

## 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)

## SECTION I:

<b>CAP Cluster</b>	<b>Nutrition</b>
<b>CHF Cluster Priorities for 2014 First Round Standard Allocation</b>	
<b>Cluster Priority Activities for this CHF Round</b> <p><b>(i) Management of Acute malnutrition</b> Treatment of acute malnutrition in children U5 years, P&amp;LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM. This will also include management of essential nutrition supplies from procurement to end user location</p> <p><b>(ii) Prevention of Acute Malnutrition</b> During lean seasons, supplementary foods to (BSFP) to boys and girls aged 6-36 months. Promotion of optimal infant and you child feeding in emergencies.</p> <p><b>(iii) Provision of Emergency preparedness and response services</b> Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition is selected counties.</p>	<b>Cluster Geographic Priorities for this CHF Round</b> <ul style="list-style-type: none"> <li>- Jonglei state(all counties)</li> <li>- Upper Nile state (especially in Malakal, Melut, Nasir, Ulang, Baliet, Maban)</li> <li>- Unity State (counties covering Bentiu, Panyjar, Koch, Mayom, Abiemnhom, Mayendit)</li> <li>- Lakes (Awerial)</li> <li>- Central Equatoria (Juba and surrounding)</li> <li>- Warrap (Twic, Tonj East, Tonj north)</li> <li>- Abyei area</li> </ul>

## SECTION II

<b>Project details</b> The sections from this point onwards are to be filled by the organization requesting CHF funding.		<b>Project Location(s)</b> - 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	
<b>Requesting Organization</b> CARE South Sudan		<b>State</b>	<b>%</b> <b>County/ies (include Payams when possible)</b>
<b>Project CAP Code</b> SSD-14/H/60102	<b>CAP Gender Code</b> 2a	Unity State	60% Abiemnom(Abiemnom), Mayom(Mayom, Mankien & Wangkei), Rubkona (Bentiu), UNMISS Compound
<b>CAP Project Title (please write exact name as in the CAP)</b> CARE Emergency Nutrition Project in Unity & Jonglei States (CENPUJ)		Jonglei	40% Uror (5 payams), Duk (Padiet, Payuel)
<b>Total Project Budget requested in the in South Sudan CAP</b>	US\$ 600,000	<b>Funding requested from CHF for this project proposal</b> US\$ 308,634	
<b>Total funding secured for the CAP project (to date)</b>	US\$	<b>Are some activities in this project proposal co-funded (including in-kind)?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet) - 209,847.79 USD (in kind from UNICEF (Therapeutic Supplies)) - 613,153 USD (In-kind from WFP)	
<b>Direct Beneficiaries</b>		<b>Indirect Beneficiaries / Catchment Population (if applicable)</b>	
	<b>Number of direct beneficiaries targeted in CHF Project</b>	Capacity building of 100 local staff, men and women from the community will be trained in different topics e.g. Nutrition skills, Health care, WASH etc	
Women:	1252		
Girls:	7,319		
Men:	0		
Boys:	5,889		
<b>Total:</b>	<b>14,460</b>		
<b>Number of direct beneficiaries targeted in the CAP</b>		<b>CHF Project Duration</b> (3 months max., earliest starting date will be Allocation approval date)	
		Indicate number of months: 3 months (1 <sup>st</sup> February 2014 to 30 April 2014)	
<b>Targeted population:</b> Abyei conflict affected, IDPs, Returnees, Host communities, Refugees		<b>Contact details Organization's Country Office</b>	
<b>Implementing Partner/s</b> (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)		<b>Contact details Organization's HQ</b>	
		Organization's Address CARE South Sudan, Tongping Area Down US Residence Road	
<b>Contact details Organization's Country Office</b>		Organization's Address CARE South Sudan, Tongping Area Down US Residence Road	
Organization's Address CARE South Sudan, Tongping Area Down US Residence Road			

