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

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

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

Mulrany International

Project CAP Code	CAP Gender Code
SSD-13/H/58555/R/15090	1

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

Provision of nutrition services for the vulnerable populations including the Children Under-5 and the Pregnant and Lactating Women (PLW) in Raga County, Western Bahr el Ghazal State.

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)*
Western Bahr el Ghazal	100	*Raga County: Payams: Raga/Ringi/Uyujuku*

Total Project Budget requested in the in South Sudan CAP	US$300,000
Total funding secured for the CAP project ***(to date)***	US$200,000

Funding requested from CHF for this project proposal	US$200,000

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:	920	920
Girls:	6,905	6,905
Men:		
Boys:	6,905	6,905
Total:	**14,730**	**14,730**

Indirect Beneficiaries

The indirect beneficiaries are estimated at 43,000 people, 64% of the total population of Raga County. Among them is the vulnerable category targeted of approximately 11,700 Women of Child Bearing age (20% of the population).

Catchment Population (if applicable)

Western Bahr el Ghazal State has an estimated population of 333,000 people of which approximately 66,000 live in Raga County with 51% males (34,000), 49% females (32,000) and 21% Under-5s (14,000). Raga County Hospital is the only hospital in the County with its catchment area extending to the whole county for the four Payams: Ere, Raga, Uyujuku and Ringi for the catchment population of about 66,000.

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

None

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Number of months: **7 Months (1 September 2013 – 31 March 2014)**

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SECTION II

A. Humanitarian Context Analysis

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

Raja County

Raga County is located in Western Bahr el Ghazal State (WBeG) which is on the border with the conflict prone Darfur region of Sudan. The whole state suffers low coverage for primary health care in its three counties namely: Raga, Wau and Jur River. Raga County is the most vast and has four Payams (Districts): Raga, Ere, Ringi and Uyujuku with a population of about 65,768 including 21% (13,811) children[2] and 25% (16,442) Women of Child Bearing Age/Pregnant and Lactating Women (WCBA/PLW). Infectious diseases remain the main cause for morbidity and mortality with an estimation of only 25% of the population in South Sudan having access to basic healthcare[3]. Most health care services are provided by International Non-Governmental Organizations (INGOs) and Faith-Based Organizations (FBOs).

The Primary Health facilities in Raga County include the Raga County Hospital, 14 functional Primary Health Care Units (PHCUs), and three Primary Health Care Centers (PHCCs). The infrastructure for the facilities is either non-existence or in such poor conditions, ill-equipped and grossly understaffed when compared with the recommended GOSS, MOH Basic Package of Health Services (BPHS). These factors are compounded by lack of data collection and information sharing which further contributes to low coverage for the basic Primary Health Care including the high impact services[4] as stipulated by the BPHS.

Raja Payam consists of 2/3 population (42,176) of Raja County served by Raja County Hospital. The County Hospital is reported to have an extremely high occupancy rate. Overall, from January to October 2012, about 2,668 inpatients were attended with seventy-one deliveries and five caesarean sections performed in September 2012. In general, the surgeries average 51/month with outpatient consultations showing high utilization of hospital services. There were over 17,000 pediatric outpatient consultations from January to October 2012 (14,449 < 5 and 2,600>5), an average of 60-90/day. ANC, which is offered only twice a week, saw 3,615 clients, on average more than 46 clients a day.

Medecins Sans Frontiers-Spain[5] (MSF-S) began working in Raja County at the County Hospital in August 2010 focusing on emergency preparedness and reducing maternal and paediatric morbidity and mortality. MSF-S provided secondary health care for inpatient and outpatient departments, for children as well as for maternal health care and treatment for the malnourished children. MSF-S ceased operations in the County at the end of November 2012.

The International Medical Corps (IMC) came on board and started operations at the county hospital in December 2012. IMC is currently providing secondary health care focusing on the reduction of maternal and paediatric morbidity and mortality, provision of CEmOC, referrals and emergency care, surgery, as well as inpatient and outpatient departments. IMC does not provide nutrition services at the Raja hospital.

