

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	Cluster Geographic Priorities for this CHF Round
<p>(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</p> <p>(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.</p> <p>(iii) Provision of Emergency preparedness and response services Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition is selected counties.</p>	<ol style="list-style-type: none"> 1) Jonglei (all counties) 2) Upper Nile (Maban, Nasir, Ulang, Baliet) 3) Unity (Panyjar, Koch, Mayom, Abiemnhom, Mayendit) 4) NBeG (all counties) 5) Warrap (all counties) 6) Eastern Equatoria (Kapoeta East, Kapoeta North) 7) WBeG (Raga, Wau, Jur River) 8) Abyei area

SECTION II

Project details																			
The sections from this point onwards are to be filled by the organization requesting CHF funding.																			
Requesting Organization	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																		
Hold the Child Organization (HCO)	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">State</th> <th style="width: 10%;">%</th> <th style="width: 60%;">County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>100</td> <td>Bor (Baidit, Bor)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State	%	County/ies (include payam when possible)	Jonglei	100	Bor (Baidit, Bor)												
State	%	County/ies (include payam when possible)																	
Jonglei	100	Bor (Baidit, Bor)																	
Project CAP Code	CAP Gender Code																		
SSD-14/H/60288	1																		
CAP Project Title (please write exact name as in the CAP)																			
Provision of integrated lifesaving nutrition services in the underserved northern Jonglei																			
Total Project Budget requested in the in South Sudan CAP	US\$ 435,700																		
Total funding secured for the CAP project (to date)	US\$																		
Funding requested from CHF for this project proposal	US\$ 93,875																		
Are some activities in this project proposal co-funded (including in-kind)? 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)																			
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)																			
	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th style="width: 30%;">Number of direct beneficiaries targeted in CHF Project</th> <th style="width: 30%;">Number of direct beneficiaries targeted in the CAP</th> </tr> </thead> <tbody> <tr> <td>Women:</td> <td>1,220</td> <td>2,500</td> </tr> <tr> <td>Girls:</td> <td>1,800</td> <td>3,800</td> </tr> <tr> <td>Men:</td> <td>50</td> <td>200</td> </tr> <tr> <td>Boys:</td> <td>1,760</td> <td>3,700</td> </tr> <tr> <td>Total:</td> <td>4,830</td> <td>10,200</td> </tr> </tbody> </table>		Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	Women:	1,220	2,500	Girls:	1,800	3,800	Men:	50	200	Boys:	1,760	3,700	Total:	4,830	10,200
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP																	
Women:	1,220	2,500																	
Girls:	1,800	3,800																	
Men:	50	200																	
Boys:	1,760	3,700																	
Total:	4,830	10,200																	
Indirect Beneficiaries / Catchment Population (if applicable)																			
Targeted population: Abyei conflict affected, IDPs, Returnees, Host communities, Refugees																			
CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)																			
Indicate number of months: 3 months 1 Jan to 31 March 2014																			
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)																			

Contact details Organization's Country Office	
Organization's Address	White Nile Bor Town, Jonglei State
Project Focal Person	Kiweesi Alex, kiwesi@holdthechild.org , +211 956 122 614
Country Director	Kiweesi Alex, kiwesi@holdthechild.org , +211 956122614, +2111 912257656
Finance Officer	Elijah Yai Anyieth, yai@holdthechild.org +211955282656, 0955058067
Monitoring & Reporting focal person	Jada Stephen, programme_support@holdthechild.org 0956 609 249

Contact details Organization's HQ	
Organization's Address	White Nile Bor Town, Jonglei State
Desk officer	Name, Email, telephone
Finance Officer	Elijah Yai Anyieth, yai@holdthechild.org +211955282656, 0955058067

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 population¹

The survival and welfare of children in Jonglei is affected by several factors i.e. limited access to basic services such as health care, food supply, education and poor child care practices. Child health is severely challenged with high rates of nutrition related morbidities and mortalities. Despite the improvement in the overall nutrition status of the country from a SAM rate of 2.0% to 1.8% (based on MUAC measurements) compared between June/July 2012 and June 2013; some states still show critical rates of Malnutrition for both <5s and PLW. Jonglei presents with the highest rates of Malnutrition of <5s at 3.8% SAM and 17.3 MAM; the state is also characterized with highest peaks of diarrheas among <5s at 46% (FSMS round 10 June 2013). This is attributed to a host of factors i.e. insecurity, food supply, low food consumption, morbidities due to hygiene, low coverage of health services and child care practices among the various parts of the state such as the previously flood hit Bor county.

