

## South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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

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

### SECTION I:

<b>CAP Cluster</b>	<b>Nutrition</b>
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#### 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	Cluster Geographic Priorities for this CHF Round
<p><b>(i) Management of Acute malnutrition</b> Treatment of acute malnutrition in children U5 years, P&amp;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</p> <p><b>(ii) Prevention of Acute Malnutrition</b> 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.</p> <p><b>(iii) Provision of Emergency preparedness and response services</b> Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition is selected counties.</p>	<ul style="list-style-type: none"> <li>- Jonglei state(all counties)</li> <li>- Upper Nile state (especially in Malakal, Melut, Nasir, Ulang, Baliet, Maban)</li> <li>- Unity State (counties covering Pentiu, Panyjar, Koch, Mayom, Abiemnhom, Mayendit)</li> <li>- Lakes (Awerial)</li> <li>- Central Equatoria (Juba and surrounding)</li> <li>- Warrap (Twic, Tonj East, Tonj north)</li> <li>- Abyei area</li> </ul>

### SECTION II

Project details		
The sections from this point onwards are to be filled by the organization requesting CHF funding.		
<b>Requesting Organization: COSV</b>		
<b>Project CAP Code</b>	<b>CAP Gender Code</b>	
SSD-14/H/60379	0	
<b>CAP Project Title (please write exact name as in the CAP)</b>		
Improving the nutrition status of the most vulnerable and hard to reach groups (children < 5, PLWs and KA, TB and HIV-AIDS) in Ayod County		
<b>Total Project Budget requested in the South Sudan CAP</b>	US\$ 323,186.00	
<b>Total funding secured for the CAP project (to date)</b>	Fund secured are from UNICEF	
<b>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)</b>		
	<b>Number of direct beneficiaries targeted in CHF Project</b>	<b>Number of direct beneficiaries targeted in the CAP</b>
Women:	1,500	6,100
Girls:	4368	5000
Men:	140	40
Boys:	4741	5000
<b>Total:</b>	<b>10,749</b>	<b>11,500</b>
<b>Targeted population:</b>		
, IDPs, Returnees, Host communities, Refugees		
<b>Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)</b>		
N/A		
<b>Project Location(s) -</b>		
<b>State</b>	<b>%</b>	
Jonglei	100%	Ayod County - Ayod, Wau, Mogok, Kuachdeng, Pajjek and Pagil Payams
<b>Funding requested from CHF for this project proposal</b>		US\$ 155,000
<b>Are some activities in this project proposal co-funded (including in-kind)?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)		
<b>Indirect Beneficiaries / Catchment Population (if applicable)</b>		
75,506 (50% of Ayod population)		
<b>CHF Project Duration (12 months max)</b>		
Indicate number of months: 6 months		
1 Jan to 30 Jun 2014		

<b>Contact details Organization's Country Office</b>	
Organization's Address	Thong ping – Airport road – Juba
Project Focal Person	<i>Magezi Robert Winx– Nutrition coordinator</i> <a href="mailto:cosv.nutcoordinator@gmail.com">cosv.nutcoordinator@gmail.com</a> 0927133845
Country Director	<i>Giorgio Berardi –</i> <a href="mailto:cosv.countryjuba@gmail.com">cosv.countryjuba@gmail.com</a> 0920429262
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Monitoring & Reporting focal person	<i>Peter claver Olore – Health coordinator</i> <a href="mailto:Cosv.ssudan.healthco@gmail.com">Cosv.ssudan.healthco@gmail.com</a> 0927133847

<b>Contact details Organization's HQ</b>	
Organization's Address	COSV – Via Soperga 39 – Milano -Italy
Desk officer	<i>Claudia Cui –</i> <a href="mailto:claudia.cui@cosv.org">claudia.cui@cosv.org</a> +39 022822852
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## 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<sup>1</sup>

In reference to the documented critical levels of acute malnutrition in Ayod county through the SMART survey conducted in March 2013 [GAM: 19.4% (15.7-23.8) (95% C.I.) SAM: 5.4% (3.4 - 8.4) (95% C.I.)] of Under 5 children indicate a state of emergency as defined by WHO standards for Nutrition status of a population, in addition the levels of Moderately Malnourished screened PLWs (35.78%) registered concern. Vitamin A supplementation, Measles immunization and Targeted and therapeutic feeding encountered in the surveyed sample indicated levels of low coverage. A parallel Infant and Young Child Feeding (IYCF) qualitative survey showed lack of knowledge and poor IYCF feeding practices with 70% of the sample population indicating mixed feeding practices for children below six months of age. The Measles outbreak declaration by the State Ministry of Health in June 2013 and the effects of the seasonal erratic rains and floods that impact on food security in a state documented with 8% severely food insecure and 32% moderately food insecure (FSMS Round 10, June 2013), Anticipated stress and Nutrition security of the most vulnerable is at stake.

