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

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 in selected counties.

Cluster Geographic Priorities for this CHF Round

- Jonglei state(all counties)
- Upper Nile state (especially in Malakal, Melut, Nasir, Ulang, Baliet, Maban)
- Unity State (counties covering Pentiu, Panyjar, Koch, Mayom, Abiemnhom, Mayendit)
- Lakes (Awerial)
- Central Equatoria (Juba and surrounding)
- Warrap (Twic, Tonj East, Tonj north)
- Abyei area

SECTION II

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

Requesting Organization
Concern Worldwide (CWW)

Project CAP Code	CAP Gender Code
SSD-14/H/60331	1

CAP Project Title *(please write exact name as in the CAP)*
Integrated nutrition interventions for malnourished children and women in South Sudan

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)*
NBeG	42%	*Aweil West (80% of payams) and Aweil North (60% of payams)*
Unity	23%	*Jaak & Mirmir payams, Koch County*
Central Equatorial	35%	*Juba(Juba 3-UN House and Tomping IDP camps)*

Total Project Budget requested in the in South Sudan CAP	US$ 1,104,364
Total funding secured for the CAP project ***(to date)***	US$ 195,990

Funding requested from CHF for this project proposal	US$ 429,161

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:	1,671	5,724
Girls:	4,121	15,234
Men:	213	852
Boys:	3,804	14,063
Total:	9,809	35,874

Indirect Beneficiaries / Catchment Population (if applicable)

Total : 11,362

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

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

6 months
1 April to 30 September 2014

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)
Not applicable

Contact details Organization's Country Office	
Organization's Address	Concern Worldwide, P.O. Box 140, Hai Negley, Juba
Project Focal Person	Fahad Zeeshan ross.hnpm@concern.net +211 913106989
Country Director	Elke Leidel elke.leidel@concern.net +211 92 8800116
Finance Officer	Richard Ogada ross.cfc@concern.net +211 926 685115

Contact details Organization's HQ	
Organization's Address	Concern Worldwide 55 Camden Street, Dublin 2, Ireland
Desk officer	Eileen Morrow eileen.morrow@concern.net +353 1 4178045
Finance Officer	Louise McGrath Louise.mcgrath@concern.net +35314177764

A. Humanitarian Context Analysis

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

The current incidents in South Sudan have resulted in 13,000 individuals displaced in Juba-3 and 16,000 in Tomping UN compounds and the figure is likely to reach 30,000 in total in the days to come. In both IDP camps children under five and pregnant & lactating women are the most vulnerable due to restricted food supplies and a stressful and overcrowded environment. The dire conditions in two camps combined with the stress the population is undergoing can easily lead to high malnutrition rates. CWW has therefore established two OTP sites and does MUAC screening for malnourished cases to cater to the needs of U5 children in IDP camps. Aweil West (AW), Aweil North (AN) in Northern Bahr El Ghazal and Koch County in Unity State remain at highest risk for child malnutrition & mortality in 2013. Concern conducted SMART surveys in 2013 found that Global Acute Malnutrition (GAM) rates in all 3 counties are above the acceptable WHO emergency threshold.

In AW GAM prevalence is 17.8 % and Severe Acute Malnutrition (SAM) with/without oedema is 3.6%, while in AN prevalence of GAM is 26.4% and SAM is 5.4%. The retrospective morbidity/mortality rate is also high for AW, AN and Koch Counties. This is evident especially in case of AN due to fresh influx of returnees, in Koch due to security situation where many health facilities are not providing health/nutrition services as most of the staff left.

In Koch the GAM rate is 17.0 % and SAM rate is 2.8%.[2] Crude mortality was estimated to be 1.90/10,000/day and under five mortality rate was 4.89/10,000/day. These rates are well above the emergency thresholds of 1/10,000/day. The prevalence of SAM was highest (4%) among children aged 6-17 months. Furthermore, it appears that severe malnutrition as per WFH is higher among girls than boys: the three main causes were fever, diarrhoea and ARI.

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.

CWW, an active member of the nutrition cluster has implemented nutrition programmes in NBEG since 2000, in 2013 in Unity and initiated its nutrition response in IDP camps in Juba. The proposed activities are integrated in CWW's overall health, nutrition and food security programmes addressing underlying causes of malnutrition.[1]

Without CWW's assistance, malnutrition rates in IDP camps and 3 counties are expected to worsen due to 1) Restricted food supplies, 2) seasonal floods affecting food production while concurrently increasing the disease burden (AN, AW, Koch), and 3) closure of health facilities (Koch). The 3 CHDs have limited capacity and lack of resources to implement nutrition interventions without support from CWW.

CWW has excellent relationships with AW, AN CHDs and positive discussions with Koch CHD. All interventions align with the Basic Package of Health & Nutrition Services (BPHS) and will strengthen the CHDs' systems and capacities. CWW partners with UNICEF & WFP for nutrition supplies and has funding for BPHS provision (excluding nutrition) in AW & AN from Crown Agents (HPF). The proposed action is to continue nutrition interventions after the end of the present CHF grant, this nutrition intervention will cover mothers and children who are malnourished in Juba IDP camps, AN, AW and Koch areas.