Table 1: Raja County demography

Payam	*Population*	*Male (51%)*	*Female (49%)*	*Infants <1 (5%)*	*Children <5 (21%)*	*WCBA (25%)*	*PLW (5.6%)*
Raja	*42,176*	*21,510*	*20,666*	*2,109*	*8,857*	*10,544*	*590*
Ere	*7,164*	*3,654*	*3,510*	*358*	*1,504*	*1,791*	*100*
Ringi	*9,390*	*4,789*	*4,601*	*470*	*1,972*	*2,348*	*131*
Uyujuku	*7,038*	*3,589*	*3,449*	*352*	*1,478*	*1,760*	*99*
Total County	***65,768***	***33,542***	***32,226***	***3,288***	***13,811***	***16,442***	***920***

[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.*
[2] *Child under the age of Five years*
[3] *MOH, Health Sector Development Plan, 2012–2016 (HSDP)*
[4] *The severe high impact services are: EPI, ANC, LLITNs, Malaria (ACTs), Vitamin A, ART and ORS*
[5] *MSF-S briefing documents, February 2012*

Extensive nationwide malnutrition data is unavailable, however, Mulrany International undertook an assessment[6] whose findings indicate high levels of malnutrition for both SAM and MAM among the children and PLW and the Senior Medical Officials at the Raga County Hospital confirmed that there were no other health partners on the ground providing nutrition services.

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.

The status of malnutrition among the vulnerable in Raga County indicates that both Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) among the children and PLW is a major concern. Acute malnutrition levels for the South Sudanese[7] children exceed WHO emergency thresholds of 15% averaging about, GAM 22% and SAM 6% which calls for urgent intervention.

The WBeG State is categorized as one of the states in South Sudan with nearly 75% of households[8] with an unacceptable food consumption patterns, and a Global Acute Malnutrition (GAM) rate above 25%. This huge burden of malnutrition requires long term investment in establishing and maintaining nutrition curative services but also initiating medium to long-term nutrition preventative interventions targeting the most vulnerable members of the society; children and WCBA/PLW.

Table 2: Summary table of estimated beneficiaries

Location in Raja County	***Type of service***	***Catchment Population***			***# of targeted Under-5s (SAM 6% and MAM 16%)***		***# of targeted PLW 5.6%***
		Total Pop	***U5***	***WCBA***	***OTP 6%***	***SFP 16%***	***PLW***
Raja Payam	*OTP/SFP*	*42,176*	*8,857*	*10,544*	*531*	*1417*	*590*
Ringi Payam	*OTP/SFP*	*9,390*	*1,972*	*2,348*	*563*	*316*	*131*
Uyujuku Payam	*OTP/SFP*	*7,038*	*1,478*	*1,760*	*422*	*1126*	*99*
Ere Payam	*OTP/SFP*	*7,164*	*1,504*	*1791*	*429*	*1146*	*100*
Total		***65,768***	***13,811***	***16,543***	***1945***	***4005***	***920***

UNICEF is supporting Mulrany International through the UNICEF Programme Cooperation Agreement (PCA) with nutrition supplies. The CHF Standard Allocation will enable Mulrany International to continue providing the necessary nutrition activities already started, which are aimed at lessening the levels of malnutrition for the vulnerable populations.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

The project will work at various levels among households, communities, and nutrition health care providers. The project will reach out to "Target beneficiaries'" at three levels:

Level 1, Households: The primary beneficiary will be the PLW and children. The project will engage community based nutrition workers who will be responsible for reaching out to households to raise awareness, develop skills and help relevant family members to solve issues related to their nutrition status;

Level 2, Community-based service providers: The project will work through both formal and informal community based functionaries such as the CHW who have the confidence of the community. The project will also organize training sessions for the nutrition health workers on the different nutrition interventions, orienting them to the project goals and methods and their roles, and encouraging them to partner with the different cadres of nutrition workers in mobilizing the community members for group nutrition meetings; attending the nutrition sessions in villages and home visits to target groups in need; and provide them hands-on exposure to correct nutrition practices. CHWs are also responsible for screening for malnutrition, making referrals, follow up, giving nutrition promotional messages among other things;

Level 3, Facility-based service providers: OTP facilities will be important in supporting early detection and management of malnutrition. As technical leaders on nutrition issues, the nutrition staff will be oriented to the Nutrition Guidelines and their role in

[6] *Rapid Assessment Report, Mulrany International, March 2013*
[7] *South Sudan Medical Journal 2010-2012*
[8] *Situation Analysis of Nutrition in Southern Sudan, 2010*

promoting and managing the nutritional cases in the OTP centers.

ii) Project Objective

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

Main Objective

The main objective for the project is to Increase and sustain access to quality curative and preventive nutrition services for the vulnerable children and pregnant and lactating women in Raja County.

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).