Data from the established accessible locations and health centers in the Nutrition Unit from Jan to October 2013 reveals new admissions of 2,191 malnourished children; 1747 Moderately malnourished and 444 severely malnourished children as well as 472 Malnourished PLWs. However, this data represents only five locations of the county and thus a need to access the hard to reach areas like the western side of the country. (HAAT and MENIME)

The Western Ayod county is an Island that is a habitat for an estimated population of 36,993 with a nutrition status not yet known heedful of the measles outbreak that affected the area and thus anticipated impacted on the nutrition status. This area is a hard to reach location due to water bodies (swamps) that cut it off from the main land of Ayod, and has never been adequately supported by any humanitarian agencies until January 2013 when COSV and the Ayod CHD started to provide PHC in the 2 existing but not functional facilities (1 PHCC and 1 PHCU), reaching the island after years of isolation.

## B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

In following up on the recommendations from the SMART Survey to reduce the critical emergency levels of malnutrition in the county, COSV strives to establish as well as expand activities to address coverage/accessibility barriers to access of the nutrition services, i.e. Establish and make targeted and therapeutic nutrition services easily accessible for the most vulnerable groups in all lower health centers. With support from WFP and UNICEF logistical and in-kind support and funding from IMA in the year 2013, COSV extended and implemented Blanket Supplementary Feeding Program (BSFP), Institutional Feeding Program (IFP) and Targeted Supplementary Feeding Program (TSFP) services in 4 other Payams (Wau, Mogok, Kwachdeng and Pajiek). It is imperative in 2014, that OTP is established in all the TSFP sites established and scale up TSFP and BSFP sites in all the locations of the county by the end of 2014.

CHF funds will support scaling up, establishing and building sustainable infrastructure for Nutrition services in Ayod county and special focus on Menime in Pagil payam and Haat in Mogok Payam which have been described as a hard to reach area by the authorities and humanitarian community in Ayod. Access to the Island is either by air or boat over 2-3 days from Bor or Malakal. CHF funds will be supportive to reach the area and make critical nutrition assessment and resultant intervention establishment to support the struggling remote areas health services in the two facilities of Menime PHCC and Haat PHCU. The CHF funds will also help assess and establish Nutrition activities in Pagil PHCU.

UNICEF has provided both nutrition supplies and a grant support to improve and scale up OTP services in all the above mentioned facilities.

## 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 funds will be used to strengthen the implementation of the following key activities which are in line with the cluster priorities:

- (i) Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups
  - **Treatment for SAM and MAM** in children U5 years, P&LW and other vulnerable groups with focus on strengthening the SAM and MAM program linkages.
  - **Screening** of children <5 and PLWs to identify SAM and MAM cases through static (PHCC, PHCU) and outreach activities
- (ii) Prevention of acute malnutrition in the vulnerable population targeted (screening, optimal IYCF-E, nutrition education, supplementation, BSFP)
  - Provide **micronutrient supplementation** to children U5 and PLW
  - Provide **supplementary foods through BSFP** to boys and girls aged 6-36 months as well as PLW
  - Protect, promote and support **appropriate infant and young child feeding practices** through **mothers support groups**
  - **Awareness activities** on optimal nutrition practices
- (iii) Provision of Emergency preparedness and response services
  - Conducting a Pre-Harvest SMART survey in the county to assess the nutrition status as well as evaluate the impact of project and inform relevant stakeholders
  - **Rapid Nutrition Assessment in IDPs, Hard to access** areas where there have been emergencies (measles outbreak in May 2013) so as to timely and appropriately respond as well as involve stakeholders.

<sup>1</sup> 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.

