South Sudan
2014CHF Standard Allocation Project Proposal

for CHF funding againstConsolidatedAppeal2014

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariatchfsouthsudan@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 2014 First 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 2014.

Cluster Priority Activities for this CHF Round

(i) Management of Acute malnutrition
Treatment of acute malnutrition in children U5 years, P&LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM. This will also include management of essential nutrition supplies from procurement to end user location

(ii) Prevention of Acute Malnutrition
During lean seasons, supplementary foods to (BSFP) to boys and girls aged 6-36 months. Promotion of optimal infant and you child feeding in emergencies.

(iii) Provision of Emergency preparedness and response services
Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition is selected counties.

Cluster Geographic Priorities for this CHF Round

1) Jonglei (all counties)
2) Upper Nile (Maban, Nasir, Ulang, Baliet)
3) Unity (Panyjar, Koch, Mayom, Abiemnhom, Mayendit)
4) NBeG (all counties)
5) Warrap (all counties)
6) Eastern Equatoria (Kapoeta East, Kapoeta North)
7) WBeG (Raga, Wau, Jur River)
8) Abyei area

SECTION II

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

Requesting Organization
Comitato Collaborazione Medica

Project CAP Code	CAP Gender Code
SSD-14/H/60632	0

CAP Project Title*(please write exact name as in the CAP)*
Support the CHD in preventing and treating Acute Malnutrition in Under 5, Pregnant and Lactating Women and other vulnerable groups through a community based approach, in order to reduce morbidity and mortality in GY (Lakes State) and in GT (Warrap 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)*
Lakes State	100%	*Awerial, Yirol East, Yirol West*

Total Project Budget requested in the in South Sudan CAP	US$ 1.037.053
Total funding secured for the CAP project ***(to date)***	US$ 53.640

Funding requested from CHF for this project proposal	US$ 160,369

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:	19484	44,337
Girls:	15193	20,363
Men:	2292	4,237
Boys:	15217	20,363
Total:	52,186	89,300

Indirect Beneficiaries / Catchment Population (if applicable)

Indirect beneficiaries count 485,000 people (70% of the population in the project catchment area) plus 76,000 IDPs recently displaced by fighting from Bor, Jonglei State currently camping in Awerial county.

Targeted population:
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

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

	Allocation approval date)
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) CUAMM – Doctor with Africa	Indicate number of months: 3 months Start date : 01 February 2014 End Date: 30 April 2014

Contact details Organization's Country Office	
Organization's Address	*CCM Office - HaiThongping area, Plot 122, Block 3K South, 2nd Class Residential Area of Juba*
Project Focal Person	*Corrado Di Dio (Lakes State)* *Corrado.didio@ccm-italia.org* *+211 921276394*
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Monitoring & Reporting focal person	*Elisabetta D'Agostino,* *coutryrep.ssd@ccm-italia.org,* *+211 918570727*

Contact details Organization's HQ	
Organization's Address	CCM – Comitato Collaborazione Medica Via Ciriè 31/E 10152 Torino (Italy)
Desk officer	Daniela Gulino *daniela.gulino@ccm-italia.org* *Tel (+39) 011.6602793*
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A. Humanitarian Context Analysis

Briefly describe (in no more than300 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]

The humanitarian situation in South Sudan has sharply deteriorated since 15 December 2013. Heavy fighting between different elements of South Sudan armed forces erupted in Juba and quickly spread to several other states. Fighting occurred in Jonglei State (Bor) and Unity State (Bentiu, Rubkuey) after few days. These fighting immediately displaced civilians in several counties of the State including Bor, Twic East and Duk. Although there are other sites holding IDPs in Awerial county, Mingkamman village which is approximately 20 km south of Bor on the other side of the Nile is the current location of the majority of those displaced. The IDPs started arriving at Mingkamman on 18 December mainly by boats crossing the Nile. Reportedly, the arrival of IDPs has continued on daily basis. According to the County RRC Office as of 31 December, 75,000 IDPs had arrived Mingkamman village and are seeking humanitarian assistance. In lieu of this developments there is urgent need for nutrition in emergency situations intervention in Awerial county (IRNA Report: Mingkaman Awerial County 31st December 2013);

- food supplements (provision of plumpy nuts and supplementary/blanket feeding for severely and moderately malnourished children)
- provision of Vitamins and de-wormers;
- education to the community on how to use balanced diets
- provision of supplementary food items

