

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

- 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

Medair

Project CAP Code

SSD-14/H/60434

CAP Gender Code

2a

CAP Project Title (please write exact name as in the CAP)

Provision of emergency nutrition services to vulnerable communities in South Sudan

Total Project Budget requested in the in South Sudan CAP

US\$ 783,120

Total funding secured for the CAP project (to date)

US\$ 0

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)
Upper Nile	30%	Renk and any other county requiring emergency assistance
Jonglei	25%	Any county requiring emergency assistance
Lakes	30%	Awerial and any other county requiring emergency assistance
Any other of the 8 states	15%	Any county requiring emergency assistance

Funding requested from CHF for this project proposal

US\$ 400,000

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:	1,120	1,750
Girls:	3,840	6,000
Men:	38	60
Boys:	3,840	6,000
Total:	8,838	13,810

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)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

Indicate number of months: 6 months
1 January to 30 June 2014

N/A

Contact details Organization's Country Office

Organization's Address	Hai Matara, Airport View Juba
Project Focal Person	Dr. Trina Helderman, medicaladvisor-sds@medair.org , +211 0911 830 060
Country Director	Caroline Boyd, cd-southsudan@medair.org , +211 924 143 746
Finance Manager	Lisa Poulsen, finance-southsudan@medair.org , +211 911 383 615
Monitoring & Reporting focal person	Evelyn Winkler funding-southsudan@medair.org +211 927 058 148

Contact details Organization's HQ

Organization's Address	Chemin du Croset 9 CH-1024 Ecublens Switzerland
Desk officer	Anne Reitsema anne.reitsema@medair.org +41 (0) 21 694 35 35
Finance Officer	Ann Lomole Budget-HQ-FIN@medair.org +41 (0) 21 694 35 35

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 humanitarian situation in South Sudan showed moderate improvements in 2013; however, the situation quickly deteriorated after the 15th of December when violence struck Juba and then scattered to involve six of the country's ten states and displacing over 180,000 men, women, boys and girls. IDP camps were established within UNMISS bases in Juba, Bor, Malakal and Bentiu hosting 10-30,000 IDPs without preparations or facilities to provide lifesaving and essential health, water, sanitation services. Widespread looting in Malakal, Bentiu, and Bor along with crop destruction and inability to harvest due to displacement are expected to cause food shortages in the long term, while IDPs have limited access to food in the short term. Overall, the increase in illnesses, the shock of stress, the lack of food, and the already underlying malnutrition is anticipated to cause increased cases of SAM and MAM in children as well as in pregnant and lactating women. This crisis arose on top of the already projected 830,000 people expected to face severe food insecurity in 2014 (OCHA, Sep 2013). The major drivers of malnutrition in South Sudan prior to the crisis included continued high food insecurity due to droughts, floods, conflict, and poor farming practices, suboptimal infant and young child feeding practices, high rates of childhood morbidity and population displacement due to inter-tribal conflicts and returnees. The results of the majority (86%) of the pre-harvest nutrition surveys in 2013 show global acute malnutrition rates surpassing the emergency threshold (>15%) and very high severe acute malnutrition rates ranging from 3% to 13.4%. In Pibor County, rapid nutrition assessments carried out by Medair in 2013 noted potential alarmingly high rates of acute malnutrition in boys and girls based on rapid MUAC screening. Without interventions targeted at vulnerable groups, high mortality is expected, especially among boys and girls under 5.

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.

