

## South Sudan 2014 CHF Standard Allocation Project Proposal

*for CHF funding against Consolidated Appeal 2014*

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

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

### SECTION I:

#### CAP Cluster NUTRITION

#### 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

International Medical Corps UK

#### Project CAP Code

SSD-14/H/60684

#### CAP Gender Code

1

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

Community Based Nutrition Intervention in Jonglei

#### Total Project Budget requested in the in South Sudan CAP

US\$2,206,548

#### Total funding secured for the CAP project (to date)

US\$400,000 CHF rd. 2

#### 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:	35,346	
Girls:	5,013	
Men:	876	
Boys:	3,005	
<b>Total:</b>	<b>44,240</b>	

#### Targeted population:

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

#### Host community, IDP's

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

#### 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)
Jonglei	50	Akobo County(Denjok, Nyadit, Bilkey & Alali)
	50	Pochalla County (Pochalla, Adongo, Akoyi, Akila & Burator)

#### Funding requested from CHF for this project proposal

US\$314,344

**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)

#### Indirect Beneficiaries / Catchment Population (if applicable)

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

Indicate number of months:3  
1 feb-30 April 2014

Contact details Organization's Country Office	
Organization's Address	Plot no. 246, Block 3K South Tongping Area Juba Central Equatoria South Sudan
Project Focal Person	<i>Sam Mbuto,</i> <a href="mailto:smbuto@internationalmedicalcorps.org">smbuto@internationalmedicalcorps.org</a> ,  +211-912-921-491
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Monitoring & Reporting focal person	<i>Kourtney Rusow</i> <a href="mailto:krusow@internationalmedicalcorps.org">krusow@internationalmedicalcorps.org</a>

Contact details Organization's HQ	
Organization's Address	1919 Santa Monica Blvd. Suite 400 Santa Monica, CA 90404:
Desk officer	Mera Eftaiha meftaiha@InternationalMedicalCorps.org
Finance Officer	Stanka Babic sbabic@InternationalMedicalCorps.org

### A. Humanitarian Context Analysis

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

### 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.

### 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.

#### ii) Project Objective

State **BRIEFLY** 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)

IMC intends to scale up and continue nutrition operations to serve critically conflict affect populations in Pochalla and Akobo, both of which had malnutrition rates at emergency thresholds before the conflict as shown during the pre& post-harvest SMART surveys (2012.2013).

- To provide curative nutrition services in to a minimum of 875 children with SAM, 1450 children with MAM and 940 PLWs in 7 OTPs, 9 TSFPs & 1 SC in Akobo County and 5 OTPs, 1 SC in Pochalla.
- To prevent cases of acute malnutrition by providing blanket supplementary foods to children aged 6-35 months and PLWs
- To reduce morbidity from acute malnutrition and its complications among children 6-59 months by providing systematic treatment and providing Vitamin A supplementation and deworming children 1- 5 year. 4, 684 children.
- To strengthen local capacity by training 50 health workers in Nutrition Emergency preparedness and response, 50 health facility based and 85 community nutrition volunteers/health workers in IYCF practices
- To strengthen local capacity by conducting a refresher training 85 CNVs community mobilization, MUAC screening, and appropriate referral to nutrition feeding sites.
- To assess the current critical nutrition needs and respond to availability or access issues through GFD if necessary

#### iii) Project Strategy and proposed Activities

Present **BRIEFLY** 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).

#### Management of Acute Malnutrition

Location: Akobo East & Pochalla County in Jonglei

- Provide therapeutic treatment and care for children under five and pregnant and lactating women with SAM without medical complications. SAM cases; Stabilization care unit, 86 SAM cases with medical complication in Akobo and Pochalla County. OTP, the (U5s) will be treated using Ready to use therapeutic foods (RUTF) targeting to reach 750 in Akobo (IMC has 7 OTP sites in Akobo namely; Meer, Burmath, Old Akobo, Dilule, Wechpuot, Dima and Thokwath), and 125 in Pochalla county. MAM cases (6-59 months & PLW) will receive supplementary therapeutic foods, we plan to cover 1,450 children aged 6-59 months and PLW 940 in Akobo county. (collaboration with other stakeholders discussed in section vii)
- Support and strengthen the Community Nutrition volunteer structure, to carry out regular community MUAC screening, referral and follow up of defaulter and non-respondent cases at household level.
- Ensure SC, OTP and TSFPs are equipped to standard with supplies and materials.
- Support the Nutrition Emergency preparedness and response, team during emergency due to insecurity to carry out rapid nutrition assessment and provide the report within 72 hours to the cluster and other partners for timely intervention.