The already poor nutrition indicators of the counties risk to deteriorate if the situation remains unstable. Poverty prevalence rate stands at 48.9%, while general health data are dire: maternal mortality: 2054/100,000; neonatal mortality: 49/1,000; U5 mortality: 106/1,000 and the average DPT3 coverage: 61% in Yirol East and 63% in Yirol West (GoSS 2012). WFP estimates 80,996 and 254,881 people to be respectively highly and moderately food insecure (Yirol East and Yirol West conditions are called 'deteriorated'). Nutrition data are steadily above WHO recommended standards:

- Awerial: a CCM SMART survey validated in May 2013 reported 21.1% GAM, 17.1% MAM and 4% SAM above the emergency threshold of GAM <15% established by WHO standards;
- Yirol East: CCM data for Q1/Q2 2013 show 36.4% GAM, 26.8% MAM and 9.6% SAM;
- Yirol West: An assessment found the population being vulnerable to malnutrition, with GAM equal to 6.6%.

Greater Yirol is poorly served by integrated PHC & Nutrition services, due to the institutional lack of human, technical and financial resources to set up emergency response to internal clashes, IDPs movements, high returnees' influx, floods, food insecurity and outbreaks. Nutrition activities started in September 2012 in GY thanks to CHF and UNICEF funding. In Awerial and Yitol East, we work in partnership with Plan International who is actually supporting As consequences of the HPF county-wide funding approach, CCM and CUAMM will remain the only Health service providers in the 5 counties, responsible for the integration of Nutrition program within the PHC system. The new scenario requires additional funds to respond to all needs, with the significant advantage to improve Health and Nutrition integration, as per the National Guidelines, and strengthen local institutions' capacities.

B. Grant Request Justification

Briefly describe (in no more than300 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 project will continue the nutrition program in GY, complementing what has been carried out up to now with CHF funds and other partners support (mainly UNICEF and WFP) and will answer to the humanitarian need in Awerial County . The funds of the present standard allocation should be considered as a top up of the amount granted in Round 2 2013. HPF can support minimal education and preventive component of nutrition program but CANNOT support the key and expensive treatment components. UNICEF's support mostly focuses on supplies and logistics. CHF resources are therefore crucial to complement CCM/CUAMM secured funds, covering financial gaps to ensure the management and prevention of acute malnutrition and the provision of emergency preparedness and response services, such as:

- human resources,
- SC/OTP set up/reinforcement,
- expansion of outreach capacities,

During Q3 2013, CCM/CUAMM spent 100% of the CHF R1 2013 resources, while the 2nd Standard Allocations will be exhausted by March 2014. Added values to the present proposal include:

- CCM/CUAMM long-standing partnership with SMoHs/CHDs
- integration of CHF project within broader programs supported by other donors, and mainly focusing on the institutional capacity building of CHDs and the development of County Health Systems;
- expansion of nutrition services to Tonj East andTonj South counties
- Prevention and treatment of SAM and MAM will be ensured through their integration into the basic package of health services provided at HFs level and through the involvement of the community for the referral of cases.

Efforts to secure additional funds are in place through project proposal under presentation of already financed by UNICEF, WFP, HPF and private donors.

C. Project Description(For CHF Component only)

i) Contribution to Cluster Priorities

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

[1] 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.

In line with the nutrition cluster objectives, CCM/CUAMM aim to ensure emergency nutrition services in 3 counties of Lakes State suffering from high malnutrition rates, poor access to basic health services, high influx of IDPs and returnees.

The Project is perfectly integrated with the following Cluster priorities:

a) the **integrated management** of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;
b) the **prevention of malnutrition** in vulnerable population (pregnant and lactating women and children under five) through micronutrient supplementation, the provision of supplementary foods, support of infant and young child feeding, and health and nutrition education;
c) **Strengthening of state and county-level coordination** aimed at improving emergency response and preventive services.

Besides CHF funds, IPs will rely on other supports, involving more donors and stakeholders and integrating this intervention in their wider programs to ensure a comprehensive answer to the assessed needs. IPs will continue engaging with other stakeholders on the ground to prevent overlapping and look for synergies to increase effectiveness of the program (namely Plan/KHI for the referral of MAM cases in Awerial). UNICEF and WFP contribution in terms of food supplies for the treatment of SAM and MAM, even through TSFP (as in Yirol West) will be crucial. The proactive involvement of the local population, through the creating/strengthening of HCs (in which female participation will be encouraged), tasked with peer-to-peer education, will support the promotion of nutrition service and will enhance nutrition surveillance across the communities. Where present, also women's group shall be proactively involved in awareness-raising activities.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kick start/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound(SMART)