The project is initially providing nutrition services at the Raga County Hospital and will facilitate an effective referral system for the beneficiaries in the county. Intervention will then be cascaded to in Raga, Ringi and Uyujuku Payams through the 4 OTP in line with the objectives of the programme for:

a) Increased case detection prevention and treatment of malnourished children and the PLW;
b) Treatment of acute malnutrition among the Children and PLW through the OTP services;
c) Basic Nutrition Services Package (BNSP) enhanced and made available to these beneficiaries;

At the Raga County Hospital

The county hospital is the entry for Mulrany International to provide Nutrition Services to the population of approximately 27,000 covering Children and the WCBA.

The main activities will include:

a) Screening, admission and treatment of 13,811 malnourished children and 920 PLW;
b) Increased community awareness on prevention and treatment of malnutrition and hygiene promotion in the community.
c) Children Under-5 (13,811) receive appropriate micro-nutrients supplements e.g. FeFol, Vitamin A, De-worming and immunisation (BCG, DPT and measles) through routine health care services;
d) Vaccination of 920 PLW with tetanus toxoid vaccine and provision of micronutrients supplementation with nutrition education and breast-feeding counselling.
e) Training and provision of technical support for 30 nutrition health staff including the CHWs on nutritional screening, treatment, referral and follow-up of the <5s and PLW;
f) Encouraging community awareness on prevention and treatment of malnutrition and hygiene promotion.
g) Provision with public health promotion messages and information on IYCF care practises and hygiene promotion techniques for caretakers at the OTP facilities;
h) Provision of messages on safe delivery and IYCF care practises to the PLW on every visit;
i) Establishing links with the SMOH/CHD/VHCs, UNICEF-Nutrition Cluster and other nutrition partners, and build on these partnerships to enhance implementation of the nutrition programme in Raga County.

At the Payams: Ringi/Uyujuku/Raga

Nutrition activities will be rolled out to the three Payams of Raga, Uyujuku and Ringi to provide OTP services in the PHCCs and PHCU facilities. Referrals from the PHCC/PHCU facilities will be sent to Raga Hospital.

iv). Cross Cutting Issues

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

Mulrany International designed the project taking into account the following cross-cutting issues:

Gender: Children and the WCBA, including the most vulnerable ones (pregnant and lactating women and children both boys and girls/Under-5) are direct beneficiaries of the project through the following gender-oriented approach:

a) Community workshops targeting community leaders aimed at reaching both women and men and including issues on the rights of women and girls;
b) Promotion of basic and appropriate services that support the well-being and quality of life of women;
c) Increased population reached through gender-sensitive activities while focusing on the most vulnerable mothers and children in target areas;
d) Improved quality of gender-sensitive nutrition services, pre-positioning essential drugs, medical equipment & supplies to ensure that the needs of current and potential emergencies can be met throughout the duration of the project;
e) Increased preparedness planning and capacity to deliver and sustain gender-sensitive and high quality nutrition services throughout the duration of the project;
f) Provision of health education to participants on causes of diseases and application of practices that prevent malaria, ARI, diarrhea, trachoma and others;
g) Provision of awareness on GBV, sexual and reproductive rights of women & girls, and on the reproductive health issues, Value of ANC services and the need to ensure child deliveries in facilities with professionally skilled delivery providers;

h) Inclusion of fathers in the health education sessions on nutrition and breast-feeding;
i) Identification/dissemination of best practices /successful stories to stimulate behavioural changes.

Capacity Development:
a) On-the-Job trainings, capacity building through workshops/seminars involving stakeholders including Nutrition health staff/CHWs, community leaders and SMOH/CHD undertaken for sustainability of the project;
b) Implementation of the organisation's strategy hinged on objectives and aimed at ensuring the involvement of all stakeholders;
c) Follow-up and monitoring with regular information and data sharing for better coordination of emergency responses and management of resources.

Conflict Sensitivity:
a) Capacity building workshops and seminars for the nutrition health staff/CHWs and community leaders on conflict sensitivity addressed through conflict-sensitive approaches;
b) Identification of synergies and programme linkages to ensure that nutrition health workers/CHWs, SMOH/CHD and VHCs understand nutrition activities with a conflict sensitive approach;
c) Stakeholders provide enabling environment for the needy populations to benefit from a conflict-sensitive implemented programme.

Environment: The nutrition activities are expected to contribute to a better environment through trainings and education sessions for Nutrition health workers/CHWs and community leaders by enhancing safe waste management and disposal.

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.

