

South Sudan
2013 CHF Standard Allocation Project Proposal
for CHF funding against Consolidated Appeal 2013

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

SECTION I:

CAP Cluster	Nutrition
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CHF Cluster Priorities for 2013 Second Round Standard Allocation

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
i) Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups ii) Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education, supplementation, BSFP) iii) Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies) iv) Pipeline: Procurement and management of pipeline(s) from central to end user location v) Provision and strengthening of state-level coordination aimed at improving intervention outcomes	1. Jonglei-Pibor, Akobo, Nyirol, Ayod, Fangak, Pochalla, Urol, Duk 2. Upper Nile -Maban, Nasir and Ulang 3. Unity-Panyjar, Koch, Mayom, Abiemnhom, and Mayendit 4. NBeG- Aweil East and North 5. Warrap- Twic and Abyei area 6. WBeG-Raga

Project details

The sections from this point onwards are to be filled by the organization requesting CHF funding.

Requesting Organization		Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State		
NHDF (Nile Hope)		State	%	County/ies (include payam when possible)
Project CAP Code	CAP Gender Code	Jonglei	100	Akobo west (Walgak payam, Fangak in new Fangak and Pigi in Canal)
SSD-13/H/55067/R/8452	2a			
CAP Project Title (please write exact name as in the CAP)				
Addressing Nutrition Emergency response in children under five, P&LW, IDPs, returnees and other vulnerable population in Akobo, Pigi and Fangak counties (Jonglei state)				

Total Project Budget requested in the in South Sudan CAP	US\$541,500	Funding requested from CHF for this project proposal	US\$220,000
Total funding secured for the CAP project (to date)	US\$263,000	Are some activities in this project proposal co-funded (including in-kind)? Yes <input type="checkbox"/> No <input checked="" 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)		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	4360	6200
Girls:	1433	3600
Men:	1720	2200
Boys:	1417	3400
Total:	8930	15400

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)

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)
Duration: 6 months (1 st October 2013 to 31 th March 2014)

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM			1433	1417
MAM	823		1424	1360
BSFP				
IYCF promotion				
Trainees	53	52		
Micronutrient supplementation*			863	737
Deworming*				

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

Contact details Organization's Country Office	
Organization's Address	Hai Tong Ping, Juba, South Sudan
Project Focal Person	Names; Tut Choat <i>E-Mail:</i> tutchoat@yahoo.com <i>Telephone;</i> 0912298085
Country Director	Names; Paul Biel Otoang <i>E-Mail:</i> paulbiel@yahoo.com <i>Telephone;</i> 0912298085
Finance Officer	Names; Sophia Wambaire <i>E-Mail:</i> soffi28@yahoo.com <i>Telephone;</i> 0955023273

Contact details Organization's HQ	
Organization's Address	Hai Tong Ping, Juba, South Sudan
Desk officer	
Finance Officer	Names; Jidayi Zaitun <i>E-Mail:</i> jidayiz@rocketmail.com <i>Telephone;</i> 0911898747