#### Prevention of Acute Malnutrition

- Provide Blanket supplementary food, to 2,880 children 6-35 months of age, in Akobo County
- Provision of Vitamin A, deworming among the children 6-59 months in Akobo 2700 children, and Pochalla 540 children.
- Increase knowledge and skills among the women of reproductive age (35,346 women) on IYCF practices, hygiene and proper child care most especially seeking health care within 24 hours of child illness.
- Target mothers and fathers of malnourished children with health and nutrition education and IYCF messages (3,998 Beneficiaries: 420 Men and 3578 Women)
- Equip the IYCF support leader mothers with counseling skills, to be able to counsel mothers on how to overcome exclusive

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

breastfeeding and additional care to malnourished and sick children. Akobo 78 IYCF care group, and Pochalla 25 care groups.

Work closely with other sectors such as WASH, Health and Food security to jointly disseminate integrated messages, coordinate interventions and help each other to identify gaps/critical basic needs in a given community

Provision of Emergency preparedness and response services

- (i) Train Nutrition emergency preparedness team in Akobo 25 members and Pochalla 25 members
- (ii) Deploy emergency response team to conduct a rapid assessment
- (iii) Support the nutrition emergency preparedness team in carrying out rapid nutrition assessment in case of any displacement of communities due to natural and man-made induced calamities.

Capacity Building

- (i) Conduct refresher training to the CNVs on IYCF, identification and referral for SAM cases. Akobo 35, and Pochalla 20
- (ii) Bi-weekly leader mother IYCF, Hygiene message sharing sessions

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

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

**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.

<b>SOI (X)</b>	<b>#</b>	<b>Standard Output Indicators</b> <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>	<b>Target (indicate numbers or percentages)</b> <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>
X1	1.	Children (under-5) admitted for the treatment of SAM	875 children (Boys: 386 and girls: 489)
X6	2.	Number of Nutrition Sites Number of Out-patient Therapeutic Program (OTP) sites and stabilization centers for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM) Number of MAM treatment centers/TSFP sites	7 OTP sites/1 SC will be operated in Akobo East, 5 OTP sites/ 1 SC in Pochalla 9 TSFPs in Akobo
X2	3.	Quality of SAM treatment	Overall program cure rate > 75%, default rate < 15% and death rate < 10% (Sphere standards)
X3	4.	Children (under-5) admitted for the treatment of MAM	1450 (Boys:630 Girls:820) Akobo
X5	5.	Pregnant and Lactating Women (PLWs) admitted for MAM	940 PLWs for Akobo
X4	6.	Quality of MAM program	Overall program cure rate > 75%, default rate < 15% and death rate < 3% (Sphere standards)
X11	7.	Children screened in the community	10,750 (Akobo: 6871, Pochalla: 2534) Boys: 5483, Girls: 5367
X8	8.	Children (6-36 months) receiving supplementary foods through Blanket Supplementary Feeding Program (BSFP)	2880 (Boys: 1,214, Girls: 1,666)
x	9.	Community members made aware through education sessions on nutrition and IYCF	35,346 women reached with educational messages as well as 870 men
X9	10.	Number functional mother to mother support groups	Akobo: 78 groups, & Pochalla: 25 groups
x	11.	Emergency nutrition response team formed, functional and on standby for any emergencies.	50 health staff capacity built (25 Pochalla & 25 Akobo)