The project **main objective** is to contribute reducing morbidity and mortality due to acute malnutrition in P&LWs, children under 5 and other vulnerable groups, with particular regard to the IDPs settlements, under the stewardship of the CHD and the active involvement of local communities.
Specific objective of the project is to ensure the access to and utilization of Nutrition preventive and curative services for host communities and IDPs of Greater Yirol counties with particular focus on MARPs (P&LWs, women and boys/girls U1/U5 living under the poverty line, in remote or underserved areas, IDPs, returnees) in 3 counties of Lakes state. The project would contribute to give continuity to and consolidate the achieved results of the program started under CHF12 and strengthened under CHF13, contributing to effectively address the critical situation illustrated above.
In details, **specific objectives** of the program are:

- to increase of at least 10% the number of SAM and MAM cases treated at SC/OTP level in the project catchment area in 3 months (Baseline 907)
- to ensure the access to nutrition services of IDPs population in Awerial county through the provision of food supplements, Vitamine A and deworming.
- to increase of at least 5% the number of SAM patients with medical complications referred to higher level facility in 3 months. (Baseline 19)
- to increase of at least 15% the number of U5/P&LW screened through MUAC measurement (static and outreach), (Baseline 17.075)
- to increase of at least 5% the number of women and care-takers (including men and community leaders) sensitized about Nutrition in 3 months (Baseline 7600)

Baselines for the assessment of performances are CCM/CUAMM target achieved as part of R1 CAP 2013.
For the objective and the identified expected outcomes, specific measurable indicators have been selected, most of which are indicated as Nutrition Cluster priorities and/or are MoH requirements for health reporting since relevant to achieve the HSDP 2012 – 2016 targets. The project timeframe (3 months) is adequate to meet the project objectives, since: (i) both implementing partners (CCM and CUAMM) are already operating and have functioning field bases in each target county; (ii) collaboration with institutional partners (Lakes and Warrap SMoH and concerned CHDs) for running integrated PHC and Nutrition services has been established and reinforced through the past several years.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it).** There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.
List the main activities and results 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 strategy foresees: (i) the treatment of SAM in accordance to the national protocols and guidelines, with a focus on strengthening linkages between MAM and SAM; (ii) the provision of community-based services (including outreaches) in order to increase the accessibility of integrated health and nutrition services to remote communities, IDPs, vulnerable groups and MARP; (ii) the elaboration of contingency/resilience plans to efficiently face nutrition-related emergencies; (iv) the organization of targeted training sessions, in order to strengthen the management and planning capacities of the CHD officers.
SAM and MAM prevention and treatment will be ensured through its integration into the package of basic health services provided at HFs level and through the involvement of the community for the referral of cases. That will be possible improving HFs conditions (infrastructures, equipment and supplies availability), training the local health staff and sensitizing/informing the population. The definition of a plan and of local synergies, together with actions specifically dedicated to nutrition data collection and analysis, will enable the local partners to monitor the catchment area nutrition status. Moreover, the nutrition services delivery (as for outcomes 1) will contribute to the prevention of acute malnutrition in children under 5, P&LWs and other vulnerable groups and to the promotion of optimal health in infants and young children. The integration of the present project into the wider HPF intervention, that foresees the strengthening of the CHD and a consistent involvement of local communities in health system running, will positively influence the intervention impact and sustainability.

Herewith the list of all sites of intervention:

County	Name of site	SC	OTP	TSFP	BSFP
Yirol East	Adior PHCC	X	X	X	
	Nyang PHCC		X		
	Thonabuk-kok PHCU		X		
	Pagarau PHCU		X		
	Malek PHCU		X		
Awerial	Bunagok PHCC		X		
	Awerial Centre PHCU		X		
	Mingkaman PHCU		X		
	Abuyung PHCU		X		
Yirol West	Yirol Hospital	X	X	X	
Total		**2**	**10**		

Project activities are listed below, grouped under the expected output they refer to:

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

Output 1: **Acute malnutrition is treated through frontline nutrition services for IDPs, U5 and P&LW in Greater Yirol**

1.1 Maintaining of integrated ANC/PNC and nutrition services for P&LW, including ordinary screening and micronutrient supplementation, in Yirol County Hospital MCH, at PHCC/Us level and IDPs settlement;
1.2 Treatment of SAM cases in children U5 and other vulnerable groups in OTP and SC.
1.3 Enhancing the emergency referral system through improved coordination among partners/stakeholders.
1.4 TA and supportive supervision to health staff responsible for nutrition data collection/recording and drug administration.
1.5 Maintaining coordination (through coordination meetings and MoUs with other IPs: namely Plan/KHI and concerned SMoH) between OTP and STFP services in Greater Yirol counties, when SAM and MAM cases are treated by different partners.