During the time when over 20,467 people (OCHA MAPs 4th Dec 2013) were recovering from seasonal flooding, on 18th December 2013 they woke-up to violent attacks as it spread from Juba, which displace all the town dwellers into IDPs into the villages of Baidit, UNMISS base, across the Nile and into Twic east county as well as Juba and east Africa. over 12000 individuals at Bor UNMISS base camp are going without food supplies, poor hygiene facilities, limited medical attention; no livelihood activities with the worst coping strategies 3 weeks down the road of fire exchange in Bor town. This situation underscores adverse consumption mechanisms (people are literally starving) and poor feeding and care practices for infants and young children and exposed to water related morbidities with adverse impact on the nutrition status of children <5s (Boys and girls) and PLW among conflict affected and IDP concentrated areas/camps in Bor.

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.

Despite the improvement in the overall nutrition status of the country from a SAM rate of 2.0% to 1.8% (based on MUAC measurements) compared between June/July 2012 and June 2013; some states still show critical rates of Malnutrition for both <5s and PLW. Jonglei presents with the highest rates of Malnutrition of <5s at 3.8% SAM and 17.3 MAM; the state is also characterized with highest peaks of diarrheas among <5s at 46% (FSMS round 10 June 2013).

The ongoing conflict and political instabilities in the state has resulted in large scale displacements with characteristic camps (over 12000 individuals at Bor UNMISS base camp) without food supplies, poor hygiene facilities, limited medical attention; no livelihood activities with the worst coping strategies 3 weeks down the road of fire exchange in Bor town. This has further aggravated the vulnerability of <5s (boys and girls) and PLW to water borne morbidities and poor nutrition status among IDP concentrated sites. Experience with working among Jonglei state communities indicate a differential prevalence of Malnutrition between boys and girls; SMOH indicate new cases at 70 boys and 80 girls (Updated overview monthly nutrition reporting; October 2013 Nutrition cluster)

Based on the operation experience in the various areas of Jonglei state, Hold the Child there proposes to provide integrated lifesaving emergency nutrition services through supporting timely assessments, therapeutic and preventative services. This project under the CHF funding will support rapid set-up of emergency lifesaving nutrition services for boys and girls <5 years and PLWs in the conflict affected IDP concentrated areas

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.

Under this project, Hold the Child will utilize CHF funding for the implementation of emergency nutrition activities that directly contribute to the achievement cluster priority activities as follows;

- Operating centers for OTP/TSFP services for SAM and MAM (for PLW and <5s) treatment in in conflict affected IDP concentrated areas of Bor; coupled with community based initiatives eg active cased finding, IYCF directly contributes to the **management of acute malnutrition** with less defaulter rates and resilience building as the situation improves;
- The administration of Vitamin A for boys and girls aged 6-59 months, Deworming for boys and girls aged 12-59 months, and Iron & Folate to Pregnant women too contributes to the **prevention of acute malnutrition** in conflict affected IDP concentrated areas of Bor;
- Rapid MUAC screening and active case finding across that vulnerable communities within the program catchment; and conducting a pre-harvest SMART survey directly contributes to determining the prevalence of Malnutrition and **provision of emergency preparedness and response services** in conflict affected IDP concentrated areas of Bor;
- The implementation of BSFP during the lean season; Engaging Mother-Mother support groups in IYCF, and Demonstration sessions; IYCF education session conducted at feeding sites directly contributes to the **prevention of Acute Malnutrition** in conflict affected IDP concentrated areas of Bor.

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 morbidity and mortality due to acute malnutrition in the Conflict affected IDP concentrated areas of Bor county during the first quarter of 2014 by providing emergency nutrition services for under-fives, P&LW, and other vulnerable groups through integrated and community-based approaches.

iii) Project Strategy and proposed Activities

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.