**vi). Cross Cutting Issues**

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

Gender

In order to improve equity and sustainability, specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring and evaluation. PLW, boys and girls will benefit and participate equally in the project. PLW, boys and girls will benefit from the ready to use therapeutic foods (RUTF). Ensure that among the community Nutrition volunteers selection event in Pochalla where CNVs have not been established. During recruitment of project staff male and female representation will be balanced. We will encourage female candidates to recruit for the social behavior change assistant position, to encourage mothers to opening share and discuss some issues that can hinder them from practicing healthy behaviors. IMC will not leave men behind especially on the role of child care and helping women to take the right decision about the health of their children and family at large. Looking at the role of women in Jonglei and Upper Nile, performing all house chores, taking care of children, our programing will be sensitive to ensure mother support group meetings are within 1 to 2 hours. On regular basis organize men/husbands meetings to inform them of care group activities and its importance to the family at large.

Environment

Although the project implementation will not have a significant environmental consequences, but during the implementation, IMC will educate mothers on how to dispose the therapeutic food handling materials (sachets) they could be used as seedlings bags, that will facilitate planting of fruit trees, and other trees that can help protect the environment. Also we will ensure that during cooking demonstration we use locally made fuel efficient stoves, that will not only use few firewood but as well us less smoke, mothers will be taught how make them at home and be encouraged to use them, by so doing we reduce deforestation to the environment. All of the activities implemented will respect environmental considerations.

## HIV/AIDS

The nutrition program will not discriminate, targeted beneficiaries regardless of their HIV/AIDS status. In addition messages on HIV prevention will be disseminated to men and women and increase awareness on prevention, most especially during the IYCF discussion. Although in our nutrition program we will not carry out testing and counseling for HIV test, information about centers providing these services will be provided to both men and women during our health messaging in our nutrition sites and mother to mother support group. Children not improving at the stabilization center and further investigation suggesting that the child in HIV positive, proper referral will be done and ensure that the child continue to get nutritional support, by providing enough RUTF during the transfer.

## 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.

International Medical Corps-UK will implement the proposed intervention directly and cooperate with other actors on the ground. Insecurity has occasionally resulted into interruption of the nutrition activities, but currently the situation is calm and training local health staff and officials in nutritional assessment and response can help build a strong team at the county level that can easily be able to manage malnutrition with minimal support, if all the nutritional supplies are on the ground.

IMC-UK will continue working closely with the Bor State MoH, WFP and UNICEF in order provide lifesaving nutrition services to responds to the emergency levels of malnutrition in the three mention areas (Akobo, Pochalla). IMC will continue providing the outpatient therapeutic care programming (OTPs) and targeted supplementary feeding (TSFPs) and Blanket supplementary feeding program. Community Nutrition volunteers will continue with home visting, screening , house per house, home visit of the children already in the program, support the mother support group in carrying out IYCF messages.

IMC-UK using the supplies from UNICEF and WFP will ensure that acute malnutrition is treated timely and also prevented with the use of BSFP products and even engaging mothers more in discussion on IYCF practices. We also want to continue engaging the local leaders, first to understand the effects of malnutrition and how they can fully participate in mobilization and raising awareness on treatment and prevention. Traditional healers and religious leaders will also be engaged fully.

IMC will also ensure that the program is well monitored and evaluated periodically; this will help inform the partners and the cluster at large on the gaps, and recommendations on reducing malnutrition rates in Akobo, Pochalla.

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

IMC's monitoring plan aims to achieve three objectives: 1) assess progress of project activities; 2) identify the gaps and weaknesses during project implementation; and 3) provide targeted and relevant monitoring data that allows IMC and relevant partners to develop recommendations for changes, allowing for adjustments and improvements throughout the life of the project.

IMC employs a dedicated M&E team, who maintains the project database and support project staff on monitoring activities, including analysis of data for informed decision-making. The project team, assisted by the M&E staff will be responsible for ensuring that data and results are obtained and reported timely, using SMOH, nutrition cluster, and IMC standards. M&E tasks include

- (1) Conduct routine monitoring, including analysis of project data;
- (2) Prepare interim and final reports to CHF; and the nutrition cluster;
- (3) Supportive supervision and feedback: An M&E focal person will visit the county on a quarterly basis, to assess the performance of the project. Based on the gaps identified, a plan of action will be developed to improve the project; and
- (4) Coordinate with CHF or UNDP staff for on-site monitoring visits as requested.