SECTION II

A. Humanitarian Context Analysis
<p>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 population¹</p> <p>Akobo, Fangak and Pigi counties are among the most underserved areas in Jonglei state, the three counties are geographically situated in Northern Part of Jonglei state which is the largest state of the ten states of South Sudan. Akobo West is the sub-county of the greater Akobo with 50,000 people according to the 2008 national census. Fangak has a population of 110,130 and Pigi 90,000. Akobo County has experienced food insecurity due to frequent insecurity like the large scale attack on 8th Feb 2013 in Akobo West targeting civilians migrating to the Sobat river bank for water, green pasture and fish due to hunger. Many civilians, women, children and soldiers were killed and other wounded according to Walgak PHCC records from Nile Hope's field team in Akobo West. There was another subsequent attack on 18th July 2013 by suspected Murle youth in Walgak town in Akobo west where 3 people died and 3 civilians were critically wounded. The Communities in these areas left their homes and moved to other neighboring states especially in Upper Nile according to the local authority of Walgak Payam and reports from Nile Hope field team. The persistent insecurity of cattle raids in Jonglei, killing of civilians and abduction of children by the Murle is a major insecurity problem among communities residing in Akobo West. The situation is worsening as most of the fishing ponds and streams nearby are fast drying out and due to the volatile and unpredictable security situation in the areas people cannot venture out to do fishing in the river in far areas removed from their own locality due to attendance fear of retaliatory attack from Murle youth. The 2012 endemic flooding in Fangak has affected the population leading to crop failure, loss of lives and death of large herds of cattle and washing away the households stocks and agricultural tools and seeds as such communities depend on milk from their cattle for their survival. This may worsen the already malnourished children with the possibilities of poor health and death; an inter-agency assessment conducted in Fangak state found out that out of the estimated 25,000 affected population, an estimated 12,982 people were displaced directly as a result of floods in 5 out of 6 payams in Fangak County with adverse consequences among children, women and other people which later remain vulnerable. Again, the Dec 2011 attack in Pigi by the rebel loyal to the late renegade Gen. George Athor also forced 15,000 IDPs to flee their homes from the three payams of Khorwai, Allam and Nyinthok in Pigi to Pakan (Kolanyang) in Fangak County. The IDPs and the host community who were also affected are still in dire need for humanitarian support with basic services in health and nutrition that will improve their life. The current situation in Pigi is likely to worsen than before due to last year floods as well as communities have no access to safe drinking water with other several incidences of calamity in the county, thus</p>

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.

predisposing the children and women to high risk of diseases and malnutrition. There is only 1 outpatient treatment programme run by Nile Hope in Canal serving the entire population of Pigi and some parts of Upper Nile state. The OTP always received an average of more than 100 malnourished children per week and some of severely malnourished children are referred from Malakal to Canal. This situation aggravated further the rate of malnutrition since food commodities brought from North are not available due to closure of the Sudan border. The proposed intervention is critical as under nutrition is a serious public health problem and among the leading causes of death whether directly or indirectly. Nile Hope seeks to continue providing nutrition services to vulnerable population in these aforementioned counties in Jonglei state.

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.

For us to continue providing the vital services to save lives of children under five, P&LW and other vulnerable population in Akobo, Pigi and Fangak counties in Jonglei state, Nile Hope needs emergency funds to cover existing funding gap and to respond in the following manner:

Treatment of severely acute malnutrition and MAM among children less than five years of returnees approximately reaching a minimum of 2,850 both boys and girls in the three counties, The grant will particularly help to meet the nutritional status of the undeserved under-five years old in Akobo, Pigi and Fangak counties by providing life-saving nutritional intervention. The Nutrition emergency programme run by Nile Hope in the three counties under CHF 2013 1st round allocation has demonstrated the need for continuation of the project since there is a great number of children of both gender who are severely malnourished and who attended the OTP centre and in need of further support as there is no mechanism in place yet to ensure reliable food provision and or access. Crop failure has exacerbated animal depletion due to lack of pasture and this has worsened the well being of children and gains made hitherto may be compromised; this justifies the need for continuity of the project in the aforementioned counties.

2. Enhancing the capacity of Nutrition staff: Nile Hope has the technical capacity, equipment and infrastructure to run the project and is well known and established in the proposed target locations of Akobo, Pigi and Fangak counties. Due to the high number of beneficiaries, Nile Hope has seen a huge need to train community nutrition volunteers CNVs, Nutrition staff and mothers from the host community to get skills and knowledge on Integrated Management of SAM and Infant and young child feeding practices so as to provide quality nutrition services to the underserved population as well as improve coverage of preventive and promotive health and nutrition services, including nutrition knowledge. Nile Hope will also play very important roles to build the capacity of health staff for integration of management SAM into health programmes especially on referral of severe cases to OTP as well as referral of children with medical complications to the health facility.