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).

- Rehabilitation of 2 OTP/TSFP sites using eco-friendly materials; in the IDP concentrated areas of Bor and Baidit Payams;
- Conduct rapid MUAC screening and active case finding periodically among the selected vulnerable communities in the IDP concentrated areas of Bor and Baidit Payams to cumulatively cover 1,500 boys and 1,500 girls;
- Treat 420 children (205 boys and 215 girls) aged 6-59 months with SAM at OTP sites annexed to PHCCs using IMSAM guidelines and SPHERE standards with supplies and anthropometric equipment from UNICEF, and packaging materials appropriate disposed. Very severe case without appetite and Oedema be referred to PHCC for medical treatment in case they have underlying illnesses;
- Treat 1,250 children (580 boys and 670 girls) aged 6-59 months with MAM and TSFP sites annexed to OTP sites using IMSAM guidelines and SPHERE standards with supplies from WFP. High priority will be given to OTP discharges;
- Treat 900 PLW with MAM using IMSAM guidelines;
- Administer Vitamin A to all health care contacts aged 6-59 months 3,000 children (1,500 boys and 1,500 girls) accessing services at the centers we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services;
- Administer deworming tablets to all health care contacts aged 12-59 months 2,500 children (1,200 boys and 1,300 girls) accessing services at the centers we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services;
- Provision of BSFP to 2,000 children (1,000 boys and 1,000 girls) aged 6-35 months among the IDP concentrated areas in Bor and Baidit Payams areas;
- Administer iron and folate to 800 women attending for antenatal care in the IDP concentrated locations;
- Promote healthy eating and proper child care by producing a pack of health promotion visual resources (posters, cards/charts), 5 key messages including early initiation of breast feeding, exclusive breast feeding and complementary feeding, and domestic hygiene, diet diversification for pregnant women, ANC and early treatment seeking behaviors; and organizing regular IYCF health sessions at the centers;
- Ensure that 10 IYCF mother-mother support groups are vibrant through engagement in to vegetable gardening demonstrations; cooking demonstrations on hygiene practices, appropriate food consistence, and variety meal complementary meals;
- Work closely with the partners on ground the IDP congested areas to support on the respective cluster related initiatives, geared at prevention of malnutrition among IDP congested communities;
- Conduct a pre-harvest SMART survey in line nutrition cluster standards during this acute emergency period in the disaster hit Bor County to inform on the nutrition status and facilitate monitoring for better programming.

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

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

- 2 OTP/SFP centers rehabilitated in the IDP concentrated areas of Bor and Baidit Payams;
- At least 70% of children 5-59 months screening with MUAC, SAM and MAM referred to available OTP and TSFP services;
- 420 children (205 boys and 215 girls) treated for SAM using SPHERE standards and IM SAM guidelines; with a cure rate of >75%; defaulter rate of >15%; and death rate of >10%;
- 1,250 children (580 boys and 670 girls) treated for MAM at OTP/SFP centers using SPHERE standards and IM SAM guidelines; with a cure rate of >75%; defaulter rate of >15%; and death rate of >10%;
- 3,000 children (1,500 boys and 1,500 girls) aged 6-59 months administered with Vitamin A;
- 2,500 children (1,200 boys and 1,300 girls) provided with deworming tablets;
- 2,000 children (1,000 boys and 1,000 girls) aged 6-35 months provided with BSFP
- 800 women attending for antenatal provided with iron and folate;
- 80% women health facility contact reached with 5 key messages including early initiation of breast feeding, exclusive breast feeding and complementary feeding, and domestic hygiene, diet diversification for pregnant women, ANC and early treatment seeking behaviors, and 30% adopt the practices;
- 10 Mother-Mother support groups are functioning, disseminate key messages and demonstrate appropriate child feeding practices to reach 70% of child bearing age women the catchment areas;
- Close collaboration of partners on ground in the IDP congested areas to jointly address the cross cutting issues relating to child care, feeding and management of acute malnutrition;
- 1 pre-harvest SMART survey conducted in Bor County