Monitoring of project data is done appropriately according to the activity. For the feeding programs, enrolled individuals are listed in BSFP/TSFP/OTP/SC registers. Ration cards are issued to all participating individuals receiving supplementary rations. For community outreach, education and support group activities, participants sign attendance sheets, which are also used to trace defaulters and dropouts. CNVs attend all support group meetings for monitoring purposes, and assist in compiling the reports due to the fact that most participating mothers are illiterate.

## 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)
CHF round 2 (2013 October 1 <sup>st</sup> to January 31st , 2014)	400,000
<b>Pledges for the CAP project</b>	
n/a	

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

### SECTION III:

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

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

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

**IMPORTANT: For the output indicators listed in this logical framework you need to use to the extent possible the list of standard output indicators shared with this proposal template. 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).**

LOGICAL FRAMEWORK			
CHF ref./CAP Code: <u>SSD-14/H/60684</u>		Project title: <u>Community Based Emergency Nutrition intervention in Jonglei State</u>	Organisation: <u>International Medical Corps</u>
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<b>Goal/Impact (cluster priorities)</b> 1. To provide acute malnutrition preventive and curative services among the children under 5 years of age and Pregnant, Lactating mothers 2. Build a strong team that can respond to nutrition emergencies	1. 50% coverage in Akobo and Pochalla 2. Completion of rapid assessment 3. % decrease in GAM and SAM in target communities and percentage increase in PLWs 4. MoH and IMC staff trained and ready to provide services in nutrition emergency response, treatment and prevention activities.	1. Field monitoring visits/observation, nutrition program or cluster report. 2. Nutrition SMART/Coverage Survey and IYCF reports 3. Field monitoring visits, training reports, nutrition program center records	
<b>CHF project Objective</b> Treat, prevent and manage acute malnutrition in Akobo and Pochalla, Jonglei State	1. 50% coverage in Akobo and Pochalla 2. Completion of rapid assessment 3. % decrease in GAM and SAM in target communities and percentage increase in PLWs 4. MoH and IMC staff trained and ready to provide services in nutrition emergency response, treatment and prevention activities.	1. Field monitoring visits/observation, nutrition program or cluster report. 2. Nutrition SMART/Coverage Survey and IYCF reports 3. Field monitoring visits, training reports, nutrition program center records	1. Security permits programs to operate 2. No large population movements or displacement increase demand further 3. UNICEF and WFP maintain nutrition supplies
<b>Outcome 1</b> Reduced malnutrition rates among children under 5 years and Pregnant Lactating women.	% decrease in GAM and SAM in target communities and percentage increase in PLWs	Nutrition program center records (daily tally sheets, weekly statistics etc.) Monthly nutrition cluster report	

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
<b>Output 1.1</b>	Setup of CSAM program	<p>Children (under-5) admitted for the treatment of SAM - 875 children (Boys: 386 and girls: 489)</p> <p>Number of Out-patient Therapeutic Program (OTP) sites and stabilization centers for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM) Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section. - 7 OTP sites/1 SC will be operated in Akobo East, 5 OTP sites/ 1 SC in Pochalla</p> <p>Quality of SAM treatment - Overall program cure rate &gt; 75%, default rate &lt; 15% and death rate &lt; 10% (Sphere standards)</p>	<p>OTP registers and ration cards</p> <p>Facility management reports</p> <p>OTP registers and NIS reports</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?
<b>Output 1.2</b>	Setup of CMAM Program	<p>Number of MAM treatment centers/TSFP sites - 9 TSFPs in Akobo</p> <p>Children (under-5) admitted for the treatment of MAM - 1450 (Boys:630 Girls:820) Akobo</p> <p>Pregnant and Lactating Women (PLWs) admitted for MAM - 940 PLWs for Akobo</p> <p>Quality of MAM program - Overall program cure rate &gt; 75%, default rate &lt; 15% and death rate &lt; 3% (Sphere standards)</p>	<p>TSFP registers and ration cards</p> <p>TSFP registers</p> <p>TSFP registers</p> <p>Registers and NIS reports</p>	
<b>Output 1.3</b>	Provision of Blanket Supplementary Feeding Program	<p>Children (6-36 months) receiving supplementary foods through Blanket Supplementary Feeding Program (BSFP) - 2880 (Boys: 1,214, Girls: 1,666)</p>	<p>Registers and distribution lists</p>	
<b>Output 1.4</b>	Strengthening of community outreach and active case finding	<p>Children screened in the community - 10,750 (Akobo: 6871, Pochalla: 2534) Boys: 5483, Girls: 5367</p> <p>Community members made aware through education sessions on nutrition and IYCF - 35,346 women reached with educational messages as well as 870 men</p> <p>Number functional mother to mother support groups - Akobo: 78 groups, &amp; Pochalla: 25 groups</p>	<p>Community Outreach screening reports</p> <p>Community awareness training reports</p> <p>Community mobilizer reports, support group meeting reports</p>	