The nutrition programme is expected to achieve results stemming from the overall and specific objectives that will attain decreased malnutrition levels and improved nutrition status for the vulnerable groups Under-5s and PLWs Increase case detection, prevention and treatment of acutely malnourished children Under-5s, and the PLW;
1. Increased case detection, prevention and treatment with nutrition supplies and skilled staff for the acutely malnourished Children Under-5s and pregnant/lactating mothers;
2. Beneficiaries (13,811 children and 920 PLW) provided with appropriate micro-nutrients supplements, de-worming and immunization through routine health care services;
3. Basic Nutrition Service Package (BNSP) is enhanced and made available to the beneficiaries (13,811 children and 920 PLW);
4. Caretakers for the malnourished children (13,811) and PLW (920) attending the feeding centers are trained in IYCF care practice and hygiene messages.
5. Strengthened coordination mechanisms at the State and County MOH levels aimed at improving intervention outcomes.

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.	Total Direct Beneficiary Women Girls Men Boys	Total = 14,730 Women = 920 Girls = 6,905 Men = 0 Boys= 6905
X	2.	Number of OTP sites for treatment of children (under-5years) Experiencing SAM New OTP Established	4 OTP sites Established
X	3.	Training Capacity building and awareness sessions Health Workers and Nutrition workers trained (Facility, Community Level and Nutrition Workers) in IMAM, IYCF and Screening and referrals	20 Nutrition Health Workers Trained 24 CHW Trained
	4.	Total caseload estimation by end of the program	Under fives treated for SAM=1945 Under fives Treated for MAM=4005
	5.	Timely and complete monthly reports submitted	6 Monthly reports 1 Final project report
X	6.	Number of Mother Support groups formed New mother support groups formed	12 mother-to-mother support groups formed.

X	7.	Children supplemented with Vitamin A Girls Boys	 6,905 Girls 6,905 Boys
	8.	No. Mothers who receive micro nutrient supplementation and breastfeeding counseling	PLW (920)

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.

Mulrany International's implementation strategy is hinged on the Nutrition Cluster's objectives:

a) To contribute to the reduction of malnutrition related sickness and mortality through systematic equal access to integrated curative and preventive food-based nutrition interventions;
b) To improve women, boys and girl's access to evidence-based and feasible nutrition and nutrition related resilience activities, available through the Basic Nutrition Services Package (BNSP) interventions linking nutrition to Health, WASH, Food Security, Education and Child Protection programmes;
c) To strengthen the coordination and capacity of all nutrition partners to deliver quality and sustainable emergency nutrition services through a variety of approaches.

Mulrany International's consolidated institutional capacity will facilitate the Nutrition programme by working closely with the Nutrition Cluster, SMOH and other supporting partners (UNICEF supports with Supplies). The close relationships will assist with community mobilization and sensitization within the different locations in the county. Training capacities of the nutrition staff running the targeted facilities will be strengthened through continuous on-the-job and scheduled trainings, which will be conducted Bi-monthly during the period of operation. The technical staff will coordinate the Nutrition programme through planned monitoring field visits to ensure that the following targets are met:

a) Daily admissions and discharges will be recorded in each health facility, compiled and recorded into a database which will be submitted for review to the Nutrition Coordinator on a weekly basis for analysis.
b) The internal monitoring system will conform to results-based management standards and will include a mid-term review.
c) Periodic updates of analyzed reports on the project through the monthly cluster meetings.
d) Regular monitoring of activities and outputs will be an integral aspect of programming; thereby ensuring all project activities remains accountable against an approved work plan and a proactive M&E methodology developed
e) Regular financial verifications will be done to ensure proper use and implementation of allocated project funds, preparation of mid-term projects and end of project reports as required.

The proposed project will ensure there are linkages with health, WASH and food security issues that will be addressed in the geographical location. All staff implementing the Nutrition activities will be trained and given broader support in implementation for the BSNP through mobilization of the CHWs/TBAs and the community leaders/Village Health Committees.

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)[9].

Mulrany International has dedicated an Nutrition Programme Manager who will use standardized logical framework to monitor the project progress and track activities. Data collection and joint analysis of community-level data will strengthen the relationship between the nutrition health facility staff, village health committees and the communities they serve.