With CWW support (Irish Aid funding), 22 health facilities in AW and 16 in AN are now providing nutrition services reaching 50.7% of the population [2]. This is a dramatic increase from 2010, before CWW's support, when only 11 facilities in AN provided services. With CHF funding, CWW will be able to maintain operational coverage of interventions mentioned above, as Irish Aid funding is decreasing. CWW is supporting two OTP sites in IDP camps in Juba along with CMAM in Rier PHCU, Mirmir PHCC in Koch.

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.

This project aims to contribute to the reduction of childhood mortality and morbidity related to malnutrition by supporting the provision of preventive, curative and promotive services as per the BPHS in 42 health facilities (2 Juba IDP camps, 22 in AW, 16 in AN and 2 in Koch). The project interventions will target vulnerable host, returnee and IDP communities in the three counties. The project interventions align with the following cluster priorities:

i) To manage acute malnutrition through an integrated and community-based approach (optimal IYCF-E, nutrition education, supplementation, BSFP) through the promotion of the community management of acute malnutrition
ii) To prevent acute malnutrition in children, PLW and other vulnerable groups
iii) To support capacity in emergency preparedness and timely response

While the nutrition commodities (for SC, OTP and SFP) will be secured from UNICEF and WFP, Concern Worldwide will focus on improving programme coverage and quality (delivery, record keeping and supervision) with CHF support. Further, CHF support will help us to deliver all the four components of CMAM in an integrated manner in Juba IDP camps, AN & AW, and 3 components in Koch[3]. In addition, with support from CHF CWW will build linkages between the community and health facilities to strengthen referral by 2014. CWW will integrate nutrition interventions at community and facility levels i.e. as part of Community Health & Nutrition, Primary Health Care (PHC) with a special focus on maternal & child health and nutrition for better programme outcomes.

[1] To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.
[2] Concern Worldwide, Koch Nutrition and Mortality Survey, April 2013
[1] As identified by UNICEF's conceptual framework for malnutrition. http://www.unicef.org/sowc98/silent4.htm
[3] SC will not be implemented in Koch, instead children with complications will be referred to a SC in Bentiu

i) Management of Acute Malnutrition: The provision of facility based Targeted Supplementary Feeding Programme (TFSP) for malnourished children U5 and P&LWs in Juba IDP camps, AW, AN and Koch Counties will rehabilitate them and reduce the risk of deteriorating into SAM. SAM cases without complications will be treated through the Out-patient Therapeutic Programme (OTP) in all four counties, while children with SAM and medical complications will be managed in Stabilisation Centres (SC). In Juba and Koch, these children will be referred to a SC in Al-Shaba Hospital and Bentiu. These activities will be conducted directly by health facility workers with close supervision and support by CWW staff.

ii) Prevention of malnutrition at community level CHF support will help CWW's, CHDs' and HHPs' efforts to reduce acute malnutrition, while delivering adequately supervised and quality nutrition services. CHF funding will also enable the implementation of a targeted and action oriented IYCF behaviour change strategy[4] which includes 1) group mobilisation, 2) Home Health Promoters and 3) mass campaigns. The IYCF behaviour change strategy was developed based on Barrier Analysis, Communities discussion through Boma Health Committee (BHC) and BCC workshop.

a. The group mobilisation component will organise elderly women and PLW groups (aka Mother to Mother groups) for activities which will facilitate positive change in IYCF, health seeking, hygiene and sanitation practices using Concern Worldwide curriculum. Men's groups will also be established to increase the involvement of men in this community in IYCF issues. School health clubs will also be established to increase awareness about diet diversity among children.
b. Special attention will be given to improve community outreach activities through structured training of Home Health Promoters (HHPs) as an essential component of CMAM on MUAC screening, early identification, referral and follow up of malnourished cases. CWW has already initiated community screening (for acute malnutrition and major childhood illnesses and Vitamin A supplementation through HHP). HHPs are volunteer community members and will be supervised by Concern staff to ensure that malnourished children are identified, referred and followed up on.
c. Health and nutrition education and awareness is spread through active engagement where basic personal hygiene and health activities e.g. hand washing, balanced diet are promoted at schools, community events, etc. CHF support will be helpful to continue these preventive interventions. Practical cooking demonstration will be performed at the community level to prepare locally made nutritious meals for the prevention of malnutrition which will be more acceptable and sustainable.

iii) CHD Capacity & Coordination In order to improve the technical capacities of facility staff, CHD and CWW staff on CMAM and IYCF, training (including counselling) and refresher courses will be organised. CWW's Global technical expertise and experience in CMAM will be utilised to train and mentor staff at all levels. Training on reporting of CMAM activities (minimum reporting procedures) will be conducted as great challenges were faced in 2012 regarding poor quality reporting due to the low capacity of both facility and CHD staff. On the job training will be provided in the form of mentoring to CHD staff during field visits.
The coordination with CHD will be increased through meetings for joint review of County Health Plan along with other stakeholders which will include Nutrition as essential element. The coordination mechanisms will be established to share the results at the SMoH and with Nutrition cluster. CWW will also participate in Nutrition cluster meetings at State level and at National level, as appropriate.