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 <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>	
X	1.	Number of Children (under-5) admitted for the treatment of SAM	205 Boys	215 Girls
X	2.	Quality of SAM program	>75% SAM cure rate <15% SAM defaulter rate <10% SAM death rate	
X	3.	Number of Children (under-5) admitted for the treatment of MAM	Boys: 580	Girls: 670
X	4.	Quality of MAM program	>55% MAM cure rate <15% MAM defaulter rate <3% MAM death rate	

X	5.	Number of Pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	900 Women	
X	6.	Number of Nutrition sites	2 OTP sites	3 TSFP sites
	7.	Number of pregnant women receiving iron-folate	800 Women	
X	8.	Number of functional mother-to-mother support groups	10 groups	
	9.	Percentage of health contact women reached with IYCF counseling sessions at the operational sites	70%	
X	10.	Number of SMART surveys	1 Pre-harvest SMART survey	

vi). Cross Cutting Issues

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

- a. Gender considerations
In the implementation of this will provide an equal opportunity to male and female at staff, and at beneficiary levels; boys and girls will be considered as equal beneficiaries; All project documents i.e. reporting templates, summary reports will bear data/information designated by sex.
- b. Environment considerations
The implementation of this project will ensure that packaging materials will be disposed with environmentally friendly approaches.
- c. HIV/AIDS considerations
This project will provide equal opportunity to all members of the target communities regardless of their HIV status, and will undertake procedures that do not encourage stigmatization of those living with HIV/AIDS.

vii) Implementation Mechanism

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

Project activities will be implemented by Hold the Child organization in conjunction with government actors including, County health department, and local authorities/leaders depending to the situational development. Dedicated project staffs will work with;

- Services will be provided;

Name	OTP	SFP	BSFP
Bor town Payam	1 site	2 sites	2 sites
Baidit Payam	1 site	1 site	1 site

- Services for SAM and MAM and IYCF counseling, and administration dewormers, Vitamin A and Iron & Folate will be undertaken by the field nutrition assistants and mobilisers at the facilities/units; these teams will also adopt a schedule with the guidance of the coordinator/officer to outreach some hot spot un covered areas should they be identified as the access situation improves
- Community mobilisers will conduct MUAC rapid screening in the IDP concentrated areas and the screening report will be drawn by the nutrition officer
- The field nutrition coordinator will work with local leaders and mobilisers to mother-mother support groups and prepare demonstration sites and sessions with locally available resources
- Delivery of supplies from UNICEF (Bor) and WFP (Bor) to the project sites will be coordinated by the field coordinator
- Monthly reports on OTP/SFP, IYCF will be compiled by the nutrition assistants in conjunction with the field coordinator and verified by the nutrition officer
- The pre-harvest SMART survey will be handled by the contracted national consultant who will work in collaboration with Nutrition officer and the field coordinator; upon verification of the methodology by the Cluster technical team, sampling clusters will be selected, and enumerators will be selected by the CHD/local leaders and trained by the consultant and the nutrition officer. The consultant and the officer will undertake the data compilation and analysis; a preliminary report will be verified by the cluster technical team before the survey report is completed.
- The monitoring and evaluation of the project including performance ranking, reprogramming due to unforeseen realities will be handled by the Head of Programmes and Nutrition officer, who will work in collaboration with the whole field team;
- The Nutrition officer based in Bor (and partly in the field) will provide additional emergency surge support capacity to the nutrition cluster at state level should the need arise.

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)².

Based on the outlined project outcomes and indicators outlines above (v), with reference to the project activity plan the following forms the monitoring plan:

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

- i. Report on training sessions including participants, and training schedule will be compiled at every end of each training session,
- ii. Reports on rapid screenings and Pre-Harvest SMART survey
- iii. Children reached with Rapid screening, admissions for OTP and SFP, IYCF counseling, Training sessions will be compiled on a monthly basis; and filled in the standard Nutrition cluster reporting format
- iv. Field visits by the management team to the project sites will be scheduled regularly after two months to support the teams on ground
- v. Testimonies from the project beneficiaries will be compile at different instances during the project cycle

These reports will be summarized into one monthly narrative report that will also include the challenges faced in the reporting period. Reports will be submitted to the cluster and the CHF as required.