DIRECT BENEFICIARIES OUTPUT 1:

- U5 MAM and P&LWs admitted for treatment: CCM at least 709 CUAMM at least 690 (minimum U5 50%boys)
- U5 SAM and P&LWs admitted for treatment: CCM at least 667, CUAMM at least 205 (minimum U5 50% boys)
- U5 MAM and SAM cases referred to partners: at least 20.
- U5 supplemented with Vitamin A and dewormed: 25,765 (50% girls), CUAMM at least 695;

Output 2. Acute malnutrition is prevented for both U5 and P&LW in host and IDP/Returnee communities in the catchment area

2.1 Implementation of at weekly outreaches, covering the entire targeted counties and targeting IDPs settlement in Awerial county, underserved areas, cattle-camps.
2.2 Micronutrients supplementation and de-worming to P&LWs and U5 during ANC, EPI and consultation visits both at HF level, IDPs settlements and routine outreaches.
2.3 Integrate U5 growth monitoring within EPI/OPD ordinary service provision, including micronutrient/Vitamin A supplementation and deworming.
2.4 Technical assistance of health staff on (i) Integrated Management of SAM/MAM, (ii) IYCF and (iv) complicated cases emergency referral.
2.5 Organization of weekly nutrition education sessions (breastfeeding, dietary intake, complementary feeding, food hygiene and preparation, FP and RH etc.) at facility and/or outreach level in all supported hospitals/PHCC/PHCU, targeting caretakers (men and women) and women in childbearing age.
2.6 Organization of targeted education sessions on safe nutrition/feeding practices for U5 and P&LWs for opinion leaders and peer-to-peer educators (i.e. Village Health Committees, Home Health Promoters, religious leaders, community/cattle-camps leaders).

DIRECT BENEFICIARIES OUTPUT 2:

- U5 screened (MUAC): CCM at least 7,968 - CUAMM at least 4,375 (minimum 50% boys)
- Pregnant women receiving iron-folate: CCM at least 4,588 CUAMM at least 2,340
- Lactating women receiving Vitamin A: 4,588
- Health workers supervised in IYCF: 100_ (27% women)
- Community members reached by nutrition messages (IYCF): at least 14,500 minimum 25% men)

Output 3: **Nutrition EP&R capacities at Greater Yirol, Tonj East and Tonj South county level are enhanced**

3.1 Rapid Nutrition assessment and surveillance of IDPs in Awerial County;
3.2 TA to concerned CHDs and selected health staff (both male and female) on (i) MoH and Nutrition Cluster reporting tools, (ii) nutrition surveillance and e-warning systems.
3.3 Set up /scale up of joint CHD/implementing partners' supporting supervision mechanism of nutrition-related health facilities performances;
3.4 Effective participation to the Nutrition Cluster coordination mechanism at state and national level.
3.5 Facilitation of inter-cluster coordination system at state and national level (with Health, WaSH and Food Security clusters).

DIRECT BENEFICIARIES OUTPUT 3:

- N. of CHD members assisted on nutrition surveillance, EP&R and monitoring: CCM 7, CUAMM 5;
- Number of joint supervision with the CHDs realized: 80%
- No of rapid nutrition assessment and surveillance conducted: at least 1.
- No of state level coordination meetings attended: 85%

v)List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the log frame.

SOI (X)	#	Standard 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)
Xx 1	1.	Children (under-5) admitted for the treatment of Severe Acute Malnutrition (SAM)	No. of children (total): 807
		Girls	*No. of children: 404*
		Boys	*No. of children: 403*
X 2	2.	Quality of SAM program	
		Overall SAM programme cure rate (> 75%, SPHERE standards)	Percentage
		Overall SAM program default rate (<15%, SPHERE standards)	Percentage
		Overall SAM program death rate (<10% SPHERE standards)	Percentage
X 3	3.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	No. of children (total): 1196
		Girls	*No. of children: 563*
		Boys	*No. of children:633*
X 4	4.	Quality of MAM program	
		Overall MAM programme cure rate (> 75%, SPHERE standards)	Percentage
		Overall MAM program default rate (<15%, SPHERE standards)	Percentage
		Overall MAM program death rate (<3% SPHERE standards)	Percentage
X 6	5.	No of nutrition treatment sites	12
		No of Stabilization centers	2
		No of OTP sites	10
X 7	6.	Pregnant women receiving iron-folate	CCM at least 4,588, CUAMM at least 2,340
	7.	Lactating women receiving Vitamin A	4,588
X 10	8.	Health workers trained in Infant and Young Child Feeding (IYCF)	100
		Men	No. of health workers: 27
		Women	No. of health workers: 73
X 12	9.	SMART surveys undertaken	No. of surveys (total): 0