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)

- Reduce mortality and morbidity due to acute malnutrition among 2,738 children 0-59months of age in Juba IDP camps, Aweil West, Aweil North and Koch through SC[5], OTP and SFP programmes.
- Reduce morbidity due to acute malnutrition among 677 Pregnant and lactation mothers in Juba IDP camps, Aweil West, Aweil North and Koch through SFP programmes.
- Improve knowledge and awareness on nutrition, Infant and young child feeding, hygiene and sanitation best practices through reaching 13,452 community members.
- Ensure Micronutrient deficiencies are prevented in children under five years of age and pregnant and lactating women through timely and appropriate supplementation of Vit-A, Folic acid and Iron.

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).

Activities will include but not limited to;

Overall Activities in three counties (except Juba):

- Train 17 CWW staff on IYCF, BCC and 3 on SMART survey methodology.
- Conduct Pre-harvest Nutrition Surveys in the three counties during the month of April, 2014
- Conduct SQUEAC Survey in Aweil West, Aweil North and Koch Counties in April 2014.
- Conduct barrier analysis for complementary feeding behaviours i.e. meal frequency and dietary diversity

Juba (Juba 3 –UN House and Tomping IDP camps):

- Continued support to two OTP/SFP sites in IDP camps of Juba (UN house and UNMISS compounds)
- MUAC screening of 3,600 (Boys 1,728 & Girls 1,872) children under five years and 240 PLWs and referral of identified malnourished cases for appropriate care/treatment
- Improved nutrition care to 216 children (Boys, 104, Girls, 112) and 48 PLWs moderately malnourished and 144 (boys, 69, girls, 75) severely malnourished children.
- Training courses of 12 CWW staff from IDP camps on CMAM.
- Training for 12 CWW on Infant and Young Child Feeding

Aweil West:

[4] Reference the strategy

- Rehabilitation of and provision of supplies for SC, OTP/SFP facilities
- MUAC screening of 2,783 (Boys 1,336 & Girls 1,447) children under five years and 292 PLWs and referral of identified malnourished cases for appropriate care/treatment
- Improved nutrition care to 394 moderately malnourished under five children (Boys 189, Girls 205) and 110 PLWs and 147 severely malnourished children
- 15 severely malnourished children admitted and treated at the 2 stabilization Centre's to resolve medical complications which put the child at a mortality risk
- Training courses of 22 health workers from 22 health facilities and County Health Department staff Nutrition Officers on CMAM
- Training for 22 health workers and CHD staff on IYCF

County	Name of site	Type	SC	OTP	TSFP	BSFP
Juba	*Tomping UNMISS camp*	-		x	x	
Juba	*Juba-3 UN House*	-		x	x	
Aweil West	*Nyamlell*	*PHCC*	x	x	x	x
Aweil West	*Marial Baai*	*PHCC*	x	x	x	x
Aweil West	*Nyinboli*	*PHCC*		x	x	x
Aweil West	*Chelkou*	*PHCU*		x	x	x
Aweil West	*Mayom*	*PHCU*		x	x	x
Aweil West	*Makuoc*	*PHCU*		x	x	x
Aweil West	*Aguat*	*PHCU*		x	x	x
Aweil West	*Anyuopjang*	*PHCU*		x	x	x
Aweil West	*Angol*	*PHCU*		x	x	x
Aweil West	*Udhum*	*PHCU*		x	x	x
Aweil West	*Rumtit*	*PHCU*		x	x	x
Aweil West	*Amothic*	*PHCU*		x	x	x
Aweil West	*Maduany*	*PHCU*		x	x	x
Aweil West	*Majong Deng Dit*	*PHCU*		x	x	x
Aweil West	*Malek*	*PHCU*		x	x	x
Aweil West	*Rualngol*	*PHCU*		x	x	x
Aweil West	*Aluelachot*	*PHCU*		x	x	x
Aweil West	*Wedwil*	*PHCU*		x	x	x
Aweil West	*Wungiir is in*	*PHCU*		x	x	x
Aweil West	*Riangangoon is in*	*PHCU*		x	x	x
Aweil West	*Amatangany is in*	*PHCU*		x	x	x
Aweil West	*Gouknou is in*	*PHCU*		x	x	x
Aweil North	*Gok Machar*	*PHCC*	x	x	x	x
Aweil North	*Pamat*	*PHCU*		x	x	x
Aweil North	*Majak Bai*	*PHCC*		x	x	x
Aweil North	*Rolngut*	*PHCU*		x	x	x
Aweil North	*Marol Deng Geng*	*PHCU*		x	x	x
Aweil North	*Warchwe*	*PHCU*		x	x	x
Aweil North	*Ariath*	*PHCU*		x	x	x
Aweil North	*Warapei*	*PHCC*		x	x	x
Aweil North	*Malual Deng Aruom*	*PHCU*		x	x	x
Aweil North	*Jaac*	*PHCU*		x	x	x
Aweil North	*Mayen Ulem*	*PHCU*		x	x	x
Aweil North	*Kajik*	*PHCU*		x	x	x
Aweil North	*Mayom Adel*	*PHCU*		x	x	x
Aweil North	*Manyiel*	*PHCU*		x	x	x
Aweil North	*Ajak Wol*	PHCU		x	x	x
Aweil North	*Wathok*	PHCU		x	x	x
Koch	*Mirmir PHCU*			x	x	
Koch	*Jaak PHCU*			x	x	