3. Nutrition Therapeutic supplies: The grant has the potential to bring considerable impact, including reducing infant mortality, by the end of the project, as we shall be able to preposition reasonable volumes of plumpy nuts and routine medication to continue managing severe cases of malnutrition as well as impart crucial nutrition knowledge and awareness among the local population. Nile Hope shall, for the time being, rely on the CHF grant as herewith applied to underwrite the cost of the proposed activities as the organization has presently no significant funding earmarked for the initiative, the proposed activities will increase coverage of nutrition services to children under 5, P&LW, IDPs, returnees and other vulnerable population through CMAM

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

The CHF grant will help to support the nutrition intervention in the three underserved counties through treatment of severely malnourished children, P&LW and other vulnerable populations as well as enhance the capacity nutrition staff and community nutrition volunteer on proper management of SAM and MAM in line with south Sudan national guideline

ii) Project Objective

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

The main objective is to reduce the mortality and morbidity of children under five, P&LW, IDPs, Returnees and other vulnerable people and manage the other affected population thus improve the general health in the three counties; the project mainly targets 8,930 individuals by the end of March 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).

- Conduct community mobilization, sensitization and visioning through holding nutrition campaigns and stakeholder workshops for key community leaders, 40 male and 20 female in Fangak to evaluate the previous programme activities and discuss with key community leaders how to improve the proposed series of project activities;
- Treatment of severe acute malnutrition and MAM among children less than five years of returnees, IDPs and the host community approximately reaching a minimum of 2,850 both boys and Girls in Fangak, Akobo and Pigi counties (1,417 boys and 1433 girls);
- Provide micronutrient supplementation to 1600 children less than five, both male and female
- Referral of children with medical complications both male and female from the OTP to SC in Pigi, Akobo and Fangak;

- Enhance the capacity of 40 nutrition staff 32 male and 8 female on proper management of SAM and MAM in line with available national guidelines in Fangak and Akobo counties
- Continue daily screening of children between 6-59 months 2,050 male and 2,150 female in the community and referring the most severe cases to the OTP to be admitted in Pigi, Akobo and Fangak;
- Referral of children with medical complications, both male and female, from the OTP to SC in Pigi, Akobo and Fangak;
- Provide allied preventive and promotive health and nutrition key OTP messages to the caregivers, P&LW, returnees and IDPs approximately reaching 4,000 people in total, that is 1,415 male and 2,585 female in Akobo, Pigi and Fangak counties;
- Participate in a minimum of 6 nutrition cluster coordination and information sharing sessions/ meetings at County, State and National levels;
- Enhance the capacity of 20 nutrition staff, 12 male and 8 female, and 10 mothers from the host communities (and protect and promote) appropriate Infant and Young Child Feeding Practices (IYCF) in Fangak as well as enhance the capacity 35 community nutrition volunteers CNVs in Fangak;
- Conduct a minimum of 4 nutrition Monitoring visits to the OTP site by Nile Hope M&E officer to ensure the work-plan is followed as a tools for project and timely submission of the nutrition report from the OTP site;
- Provide de-worming tablets to 3,200 children less than five years 1,670 male and 1,530 female in addition to the children treated at the OTP centre in Akobo, Fangak and Pigi counties.

iv). Cross Cutting Issues

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

Women in South Sudan are responsible for child care and producing food for the all family, while also contributing to cash crop farming; this is very time-consuming and without adequate assistance, not only is her nutrition compromised but so are her children as she adapts saving feeding method that minimizes interaction with the child because of poor nutritional status and especially without access to safe drinking water and good hygiene and sanitation. Nile Hope will empower men and their children via intensive health and nutrition education key messages and hold stakeholder workshop to enable women more time to feed themselves and their children as well as ensure HIV/AIDS is a key topic in all the workshops and education fora to be conducted under this nutritional project. Time saving innovation such as RUTF product for children as well as local food to help low income families diversity and optimized their diet may also improve the nutritional status of women and their children. In addition, the project will be conflict-sensitive as Jonglei is traditionally a hotbed of intra- and inter- tribal conflicts. Nile Hope will take the necessary measures to ensure safe handling and proper disposal of nutrition supplies waste. The organization shall also create working and productive synergies with other Programs/Sectors/Clusters, including WASH, Protection-GBV, Health, Food Security and Livelihoods and Education as well as train the nutrition staff, both male and female offering nutrition services to the beneficiaries, to ensure that sexual exploitation and abuse is prevented.