Project Focal Person	Mary Sunday, <a href="mailto:MSunday@ss.care.org">MSunday@ss.care.org</a> +211955724269
Country Director	Aimee Ansari, <a href="mailto:AAnsari@ss.care.org">AAnsari@ss.care.org</a> , 211956021580, 211913177836
Finance Officer	Akeri, Charles Kenyi, <a href="mailto:ACCharles@ss.care.org">ACCharles@ss.care.org</a> 0955205249, telephone
Monitoring & Reporting focal person	Joseph Chol Pakwan, <a href="mailto:JPakwan@ss.care.org">JPakwan@ss.care.org</a> , 211955241040, 211922366002

Desk officer	Isaac Vuciri, <a href="mailto:IVuciri@ss.care.org">IVuciri@ss.care.org</a> 0955163724
Finance Officer	Peter Gichane, <a href="mailto:PGuchane@ss.care.org">PGuchane@ss.care.org</a> ,

### 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>

The humanitarian situation in South Sudan has deteriorated sharply since 15 December 2013. Violence erupted in the capital Juba and quickly spread, affecting six of the country's ten states and up to 189,000 people has been forced to flee their homes, including some 62,000 seeking shelter in UN peace keeping bases across the Country. The security situation in Unity State remains tense and volatile, with fighting in Mayom County on several occasions between 2 and 4 January. Several reports have been received of military mobilization from neighboring states on both sides of the hostilities. Some 8,000 people continued to shelter in the UN base in Bentiu town, and about 3,000 in the UN base in Pariang with unknown number of displaced population in Mayom and Abiemnom. The humanitarian response to the civilians inside the base is hampered by a lack of staff on the ground and, in some cases, supplies. A measles vaccination campaign in Bentiu was suspended due to lack of supplies. WASH and health responses remain low due to access and limited number of health workers on the ground. In Jonglei Heavy fighting took place population in various locations in Bor and Central equatorial with an estimate population of 9,000 DIPs being hoisted in UN compound in Bor. The current wave of hostilities has impacted heavily on the population has access to food and sanitation all remain at critically low levels. This massive movement of populations has a great impact on Food and Nutrition security in this region, as the population has lost their assets including food and access to food remains a major challenge to the region due to closed roads limiting food movement in the region, which is likely to increase food crisis in a region that is known to be food insecure. Various forms of under-nutrition have been prevalent among vulnerable groups in Unity State and Jonglei for many years, including among young children and pregnant and lactating mothers. Feeding practices of infant and young children are also poor in Unity State and Jonglei based on the June 2013 nutrition a SMART survey result that was conducted by CARE in Rubkona, Unity State. The current large-scale displacement will compound the situation, including by disrupting livelihoods and reducing access to food, especially for people who have not been able to seek shelter in UN peacekeeping bases. The high disease burden among displaced communities and poor sanitation and hygiene will further aggravate the already delicate nutritional situation in Unity State and Janglei, Given that the SMART survey in June 2013 that was conducted in Rubkona revealed the GAM rate of 28% and SAM of 7%, with this violent conflict, malnutrition is likely to shot up in coming day. The World Food Programme before the onset of the crisis had already highlighted Mayom, Abiemnom, Rubkona and Guit County as red zone in terms of food security, with high level of malnutrition, this call for urgent intervention if the situation has to be stemmed before going out of hand. The deficit in provision of services is also of great concern given that humanitarian access is being hampered by lack of technical staff and in security with over 95% percent of the displaced households in Unity and Jonglei have limited or no access to food ration

### 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.

There is an urgent need to respond to nutrition needs given the scale of the crisis in Unity and Jonglei State through PHCC supported by CARE and provision of outreach services for the crisis affected population while strengthening response capacity to scale up the operational capacity in Jonglei and Unity state and continue with previous CHF funded activities in Unity State. The proposed intervention seeks to address the nutrition needs under fives, pregnant and lactating mothers affected by current crisis that erupted in December 2013 in Juba and spread to other location of Jonglei, Unity State and Upper Nile. Twic East, Duk and Uror Counties were already affected conflict in addition to Pibor, Pochalla, and Nyirol counties before the current crisis, which is likely to worsen given the current magnitude of the crisis in both Unity and Jonglei state

### C. Project Description (For CHF Component only)

#### i) Contribution to Cluster Priorities

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

The proposed project will be implemented in the priority Counties in Unity and Jonglei States affected by current crisis and conflict affected population in Jonglei. The major goal of reducing morbidity and mortality due to acute malnutrition in vulnerable populations for a period of three month in 2014.