- Provide vitamin A supplementation and deworming medicines to 2,783 (Boys 1,336 & Girls 1,447) children during the NIDs campaign
- Improved capacity of 14 Home Health Promoters (HHPs)/BHC members on MUAC and morbidity screening, referrals and follow ups, IYCF, community mobilisation and hygiene promotion
- CHD will be supported with support on fuel and maintenance for referrals, monitoring and supervisory visit support
- Conduct joint monitoring & supervisory visits with CHD once per month
- Conduct 75 group sessions including cooking demonstrations, health & hygiene promotion and IYCF sessions targeting 649 (Men: 312 & Women: 337) through routine MCH services at health facilities, and community level activities involving PLWs, mother groups, men's groups and other caregiver groups in Aweil West County.
- Support in terms of child and mother nutrition will be provided through Mother support groups which are already established.
- Vit-A & deworming done through health facilities and data collected through CHD.
- 9 school health club Teachers trained on promoting improved health and nutrition practices in Aweil West

Aweil North:

- Rehabilitation of and provision of supplies for SC, OTP/SFP facilities
- MUAC screening of 3,882 (Boys 1863 & Girls 2,019) children under five years and 407 PLWs and referral of identified malnourished cases for appropriate care/treatment.

- Improved nutrition care to 550 (Boys 264, Girls 286) under five children and 154 PLWs moderately malnourished and 205 severely malnourished children
- 11 severely malnourished children admitted and treated at the 1 stabilization Centre's to resolve medical complications which put the child at a mortality risk
- Conduct a SQUEAC coverage survey for the CMAM program in Aweil North in April 2014
- Training courses of 16 health workers from 16 health facilities and County Health Department staff Nutrition Officers on CMAM.
- Training for 16 health workers and CHD staff on Infant and Young Child Feeding
- Provide vitamin A supplementation and deworming medicines to 3,882 (Boys 1863 & Girls 2,019) children during the NIDs campaign
- Improved capacity of 37 Home Health Promoters (HHPs)/BHC members on MUAC and morbidity screening, referrals and follow ups, IYCF, community mobilisation and hygiene promotion
- CHD will be supported with support on fuel and maintenance for referrals, monitoring and supervisory visit support.
- Conduct joint monitoring & supervisory visits with CHD once per month
- Conduct 115 group sessions including cooking demonstrations, health & hygiene promotion and IYCF sessions targeting women through routine MCH services at health facilities, and community level activities involving PLWs, mother groups and other caregiver groups in Aweil North County
- Support in terms of child and mother nutrition will be provided through Mother support groups which are already established.
- Vit-A & deworming done through health facilities and data collected through CHD.
- 6 school health club Teachers trained on promoting improved health and nutrition practices in Aweil North

Koch:

- Continued support two OTP/SFP sites in Rier PHCU of Jaak and Mirmir PHCC of Mirmir payams
- MUAC screening of 586 (Boys 281 & Girls 305) children under five years and 61 PLWs and referral of identified malnourished cases for appropriate care/treatment
- Improved nutrition care to 83 children (Boys, 40 Girls, 43) and 23 PLWs moderately malnourished and 31 severely malnourished children
- Training courses of 4 health workers from 2 health facilities and County Health Department staff Nutrition Officers on CMAM.
- Training for 4 health workers and CHD staff on Infant and Young Child Feeding
- Provide vitamin A supplementation and deworming medicines to of 586 (Boys 281 & Girls 305) children during the NIDs campaign
- Improved capacity of 23 Home Health Promoters (HHPs)/BHC members on MUAC and morbidity screening, referrals and follow ups, IYCF, community mobilisation and hygiene promotion
- CHD will be supported with support on fuel and maintenance for referrals, monitoring and supervisory visit support
- Conduct joint monitoring & supervisory visits with CHD once per month

Conduct 68 group sessions including cooking demonstrations, health & hygiene promotion and IYCF sessions targeting 800 women through routine MCH services at health facilities, and community level activities involving PLWs, mother groups and other caregiver groups in Koch County.

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

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

1. 10,924 (5,244 boys & 5,680 girls) children of 6-59 months and 240 PLWs screened for malnutrition, referred and followed up for appropriate care
2. 531 children under five years' treated in OTP
3. 60 children treated in SCs
4. 1,254 children and 48 PLWs treated in TSFP
5. 40 CHD staff have improved capacities on CMAM & IYCF
6. 225 HHPs/BHCs have improved capacities in outreach activities
7. 862 (Men: 213 & Women: 648) have good knowledge of IYCF practices
8. Children in 10 schools are practicing and promoting personal hygiene actions
9. 3 SMART surveys and 1 SQUEAC coverage survey conducted

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 logframe.