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)
Pledges for the CAP project	

SECTION III:

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

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

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK			
CHF ref./CAP Code: <u>SSD-14/H/60288</u>		Project title: <u>Provision of integrated nutrition services in the underserved northern Jonglei</u>	Organisation: <u>Hold the Child Organisation</u>
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Goal/Impact (cluster priorities)</p> <p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i></p> <ul style="list-style-type: none"> 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; During acute emergency period, supplementary foods to (BSFP) to boys and girls aged 6-36 months, and promotion of optimal infant and you child feeding in emergencies; Conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition in the IDP concentrated areas 	<p><i>What are the key indicators related to the achievement of</i></p> <ul style="list-style-type: none"> Number of boys and girls <5 years treated from acute malnutrition; Percentage cure rate of admitted boys and girls; Number of P&LW treated and recovered from Acute malnutrition; Number of cases and proportions of SAM, and MAM identified and referred during the rapid screening outreaches; Number of lead women trained on IYCF appropriate practices; Number of function mother-mother support groups; Number of women and men reached with IYCF counseling and nutrition education; Number of community members reached with nutrition education meetings and IYCF counseling; SAM, MAM rates established by the SMART nutrition survey; Number of county based stakeholders meeting attended 	<p><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Admission, feeding and discharge OTP/SFP reports; Reports on defaulting, cure proportion and rates; Testimonies of mothers whose children have recovered from acute Malnutrition; Reports on the formation and the functioning of IYCF mother support groups; Reports on IYCF counseling and nutrition education; Testimonies on infant/child feeding practices; SMART nutrition survey report; Reports/minutes of the nutrition stakeholders coordination meetings attended/facilitated; 	<ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Stable supplies pipelines; Proper utilization of therapeutic and supplementary foods by the beneficiaries; IYCF and nutrition education key messages are well understood; Data collection enumerators understand and cooperate during the SMART survey; Stable fuel supplies and prices ; Stable communication network

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>CHF project Objective</p> <p><i>What is the result the project will contribute to by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> Maintenance of the on-going OTP/TSFP services for SAM and MAM (for PLW and <5s) treatment in IDP concentrated areas of Bor; coupled with community based initiatives e.g. active case finding; The administration of Vitamin A for boys and girls aged 6-59 months, Deworming for boys and girls aged 12-59 months, and Iron & Folate to Pregnant women; The implementation of BSFP during the lean season; Engaging Mother-Mother support groups in IYCF, and Demonstration sessions; IYCF education session conducted at feeding sites; Rapid MUAC screening and active case finding across the IDP concentrated target communities; and conducting a pre-harvest SMART survey 	<p><i>What indicators will be used to measure whether the CHF Project Objective are achieved?</i></p> <ul style="list-style-type: none"> Number of OTP/SFP operated; Number of boys and girls <5 years treated from acute malnutrition; Percentage cure rate of admitted boys and girls; Number of P&LW treated and recovered from Acute malnutrition; Number of cases and proportions of SAM, and MAM identified and referred during the rapid screening outreaches; Number of lead women trained on IYCF appropriate practices; Number of function mother-mother support groups; Number of women and men reached with IYCF counseling and nutrition education; Number of community members reached with nutrition education meetings and IYCF counseling; SAM, MAM rates established by the SMART nutrition survey; Number of emergency response planning, assessment and evaluation sessions/meetings attended 	<p><i>What sources of information will be collected/already exist to measure this indicator?</i></p> <ul style="list-style-type: none"> Admission, feeding and discharge OTP/SFP reports; Reports on defaulting, cure proportion and rates; Testimonies of mothers whose children have recovered from acute Malnutrition; Reports on the formation and the functioning of IYCF mother support groups; Reports on IYCF counseling and nutrition education; Testimonies on infant/child feeding practices; SMART nutrition survey report; Reports/minutes of the nutrition stakeholders coordination meetings attended/facilitated; 	<p><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Stable supplies pipelines; Proper utilization of therapeutic and supplementary foods by the beneficiaries; IYCF and nutrition education key messages are well understood; Data collection enumerators understand and cooperate during the SMART survey; Stable fuel supplies and prices ; Stable communication network
<p>Outcome 1</p> <p><i>What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries?</i></p> <p>Acute cases of malnutrition of <5s and PLW are managed and treated</p>	<p><i>What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> Number of OTP/SFP operated; Number of boys and girls <5 years treated from acute malnutrition; Percentage cure rate of admitted boys and girls; Number of cases and proportions of SAM, and MAM identified and referred during the rapid screening outreaches 	<p><i>What are the sources of information collected for these indicators?</i></p> <ul style="list-style-type: none"> Admission, feeding and discharge OTP/SFP reports; Reports on defaulting, cure proportion and rates; Testimonies of mothers whose children have recovered from acute Malnutrition; 	<p><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Stable supplies pipelines; Proper utilization of therapeutic and supplementary foods by the beneficiaries; Stable fuel supplies and prices ; Stable communication network