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

The strategic objectives of this project is

1. To treat acute malnutrition in children under five, pregnant and lactating women, and other vulnerable group.
2. Prevent acute malnutrition in children under five, pregnant and lactating women, and other vulnerable group and supplying vitamins and other micronutrients for children
3. Build the capacity of the local staff on management of acute malnutrition

#### 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).

#### Project Strategy

<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.

**Staffing:**

One Nutrition Manager/Nutritionist will head this project. The manager will play 2 big roles 1- The implementation of the planned activities, (training of staff, conduct supportive supervisory visits to service delivery sites, review meetings, leads SMART Surveys etc) 2- Collaborate with the SMOH, CHDs and UNICEF Focal Person to coordinate the Nutrition Cluster Activities e.g. monthly cluster meetings and sharing of minutes with relevant stakeholders, identifying gaps in terms of nutrition coverage in the state, ensure representation of nutrition cluster in joint assessments, direct new agencies to areas where there is no nutrition activities, ensure the cluster partners are doing their job effectively and efficiently . The manager will be assisted by two assistants. One will be responsible for the OTP and TSFP activities while the other will be responsible for the Community Outreach and the training of IYCF Counselors and their work in the community. Several staff will be based in the OTP/TSFP sites to enroll children into the program, provide micronutrients (vitamin A, Folic Acid, iodide salt) to the beneficiaries, and follow them up until they are discharged from the program. Other staff will be trained to conduct awareness rising among the community members.

**Community Outreach**

The outreach program will be the cornerstone of the nutrition intervention in for the displaced population. An outreach nutritionist will allow CARE to expand its services to all the children currently living in IDP camps, not just those who actively seek medical treatment. This is critically important, since there is high number of IDPs following the current crisis in Unity and Jonglei State. An outreach program will allow CARE to fulfill its goal by reaching those children most in need, rather than waiting for their caretakers, themselves distressed, to bring them in for treatment. Simple health messages regarding hygiene and care of the children are required, especially with Hepatitis E outbreak having been reported among the refugee population last year.

**Outpatient Therapeutic Program (OTP)**

All severely malnourished children (-3 Z score, MUAC < 11.5cm, <70% W/H and/or oedema 1<sup>st</sup> or 2<sup>nd</sup> degree will be assessed for either direct admission to the Outpatient Therapeutic Feeding Programme (OTP) and those with medical complications will be referred to stabilization centre in Bentiu Hospital. The OTP is an integrated component of the primary health care units in the four counties of Rubkona, Pariang, Abiemnom, Mayom and Guit.

At the time of admission and at each subsequent visit, children in the OTP will receive a full medical examination and immunization/ and Vitamin A supplementation assessments and treatment/ immunizations will be provided according to standard protocols.

Following one-on-one education of care giver in proper ration feeding, hygiene and administration of any prescribed medicines, children will be given a weekly ration of Plumpy nut according to body weight. Soap and mosquito nets will be provided when available. Children who deteriorates while in the program will be referred to Stabilization Center and once they stabilized, they are referred back to continue treatment in the OTP.

**Targeted Supplementary Feeding Programme (TSFP)**

All children 6-59 months of age, pregnant or lactating women with moderate acute malnutrition with MUAC (11.5 cm <12.5 cm) or wt/ht % of >70% <79% will be referred to the feeding centers by the nutrition extension workers. At the feeding centre the weight and height will continue to be measured once a month and a weight-for-height percentage of the median or the Z-Score will be determined. Pregnant or lactating women with a MUAC of less than 21.0 cm will be eligible for admission. Health/nutrition education will be conducted before doing anthropometry measurements and before distribution of rations.

Once admitted, children will receive Plumpy Supplement (WFP), Vitamin A, iron-Folate and anti-helminthes medication (UNICEF). Those under five 5 who are sick will receive treatment at the facility. Other appropriate medications will be issued if considered necessary by the Medical Assistant/Clinical Officer. Beneficiary will be provided with one month ration of Plumpy supplement for the period of 3 months after that beneficiary will be discharge from the program.