## 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 kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

### Overall Objective:

To support life saving interventions of nutrition related emergencies among the people of Ayod County up to 2014

### Specific objective:

To ensure community access and engagement into preventive and therapeutic services for malnutrition in children U5 years, Pregnant & Lactating Women (PLW), and other vulnerable groups including people affected with HIV, TB, KZ & other chronic illnesses in 7 health facilities in Ayod County

## 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).

**Strategy 1:** Establish, scale up and support TSFP/OTP sites in the existing lower health centers (PHCUs) i.e. five OTP sites established in Payams of Wau, Mogok, Pajiek, Kwachdeng and Pagil (including the islands of Haat and Menime) in addition to the existing Ayod and Jiech sites and build the capacity of health workers to actively, timely detect and manage acute malnutrition in an integrated manner with the guidance of the National protocols.

County	Name of Site	SC	OTP	TSFP	BSFP
Ayod	Ayod PHCC	X	X	X	X
	Jiech PHCU		X	X	X
	Wau PHCU			X	X
	Mogok PHCU			X	X
	Kwachdeng PHCU			X	X
	Pajiek PHCU			X	X
	Pagil PHCU				

### Treatment:

- Therapeutic feeding for children (from 6 up to 59 months) with SAM.

Location: Ayod County

Estimated n of beneficiaries: **1,220 (634 male, 586 female)**

- Supplementary feeding for children (from 6 up to 59 months) with MAM.

Location: Ayod, Wau, Mogok, Kuachdeng, Pajiek, Jiech facilities

Estimated n of beneficiaries: **2,238, 1,169 male, 1,069 female**

- Supplementary feeding for malnourished PLW

Location: 5 Payams Ayod, Wau, Mogok, Kuachdeng, Pajiek facilities

Estimated n of beneficiaries: **500 PLWs**

- Supplementary feeding for children and adults who suffer chronic illnesses, such as Kala Azar or TB, with malnutrition.

Location: Ayod, Wau, Mogok, Kuachdeng, Pajiek, Jiech facilities

Estimated n of beneficiaries: **280**

**Strategy 2:** Prevention of malnutrition and Promotion of IYCF principles and practices and encourage community engagement and participation through

Establishing and supporting the existing mother support groups. The **mother support groups** shall be sustainably supported to influence behavioral change geared towards improving infant and young child feeding as well as a conduit to provide health and nutrition sensitization as their capacity to is built toward a positive health deviance approach. They will practice and shall support other lactating mothers facing challenges with breast-feeding as well who will play an active linkage between the health centers and the community ensuring active community detection and referral of malnourished children. The outcome of the strategy will ensure smooth operations of the activities below;

Location: Payams Ayod, Wau, Mogok, Kuachdeng, Pajiek and Pagil, Menime, Haat and Jiech with an estimated ten groups per health facility.

Estimated n of beneficiaries: 500 women, 33 groups in the whole community with a maximum of 15 and a minimum of 5 members

- Blanket Supplementary feeding children (6-35 months). In addition The children shall be given Vitamin A and dewormed.

Location: Ayod, Wau, Mogok, Kuachdeng, Pajiek, Pagil, Menime, Haat and Jiech

Estimated n of beneficiaries: 5,653 ( 2,938 boys and 2,715 girls)

- Micronutrient supplementation for pregnant and lactating women. Mothers, on attending ANC, shall receive Folic/ferrous tablet supplementations to prevent against physiological anemia of pregnancy.

Location: Ayod, Wau, Mogok, Kuachdeng, Pajiek, Pagil, Menime, Haat and Jiech

Estimated n of beneficiaries: 1,000

- Community MUAC screening and referral for treatment of MAM and SAM to children (from 6 up to 59 months) Location: Payams Ayod, Wau, Mogok, Kuachdeng, Pajiek and Pagil, Menime, Haat and Jiech

Estimated n of beneficiaries: 14,617

- Carry out routine Health Education in communities and health facilities emphasizing on prevention of malnutrition and care. Topics include; hygiene practices, home care for malnourished, breastfeeding, nutrition during pregnancy, importance of immunization for children (positive deviance approach) and infant and young child feeding (IYCF) practices.

Location: Payams Ayod, Wau, Mogok, Kuachdeng, Pajiek and Pagil, Menime, Haat and Jiech

Estimated n of beneficiaries: 75000 (as indirect beneficiaries above)

- Health and nutrition workers trained (includes facility and community level health and nutrition workers) on detection, and management of acute malnutrition, emergency preparedness and response and infant and young child feeding principles.