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)
X 1 &6	1.	Number of Children (under-5) admitted for the treatment of SAM Number of Stabilisation Centres providing standard services Number of OTP sites providing standard services	Total Children tx for SAM: 531 Total Children SAM with medical complications: 20 (Boys: 8 and Girls: 12) No. of Stabilisation Centres: 3 No. of OTP sites: 42
X 2	2.	Outpatient Therapeutic Program meet acceptable Sphere standards (SAM); i. Cure Rate (%) ii. Default Rate (%) iii. Death Rate (%)	 i. >75% SPHERE standard ii. <15% SPHERE standard iii. <10% SPHERE standard
X3	3.	Number of Children (under-5) and PLWs admitted for the treatment of Moderate Acute Malnutrition (MAM) Number of TSFP sites	Children: 1,254 (Boys: 602, Girls: 652) PLWs: 48 No. of TSFP sites: 42
	4.	Targeted Supplementary Feeding Program meet acceptable SPHERE standards (MAM);	 i. >75% SPHERE standard

		i. Cure Rate (%) ii. Default Rate (%) iii. Death Rate (%)	ii. <15% SPHERE standard iii. <3% SPHERE standard
	5.	Number of Children de-wormed	Total: 10,924 (5,244 boys & 5,680 girls)
	6.	Number of Children supplemented with Vitamin A	Total: 10,924 (5,244 boys & 5,680 girls)
X 10 (YICF)	7.	Health and nutrition workers trained (includes health facility, CHD level) in CMAM & IYCF as per South Sudan guidelines.	Total staff: 40 CMAM: 40 IYCF: 40
	8.	Training of CWW staff on IYCF, BCC and SMART methodology.	Total: 16 IYCF & BCC: 5 SMART: 3
	9.	Training of Home Health Promoters on MUAC screening, identification, referral and follow up.	Total HHPs: 449
	10.	IYCF & cooking demonstration sessions conducted	Total sessions: 190 Total participants: 862 Men: 213 Women: 648
X 12	11.	Number of SMART Surveys Conducted Number of SQUEAC Surveys Conducted	Total SMART surveys: 3 Pre-harvest: 3 No. of counties: 3 SQEAC Survey: 1
	12.	No. of joint monthly supervisory visits conducted	40 (40 health facilities each receiving one joint visit in 6 months)
X 11	13.	No. of children screened in the community.	Total: 10,924 (5,244 boys & 5,680 girls)

vi). Cross Cutting Issues

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

Gender: CWW recognises the inequalities women face in the Nuer and Dinka communities and the value they can contribute to all circumstances therefore throughout our programming especially in current situation both in IDP camps and outside camps. We will promote the full participation of women to ensure that their needs are addressed adequately. In a previous project CWW encouraged female participation in Boma Health Committees and we have also successfully negotiated for female HHPs to be recruited in previous project, which is a major achievement in this strongly male-dominated culture. A recent CWW evaluation found that gender inequity resulting in heavy workloads of women is one of the key factors underpinning poor infant and young child feeding practices and resulting malnutrition: women simply don't have time to feed their children adequately. The long travel times to clinics only add to women's workload. By ensuring continued coverage of nutrition services in Juba IDP camps, AN & AW and providing coverage in 2 payams in Koch, the project will reduce women's workloads by reducing time spent travelling and waiting for nutrition services. Furthermore, using the community conversation methodology, CWW will engage men, especially traditional leaders, women & grandmothers and PLWs to identify/address the causes of malnutrition in the community (including gender inequity).

HIV/AIDS: Each programme activity will be assessed to reduce HIV/AIDS related risks. Further, HIV/AIDS related issues will also be addressed at the community and facility levels during preventive & curative services. Awareness campaigns and PMTCT will be the main focus on this cross-cutting component. This is critical as only 4% of the mothers are aware of at least three effective ways of preventing HIV transmission[5]. The CWW's Programme Participants Protection Policy (P4) applies both to our work and that of our partners, thus reducing the risk of sexual misconduct. Project activities have been designed in way that they do not increase the vulnerability of programme participants to HIV&AIDS. HIV/AIDS awareness campaigns, 2) Advocating at CHD level for increase PMTCT activity along with provision of ART, 3) Educating mothers on breast feeding practices in regard to HIV/AIDS, 4) HIV/AIDS related IEC material distribution in target communities.

Environment: Environmental awareness will be promoted through different focus groups e.g. PLWs/Care Groups, BHCs, HHPs to promote production and utilisation of local food items e.g. vegetables, fruits & leafy vegetables to improve diet quality & diversity. HHPs will be utilised to promote environmental sanitation reducing the prevalence of waterborne diseases and infections e.g. diarrhoea. Few of the steps taken will be 1) Plumpy nut empty saches will be collected at Health facilities for proper disposal, 2). Medical waste from Stabilization Centres will be disposed off through incineration, 3). Measures will be done to keep the sharp instruments in safety boxes to avoid any transmission of HIV, HepB and Hep-C through needle stick injuries, 4)Non-re-useable syringes will be used to reduce the reuse of it thus reducing environmental impact, 5) Families will be encouraged to diversify the food through kitchen gardening messages.