Medair has been implementing a multi-sectorial emergency preparedness and response programme in South Sudan providing life-saving services to girls, boys, women and men vulnerable to or suffering from public health emergencies for over 10 years. Medair operates flexible rapid response teams that are able to meet acute emergency nutrition needs in any of the 10 states of South Sudan. Medair works to support the Ministry of Health in emergency response capacity at all levels. Medair trains local nutrition workers to respond to nutrition emergencies and conducts trainings for both women and men in nutrition screening, diagnosis, treatment, defaulter tracing, and IYCF community education. Medair also works with national NGOs to build their technical capacity to implement integrated nutrition services into primary health facilities where GAM levels are above the emergency threshold. In 2013 Medair conducted assessments and responded to emergency nutrition needs in 7 locations where the local Ministry of Health or other NGO partners did not have capacity to respond due to lack of technical expertise, funding, or support structures. Medair will continue to support and monitor the situation in Pibor County, Jonglei State to provide rapid assessments where needed and support nutrition programmes in Labrab and additional locations as appropriate. In Renk County, Medair has been providing nutritional services to girls and boys and pregnant and lactating women in returnee sites. From January- June 2013, Medair treated over 200 boys and girls for SAM and over 400 boys and girls for MAM in Renk. Medair also provided referrals for SAM with complications to the Renk County Hospital – also providing refresher training on treatment and record keeping for the hospital staff. IYCF messages are being shared with pregnant and lactating women weekly with at times over 1,000 women in attendance per week. Medair plans to continue this support throughout 2014.

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.

Medair will contribute to all 3 cluster priority areas. Medair will provide acute management of acute malnutrition for returnees and host communities in Renk County, to IDPs in Labrab, and in other locations as they arise. Medair will provide OTP, TSFP and stabilization centres as appropriate and promote proper linkages between programmes where services are shared by various partners. Medair will utilize the UNICEF and WFP core pipelines in addition to Medair procured supplies ensuring proper stock management to the facility level.

Medair will continue to carry out IYCF activities in Renk County and other locations where feasible. Medair will maintain capacity to carry out BSFP programmes should they be required due to acute emergency situations that arise.

Medair will maintain a rapid response team of nutritionists, nurses, logisticians, and community liaison officers ready and able to respond to new onset emergencies in potentially any of the 10 states of South Sudan. Medair plans to carry out a SMART survey in Renk County during the pre-harvest season to determine GAM rates and assess the need for additional programming in the area. Medair will work with the local health and nutrition workers and County Health Departments to provide training and encourage the development of their own emergency preparedness and response programmes.

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)

To reduce morbidity and mortality due to acute malnutrition in vulnerable populations in South Sudan in 2014. This objective links directly to Medair's CAP project.

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.

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).

Medair will maintain a nutrition rapid emergency response team to respond to acute nutrition related emergencies in any of the 10 states and will continue to provide nutrition services to returnees and host communities in Renk County.

Key activities will include

- Train and maintain a rapid response emergency nutrition assessment team with the ability to assess and initiate responses in any of the 10 states in South Sudan
- Assess the nutrition needs in Renk County with a pre-harvest SMART survey
- Provide MUAC screening for malnutrition within the community and at the health facility level for girls, boys and pregnant and lactating women
- Coordinate with and support the local County Health Department in rapid assessments as well as programme implementation
- Provide blanket supplementary feeding for girls and boys in at-risk communities
- Promote infant and young child feeding through training and establishing a system of community nutrition promoters to provide education to women and men in vulnerable communities
- Provide emergency nutrition services including diagnosis and treatment of girls and boys (6-59 months) with severe and moderate acute malnutrition including 4 OTPs (3 Renk, 1 Labrab) and 2 TSFPs (Renk) with potential for additional sites as new emergencies arise
- Provide targeted supplementary feeding to boys and girls and pregnant-lactating women
- Provide micronutrient supplementation including ferrous and folic acid to pregnant and lactating women and Vitamin A to boys and girls
- Provide de-worming to boys, girls, and pregnant women during ANC
- Train local female and male nutrition workers to diagnose and treat acute malnutrition and carry out defaulter tracing

Planned nutrition sites:

County	Name of site	SC	OTP	TSFP	BSFP
Renk County	Mina emergency health facility		X	X	
Renk County	Abayouk emergency health facility		X	X	
Renk County	Geiger PHCU		X		
Pibor County	Labrab PHCU		X		
Any county requiring emergency assistance which could include Awerial County due to the acute crisis or other locations as gaps are noted and security permits		X	X	X	X