Pregnant and lactating women admitted will receive premix (CSB++) and/or cereal, pulses and oil once a month, iron supplements and lactating women will also receive Vitamin A and Mebendazole.

Beneficiary whether children or PLW will be discharge after 3 months in the program. Child that deteriorates after discharge will be re-admitted while those that deteriorate while in the program will be referred to OTP or SC accordingly.

**Blanket Supplementary Feeding Programme (BSFP)**

All children 6 – 35 months of age will be registered once regardless of their weight and will be provide with food ration for the period of 5 months. At the distribution site, health/nutrition education will be conducted before distribution of rations to all the beneficiaries. After the education session, one month food ration will be given to the beneficiaries. The process continues until 5 months.

Other appropriate supplies e.g. soap, mosquito net etc will be provided depending on availability. When the child deteriorates while in the program, the child will be referred to SC/OTP or TSFP accordingly, because in these types of program, there are specialized therapeutic nutritional products that are provided daily/weekly to help them re-gain their nutrition status very fast and also intensive medical care particularly in the stabilization center.

**Education Program to Prevent Malnutrition**

The proposed project will provide Nutrition Education Program to Community members on Nutrition. Nutrition training program will be implemented and 24 staff (mostly women and girls) will be trained, two of which will become counselors. The counselors will in turn teach women of reproductive age from different age categories, men and grandmothers on the different Nutrition, WASH and Health Messages they got during the training. This work will be started in Rubkona County as a pilot then expanded later to the other counties.

The project will train staff on IYCF. This group will continue to conduct nutrition/health education sessions in the facility and 4 of them will served teach in the community. After 5 days training, these 2 counselors with the help of a local chief are to identify 15 women/men and register them for 3 in an outreached program in the community. Each counselor will conduct weekly sessions for 3 months after that the trainees are graduated from the program. After graduation each counselor is to identify new women/men for another 3 months training. This exercise will continue till the end of the year. At the end of each training, the trainees will be assessed on the knowledge they have gain to ensure that they have the necessary knowledge and skills to participate in nutrition activities. Hence the role of CARE is to train/facilitate training for these counselors, giving them knowledge on different Nutrition, WASH, Health messages and the counselor is in turn to train women/men in the community.

**Proposed Activities**

- 1- Conduct nutrition screening and address nutritional needs of the conflict affected vulnerable children under 5 years of age, pregnant and lactating women in the project area through Outpatient Therapeutic services (OTP) and Targeted Supplementary Feeding (TSFP)
- 2- Provide micronutrients (Vitamin A, Iron, iodide salt) and Mebendazole to our beneficiaries
- 3- Conduct health/nutrition education sessions to men and women coming for health services and also at community level during active case finding to Promote and support appropriate infant and young child feeding
- 4- Conduct trainings base on identified needs to build the capacity of staff e.g. train Infant and Young Child Feeding (IYCF) counselors (women, men & frontline health workers) on MUAC, IYCF, and behavior change communication.
- 5- Assess and scale up the project activities to new sits