Location: Ayod, Wau, Mogok, Kuachdeng, Pajiek, Jiech facilities, Pagil, Menime, HAAT facilities

Estimated n of beneficiaries: 60 Health workers

### Strategy 3: Nutrition Assessment

Conducting rapid nutrition assessment in hard to reach areas as well as the periodic SMART survey to inform, monitor and evaluate the existing interventions

Location: Western Island – Menime and Haat area and

Estimated n. of activity 1

Conducting a pre-Harvest SMART survey for Ayod county.

Location: Ayod County

Estimated n. of activity 1

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

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

R1 The level of acute malnutrition of children under 5 and pregnant and lactating women is reduced in the Ayod County.

R2 The community is more aware on how to detect and refer acute moderate and severe malnutrition, more informed about the best IYCF principles and practices, proper sanitation and hygiene practices and basic nutrition principles.

R3 Lower health centres (PHCUs) integrate and functionalise nutrition services with a strong link to the community

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.	Children (under-5) admitted for the treatment of SAM	1,220.( 634 Boys, 584 girls)
X	2.	Quality of SAM program	>75% cure rate, <15% Default rate and <10% death rate
X	3.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	2238 Children treated for MAM (1169 Boys, 1,069Girls)
X	4.	Quality of MAM program	>75% cure rate, <15% Default rate and <3% death rate
X	5.	Pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	500 Malnourished women rehabilitated.
X	6.	Number of Nutrition sites.	1 SC. 5 OTP sites, 6 TSFP sites
X	7.	Pregnant women receiving iron-folate	1,000 Women
X	8.	Children (3-35 months) receiving supplementary foods through Blanket Supplementary Feeding Programmes (BSFP)	5,653 ( 2938 boys and 2,715 girls)
X	9.	Number of functional mother support groups	33 groups
X	10.	Children screened in the community	14,617 (7601 Boys, 7601 Girls)
X	11.	Health workers trained in Infant and Young Child Feeding	60 (30 male, 30 female)
X	12.	SMART surveys undertaken	1 Pre-Harvest
	13.	Specific nutrition rehabilitation of TB/Kalaazar patients	280. 140 male and 140 female

#### vi). Cross Cutting Issues

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

Gender and vulnerability:

The proposed intervention aims to support basic nutrition needs of vulnerable populations in rural areas. Specifically, the nutrition support program will address **pregnant women, as well as children under 5**, being the most vulnerable groups in terms of malnutrition. In order to increase the awareness at community level on prevention of malnutrition education activities on key topics such as breastfeeding infant and Young child feeding and in the Context of HIV will be a major focus.

The implementation will also have special focus for women and children under 5, being the most vulnerable groups in terms of morbidity and mortality. **Male involvement** in nutrition education and awareness will be emphasized. **Women recruitment** shall be encourage, especially in reproductive health services and child care, with establishment of mother support groups to strengthen the

women. Their action will have positive impact in the role of women in the households and community. Moreover, the **ongoing mother support group program** (established in September 2013 on the occasion of the WBW) is showing an high level of motivation of the women involved which are acquiring knowledge and at the same time are becoming more self-aware of their important role for the well being of the household and the community.

HIV/AIDS will be mainstreamed as follow:

- 1 - Establish relation at State level with MoH and Jonglei AIDS coordinator
  - 2 - Capacity building of health workers at facilities, CHD and COSV staff on standard precautions, blood safety and bio-waste management, Also training shall be conducted on: Introduction to HIV/AIDS, integration of HIV in nutrition program, Integration of nutrition skills in support of people living with HIV. as external training, and Infant and young child feeding with special focus on HIV/AIDS
  - 3 - Awareness for the communities about HIV/AIDS including sensitisation on basics of Nutrition, HIV/AIDS and the Relationship, Infant and Young child feeding and distribution of information, education and communication material, including the celebration of world AIDS days
  - 4 – Inclusion of HIV-AIDS patients in the Institutional feeding program of WFP
  - 5 - Establishment of PMTCT program in AYOD PHCC
  - 6 – Provision of Post-exposure prophylaxis for health workers at risk
  - 7 – HIV counseling and Testing (HCT) at Ayod PHCC and selected PHCU sentinel sites.
- These activities will be implemented as an integrated approach for Primary Health care services, including nutrition activities.

Environment:

COSV overall environmental policies aim at ensuring that, there is no direct or indirect or low negative environmental impact on the areas where it operates.

Both COSV compound and Ayod PHCC are equipped with a solar system, therefore the use of generator and fuel is minimal. Health units will be also provided with solar panel system. The existing peripheral cold chains are functioning with solar power, 5 new are planned to be established in 2014.