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

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

Outcomes

1. Increased access to quality lifesaving nutrition services for people in acute emergency situations
2. Increased access to quality lifesaving nutrition services for returnees and host communities in Renk County

Outputs

- 1.1 Children affected by emergencies are provided with quality preventive and curative nutrition services
- 1.2 Pregnant and lactating women (PLW) affected by emergencies are provided with quality preventive and curative nutrition services
- 2.1 Returnees and host communities in Renk County are provided with preventive and curative nutrition services
- 2.2 Returnees and host communities in Renk County have access to nutrition education

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.	# of children (under-5) admitted for the treatment of Severe Acute Malnutrition (SAM)	Girls: 200 Boys: 200
X	2.	Quality of SAM program: Overall SAM program cure rate, default rate, and death rate at or above Sphere standards	cure rate (> 75%), defaulter rate (< 15%), death rate (< 10%)
X	3.	# of children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	Girls: 500 Boys: 500
X	4.	Quality of MAM program: Overall MAM program cure rate, default rate, and death rate at or above Sphere standards	cure rate (> 75%), defaulter rate (< 15%), death rate (< 3%)
X	5.	# of Pregnant and Lactating Women (PLWs) admitted for MAM	Women: 350
	6.	# of PLWs women receiving micronutrient supplementation	Women: 2,000
X	7.	# of children screened in the community	Girls: 6,000 Boys: 6,000

8.	Number of monthly Cluster reports submitted on time	6 out of 6
----	---	------------

vi). Cross Cutting Issues

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

Gender

During assessments of nutrition related emergencies, the special needs of men, women, girls and boys will be identified. Men and women will be consulted in the design, implementation and evaluation of the programmes to ensure their needs are taken into account. Medair will utilize both men and women from the local communities to staff nutrition facilities and implement emergency interventions. Interventions will be monitored through data review as well as exit interviews of patients in nutrition facilities to ensure both male and female are being treated equally as well as determine and overcome any obstacle that may exist preventing care to boys or girls.

Environment

Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. During nutrition related interventions Medair trains health and nutrition workers in appropriate medical waste management. Health and nutrition promotion is also directed at environmental issues, Medair strongly promotes the use of clean water and proper sanitation habits, through health and hygiene promotion activities at all levels in the community.

HIV/AIDS

During interventions, Medair trains relevant staff in universal precautions. Medair supported health care staff are made aware of HIV transmission and symptoms such as wasting and slower responsiveness to nutritional therapy. Patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre.

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.

Medair actively participates in OCHA's regular emergency response meetings, nutrition cluster meetings and conducts nutrition assessments on which it bases the decision to respond. Medair directly implements the programme activities in cooperation with local health and nutrition workers and strives to build capacity of local partners and link programming with longer term sustainability. Medair's emergency response team consists of nutritionists, nurses, logisticians and community liaison officers with specific skills in community education and mobilization. Local health and nutrition staff as well as volunteers will be trained for all interventions to work alongside Medair's emergency response team. When possible, Medair also provides training to the County Health Department staff to ensure nutrition is promoted as part of the basic package of health services and county counterparts have improved capacity to carry out supervision of facilities.

In all responses and activities, Medair liaises and coordinates closely with national, state, county and local government officials and authorities. Medair also liaises with Unicef and WFP to acquire nutritional supplies.

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.

Medair plans to carry out mid-term and post-intervention assessments in targeted nutrition interventions. Follow-up assessments for nutrition interventions often utilize supervisory checklists which have a quantitative scoring system and enable teams to demonstrate improvements in knowledge and practice based on baseline, mid-term, and post-intervention scoring. Supervisory checklists are based off of internationally accepted examples from FANTA and other global nutrition bodies.

Medair may also carry out household surveys to determine knowledge and practice of certain IYCF practices such as breastfeeding behaviors within a community in addition to other health and hygiene practices that contribute to morbidity and exacerbate malnutrition. Medair also plans to carry out a SQUEAC survey in Renk County in 2014 to determine coverage and explore barriers to access and better define areas for improvement.