vi). Cross Cutting Issues

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

DRR: Disaster risk reduction is mainstreamed in all project components by supporting basic nutrition services for children U5, PL&W both at facility and outreach level and by strengthening the nutrition EP&R of CHDs and selected Health/Nutrition staff.

ENVIRONMENT: The targeted Hospital, PHCCs and PHCUs adhere to the infection control and universal precautions policies as it is recommended by the Ministry of Health and Public sanitation. Mitigation measures include: (i) incinerators for hazardous waste management are in use and periodically maintained in all CCM-CUAMM supported facilities; (ii) during outreaches, safe collection and waste dumping will be ensured; (iii) food preparation education sessions will mainstream environment education on the collection/use/management of cooking materials (charcoal/wood) (iv) vehicle movements will be effectively planned and coordinated in order duplications of trips to be avoided and several passengers from more stakeholders to be transported.

HIV/AIDS: (i) nutrition surveillance and services will be fully integrated in the health system, including HIV/AIDS prevention promotion (availability of VCT/PMTCT services at hospital level), (iii) nutrition education sessions at both facility and outreach level will also address PMCTC (including infant breastfeeding for HIV+ mother), nutrition requirements for people living with HIV&AIDS, and HIV prevention (within FP education).

GENDER: Girls/women (including most vulnerable ones, like pregnant women, women head of households, women victims of violence, women living in cattle camps) are part of the project main target and are direct beneficiaries of most activities. Moreover,

women will play a great role in the successful implementation of the project activities through active participation of the female health/nutrition staff in the nutrition activities, including outreach and nutrition education sessions. Gender mainstreaming is pursued through (i) equal opportunity of accessing nutrition services; (ii) mobile clinic targeting mostly women, penalized by home care duties and traditional rules regulating their movements; (iii) organization of awareness raising and nutrition education sessions targeting also men and opinion leaders to facilitate behavioral changes.
CAPACITY DEVELOPMENT; theoretical and on the job trainings involving both nutrition personnel and institutional partners have been included as main project activities to concretely enforce the early warning and nutrition emergency risk reduction in Warrap and Lakes counties and ensure adequate sustainability to the project. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholder in the project follow up and consistent monitoring, as well as in the regular info and data sharing with other stakeholders to better coordinate emergency response and manage integrated resources.

vii) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

Project implementing partners are the INGOs CCM (Comitato Collaborazione Medica) and CUAMM – Doctors with Africa, respectively Lakes and Warrap SMoH partners for health care service provision in Awerial/Yirol East and Yirol West counties and Tonj East and Tonj South counties. CCM/CUAMM share similar vision/mission, core sectors of intervention and have operational MoU signed with concerned SMoH for supporting the provision of integrated primary/secondary health care and nutrition services in the respective catchment areas. Strengthening local health system through collaboration with stakeholders and researching for synergies, preventing duplications or establishment of parallel health/nutrition structures, are CCM/CUAMM pillars in program planning and implementation. Both CCM/CUAMM are registered INGOs in SS and acknowledged also by the national MoH. At local level, smooth collaboration with CHD and other local institutions (Counties Manager, RRC Office, Commissioner, etc.) is already in place.
CCM/CUAMM partnership ensures adequate support and supervision to integrated PHC & Nutrition service delivery and emergency response in all Greater Yirol and in Tonj East and South. Existing coordination to enhance the referral system, build CHD capacities and raise community awareness on nutrition shall be strengthened and targeted actions shall be planned to answer the needs identified, especially during the previous CHF Rounds (starting Nutrition services establishment and integration). Outreaches, support to the existing SC and OTP and enforcement of effective referral system at state level are meant at widening population access to and utilization of frontline and emergency nutrition services, as well as to expand the nutrition surveillance capacities.
The project design is based on sound collaboration among CCM/CUAMM, health institutions at state and county level, other stakeholders (UNICEF, WFP, other INGOs and CBOs). In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), 2 project coordination bodies will be purposely established and meet on regular basis to ensure achievement of expected results:

- MANAGEMENT COMMITTEE (one per county): Composed of CHDs Manager and CCM/CUAMM Project Managers, the MC will meet on monthly basis in each county and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities carried out and in pipeline, (iii) debating possible project implementation challenges and identifying the related way forward, (iv) providing technical assistance in the project supervision, (v) consolidating quarterly project reports, (vi) representing the Project board in front of local stakeholders and when project-related decisions are taken.
- STEERING COMMITTEE (one per State): Composed of Lakes and Warrap State MoH DG (or his/her delegate), CCM/CUAMM Country Representatives in South Sudan (or his/her delegate), the SC will meet on quarterly basis and will be responsible for: (i) supervising the general project implementation and provide related feedback/advice to the Management Committee, (ii) facilitating integration of the project with other health activities in the catchment areas, (iii) linking with other stakeholders at federal and state level (Nutrition & Health Clusters, WaSH clusters, UNFPA, WHO, UNICEF, other INGOs, etc.) to facilitate the project implementation and promotion.

The wider cooperation IPs are creating with the CHD of the targeted Counties (TA, co-location, regular meetings…) will be functional to ensure project implementation and reorientation in line with the local needs and constant monitoring and evaluation.

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and techniques will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)[2].

[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 theoutputs indicators listed in this project proposal.

CCM/CUAMM shall ensure continuous monitoring of project activities by:

- EFFECTIVE REPORTING SYSTEM: (i) compilation of daily/weekly/monthly health facility registers, (ii) compilation of outreach reports, (iii) compilation of monthly and quarterly reports for concerned CHDs and State MoH (Nutrition Cluster reporting tools), (iv) compilation of quarterly progress report for the SC and the donors, (v) monthly and quarterly reports to HQ project department. With regard to data collection and analysis, utilization of DHIS shall ensure integration of project data within the MoH reporting system. Monthly reports to the national Nutrition Cluster shall be timely submitted.
- QUALIFIED TECHNICAL ASSISTANCE: both implementing partners have envisaged employment of technical human resources skilled in Nutrition program management and supervision, responsible for assisting local health staff at both facility and outreach level. They will be based in each main project location and will ensure daily supervision of the quality of the services provided and consistency of data collected.
- M&E OFFICER: CCM staff includes M&E officer based in SS Head Office (Juba), who will be responsible of periodic visits in the project areas, to check about indicators, targets and performances. The same role will be played by CUAMM Country Manager;
- EXTERNAL MONITORING: implementing partners will share periodical information and data on the project implementation with Health Cluster focal persons both at State and federal level, to compare views and get additional inputs and comments.
- STEERING COMMITTEE & MANAGEMENT COMMITTEE: among the SC ToR, supportive supervision and technical assistance to the MC throughout the project implementation is included. The MC shall utilize the project logical framework and work plan as primary tools to assess project performances, achieved versus expected results/targets and respect of the timeframe. IPs and concerned CHDs shall start having regular planning meeting, both internal and with the PHCUs and the VHCs. Data coming from project M&E will inform the discussion, providing the base to define further interventions to address nutrition problems or to re orientate the ones on going. Project report data will be also used to brief the State authorities on County situation, supporting a wider decision-making process on the steps to be done to improve people Health and Nutrition status.
- EFFECTIVE FINANCIAL MONITORING SYSTEM: (i) CCM and CUAMM accounting systems are based on the double-entry system, which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of HQ administrative department; budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; (iii) compilation of financial report is elaborated by CCM/CUAMM country administration with the support of a Project accountant and subsequently approved by HQ administrative department.

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) 47.360
Private Funds – 11/2013 (CUAMM)	US $ 23.360
HPF – 11/2013 (CCM)	US $ 24.000
Pledges for the CAP project	

SECTION III:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

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. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-14/H/60632	**Project title:** Support the CHD in preventing and treating Acute Malnutrition in Under 5, Pregnant and Lactating Women and other vulnerable groups through a community based approach, in order to reduce morbidity and mortality in GY (Lakes State) and in GT (Warrap State).	**Organisation: CCM/CUAMM**