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.

- Treatment of severely acute malnutrition and MAM to improve nutrition status among children under 5 years, IDPs, returnees and the host community reaching 2,850 both boys and girls;
- Improved coverage of preventive and promotive nutrition services, including nutrition knowledge among the community members;
- Provide micronutrient supplementation to children less than five, both male and female;
- Enhanced capacity of nutrition staff on Integrated management of SAM and other people on different nutrition topics for both male and female;
- Improved Coordination and information sharing with Nutrition Cluster leading to best practices and improved (future) nutrition programming;
- Evaluation and reporting conducted in a timely manner

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)
	1.	Number of malnourished children under five years treated at the OTP centers	2,850 (1,417 boys and 1,433 girls) children under five treated at the OTP centre
	2.	Number of children under five de-wormed	3,200 children (1,670 boys and 1,530 girls) under five de-wormed during nutrition campaign in addition to children under five treated at the OTP centre
	3.	Number of operational OTP centers	3 OTP centers in operation existing
	4.	Cluster coordination meetings attended quarterly	At least 1 cluster coordination meeting participated every month
	5.	Number of persons provided with health and nutrition education information/messages	At least 4000 persons (1,415 males and 2,585 females) will be provided with health and nutrition education information/messages
	6.	Number of nutrition staff both male and female capacity-built on difference nutrition topics	105 persons (53 females and 52 males) (trained 1 on difference nutrition topic e.g.IM-SAM and IYCF practices

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.

Nile Hope as a national NGO operating in South Sudan has significant experience and social capital in implementing projects in Jonglei state, especially on nutrition. During the project implementation, the organization will work closely and engage with the community to continue instilling a sense of ownership and for them to be able to support and participate in the project appropriately. Assistant Nutrition Coordinator will be stationed fulltime in the field to preside over the entire project with the support of the Field Coordinator. The organization will continue enhancing the capacity of Nutrition staff and community nutrition volunteers so as to increase awareness of the project among the community leaders while working closely with local staff attached to the project to ensure the work-plan is followed as a tool for project monitoring. Nile Hope will work closely with UNICEF to secure plumpy nuts and other supplies, and have them pre-positioned to the site for the initiative to run the nutrition emergency project smoothly. The Programs Coordinator will create working synergies across the various programs/sectors and will ensure timely project implementation, monitoring, evaluation and reporting (including use of the requisite tools and approaches). The Executive Director will take lead in donor obligations and the overall administrative issues to do with the project. The Finance Office will resource/finance the project according to the work plan and budget and ensures timely financial reporting.

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.

The organization’s senior nutrition staff (Assistant Nutrition Coordinator) in the field will monitor daily nutrition outpatient activities being carried out at the project site then provide the Nutrition Coordinator with weekly reports and monthly to ensure the project is in line, and consistent, with the stipulated work plan. The M&E Officer will referee the progress of indicator achievement to ensure compliance with projections. The Nutrition Coordinator will provide the necessary technical and capacity support and coordination to ensure timely and quality implementation of activities as well as send monthly nutrition cluster report to the nutrition cluster coordinator. The Executive Director and Programs Coordinator will also visit the area in turns to provide administrative assistance and also support in developing tools for monitoring purposes such as questions, feedback interview questions, Focus Group Discussion issues, observation lists and so on. The Project Logical framework will be a critical tool for Monitoring and Evaluation. Because of the correlation between health and nutrition, we shall also involve Nile Hope’s supported County Health Advisor in the progressive monthly monitoring process as we as in the project-end evaluation exercise.