Accountability: CWW will involve beneficiaries at all stages of the project cycle. An appropriate mechanism will be established for beneficiaries to put forward their complaints to CWW without fear of reprisal.

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.

The project will be implemented directly by CWW in Juba IDP camps while in AW, AN and Koch it will be done through close partnership with the CHD. All relevant interventions will be integrated into MoH facilities as per the BPHS recommendation in close collaboration with the respective CHDs. Curative services including TSFP, OTP, SC will be provided in minimum of 42 targeted sites/health facilities in Juba IDP camps, Aweil West, Aweil North counties in NBeG State and TSFP and OTP services in 2 health facilities in Koch. Community mobilisation activities will be facilitated through HHPs in close collaboration with BHCs and Mother Care Groups and involvement of community conversations. Capacity building of the CHD and Home Health Promoters will be done using MoH protocols towards treatment and prevention of acute malnutrition. CWW has been working for a sustainable approach to

[5] Concern Worldwide, 2012. Health Facility Assessment – A Baseline Assessment, November, 2012.

develop the capacity of health facilities' staff to tackle with acute malnutrition at county level.

New staff have been hired for Juba IDP camps while the staff for Aweil North and Aweil West counties of NBeG and Koch county of Unity state will remain the same. CWW will be in close coordination with UNICEF and WFP not only at cluster level but separate coordination meetings will be held with both partners. The coordination meeting with UNICEF and WFP will be focusing on program progress, achievements, challenges and way forward. CWW will also invite UNICEF and WFP in quarterly review of County Health plan at CHD level improve the communication and programme implementation.

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 workplan (Section III)[6].

Data segregated by age and gender from project activities will be regularly collected, analysed and interpreted towards evidence based planning and action. From 2014, CWW will roll out DDG (digital data gathering) with support of HQ to collect SMART surveys

1. Joint monitoring & supervisory visits by CWW staff along with CHD representative(s) at County level to health facilities and communities will be conducted once per month
2. Monthly, quarterly and annual reports will be prepared by CWW staff using standard nutrition templates by nutrition team of CWW. These will show the progress in terms of number of target beneficiaries reached, results achieved and help to improve programming to achieve objectives
3. CWW will also send the nutrition cluster monthly report every month to show the progress on the nutrition indicators.
4. Monthly, quarterly and final report will be compiled for sharing with SMoH, CHD, Nutrition cluster and donors. These reports will include a progress on the project achievements using output indicators as well as best practices and lessons learnt
5. SQEAC Coverage Survey and SMART Nutrition surveys will be conducted by CWW and CHD will provide service coverage and nutritional status of the population, which will help in future planning

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)
CWW funds Sep 2013	78,396 US$
Irish Aid, Jan 2013	117,594 US$
Pledges for the CAP project	

[6] 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: SSD-14/H/60331	**Project title:** Integrated nutrition intervention for children and women in South Sudan	**Organisation: Concern Worldwide (CWW)**

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	1) 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. 2). Prevention of acute malnutrition in the vulnerable population: 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. 3). Provision and strengthening of state-level coordination aimed at improving intervention outcomes: Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition in selected counties.	1.1). # children of 6-59 months and PLWs screened for malnutrition, referred and followed up for appropriate care 1.2). # children under five years' treated in OTP 1.3). # children treated in SCs 1.4). # children and PLWs treated in TSFP 1.5). # CHD staff have improved capacities on CMAM & IYCF 2.1). # HHPs/BHCs have improved capacities in outreach activities 2.2). # have good knowledge of IYCF practices 2.3). Children in 10 schools are practicing and promoting personal hygiene actions 2.4). 3 SMART surveys and 1 SQUEAC coverage survey conducted 3.1) 6 state level Nutrition cluster meeting attended in course of the project period 3.2) 6 county level coordination meetings attended.	a). SMART survey. b). Monthly MRP reports. c). SQUAEC survey. d). Nutrition cluster meeting minutes	1) Availability of supplies i.e., RUTF & RUSF from UNICEF & WFP without breakdown of supply chain. 2) Access to services is not hampered by insecurity and flooding. 3) Availability of adequate and skilled health workers at the health facility level.
CHF project Objective	Reduce morbidity and mortality due to acute malnutrition amongst 2,971 children under 5 years of age and 583 pregnant and lactating women in AN, AW & Kouch counties	At least 50% of eligible children aged 6 to 59 months have access to nutritional services and treatment performance indicators meet Sphere minimum standards 1). Wasting <15% 2). SAM <2% 3). Underweight <20%.	a). SMART surveys. b). SQUEAC survey. c).Monthly MRP reports	1) Availability of supplies i.e., RUTF & RUSF from UNICEF & WFP without breakdown of supply chain. 2) Access to services is not hampered by insecurity and flooding. 3) Availability of adequate and skilled health workers at the health facility level.