COSV ensure collection and disposal of packaging, plastic and other wastes, paying particular attention to waste storage and disposal. A placenta pit was built in 2013. Fenced and protected dug pit and burying are used for medical waste and it is and the procurement process for the rehabilitation of the PHCC incinerator is ongoing.

New latrines have been built in the Ayod PHCC and links with the WASH partners have been strengthened. A mapping of the WASH needs at health facilities has been carried out in addition to an interagency assessment in the Western Island.

COSV personnel both local and expatriate have been duly trained about the high risks related to medical waste management and thus about the importance of following the correct procedures for the safe collection and disposal of waste. Moreover, with the World Bank funding received through IMA, all health facilities must have waste disposal facilities to attain better incentive payment

COSV has stated to participate at the ENVIRONMENTAL PROJECT RECYCLING in Juba for the disposal of plastic bottles and aluminium cans. It is planned to extend it in the COSV compound in Ayod in 2014.

Environmental **education is a cross-cutting issue integrated** in all the communities' awareness programs. Special care is given to the nutrition one, since it tackles topics that allow spreading environmental friendly messages.

Some of the main topics are: fuel efficient cooking techniques, collection and disposal of packaging, plastic and other wastes, alternative way to utilize plastic through livelihood activities. Support **'3 R' strategy for waste management** – Reduce, Re-use and Recycle. COSV annual plan for 2014 seeks to increase the engagement of the civil society within its activities. In the management of the used bags that come with WFP supplies encourage its re-use for re-package of other supplies for storage. Some are distributed in the community as NFI.

#### 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.

COSV's Implementation of nutrition activities will be integrated in the existing health structures of Ayod PHCC and Wau, Mogok, Pajiek and Kuachdeng PHCUs with the participation of the community authorities. The program will scale up to reach Pagil, Haat and Menime PHCUs and will ensure continuation of activities in Jiech PHCU. Ayod PHCC will remain the main centre of referral and treatment of SAM patients that require stabilization. Supervision and coordination of nutrition activities for the PHCUs will be coordinated from Ayod centre. Implementation of the activities shall be both fixed based and as outreaches to the community. The Nutrition health promotion and screening shall be mainly in mobile outreach. TSFP, BSFP and IFP shall also be the major nutrition intervention with the support of UNICEF and WFP. Given that during rainy seasons, logistics activities are hampered, activities have been planned and supplies prepositioned in the main facility locations to ensure continuity in nutrition services.

Vulnerable hard to reach groups will be accessed through the nutrition and health promotion campaigns for case detection (screening for malnutrition), immunization, micronutrient supplementation under mobile outreach program strategy for the dry season health campaigns. COSV intends to work through **community volunteers** and **Mother Support Groups**, local authorities by utilizing the positive health deviation on infant and young child feeding practices, proper sanitation and hygiene. Trained personnel shall be involved; CHW, MCHW, Medical Assistants and Nutrition health workers. COSV expat team shall provide regular support and technical supervision as well as monitor the progress of the project.

OTP sites will be run with support from UNICEF and IMA, and IFP, TSFP and BSFP with the support from WFP. The WHO supports the existing health facilities in the treatment of Kala Azar and TB.

#### 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 technics 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)<sup>2</sup>.

The frame of reference for monitoring the project is represented by the five criteria defined within the ambit of the PCM approach: relevance, efficiency, effectiveness, impact and sustainability. The **monitoring system** will be based on 3 sets of indicators: **efficiency indicators**, touching the respect of time, expenditures, human resources and outputs; such indicators are settled every 6 months; **effectiveness indicators**, measuring the usefulness of the project activities, quantifying the short and long term impacts in terms of benefits produced by the project and enjoyed by the beneficiaries, and the achievement of intermediate and final objectives; such indicators are settled once at the beginning of the project; **context indicators**, analyzing risk factors and project assumptions in order to keep track of sustainability from the beginning; such indicators are established at the starting of the project and revised mid term. An operational and accordingly inclusive Monitoring and Evaluation Plan will be developed in tracking progress in relation to the designed project log frame with which a monthly work plan for the execution of the activities will be derived. The performance indicators will be collected and reported monthly using the nutrition cluster reporting tool that incorporates SC, OTP, TSFP and BSFP activities as well as children/PLWs screened, de-wormed and provided with micronutrient supplementation and capacity building of health staff. Data collected will at all times being disaggregated into sex, age, location to address and inform on cross cutting issues like gender and the environment and this will commence as soon as possible.