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 2013 1 st round allocation	220,000
Save the children nutrition project Akobo	95,700
Total	315,700 USD
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:

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55067	Project title: Addressing Nutrition Emergency Response in children under five, P&LW, IDPs, returnees and other vulnerable population in Akobo, Pigi and Fangak counties in Jonglei state	Organisation: Nile Hope

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"> The main objective is to reduce the mortality and morbidity of children under five, P&LW, IDPs, Returnees and other vulnerable people and manage the other affected population thus improve the general health in the three counties; the project mainly targets 8,930 individuals by the end of March 2014 	<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 malnourished children treated at the OTP centre Number of beneficiaries both male and female passed with health and nutrition key messages 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Weekly and monthly OTP centre report Quarterly OTP centre report Registers of beneficiaries report 	
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"> The seek to reduce the mortality and morbidity of children under five, P&LW, IDPs, Returnees and other vulnerable people and manage the other affected population thus improve the general health care in the three counties; the project mainly targets 8,930 individuals by the end of March 2014 	<p>Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <ul style="list-style-type: none"> Number of malnourished children managed at the OTP Number of population provided with health and nutrition education including on proper diet 	<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"> Weekly and monthly OTP centre report Quarterly report OTP centre report Photos of receive health and nutrition including on proper diet Participant list of trainees in attendance 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> The OTP centre will be accessible by all community members The local authority will give any necessary support require for the smooth running of the programme
Results	<p>Results - Outcomes (intangible): <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ul style="list-style-type: none"> Treatment of severely acute malnutrition and MAM to improve nutrition status among children under 5 years, IDPs, returnees and 	<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"> 2,850 children under five both boys and girls are treated in 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"> Weekly and monthly OTP centre report Quarterly OTP and final report OTP register book 	<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>