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<b>Activity 1.1.1</b>	Maintain and strengthen SAM nutrition distribution and stabilisation centre and outposts		
<b>Activity 1.1.2</b>	Provide therapeutic treatment and care for children under five with SAM without medical complications in OTP		
<b>Activity 1.1.3</b>	Provide inpatient clinical and therapeutic treatment for children under five with SAM and associated medical complications in the SC.		
<b>Output 1.2</b>			
<b>Activity 1.2.1</b>	Maintain and strengthen TSFP nutrition distribution and stabilization center and outposts		
<b>Activity 1.2.2</b>	Provide supplementary feeding rations, anthropometric follow-up and medical care for children 6-59 months with MAM in TSFPs		
<b>Output 1.3</b>			
<b>Activity 1.3.1</b>	Maintain and strengthen the distribution of BSFP from existing sites centres and outposts		
<b>Activity 1.3.2</b>			
<b>Output 1.4</b>			
<b>Activity 1.4.1</b>	Maintain and strengthen CHV outreach activities including community screening, active case finding, follow up, defaulter tracing, and messaging focusing on optimal IYCF, nutrition, hygiene, and prevention and treatment of malnutrition.		
<b>Activity 1.4.2</b>	Promote optimal IYCF practices including exclusive breastfeeding for infants 0-6 months old and appropriate complementary feeding for older infants and young children through support of mother to mother groups for PLW and mothers of children under-2. Organize IYCF support group sessions, provide nutrition education, and mentor group member leaders		
<b>Activity 1.4.3</b>	Conduct awareness raising sessions with community		

## PROJECT WORK PLAN

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

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

<b>Project start date:</b>	<b>1 February 2014</b>	<b>Project end date:</b>	<b>31 April 2014</b>
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Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Provide therapeutic treatment and care for children under five with SAM without medical complications in OTP		X	X	X								
2. Provide inpatient clinical and therapeutic treatment for children under five with SAM and associated medical complications in the SC.		X	X	X								
3. Provide supplementary feeding rations, anthropometric follow-up and medical care for children 6-59 months with MAM in TSFPs in Akobo		X	X	X								
4. Maintain and strengthen SCs and OTPs in Pochalla and Akobo, set up additional sites as need arises		X	X	X								
5. Organize community-based mass MUAC screening, case identification and appropriate referrals of children under five years.		X	X	X								
6. Organize IYCF support group session and facilitate open discussions and experience EDC, Nutrition, and IYCF		X	X	X								
7. Organize community base large gatherings using local theatre groups on nutritional practices, IYCF and hygiene.			X	X								
8. Facilitate ECD stimulation activities during IYCFSG sessions		X	X	X								
9. Monitor IYCF support groups social behavior change communication (SBC) sessions.		X	X	X								
10. Conduct training needs assessment of targets and develop a training plan and execute		X		X								
11. Conduct trainings on nutrition, e.g. CMAM, IYCF, Nutrition in Emergencies		X	X	X								
12. Conduct SMART/SQUEAC survey in Pochalla				X								
13. Train 25 PHCU & PHCC staff in Pochalla and Akobo on Emergency Nutrition Response			X									
14. Finalize outstanding activities and preparation of reports					X							

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