Medair will contribute to all national reporting mechanisms relevant to the activities being implemented, and will build capacity of local health and nutrition workers to continue using those mechanisms. All data presented in weekly and monthly reports is monitored by local project managers as well as the medical advisor based in Juba to note trends or gender gaps that may exist within service provision.

Medair will prepare to carry out rapid nutrition assessments in areas of intervention based on need and current accessibility to that area. Due to the emergency nature of most interventions, SMART surveys are not always feasible before a response as delaying critical lifesaving nutritional interventions while awaiting the time needed to prepare, implement and analyze SMART survey results is not appropriate in this context. Medair in liaison with the nutrition cluster will usually rely on rapid MUAC assessments and other secondary and qualitative data that may exist to determine if a crisis needs an immediate nutritional response.

Project Managers are responsible for monitoring of weekly and monthly nutritional data and activities including tracking of all indicators during implementation and upon completion of assessments and interventions. Medair disseminates summary reports for assessments and interventions to external actors, remaining accountable to government, donors, and the humanitarian community through that process. The ERT project coordinator is responsible for ensuring interventions are meeting targets, through oversight of the PMs and field visits. In addition, the medical advisor will provide technical input and quality assurance for this program. The monitoring and evaluation officer supports the project staff to carry out monitoring activities and is responsible for survey design and

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.

completion in consultation with sector advisors at country and HQ levels.

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	
ECHO proposal submitted – all partners on hold awaiting ECHO response following crisis	

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/60434		Project title: Provision of emergency nutrition services to vulnerable communities in South Sudan	
		Organisation: Medair	
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities) (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 Promotion of optimal infant and you child feeding in emergencies. (iii) Provision of Emergency preparedness and response services.	- Overall SAM program cure rate, default rate, and death rate at or above Sphere standards Overall MAM program cure rate, default rate, and death rate at or above Sphere standards	<i>Monthly cluster reports</i>	
CHF project Objective To reduce morbidity and mortality due to acute malnutrition in vulnerable populations in South Sudan in 2014.	- Under 5 mortality rate - Global acute malnutrition rate	- National data - SMART and/or other nutritional surveys	- There is need for nutrition emergency interventions in South Sudan - The security situation allows for emergency response - Medair is accepted to work in cooperation with the MoH and RRC
Outcome 1 Increased access to quality lifesaving nutrition services for people in acute emergency situations	- Overall SAM program cure rate, default rate, and death rate at or above Sphere standards - Overall MAM program cure rate, default rate, and death rate at or above Sphere standards	- Intervention reports - Monthly nutrition reports	- Emergency locations are accessible - Logistical support is available to provide transport of staff and supplies

