregnant and Lactating Women (PLWs) admitted for MAM • Children de-wormed • Children supplemented with Vitamin A • PLW receiving micronutrient supplementation • Children screened in the community • Number of Mother Support Groups • Health and nutrition workers trained (includes facility and community level health and nutrition workers) • Community members made aware through education sessions on nutrition and IYCF • Number of surveys undertaken during the 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Feeding Centre reports • Training reports • Treatment cards and facility monthly reports • PHCU and EPI records • Surveys reports on breast feeding practices • Antennal follow up data collection • Treatment cards and follow ups data collection • Distribution 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • Peace shall prevail to avoid population displacements due to armed conflicts • Food situation shall be improved to avoid a surge of MAM affected being transferred to SAM category • Mother to Mother groups formed shall utilize knowledge acquired in creating nutritional gardens around homesteads • Adverse weather conditions do not hamper provision of nutritional services • Support from the Health department continuous

		reporting period <ul style="list-style-type: none"> • Supervisory visits/quarter/to the nutrition treatment sites during the reporting period • Cluster coordination meetings attended in the reporting period (state and national) • Timely and complete monthly reports submitted in the reporting period • Estimated beneficiaries reached by the supplies from the pipeline 	reports <ul style="list-style-type: none"> • Supervisory reports by CHD • SMART survey report 	
	<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> <ol style="list-style-type: none"> 1. Infant and Young Child Feeding (IYCF) trainings for 18 participants for 5 days. 2. CMAM training to 10 participants. 3. Post harvest SMART survey in Mayendit County. 4. 1 deworming and vitamin A campaign. 5. IYCF, nutrition and hygiene awareness to the community and conduct community screening and referral. 6. NiE training to 18 participants for 5 days 7. Participate in clusters meetings 8. Construction and maintainace of OTP 9. Monitoring and evaluation 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> • MUAC tapes • Height boards • Weighing scales • Beneficiaries records • Nutritional supplies • Furniture • Water pots • Mugs • Drugs and vitamin supplement • IEC material • Motor vehicle • Staff per diem • Stationeries • Questionnaires • Laptop for data entry • Training materials and IYCF publication • Refreshments for training sessions • SAM and MAM protocol publication • Local construction materials • Cash for labour • camera 	<p><i>Programme reports</i> <i>SMART survey reports</i> <i>Attendance sheets for training sessions</i></p>	<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> • UNICEF Supplies are accessed easily without delay • Communities shall cooperate in providing local building materials • The CNVs trained shall remain on ground

PROJECT WORK PLAN

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

Project start date: 1 November 2013 **Project end date:** April 30 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 Infant and Young Child Feeding (IYCF) trainings for 18 participants for 5 days.															
Activity 2 CMAM training to 10 participants															
Activity 3 Deworming and vitamin A campaign															
Activity 4 IYCF, nutrition and hygiene awareness to the community and conduct community screening and referral.															
Activity 5 Post harvest SMART survey in Mayendit County															
Activity 6 NiE training to 18 participants for 5 days															
Activity 7 Construction of OTPS centre															
Activity 8 Participate in cluster meetings															
Activity 9 Monitoring and Evaluation															

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