6- Training of nutrition staff.			
<b>iv) Expected Result(s)/Outcome(s)</b>			
Briefly describe the results you expect to achieve at the end of the CHF grant period.			
1- Quality treatment for SAM and MAM is provided to undernourished U5s and PLW as a result of intensive capacity building to the service providers and regular monitoring of activities.			
2- Communities are aware of the dangers of malnutrition and practices good IYCF Practices which eventually leads to decreased incidence of SAM and MAM among the children, pregnant and lactating mothers in the communities.			
3- More OTPs/TSFP sites are established for easy accessibility of the services and wider coverage, mothers are also aware of the service and knows the signs of malnutrition and thus voluntarily bring the malnourished children for treatment.			
<b>v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the log frame.</b>			
<b>SOI (X)</b>	<b>#</b>	<b>Standard Output Indicators</b> (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	<b>Target (indicate numbers or percentages)</b> (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 6	1.	Number of OTP sites for the treatment boys, girls and women with Severe Acute malnourished (SAM)	0
x	2.	Newly established OTP sites:	4
X6	3.	Number of TSFP sites for the treatment of boys, girls and women with moderate acute malnutrition	0
x	4.	Newly established MAM treatment centers/TSFP sites	1
X1	5.	Total number of boys and girls admitted for treatment of SAM	3303
x		Boys	1585
x		girls	1718
X2	6.	Quality of SAM Program	
x		- Overall SAM program cure rate (Sphere standards)	>75%
x		- Overall SAM program defaulter rate (Sphere standards)	<15%
x		- Overall SAM program death rate (Sphere standards)	<10%
X3	7.	Total number of boys and girls admitted for the treatment of Moderate Acute Malnutrition	9905
x		- Boys	4754
x		- girls	5151
X5	8.	Total number of pregnant and lactating women admitted for treatment of moderate acute malnutrition	1252
X4	9.	Quality of MAM Program	
x		- Overall MAM program cure rate (Sphere standards)	>75%
x		- Overall MAM program defaulter rate (Sphere standards)	<15%
x		- Overall MAM program death rate (Sphere standards)	<3%
	10.	Total number of boys and girls de-wormed	4407
		- Boys	2159
		- girls	2248
	11.	Total number of boys and girls who have received Vitamin A	13309
	12.	Total number of pregnant and lactating women who have receive Iron	1252
7x		Iron	1252
x	13.	14- Total number of boys and girls age 6-59 months screened in the community	13309
x		- Boys	5989
x		- Girls	7319
	14.	Total number of trainings conducted to the staff to build their capacity	4
		- Management of SAM, MAM and MUAC Screening and Referral	2
		- IYCF Practices	2
	15.	Number of Mother to Mother Support Group	0
x	16.	Number of new functional Mother to Mother Support Groups	2
x	17.	Health and Nutrition workers and volunteers trained ( includes facility and community level health and nutrition workers and lead mothers)	100
		- On management of SAM, MAM and MUAC Screening and Referral	48
X 10		- On IYCF	52

	18.	Total number of community members made aware through education sessions on nutrition and IYCF	26,566
		- Community Level	14,611
		- Women	7598
		- Men	7013
		- Facility Level	11,955
		- Women	6217
		- Men	5,738
x 12	19.	Total number of SMART surveys undertaken during the reporting period	1
x		Pre-harvest	1
x		Post-harvest	0
	20.	Total number of supervisory visits/quarterly to the nutrition treatment sites during the reporting period	6
	21.	Total number of cluster coordination meetings attended in the reporting period at national and state level	6
		- National Level	3
		- State Level	3
	22.	Timely and complete monthly reports submitted in the reporting period	3
	23.	Number of months therapeutic foods to treat SAM are prepositioned in key locations at 30%	2

#### vi). Cross Cutting Issues

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

CARE South Sudan's five year strategic plan identified two Impact Groups (i) vulnerable rural women and girls of reproductive age and (ii) marginalized and vulnerable rural male youth aged 14 to 35 years. CARE has a strategy for increasing women's participation in the provision of basic services by ensuring their active involvement and participation in project decision making structures and empowerment through trainings. Under this project, these two impact groups will actively participate in nutrition and health education - on exclusive breastfeeding, appropriate complementary feeding, hygiene and environmental sanitation and HIV/AIDS awareness, prevention and control campaigns.

There will be a particular focus on the targeting of rural women and girls of reproductive age, under five children and youth who represent the most vulnerable segments within the identified counties. CARE's approach under this project will be based on extensive previous and ongoing studies of expressed community needs that will ensure inclusion of the most marginalized groups in primary health care decision making. The project is designed to contribute significantly to address environmental indicators such as; constructions and usage of latrines; promotion of personal hygiene; burning of grass; destruction of water wells; fencing off areas, disposal of garbage and waste products around health facilities will be monitored. Strengthen community awareness on the prevention and socio-economic and cultural effect of the HIV/AIDS on households and communities through village health workers and committees. Community outreach workers are also actively involved in home visits to do MUCA screening and raising awareness on the service delivery sites. Mothers who receive services will also be encouraged to inform others about the services.