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	**Management of Acute malnutrition** Treatment of acute malnutrition in children U5 years, P&LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM. This will also include management of essential nutrition supplies from procurement to end user location **Prevention of Acute Malnutrition** During lean seasons, supplementary foods to (BSFP) to boys and girls aged 6-36 months. Promotion of optimal infant and you child feeding in emergencies. **Provision of Emergency preparedness and response services** Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition is selected counties.	- U5 SAM cases treated - U5 MAM cases treated - U5 supplemented with Vitamin A and dewormed - P&LW and U5 supplemented with macronutrients - Health staff trained/supervised on Nutrition related topics - U5 screened (MUAC) - P&LW screened (MUAC) - Community members reached by nutrition messages (IYCF)	- Consolidated official nutrition data; - Other data sources (OCHA, IOM, etc.)	
CHF project Objective	To contribute reducing morbidity and mortality due to acute malnutrition in P&LWs, children under 5 and other vulnerable groups, with particular regard to the IDPs settlement under the stewardship of the CHD and the active involvement of local communities	- % reduction of morbidity and mortality due to acute malnutrition - % of SAM and MAM at the end of the project;	- SMART Surveys results - Consolidated official nutrition data; - Other data sources (OCHA, IOM, etc.)	- Internal and cross-borders political stability; - Institutional willingness to effectively target nutrition emergencies; - No movement restrictions for implementing partners - Conductive weather conditions

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	- to increase of at least 10% the number of SAM and MAM cases treated at SC/OTP level in the project catchment area in 3 months (Baseline 907) - to ensure the access of nutrition services to IDPs population in Awerial county through the provision of food supplement, Vitamin A and deworming. - to increase of at least 5% the number of SAM patients with medical complications referred to higher level facility in 3 months. (Baseline 19) - to increase of at least 15% the number of U5/P&LW screened through MUAC measurement (static and outreach), (Baseline 17.075) - to increase of at least 5% the number of women and care-takers (including men and community leaders) sensitized about Nutrition in 3 months (Baseline 7600)	- % of SAM cases treated at SC/OTP level in 3 months; - % of SAM patients with medical complications referred to higher level facility in 3 months; - % of U5/P&LW screened through MUAC measurement (static and outreach), - N. of women and care-takers (including men and community leaders) sensitized about Nutrition.	- Final project report; - Consolidated official nutrition data; - Other data sources (OCHA, IOM, etc.)	- Collaboration of concerned State and local institutions (WS and Lakes MoH, CHD, local authorities etc.); - Conducive environment for INGOs - Collaboration from other stakeholders (UN agencies, other IPs operating at PHC level and in Nutrition/WaSH, returnees' sectors),
Output 1	**Acute malnutrition is treated through frontline nutrition services for IDPs, U5 and P&LW in Greater Yirol**	○ U5 MAM and P&LWs admitted for treatment: CCM at least 709 CUAMM at least 690 (minimum U5 50%boys) ○ U5 SAM and P&LWs admitted for treatment: CCM at least 667, CUAMM at least 205 (minimum U5 50% boys) ○ U5 MAM and SAM cases referred to partners: at least 20. ○ U5 supplemented with Vitamin A and dewormed: 25,765 (50% girls), CUAMM at least 695	- SC/OTP registers - Training attendance list - Referral Records	- WS and LS MoH policy supports the integration of nutrition services within the primary and secondary Health care - Local communities, IDPs and returnees do acknowledge and are willing to access/utilize frontline nutrition services
Activity 1.1	Maintaining of integrated ANC/PNC and nutrition services for P&LW, including ordinary screening and micronutrient supplementation, in Yirol County Hospital MCH and gradually introducing it in all the PHCC/Us in the whole project catchment area;			
Activity 1.2	Treatment of SAM cases in children U5 and other vulnerable groups in OTP and SC.			
Activity 1.3	Enhancing the emergency referral system through improved coordination among partners/stakeholders.			
Activity 1.4	TA and supportive supervision to health staff responsible for nutrition data collection/recording and drug administration.			
Activity 1.5	Maintaining coordination (through coordination meetings and MoUs with other IPs: namely Plan/KHI and concerned SMoH) between OTP and STFP services in Greater Yirol counties, when SAM and MAM cases are treated by different partners.			
Output 2	**Acute malnutrition is prevented for both U5 and P&LW in host and IDP/Returnee communities in the catchment area**	○ U5 screened (MUAC): CCM at least 7,968 - CUAMM at least 4,375 (minimum 50% boys) ○ Pregnant women receiving iron-folate: CCM at least 4,588 CUAMM at least 2,340 ○ Lactating women receiving Vitamin A: 4,588 ○ Health workers trained in IYCF: 100 (27% women) ○ Community members reached by nutrition messages (IYCF): at least 14,500 minimum 25% men)	- SC/OTP registers - Training attendance list - Referral Records	- WS and LS MoH policy supports the integration of nutrition services within the primary and secondary Health care - Local communities, IDPs and returnees do acknowledge and are willing to access/utilize frontline nutrition services
Activity 2.1	Implementation of at weekly outreaches			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Activity 2.2	Micronutrients supplementation and de-worming to P&LWs and U5 during ANC			
Activity 2.3	Integrate U5 growth monitoring within EPI/OPD ordinary service provision			
Activity 2.4	Technical assistance of health staff on Integrated Management of SAM/MAM			
Activity 2.5	Organization of weekly nutrition education sessions (breastfeeding			
Activity 2.6	Organization of targeted education sessions on safe nutrition/feeding practices for U5 and P&LWs for opinion leaders and peer-to-peer educators (i.e. Village Health Committees			
Output 3	**Nutrition EP&R capacities at Greater Yirol, Tonj East and Tonj South county level are enhanced**	o N. of CHD members assisted on nutrition surveillance, EP&R and monitoring: CCM 7, CUAMM 5; o Number of joint supervision with the CHDs realized: 80% o No of rapid nutrition assessment and surveillance conducted: at least 1. o No of state level coordination meetings attended: 85%	- Attendance sheet to training and joint supervision; - Minute of coordination meetings; - Pre-Post Survey Report.	- CHD, RRC and other concerned local institutions are supportive in coordinating IPs activities in providing humanitarian aid to host population, IDPs and returnees to prevent overlapping, - Local authorities are supportive in mobilizing community members on EP&R
Activity 3.1	Rapid Nutrition assessment and surveillance of IDPs in Awerial County;			
Activity 3.2	TA to concerned CHDs and selected health staff (both male and female) on (i) MoH and Nutrition Cluster reporting tools, (ii) nutrition surveillance and e-warning systems.			
Activity 3.3	Set up /scale up of joint CHD/implementing partners' supporting supervision mechanism of nutrition-related health facilities performances;			
Activity 3.4	Effective participation to the Nutrition Cluster coordination mechanism at state and national level.			
Activity 3.5	Facilitation of inter-cluster coordination system at state and national level (with Health, WaSH and Food Security clusters).			
Activity 3.6	Rapid Nutrition assessment and surveillance of IDPs in Awerial County;			