	<p>the host community reaching 2,850 both boys and girls;</p> <ul style="list-style-type: none"> • Enhancing the capacity of Nutrition staff on Integrated management of SAM and others people on different nutrition topic both male and female • Improved coverage of preventive and promotive nutrition services including nutrition knowledge. • Provided micronutrient supplementation to children less than both male and female • Improved coordination and information sharing with nutrition cluster leading to best practices and improved future nutrition programming • Monitoring, evaluation and reporting conducted in a timely manner 	<p>OTP centre(1,417 boys & 1,433 girls)</p> <ul style="list-style-type: none"> • 2400 children under five both boys girl are who are moderately admitted in SFP • Screened 2,050 boys and 2150 girls of children under and referral the severely malnourished to OTP • The project SPHERE standard should be reach • 3200 children less than five de-wormed <ul style="list-style-type: none"> • 105 persons (53 females and 52 males) (trained I on difference nutrition topic e.g.IM-SAM and IYCF practices <ul style="list-style-type: none"> • At least 4000 persons (1,415 male and 2,585 female will be provided with health and nutrition education information/messages <ul style="list-style-type: none"> • 1600 children both male and female provided with micronutrient supplementation <ul style="list-style-type: none"> • Participate in a minimum of 6 nutrition cluster coordination and information sharing session/meeting at county, state and central level <ul style="list-style-type: none"> • Conduct a minimum of 6 nutrition monitoring visit to OTP and timely submission of the report from the OTP site 	<ul style="list-style-type: none"> • Project photos <ul style="list-style-type: none"> • Training attendance • Training report • Project photos • Monthly and quarterly and final report <ul style="list-style-type: none"> • Nutrition education registered books <ul style="list-style-type: none"> • Monthly and quarterly report • Registers of recipients • Project photos <ul style="list-style-type: none"> • Cluster attendance list • Minute of cluster coordination <ul style="list-style-type: none"> • Monitoring report • Email send to the cluster lead and donor 	<ul style="list-style-type: none"> • The caregiver/mother are willing to bring their children in the OTP to be screened and provide with proper treatment <ul style="list-style-type: none"> • Community are willing for their children to be screened in the community and referred them to OTP centre. <ul style="list-style-type: none"> • Selected participant are willing and ready to be trained • Weather favourable allow the moment of trainees <ul style="list-style-type: none"> • Community willing to attend health and nutrition education messages/information <ul style="list-style-type: none"> • Micronutrient available at the OTP centre • Mother OTP willing to bring children to the OTP centre for micronutrient <ul style="list-style-type: none"> • Cluster willing to inform the partners on time • Availability of internet to assess the email from the cluster coordination <ul style="list-style-type: none"> • Security stable in the counties • Availability of computer and email
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	<p>Immediate-Results - Outputs (tangible): <i>List the products, goods and services (<u>grouped per areas of work</u>) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p> <ul style="list-style-type: none"> • NHDF will be able to ensure that morbidity and mortality rate of children under five ,IDPs,returnees,P&LW and other vulnerable persons has reduced through continue providing access to nutrition emergency as well as provided health and nutrition education messages • NHDF will ensure that all children under five who are screened and identified as malnourished are treated well with nutritional food by the end of this project in March 2014 • Micronutrient supplementation provided to children under five both boys and girls as well de-wormed 	<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 malnourished children managed at the OTP centre • Number of people provided with health and nutrition education key messages • Number of children from 6-59 month screened at the OTP centre • Number of children under five provided with micronutrient supplementation <p>Number of children under five de-wormed</p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Weekly and monthly OTP centre report • Quarterly and final report • Daily OTP screening report • Weekly and monthly report • Monthly report • Quarterly report • Registered of recipient • Project photos 	<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 is willing to cooperate with the organization during the project implementation period - resource will be available in timely manner to executed the project -Security should be maintained in the area to avoid the interruption of the programme activities - Mother willing to bring their children to the OTP centre to be screened and be treated -Weather favourable to all the moment of beneficiaries - Micro nutrient available at the OTP centre -Mother willing to bring children to the OTP centre for micronutrient supplementation.
	<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> <ul style="list-style-type: none"> • Conduct community mobilization and sensitization and visioning through holding nutrition campaign and stakeholder workshop for key community leaders 40 male and 20 female in Fangak to evaluate the previous programme activities and discuss with key community leaders how to improved the proposed series of project activities • Treatment of severe acute malnutrition and MAM among children less than five years of returnees,IDPs and the host community approximately reaching a minimum of 2,850 both boys and girls in Fangak, Akobo and Pigi counties(1,417 boys and1,433 girls) 	<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"> • Pens, note book and posters <p>Maker pens and flips char</p> <ul style="list-style-type: none"> - Plumpy nut and Vitamin A -Other routine medication such as mebendazole and amoxicillin <p>- Medical practioner/nutrition staff</p>	<ul style="list-style-type: none"> -Project photos -Minute taken -Monthly report - Weekly and monthly report -Project photos 	<ul style="list-style-type: none"> • Community and local leaders are ready to participate in project implementation • Enough nutrition supplies