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	<p>List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.</p> <p>Increase access to nutrition services to the underserved Bor and Baidit Payams communities</p>	<p>What are the indicator(s) to measure whether and to what extent the project achieves the output? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</p> <ul style="list-style-type: none"> Number of OTP/SFP operational; 	<p>What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> Admission, feeding and discharge OTP/SFP reports; Reports on defaulting, cure proportion and rates; Testimonies of mothers whose children have recovered from acute Malnutrition; 	<p>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</p> <ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Stable supplies pipelines; Proper utilization of therapeutic and supplementary foods by the beneficiaries; Stable fuel supplies and prices ; Stable communication network
Activity 1.1.1	<p>List the key activity to be carried out for achieving output 1.1 Rehabilitation of 2 OTP/TSFP sites using eco-friendly materials; in the IDP concentrated areas of Bor and Baidit Payams;</p>			
Output 1.2	<p>1,181 children (595 boys and 586 girls) aged 6-59 months with severe acute malnutrition cases are treated</p>	<ul style="list-style-type: none"> Number of boys and girls <5 years treated from severe acute malnutrition; Percentage cure rate of admitted boys and girls; Number of cases and proportions of SAM, identified and referred during the rapid screening outreaches 	<ul style="list-style-type: none"> Admission, feeding and discharge OTP/SFP reports; Reports on defaulting, cure proportion and rates; Rapid MUAC screening reports; Testimonies of mothers whose children have recovered from acute Malnutrition; 	<ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Stable supplies pipelines; Proper utilization of therapeutic and supplementary foods by the beneficiaries; Stable fuel supplies and prices ; Stable communication network
Activity 1.2.1	<p>Treat 420 children (205 boys and 215 girls) aged 6-59 months with SAM at OTP sites annexed to PHCCs using IMSAM guidelines and SPHERE standards with supplies and anthropometric equipment from UNICEF, and packaging materials appropriate disposed. Very severe case without appetite and Oedema be referred to PHCC for medical treatment in case they have underlying illnesses;</p>			
Activity 1.2.2	<p>Conduct rapid MUAC screening and active case finding periodically among the selected vulnerable communities in the IDP concentrated areas of Bor and Baidit Payams</p>			
Output 1.3	<p>1,724 children (854 boys and 870 girls) aged 6-59 months with a re treatment from moderate acute malnutrition</p>	<ul style="list-style-type: none"> Number of boys and girls <5 years treated from moderate acute malnutrition; Percentage cure rate of admitted boys and girls; Number of cases and proportions of MAM identified and referred during the rapid screening outreaches 	<ul style="list-style-type: none"> Admission, feeding and discharge OTP/SFP reports; Reports on defaulting, cure proportion and rates; Testimonies of mothers whose children have recovered from acute Malnutrition; 	<ul style="list-style-type: none"> Political stability in the county and the state; Positive participation from the local authorities and communities members Stable supplies pipelines; Proper utilization of therapeutic and supplementary foods by the beneficiaries; Stable fuel supplies and prices ; Stable communication network
Activity 1.3.1	<p>Treat 1,250 children (580 boys and 670 girls) aged 6-59 months with MAM and TSFP sites annexed to OTP sites using IMSAM guidelines and SPHERE standards with supplies from WFP. High priority will be given to OTP discharges;</p>			
Activity 1.3.2	<p>Treat 900 PLW women with MAM using IMSAM guidelines</p>			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 2	Boy, girls <5s and PLWs reached with preventative supplements and key messages	<ul style="list-style-type: none"> Number of P&LW administered with Folates; Number of boys and girls administered with micronutrients Number of boys and girls reached with BSFP Number of lead women trained on IYCF appropriate practices; Number of function mother-mother support groups; Number of women and men reached with IYCF counseling and nutrition education; Number of community members reached with nutrition education meetings and IYCF counseling; 	<ul style="list-style-type: none"> Reports on deworming and micronutrient administration (registers and stock records) Testimonials on the micronutrient supplementation BSFP distribution reports Reports on the formation and the functioning of IYCF mother support groups; Reports on IYCF counseling and nutrition education; Testimonies on infant/child feeding practices; 	<ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Stable supplies pipelines; Proper utilization of micronutrients by the beneficiaries; Stable fuel supplies and prices ; Stable communication network