Outcome 1	Ensure appropriate quality treatment of malnutrition and improve the nutrition status of children under 5 years and of pregnant and lactating women in the programme areas.	14,649 (7032 boys & 7617girls) children of 6-59 months and 1536 PLWs screened for malnutrition, referred and followed up for appropriate care A). Outpatient Therapeutic Program meets acceptable Sphere standards; i). Cure rate of >75% ii). Death rate < 10% in OTP. Iii). Defaulter rate <15% iv). Coverage >50%. B). Number of TSFP sites Targeted Supplementary Feeding Program meet acceptable SPHERE standards; i). Cure Rate >75% ii). Default Rate <15% iii). Death Rate <3%	a). Nutrition monthly, quarterly and annual reports. b). SMART Nutrition survey reports.	i) Positive attitude of the beneficiaries towards treatment. ii) Willingness of the communities to participate and play their role responsibly.
Output 1.1	Improved access to quality OTP and SFP services among children 6-59 months and PLWs.	1.1) #/% of identified acutely malnourished children 6-59m and PLW that are referred to the appropriate CMAM service (SC, OTP & TSFP) 1.2) #/% of children 6-59m and PLW referred who are admitted to the appropriate CMAM service (SC, OTP & TSFP) 1.3) Number of Children (under-5) admitted for the treatment of SAM 1.4) Number of Stabilization Centres providing standard services 1.5) Number of OTP sites providing standard services 1.6) Number of Children (under-5) and PLWs admitted for the treatment of Moderate Acute Malnutrition (MAM) 1.7) Exit indicators for severe acute malnutrition reach or exceed SPHERE standards 1.8) Exit indicators for moderate acute malnutrition reach or exceed SPHERE standards	a) Nutrition monthly, quarterly and annual reports. b). Coverage survey reports c). Community Nutrition reports of referrals. d). Monthly MRP reports. e). Nutrition data from Health facilities.	i) Community willingness to participate in program activities. ii) Availability of supplies. iii) Health Facility staff are committed and willing to provide quality nutrition services.
Activity 1.1.1	Rehabilitate SFP/OTP sites/shelters through provision of necessary equipment and nutrition supplies to health facilities for Nutrition interventions.			
Activity 1.1.2	Conduct MUAC screening of children under-five years and PLWs from target communities in two counties and referral to the nearby health facilities through HHP's			
Activity 1.1.3	Admit and treat children and PLWs experiencing acute malnutrition in 42 health facilities in Juba, Aweil West, Aweil North (NBeG) and Koch (Unity).			
Activity 1.1.4	Provide necessary supplies and equipment to CHD for effective management of acute malnutrition and training of its staff on CMAM			

Output 1.2	Improve knowledge and awareness on nutrition, Infant and young child feeding, hygiene and sanitation best practices through reaching 39,936 community members.	2.1) 20% of men & women who know the importance of exclusive breastfeeding. 2.2) 30% of men & women who know at least 2 of the 5 critical times of hand washing. 2.3) Minimum of 220 IYCF sessions conducted. 2.4) 1,724 (Men: 427 & Women: 1297) have good knowledge of IYCF practices 2.5) 28% of children 6 – 23 meet the minimum meal frequency. 2.6) 5% of children 6 – 23 months meet the minimum acceptable diet. 2.7) 60% of children 0 – 5 months are exclusively breastfed. 2.8) 20% of caregivers washing hands at 2 critical times.	a) Men & women have good knowledge of IYCF practices as a result of participation in IYCF related activities. b). IYCF session reports. c). SMART Survey (with FCS/HDDS)	a) Security situation doesn't allow to conduct the community mobilization sessions. b) Rainy season decrease the access to health facilities.
Activity 1.2.1	Conduct 220 IYCF mother care group sessions and sessions in men's groups			
Activity 1.2.2	Health and Hygiene awareness sessions conducted by HHPs on Hand washing, health seeking behaviours			
Activity 1.2.3	Conduct sessions on early initiation and exclusive breast feeding practices in children under six months of age			
Activity 1.2.4	Conduct Global Breastfeeding Week awareness sessions and campaigns.			
Output 1.3	Micronutrient deficiencies are prevented in children under five years of age and pregnant and lactating women through timely and appropriate supplementation of Vit A, Folic Acid and Iron.	3.1) 50% of children 6-59 months received vitamin A supplementation. 3.2) 50% of children 12-59 months receive deworming medicines. 3.3) 70% of pregnant women received iron & foliate supplementation. 3.4) Minimum of 220 IYCF sessions conducted. 3.5) 1,724 (Men: 427 & Women: 1297) have good knowledge of IYCF practices	a) Nutrition survey reports. Monthly, quarterly and annual reports b). Immunization campaign reports from Health facilities. c). IYCF sessions reports	a). Access to the immunization campaigns and facility based services. b). Community willingness to participate in program activities. Availability of supplies. c). Availability of immunization supplies and cold chain.
Activity 1.3.1	Conduct deworming and vitamin A campaigns along with NID and EPI vaccination			
Activity 1.3.2	Increase awareness among PLW on use of Iron and folic acid supplementation during pregnancy			
Activity 1.3.3	Increase awareness on Vit-A and deworming administration in under five children			
Output 1.4	1) Improved capacity of health workers and nutrition workers in CMAM & IYCF 2) Improved capacity of school health club teachers on health and nutrition issues. 3) Joint monitoring and supervisory visits conducted to program sites. 4) SMART & SQUEAC surveys conducted	4.1a) 80 (men-78 & women-2) CHD staff trained on CMAM & IYCF. 4.1b) 449 Home Health Promoters (HHPs)/BHCs trained on MUAC screening, referral, follow ups and IYCF. 4.2a) 20 school health club teachers trained on management of school health clubs 4.3a) Minimum of 38 joint monitoring visits conducted. 4.4a) 1 SQUEAC survey conducted 4.4b) 4 SMART surveys conducted	a). CHD staff CMAM training reports. b). HHP training reports. c). training report of teacher on school health clubs. d). Monitoring reports e). SQUEAC and SMART survey documents.	a). CHD staff is not available for training. b). HHP are not trained due to bad security situation. c). Holidays in schools and delay in their trainings.
Activity 1.4.1	Train health workers from 42 health facilities on CMAM & IYCF.			
Activity 1.4.2	Train Concern staff on IYCF, BCC and SMART survey methodology.			
Activity 1.4.3	Train 449 Home Health Promoters (HHPs)/BHCs on MUAC screening, referral, follow up and IYCF.			
Activity 1.4.4	Train Boma Health Committee members.			