The nutrition programme for the children will be achieved through screening and admitting the children based on MUAC and/or absence or presence of OEDEMA. Any child without oedema and MUAC between 11.5-12.5 cm will be referred to the SFP centre and those with MUAC <11.5 cm but without OEDEMA will admitted to the OTP and if accompanied with OEDEMA+++are admitted to the OTP if their medical condition and appetite are not complicated, otherwise they will be referred to the stabilization centre at Raja Hospital. Mulrany International staff based in Raja County, through the Nutrition Programme manager will undertake monitoring for the nutrition projects, while the field nutrition staff will obtain and provide the necessary information for effective reporting. In addition to the OTP services, Mulrany International will promote optimal IYCF practises and such as exclusive breast feeding

In addition, Mulrany International will use the SMART indicators with identified means of verification for measurement to monitor the project progress.

Indicators	*Means of Verification*

[9] 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.

1. 60% acutely malnourished children and 40% P/LW caseload admitted to centers for the Integrated Management of Acute Malnutrition (IMAM) programmes; *2. Cured>75%, defaulters<15%, death <10% (SAM treatment program) or death <3% (MAM treatment program);* *3. At least 85% children admitted in Stabilization Centers (SC), OTP and MCH receive deworming and Vitamin A supplementation;* *4. No. eligible pregnant women receiving Maternal Multiple Micro-Nutrients (MMN) during preconception and the antenatal period;* *5. % OTP session with vaccination (DPT and measles) available on site;* *6. No. staff and community members trained and active in IYCF counseling and promotion sessions held;* *7. No. supervisory visits conducted with written reports and recommendations given to the staff;* *8. No. CHWs and community members trained on promotion of locally available nutritious foods and involved in detection and referral of acute malnutrition and* *9. No. sensitizations sessions held on promotion of locally available nutritious foods.*	*1. IMAM monthly reports* *2.Screening reports* *3.OTP reports* *4.Field monitoring reports* *5.Training/monitoring reports* *6.Health Information System (HIS) reports* *7.OTP beneficiary cards* *8.Supervision reports*

E. 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)
Pledges for the CAP project	

SECTION III:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/58555/R	**Project title**: Provide Nutrition Services for the vulnerable populations, Children Under-5 and Pregnant and Lactating Women in Raja County, Western Bahr El Ghazal State	**Organisation:** Mulrany International

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:* -Increase access to curative and preventive nutrition services for the vulnerable children and pregnant and lactating women in Raja County.	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* % Decrease in malnutrition rates for the target beneficiaries accessing nutrition services compared to previous year	**How indicators will be measured:** *What are the sources of information on these indicators?* Anthropometric levels for malnutrition in Raja County	**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?* -Programme areas are accessible for intervention; -Effective relationships at community levels cultivated to enable operations. Ability to recruit and train nutrition officers/health workers including TBAs according to needs, especially where there is inadequate human resources capacity, hence difficult in recruiting qualified health staff; -Insecurity due to the border region with sporadic displacements of populations due to conflicts; -Restriction of access to the vulnerable populations especially during raining seasons due to flooding; -Breakage in chain of supply/pipeline due to logistical challenges;
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* a) Increased case detection prevention and treatment of malnourished children and PLW; b) Treatment of severe acute malnutrition among the children and PLW through the OTP services; c) Basic Nutrition Services Package (BNSP) enhanced and made available to these beneficiaries;			
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*. -Decreased malnutrition levels and improved nutrition status for the vulnerable groups Under-5s and PLWs	Indicators of progress: *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* -SAM treatment programme achieve >75% cure rates, <15% default rates and <10% death rates SAM and <3% MAM	**How indicators will be measured:** *What are the sources of information on these indicators?* -The anthropometric levels for malnutrition in Raja County	
	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.* 1) Increased case detection, prevention and treatment with nutrition supplies and skilled staff for the acutely malnourished Children Under-5s and pregnant/lactating mothers; 2) Beneficiaries (14,730 children and 920 PLW) provided with appropriate micro-nutrients supplements, de-worming and immunization through routine health care services; Target SAM- 1945 Target MAM- 4005 3) Basic Nutrition Service Package (BNSP) is enhanced and made available to the beneficiaries (14,730 children and 920 PLW); 4) Caretakers of the malnourished children (14,730) and PLW (920) attending the feeding centers are trained in IYCF care practice and hygiene messages.	**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.* -% Coverage, estimated caseload disaggregated by type of malnutrition (SAM/MAM) and vulnerable groups (children/PLW); -% Children receiving TSFP intervention against estimated population of children in the operational area; -No. Nutrition Health Staff including Community Health Workers (CHW) trained on management/prevention and treatment of malnutrition.	**How indicators will be measured:** *What are the sources of information on these indicators?* -Anthropometric reports/patient cards; -Supervision checklists (observation, interviews); -Records of project trainings; -SMOH/UNICEF assessment of response; -Staffing records, Nutrition	