The nutrition coordinator in collaboration with the nutrition assistants dislocated in the different location and with the supervision of the health coordinator will be in charge of the continuous follow up, gathering data, process them and report to the management. All deviations between planned indicators and measured data will be reported in real time to the project management, which will be in charge of taking remedial actions when appropriate.

Transmission of data and communication among facilities will be done through the Codan radio network that connects Juba to Ayod and the health facilities. Moreover, both county administrator and director will conduct monthly visits in order to track progress and to communicate to the donor any challenges encountered.

The monthly performance indicators will inform and guide on the course of action to ensure we meet the standards by aligning the project to meet the desired objectives. Monthly reports will be verified by expat staff for completeness, and correctness. Adequate report forms, register books from MoH, UNICEF and Nutrition Cluster and all necessary record materials shall be put in place. The Project manager and the health coordinator shall be the focal persons for M&E activities involving financial and technical aspects respectively. Activity plans shall be broken down into weekly and monthly schedules, at PHCC and for outreach programs to guide project implementation. Quarterly review and planning meetings will be conducted to ensure project objectives are met and challenges are communicated and addressed accordingly, targets are achieved and the acceptable standards for the specified indicators achieved. Monthly reports will be communicated to all the relevant stake holders and in addition a mid-term report and a final comprehensive end of term report showing the progress of the indicators will be prepared to communicate to all project stakeholders on the progress/achievement of the project.

Even though Gantt chart and Log frame drawn up will be the main project management tools for M&E activities, activity plans shall be broken down into weekly and monthly schedules. Quarterly review and planning meetings will be conducted to ensure project objectives are met and challenges are communicated and addressed accordingly, targets are achieved and the acceptable standards for the specified indicators achieved. The Administrator is responsible for the administrative coordination of the whole project. A special internal control system based on several financial tool-kits (intermediate financial reports, salary sheets, petit cash, time sheets, assets register, etc) that allows the Administrator to have a permanent overview on the whole project, in order to assure a sound management. According to the project Gantt chart, a cash flow has been planned. Based on it, funds will be periodically transferred from the HQ after the approval of the monthly financial report. Such financial system helps verifying the effectiveness of the resources available for the activities implementation.

The success of the monitoring and evaluation framework system will be underpinned by the active role played by COSV staff members based in Ayod with the support of the CHD, who will be in charge of the continuous follow up of the project indicators ensuring proactive supervision and gathering informative and authentic data.

COSV team in collaboration with CHD shall be conducting Quantified Supervisory activities using DHIS health facility supervisory checklist. At all stages of monitoring, the available community structures will be involved accordingly to provide a participatory M&E system.

#### 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)
In-kind from UNICEF - Therapeutic spread, sachet 92g/CAR-150	25,800.00 USD
<b>Pledges for the CAP project</b>	

<sup>2</sup> 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:

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: <b>SSD-14/H/60379</b>		Project title: <u>Improving the nutrition status of the most vulnerable and hard to reach groups (children &lt; 5, PLWs and KA, TB and HIV-AIDS) in Ayod County</u>		Organisation: <b><u>COSV</u></b>
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	(i) Management of Acute malnutrition (ii) Prevention of Acute malnutrition (iii) Provision of Emergency preparedness and response services	Number of new admissions on SAM, MAM treatments	Nutrition Cluster reports	
CHF project Objective	To contribute to the reduction of malnutrition and related outcome among vulnerable population (under five years old children, pregnant and lactating women) through increased access to preventive and curative nutrition interventions	% achievement on targeted direct beneficiaries	Mid-Term and End of Term Project evaluation	Political instability and insecurity Natural disasters like floods affecting access
Outcome 1	To manage acute malnutrition through integrated and community-based approach.	1. % Quality of SAM program 2. % Quality of MAM program	Nutrition Cluster reports	Political instability and insecurity Natural disasters like floods affecting access
Output 1.1	Establish new TSFP and OTP sites and support existing sites to integrate and treat acute malnutrition	1. Number of nutrition sites functioning	Nutrition cluster reports	Political instability and insecurity Natural disasters like floods affecting access
Activity 1.1.1	Establish and support 5 OTP sites and 1 TSFP sites in existing PHCUs			
Output 1.2	Treatment of Acute malnutrition in accordance with the sphere standards	1. Children (under-5) admitted for the treatment of SAM 2. Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) 3. Pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	Nutrition cluster reports	
Activity 1.2.1	Therapeutic treatment for Severely Acutely Malnourished Children (6-59 months)			
Activity 1.2.2	Supplementary feeding for Moderate Acute Malnourished children (6-59 months)			
Activity 1.2.3	Supplementary feeding for malnourished PLW			
Activity 1.2.4	Nutrition rehabilitation for TB, Kala-azar, HIV/AIDS patients			



Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Outcome 2</b>	To prevent acute malnutrition in children, pregnant and lactating women and other vulnerable population groups			
<b>Output 2.1</b>	Appropriate Infant and Young Child feeding promoted	<ol style="list-style-type: none"> <li>1. Number of functional mother support groups</li> <li>2. Number of children screened in the community</li> </ol>	Nutrition cluster reports Activity reports	
<b>Activity 2.1.1</b>	Establishment and support of existing mother support groups			
<b>Activity 2.1.2</b>	Community sensitisation and awareness on IYCF, detection and management of acute malnutrition			
<b>Activity 2.1.3</b>	Community MUAC screening and referral for treatment of MAM and SAM to children (from 6 up to 59 months)			
<b>Output 2.2</b>	Micronutrient supplementation to the vulnerable groups	<ol style="list-style-type: none"> <li>1. Number of Pregnant women receiving iron-folate</li> <li>2. Number of children (6-35 months) receiving supplementary foods through Blanket Supplementary Feeding Programme (BSFP)</li> <li>3. Number of health workers trained in Infant and Young child feeding</li> </ol>	Nutrition cluster reports Training reports Internal Narrative reports	
<b>Activity 2.2.1</b>	Micronutrient supplementation for pregnant and lactating women			
<b>Activity 2.2.2</b>	<i>Train Health workers in prevention, detection and treatment of acute malnutrition</i>			
<b>Activity 2.2.3</b>	Blanket Supplementary feeding children (6-35 months) including Vitamin A supplementation and de-worming			
<b>Outcome 3</b>	To support capacity in emergency preparedness and timely response			
<b>Output 3.1</b>	Conduct SMART survey to inform , monitor and evaluate the existing interventions	<ol style="list-style-type: none"> <li>1. Number of surveys Undertaken</li> </ol>	SMART survey report	
<b>Activity 3.1.1</b>	Conduct Rapid Assessments in the western islands of the county			
<b>Activity 3.1.2</b>	Conduct and Pre-Harvest SMART survey in Ayod 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.)

<b>Project start date:</b>	<b>01/01/2014</b>	<b>Project end date:</b>	<b>30/06/2014</b>
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Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Activity 1.1.1</b> Establish and support 5 OTP sites and 1 TSFP sites in existing PHCUs	x	x	x	x	x	x						
<b>Activity 1.2.1</b> Therapeutic treatment for Severely Acutely Malnourished Children (6-59 months)	x	x	x	x	x	x						
<b>Activity 1.2.2</b> Supplementary feeding for Moderate Acute Malnourished children (6-59 months)	x	x	x	x	x	x						
<b>Activity 1.2.3</b> Supplementary feeding for malnourished PLW	x	x	x	x	x	x						
<b>Activity 1.2.4</b> Nutrition rehabilitation for TB, Kala-Azar, HIV/AIDS patients	x	x	x	x	x	x						
<b>Activity 2.1.1</b> Establishment and support of existing mother support groups	x	x	x	x	x	x						
<b>Activity 2.1.2</b> Community sensitization and awareness on IYCF, detection and management of acute malnutrition		x	x	x	x	x						
<b>Activity 2.1.3.</b> Community MUAC screening and referral for treatment of MAM and SAM to children (from 6 up to 59	x	x	x	x	x	x						
<b>Activity 2.2.1</b> Micronutrient supplementation for pregnant and lactating women	x	x	x	x	x	x						
<b>Activity 2.2.2</b> Train Health workers in prevention, detection and treatment of acute malnutrition		x	x									
<b>Activity 2.2.3</b> Blanket Supplementary feeding children (6-35 months) including Vitamin A supplementation and de-worming				x	x	x						
<b>Activity 3.1.1</b> Conduct Rapid Assessments in the western islands of the county	x											
<b>Activity 3.1.2</b> Conduct and Pre-Harvest SMART survey in Ayod county			x									

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