Activity 1.4.5	Train school health clubs' teachers on health and nutrition education.
Activity 1.4.6	Conduct joint monitoring & supervisory visits with CHD.
Activity 1.4.7	Provide IEC material to 20 school health clubs.
Activity 1.4.8	Provide IEC materials to HHPs and BHCs members.
Activity 1.4.9	Conduct SMART nutrition surveys in the two counties.
Activity 1.4.10	Conduct SQEAC coverage Survey.
Activity 1.4.11	Participate in coordination meetings at County, State and National level.

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:	**1 Apr-2014**	**Project end date:**	**30 Sep-2014**

Activities	**Q1/2014**			**Q2/2014**			**Q3/2014**			**Q4/2014**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1 Rehabilitation of and provision of supplies for SC, OTP/SFP				×	×							
Activity 2 MUAC screening of 14,649 (7032 boys & 7617girls) children of 6-59 months and 1536 PLWs screened for malnutrition from target communities in two counties and referral of identified malnourished cases for appropriate care/treatment.				×	×	×	×	×	×			
Activity 3 Provide nutrition care to 2,971 children and 583 PLWs moderately malnourished and 775 severely malnourished children in 3 counties.				×	×	×	×	×	×			
Activity 4 120 severely malnourished children admitted and treated at the 3 stabilization Centre's to resolve medical complications which put the child at a mortality risk.				×	×	×	×	×	×			
Activity 5 Training courses of 80 (Men: 76 & Women: 2) health workers from 42 health facilities (2 sites in Juba IDP camps, 22 in Aweil West, 16 in Aweil North and 2 in Koch County) and 2 County Health Department staff Nutrition Officers on CMAM					×	×	×	×	×			
Activity 6 Train 5 Concern staff on IYCF, BCC and 3 on SMART survey methodology.					×		×					
Activity 7 Training for 80 health workers (Men: 76 & Women: 2) and 2 CHD staff on Infant and Young Child Feeding.				×	×	×	×	×	×			
Activity 8 Conduct Pre -harvest Nutrition Surveys in the three counties during the month of April, 2014				×								
Activity 9. Conduct a Squeac coverage survey for the CMAM program in Aweil North in April 2014.									×			
Activity 10 Conduct barrier analysis for complementary feeding behaviours i.e. meal frequency and dietary diversity.								×	×			
Activity 11 Provide vitamin A supplementation and deworming medicines to 14,649 (7032 boys & 7,617 girls) children during the NIDs campaign.				×	×	×	×	×	×			
Activity 12 Improved capacity of 449 Home Health Promoters (HHPs)/BHC members on MUAC and morbidity screening, referrals and follow ups, IYCF, community mobilisation and hygiene promotion.				×	×	×	×	×	×			
Activity 13 CHDs will be supported with fuel and maintenance for ambulance and monitoring and supervisory visit support.				×	×	×	×	×	×			
Activity 14 Conduct joint monitoring & supervisory visits with CHD once per month.				×	×	×	×	×	×			
Activity 15 Conduct 220 group sessions including cooking demonstrations, health & hygiene promotion and IYCF sessions targeting 1,724 (Men: 427 & Women: 1297) through routine MCH services at health facilities, and community level activities involving PLWs, mother groups, men's groups and other caregiver groups in both Aweil West and North counties.								×	×			
Activity 16 10 school health club Teachers trained on promoting improved health and nutrition practices in Aweil West and Aweil North Counties.				×	×	×	×	×	×			