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	Children affected by emergencies are provided with quality preventive and curative nutrition services	<ul style="list-style-type: none"> - # of boys and girls screened in the community - # of boys and girls (under-5) admitted for the treatment of Severe Acute Malnutrition (SAM) - # of boys and girls (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) - # of community nutrition promoters trained 	<ul style="list-style-type: none"> - Intervention reports - Monthly nutrition reports 	<ul style="list-style-type: none"> - Plumpy nut stocks are available through UNICEF - BSFP and TSFP commodities are available through WFP - Nutrition workers are available in local communities - Drug and nutrition commodity suppliers have sufficient stocks to allow procurement by Medair teams - Ministry of Health and Government support are provided to allow activities to be carried out
Activity 1.1.1	Provide MUAC screening for malnutrition within the community and at health facilities			
Activity 1.1.2	Provide blanket supplementary feeding for children in at-risk communities			
Activity 1.1.3	Provide emergency nutrition services including diagnosis and treatment of children with severe and moderate acute malnutrition			
Activity 1.1.4	Train local female and male nutrition workers to diagnose and treat acute malnutrition and carry out defaulter tracing			
Output 1.2	Pregnant and lactating women (PLW) affected by emergencies are provided with quality preventive and curative nutrition services	<ul style="list-style-type: none"> - # of PLW women receiving micronutrient supplementation - # of PLW admitted for MAM 	<ul style="list-style-type: none"> - Intervention reports - Monthly nutrition reports 	<ul style="list-style-type: none"> - TSFP commodities are available through WFP - Drug and nutrition commodity suppliers have sufficient stocks to allow procurement by Medair teams
Activity 1.2.1	Provide micronutrient supplementation including ferrous and folic acid to pregnant and lactating women			
Activity 1.2.2	Provide targeted supplementary feeding to pregnant-lactating women			
Outcome 2	Increased access to quality lifesaving nutrition services for returnees and host communities in Renk County	<ul style="list-style-type: none"> - Overall SAM program cure rate, default rate, and death rate at or above Sphere standards - Overall MAM program cure rate, default rate, and death rate at or above Sphere standards 	<ul style="list-style-type: none"> - Clinic registers - Monthly nutrition reports 	<ul style="list-style-type: none"> - CHD support to allow for continued services to returnees - Parents are cooperative in completing the nutrition programme for their children
Output 2.1	Returnees and host communities in Renk County are provided with preventive and curative nutrition services	<ul style="list-style-type: none"> - # of boys and girls (under-5) admitted for the treatment of Severe Acute Malnutrition (SAM) - # of boys and girls (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) - # of PLW women receiving micronutrient supplementation - # of PLW admitted for MAM 	<ul style="list-style-type: none"> - Clinic registers - Monthly nutrition reports 	<ul style="list-style-type: none"> - Plumpy nut stocks are available through UNICEF - TSFP commodities are available through WFP - Drug and nutrition commodity suppliers have sufficient stocks to allow procurement by Medair teams
Activity 2.1.1	Assess the nutrition needs in Renk County with a pre-harvest SMART survey			
Activity 2.1.2	Provide MUAC screening for malnutrition for children presented at the Medair health facilities and in the community			
Activity 2.1.3	Provide OTP and TSFP to children under 5 and TSFP to pregnant and lactating women			
Output 2.2	Returnees and host communities in Renk County have access to nutrition education	<ul style="list-style-type: none"> - # of community nutrition promoters trained 	<ul style="list-style-type: none"> - Monthly nutrition reports - Training attendance sheets 	<ul style="list-style-type: none"> - Community nutrition promoters are available and motivated to share messages
Activity 2.2.1	Promote infant and young child feeding in returnee sites and host communities in health facilities and through community outreach and mothers groups			
Activity 2.2.2	Train community nutrition promoters and defaulter tracers			

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 Jan 2014 **Project end date:** 30 June 2014

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Provide MUAC screening for malnutrition within the community and at health facilities	X	X	X	X	X	X						
Activity 1.1.2 Provide blanket supplementary feeding for children in at-risk communities	X	X	X	X	X	X						
Activity 1.1.3 Provide emergency nutrition services including diagnosis and treatment of children with severe and moderate acute malnutrition	X	X	X	X	X	X						
Activity 1.1.4 Train local female and male nutrition workers to diagnose and treat acute malnutrition and carry out defaulter tracing	X	X	X	X	X	X						
Activity 1.2.1 Provide micronutrient supplementation including ferrous and folic acid to pregnant and lactating women	X	X	X	X	X	X						
Activity 1.2.1 Provide targeted supplementary feeding to pregnant-lactating women	X	X	X	X	X	X						
Activity 2.1.1 Assess the nutrition needs in Renk County with a pre-harvest SMART survey	X	X	X	X	X	X						
Activity 2.1.2 Provide MUAC screening for malnutrition for children presented to the Medair health facilities and in the community	X	X	X	X	X	X						
Activity 2.1.3 Provide OTP and TSFP to children under 5 and TSFP to pregnant and lactating women	X	X	X	X	X	X						
Activity 2.2.1 Promote infant and young child feeding in returnee sites and host communities in health facilities and through community outreach and mothers groups	X	X	X	X	X	X						
Activity 2.2.2 Train community nutrition promoters and defaulter tracers	X	X	X	X	X	X						

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