Output 2.1	Boys and girls <5s are administered with dewormers, and micronutrients; and PLW administered with micronutrients	<ul style="list-style-type: none"> Number of P&LW administered with Folates; Number of boys and girls administered with micronutrients Number of boys and girls reached with BSFP 	<ul style="list-style-type: none"> Reports on deworming and micronutrient administration (registers and stock records) Testimonials on the micronutrient supplementation BSFP distribution reports 	<ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Stable supplies pipelines; Proper utilization of micronutrients by the beneficiaries; Stable fuel supplies and prices ; Stable communication network
Activity 2.1.1	Provision of BSFP to 2,000 children (1,000 boys and 1,000 girls) aged 6-35 months among the IDP concentrated areas in Bor and Baidit Payams areas			
Activity 2.1.2	Administer deworming tablets to all health care contacts aged 12-59 months 2,500 children (1,200 boys and 1,300 girls) accessing services at the centers we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services			
Activity 2.1.3	Administer iron and folate to 800 women attending for antenatal care in the IDP concentrated locations			
Output 2.2	Social mobilization on key messages and demonstration of appropriate infant and young child feeding	<ul style="list-style-type: none"> Number of lead women trained on IYCF appropriate practices; Number of function mother-mother support groups; Number of women and men reached with IYCF counseling and nutrition education; Number of community members reached with nutrition education meetings and IYCF counseling; Number of recipe demonstration session conducted 	<ul style="list-style-type: none"> Reports on deworming and micronutrient administration (registers and stock records) Testimonials on the micronutrient supplementation Reports on the formation and the functioning of IYCF mother support groups; Reports on IYCF counseling and nutrition education; Reports on recipe demonstration with case studies; Testimonies on infant/child feeding practices; 	<ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Stable supplies pipelines; Proper utilization of micronutrients by the beneficiaries; Stable fuel supplies and prices ; Stable communication network
Activity 2.2.1	Promote healthy eating and proper child care by producing a pack of health promotion visual resources (posters, cards/charts), 5 key messages including early initiation of breast feeding, exclusive breast feeding and complementary feeding, and domestic hygiene, diet diversification for pregnant women, ANC and early treatment seeking behaviours; and organizing regular IYCF health sessions at the centres			
Activity 2.2.2	Ensure that 10 IYCF mother-mother support groups are vibrant through engagement in to vegetable gardening demonstrations; cooking demonstrations on hygiene practices, appropriate food consistence, and variety meal complementary meals			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 3	Coordinated emergency preparedness and nutrition status monitoring	<ul style="list-style-type: none"> SAM, MAM rates established by the SMART nutrition survey; Number of emergency stakeholders coordination meetings attended 	<ul style="list-style-type: none"> SMART nutrition survey report; Reports/minutes of the nutrition stakeholders coordination meetings attended/facilitated; 	<ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Data collection enumerators understand and cooperate during the SMART survey; Stable fuel supplies and prices ; Stable communication network
Output 3.1	Timely and coordinated nutrition status monitoring and standardized responses	<ul style="list-style-type: none"> SAM, MAM rates established by the SMART nutrition survey; Number of stakeholders coordination meetings attended 	<ul style="list-style-type: none"> SMART nutrition survey report; Reports/minutes of the nutrition stakeholders coordination meetings attended/facilitated; 	<ul style="list-style-type: none"> Security and Political stability in the county and the state; Positive participation from the local authorities and communities members Data collection enumerators understand and cooperate during the SMART survey; Stable fuel supplies and prices ; Stable communication network
Activity 3.1.1	Work closely with the partners on ground the IDP congested areas to support on the respective cluster related initiatives, geared at prevention of malnutrition among IDP congested communities;			
Activity 3.1.2	Conduct rapid MUAC screening and active case finding periodically among the selected vulnerable communities in the IDP concentrated areas of Bor and Baidit Payams			
Activity 3.1.3	Conduct a pre-harvest SMART survey in line nutrition cluster standards during this acute emergency period in the disaster hit Bor County to inform on the nutrition status and facilitate monitoring for better programming.			