	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) Increase community referral, follow-up and case detection of malnourished children Under-5/PLW: -Screen, admit and treat 14,730 malnourished children and 920 PLW; -Increase community awareness on prevention and treatment of malnutrition and hygiene promotion in the community. 2) Provide beneficiaries (14,730 children and 920 PLW) with appropriate micro-nutrients supplements e.g. FeFol, Vitamin A, De-worming and immunisation through routine health care services: -FeFol, Vitamin A, De-worm, immunise (BCG, DPT and measles) 14,730 children and receive vitamin A supplementation through the facilities; - 920 PLW are vaccinated with tetanus toxoid vaccine and receive micronutrients supplementation with nutrition education and breast-feeding counselling. 3. Capacity building and mentoring of strategic stakeholders for implementation of enhanced Basic Nutrition Service Packages (BNSP) for the beneficiaries: -Train and provide technical support for nutrition health staff including the CHWs on nutritional screening, treatment, referral and follow-up of the <5s and PLW; -Encourage community awareness on prevention and treatment of malnutrition and hygiene promotion. 4. Promote, raise awareness for IYCF care practices and hygiene messages through training of caretakers, village elders and TBAs: -Caretakers at the OTP are provided with public health promotion messages and information on IYCF care practises and hygiene promotion techniques; -PLW are provided with messages on safe delivery and IYCF care practises on every visit. 5. Strengthen coordination mechanisms at the State and County MOH levels aimed at improving intervention outcomes: -Establish links with the SMOH/CHD/VHCs, UNICEF-Nutrition Cluster and other nutrition partners, and build on these partnerships to enhance implementation of the nutrition programme in Raga County.	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* -Nutrition supplies/drugs; -Nutrition health staff/personnel, Office space, furniture; -Durable equipment: computers/vehicle -Communication equipment (vsat, satellite phone); -Travel and management support costs.	supplies/Drugs Inventory reports; -Direct observations and completed supervision checklist, performance feedback reports, drug consumption and stock reports; -Monitoring checklists	-Fluctuating climatic conditions resulting in drought and flooding, both disasters affecting the region.

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.

Activity	**Q3 / 2013**			**Q4 / 2013**			**Q1 / 2014**			**Q2 / 2014**			**Q3/ 2014**		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Result 1: Increase community referral, follow-up and case detection of malnourished children Under-5/PLW															
Activity (1.1) Screen, admit and treat 14,730 malnourished children and 920 PLW			X	X	X	X	X	X							
Activity (1.2) Increase community awareness on prevention and treatment of malnutrition and hygiene promotion in the community			X	X	X	X	X	X							
Result 2: Provide beneficiaries (14,730 children and 920 PLW) with appropriate micro-nutrients supplements e.g. FeFol, Vitamin A, De-worming and immunisation through routine health care services															
Activity (2.1) FeFol, Vitamin A, De-worm, immunise (BCG, DPT and measles) 14,730 children and receive vitamin A supplementation through the facilities			X	X	X	X	X	X							
Activity (2.2) 920 PLW are vaccinated with tetanus toxoid vaccine and receive micronutrients supplementation with nutrition education and breast-feeding counselling.			X	X	X	X	X	X							
Result 3: Capacity building and mentoring of strategic stakeholders for implementation of enhanced Basic Nutrition Service Packages (BNSP) for the beneficiaries															
Activity (3.1) Training and technical support for nutrition health staff including the CHWs on nutritional screening, treatment, referral and follow-up of the <5s and PLW				X		X		X							
Activity (3.2) Encourage community awareness on prevention and treatment of malnutrition and hygiene promotion			X	X	X	X	X	X							
Result 4: Promote, raise awareness for IYCF care practices and hygiene messages through training of caretakers, village elders, TBAs and fathers															
Activity (4.1) Caretakers at the OTP are provided with public health promotion messages and information on IYCF care practises and hygiene promotion techniques			X	X	X	X	X	X							
Activity (4.2) PLW are provided with messages on safe delivery and IYCF care practises on every visit.			X	X	X	X	X	X							
Result 5: Strengthen coordination mechanisms at the State and County MOH levels aimed at improving intervention outcomes															
Activity (5.1) Establish links with the SMOH/CHD/VHCs, UNICEF-Nutrition Cluster and other nutrition partners, and build on these partnerships to enhance implementation of the nutrition programme in Raga County.			X	X	X	X	X	X							
Finalize outstanding activities and preparation of final report									X						

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