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	**1st February 2014**	**Project end date:**	**30 April 2014**

Activities		**Q2/2014**			**Q2/2014**			**Q2/2014**			**Q3/2014**		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1	Maintaining of integrated ANC/PNC and nutrition services for P&LW, including ordinary screening and micronutrient supplementation, in Yirol County Hospital MCH and gradually introducing it in all the PHCC/Us in the whole project catchment area;		X	X	X								
Activity 1.2	Treatment of SAM cases in children U5 and other vulnerable groups in OTP and SC.		X	X	X								
Activity 1.3	Enhancing the emergency referral system through improved coordination among partners/stakeholders.		X	X	X								
Activity 1.4	TA and supportive supervision to health staff responsible for nutrition data collection/recording and drug administration.		X	X	X								
Activity 1.5	Maintaining coordination (through coordination meetings and MoUs with other IPs: namely Plan/KHI and concerned SMoH) between OTP and STFP services in Greater Yirol counties, when SAM and MAM cases are treated by different partners.		X	X	X								
Activity 2.1	Implementation of at weekly outreaches		X	X	X								
Activity 2.2	Micronutrients supplementation and de-worming to P&LWs and U5 during ANC		X	X	X								
Activity 2.3	Integrate U5 growth monitoring within EPI/OPD ordinary service provision		X	X	X								
Activity 2.4	Technical assistance of health staff on (i) Integrated Management of SAM/MAM		X	X	X								
Activity 2.5	Organization of weekly nutrition education sessions (breastfeeding		X	X	X								
Activity 2.6	Organization of targeted education sessions on safe nutrition/feeding practices for U5 and P&LWs for opinion leaders and peer-to-peer educators (i.e. Village Health Committees		X										
Activity 3.1	Rapid Nutrition assessment and surveillance of IDPs in Awerial County;		X										
Activity 3.2	TA to concerned CHDs and selected health staff (both male and female) on (i) MoH and Nutrition Cluster reporting tools, (ii) nutrition surveillance and e-warning systems.			X									
Activity 3.3	Set up /scale up of joint CHD/implementing partners' supporting supervision mechanism of nutrition-related health facilities performances;		X	X	X								
Activity 3.4	Effective participation to the Nutrition Cluster coordination mechanism at state and national level.		X	X	X								
Activity 3.5	Facilitation of inter-cluster coordination system at state and national level (with Health, WASH and Food Security clusters).		X										

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