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The workplan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	1st January 2013	Project end date:	31st March 2013
----------------------------	------------------------------------	--------------------------	-----------------------------------

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 2 OTP/TSFP sites using eco-friendly materials; in the IDP concentrated areas of Bor and Baidit Payams;												
Activity 2: Conduct rapid MUAC screening and active case finding periodically among the selected vulnerable communities in the target Payams during the lean season to cumulatively cover 1,500boys and 1,500 girls;	x											
Activity 3: Treat 420 children (205 boys and 215 girls) aged 6-59 months with SAM at OTP sites annexed to PHCCs using IMSAM guidelines and SPHERE standards with supplies and anthropometric equipment from UNICEF, and packaging materials appropriate disposed. Very severe case without appetite and Oedema be referred to PHCC for medical treatment in case they have underlying illnesses	x	x	x									
Activity 4: Treat 1,250 children (580 boys and 670 girls) aged 6-59 months with MAM and TSFP sites annexed to OTP sites using IMSAM guidelines and SPHERE standards with supplies from WFP. High priority will be given to OTP discharges	X	x	x									
Activity 5: Treat 900 PLW women with MAM using IMSAM guidelines	X	x	x									
Activity 6: Administer Vitamin A to all health care contacts aged 6-59 months 3,000 children (1,500 boys and 1,500 girls) accessing services at the centers we operate; this will be done in conjunction with the PHCCs mainstream services	X	x	x									
Activity 7: Administer deworming tablets to all health care contacts aged 12-59 months 2,500 children (1,200 boys and 1,300 girls) accessing services at the centers we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services	X	x	x									
Activity 8: Provision of BSFP to 2,000 children (1,000 boys and 1,000 girls) aged 6-35 months among the IDP concentrated areas in Bor and Baidit Payams areas;	x	x	x									
Activity 9: Administer iron and folate to 800 women attending for antenatal care in the IDP concentrated locations	x	x	x									
Activity 10: Promote healthy eating and proper child care by producing a pack of health promotion visual resources (posters, cards/charts), 5 key messages including early initiation of breast feeding, exclusive breast feeding and complementary feeding, and domestic hygiene, diet diversification for pregnant women, ANC and early treatment seeking behaviors; and organizing regular IYCF health sessions at the centers	x	x	x									
Activity 11: Ensure that 10 IYCF mother-mother support groups are vibrant through engagement in to vegetable gardening demonstrations; cooking demonstrations on hygiene practices, appropriate food consistence, and variety meal complementary meals	x	x	x									
Activity 12: Coordinate with other cluster partners on ground to support on the respective cluster related initiatives, geared at prevention of malnutrition among communities of Bor	x	x	x									
Activity 13: Conduct a pre-harvest SMART survey in line nutrition cluster standards during this acute emergency period in the disaster hit Bor County to inform on the nutrition status and facilitate monitoring for better programming.			x									

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