<ul style="list-style-type: none"> • Provide de-worming tablet to 3200 children less than five both male and in addition to the children treated at the OTP centre in the three counties • Continue daily screening of children between 6-59 month 2,050 male and 2,150 female in the community and referring the most severe cases to the OTP to be admitted in Pigi ,Fangak and Akobo • Referral of children with medical complication both male and female from the OTP to SC in Pigi Akobo and Fangak • Provide allied preventive and promotive health and nutrition key OTP messages to the caregiver,P&LW,returnees and IDPs approximately reaching 4000 people in total that is 1415 male and 2,585 female • Enhancing the capacity building of 40 nutrition staff 32 male and 8 female on proper management of SAM and MAM in line with available national guidelines in Pigi and Fangak • Participate in a minimum of 6 nutrition cluster coordination and information sharing session/meeting at county state and national levels • Conduct a minimum of 4 nutrition monitoring visits to OTP site by Nile hope M&E officer to ensure the work-plan is followed as a tools for project monitoring and timely submission of the nutrition report from the OTP site . • Enhancing the capacity of 20 nutrition staff 12 male and 8 female and 10 mothers from the host communities and protect and promote appropriate Infant and young child feeding practices IYCF in Fangak as well as enhancing the capacity of 35 community nutrition volunteer CNVs in Fangak county 	<p><i>-De-worming product</i></p> <p><i>- MUAC,Weight,Height and nutrition staff</i></p> <p><i>-Referral slip</i> <i>-Nutrition staff and stationeries</i></p> <p><i>-Nutrition staff</i> <i>-IEC materials and stationeries</i></p> <p><i>-Participant</i> <i>-Training venue</i> <i>-Facilitator</i></p> <p><i>-Dialogue with community in the three counties</i> <i>-Mean of moment via road in pigi,Akobo and Fangak counties</i> <i>-Computer and internet facility</i></p> <p><i>-Dialogue with community in Pigi and Fangak counties</i> <i>-Computer and internet facility</i></p> <p><i>-Participant</i> <i>-Training venue</i> <i>-Facilitator</i></p>	<p><i>- Register books</i> <i>-Weekly and monthly report</i> <i>-Project photos</i></p> <p><i>-screening books</i> <i>-Monthly OTP report</i> <i>-project photos</i></p> <p><i>-Registers</i> <i>-Monthly& Quarterly</i></p> <p><i>-Monthly & quarterly report</i> <i>-Project photos</i></p> <p><i>-Participant attendance list</i> <i>-Training report</i></p> <p><i>-Project photos Email sent of the same</i></p> <p><i>-Participant attendance list</i> <i>-Training report</i> <i>-Project photos</i></p>	<ul style="list-style-type: none"> • Enough de-worming supplies • Equipment available to runs the nutrition programs • Mother/care giver willing to bring their children to the OTP centre to be screened • Stabilization available to refer the children with medical complication • Women inculcated proper dietary practices • Advocacy and training strategies • Fund and training materials is available on time • Equipment for sending report • Fund and training material is available on time
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PROJECT WORK PLAN

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

Project start date: 1st October 2013 **Project end date:** 31st 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: Conduct communities mobilization and, sensitization and visioning through holding nutrition campaign and stakeholder workshops for key community leaders 40 male and 20 female in Fangak to evaluate the previous programme activities and discuss with key community leaders how to improved the proposed series of project activities				x	x	x	x	x	x						
Activity 2: Treatment of severe acute malnutrition and MAM among the children less than five years of returnees, IDPs and host community approximately reaching a minimum of 2,850 both boys and girls in Fangak, Akobo and Pigi counties in Jonglei state				x	x	x	x	x	x						
Activity 3: Referral of children with medical complication both male and female from the OTP to SC in Pigi, Akobo and Fangak				x	x	x	x	x	x						
Activity 4: Enhancing the capacity of 40 nutrition staff 32 male and 8 female on proper management of SAM in line with available national guidelines in Fangak and Akobo				x	x	x									
Activity 5: Continue daily screening of children between 6-59 months, 2050 male and 2,150 female in the community and referring the most severe cases to the OTP to be admitted in Pigi, Akobo and Fangak				x	x	x	x	x	x						
Activity 6: Provide allied preventive and promotive health and nutrition key message to the caregivers, P&LW, returnees and IDPs approximately reaching 4000 people in total (1,415 male & 2,585 female in Akobo, Pigi and Fangak counties				x	x	x	x	x	x						
Activity 7: Participate in a minimum of 6 nutrition cluster coordination and information sharing session/meeting at county, state and national levels				x	x	x	x	x	x						
Activity 8: Enhancing the capacity of 20 nutrition staff, 12 male and 8 female and 10 mothers from the host communities and protect promote appropriate Infant and young child feeding practices (IYCF) practices in Fangak							x	x	x						
Activity 9: Enhancing the capacity of 35 community nutrition volunteers CNVs in Fangak on CMAM approach				x	x	x									
Activity 10: Conduct a minimum of 4 nutrition monitoring visits to the OTP site by Nile hope M&E monitoring to ensure the work-plan is followed as a tools for project monitoring and timely submission of nutrition report from the OTP site as well provide de-worming tablet to 3200 children both boys and Girl.				x	x	x	x	x	x						

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