#### 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.

Implementation: The strategy of implementation will involve partnerships with state Ministry of Health ,CHD and the community at various levels ( Payams authorities, Boma/ Village Health Committees (VHC) and the beneficiaries will actively participate to develop sense of ownership and sustainability of the services. The project will always collaborate with UN agencies and INGO actors on ground to ensure collaborative approach and avoid duplication of interventions. Most of the staff will be seconded from the SMOH, CHD and VHC while CARE will hire professional nutrition staff to fill the gaps that cannot be filled locally. The seconded staff will receive incentives from CARE while their salaries and other benefits will be paid by their respective departments. CARE will build the capacity of the local staff through training in technical nutrition areas as well as on community participation. CARE will facilitate the improved provision of primary health care services through essential material support (in form of medical drugs equipment and supplies) to the health facilities augmented by capacity building of SMOH staff in technical nutrition and organizational/management issues.

#### viii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)<sup>2</sup>.

Monitoring activities will be conducted by the M&E officer who will be under direct supervision of the CARE South Sudan Program Quality and Learning Coordinator. The Coordinator will pay regular field visit to ensure that the designed project M&E system is implemented in accordance to the objectives and activities in the project proposal including the expected results. If field visit is not possible, phone calls and SMS will be made every 2 to 3 days to find out how the staffs are doing and if there are any problems that require urgent action. Use of Thuraya is also another way to call.

- a. The Project detailed implementation plan will be developed and the critical path of the project activities will be outlined. The Project manager and the M&E officer will develop Gant Chart to track progress during monitoring visits. Hence the progress made will be measured by listing the actual activities conducted against the planned activities.
- b. The results of the project will be measure from the actual results or outputs achieved against the planned targets.

<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.

- c. Cross-cutting issues will be measured from the actual issues addressed during the project implementations against those stipulated in the project proposal e.g.; Gender marker will be determined from the human resources composition, beneficiaries, reached, community workers trained. The environmental will be determined from the sanitary conditions of the service delivering points, the home state of the beneficiaries, and the personal hygiene status of the beneficiaries.
- d. The Project will demonstrate that objectives have been met when all or most of the activities were done and the targeted results are obtained.

The tools and techniques to be used for monitoring and evaluation of this project will be:

1. Monitoring visits to service delivery areas using the OTP checklist to ensure the essential equipment and supplies are in place.
2. Observations of case managements to assess the practical skills of the service providers.
3. Conduct client satisfaction interviews to understand beneficiaries' satisfaction.
4. Regular review meetings monthly (at facility level) and quarterly (at project level) with staff and partner on the progress of implementation of project plan against the targets as well as discussions on identified challenges and remedial solutions.
5. Financial Monitoring. Examination of the project activities against approved budget and the actual expenditures. The project will also undergo final external audit and evaluation at the end of the project
6. Field Visits including spot checks, focus group discussions and key informant interviews on project progress and challenges. The monitoring and evaluation officer will conduct scheduled visits to all centers. Project staff will collect raw activities data from the PHCCs on regular basis (weekly, monthly and quarterly). The information collected will be analyzed shared with the relevant partners. The results will be used to improve project implementation and inform decision-making.
7. Monthly report writing to CARE, cluster and SMOH.
8. Community beneficiary feedback mechanisms will be instituted to adequately understand and appropriately response to beneficiaries concerns of the provided nutrition services.
9. Nutrition Assessments(SMART methodology)

**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)
UNICEF	209,847.79
In kind from WFP	613,153.00
<b>Pledges for the CAP project</b>	

### SECTION III:

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/60102</u>		Project title: <u>CARE Emergency Nutrition Project in Unity &amp; Jonglei States (CENPUJ)</u>	Organisation: <u>CARE SOUTH Sudan</u>
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p><b>Goal/Impact (cluster priorities)</b></p> <p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i></p> <p>Manage acute malnutrition through an integrated and community-based approach</p> <p>Prevent acute malnutrition in children, PLW and other vulnerable groups</p> <p>Build capacity of staff on IM-SAM Management and Emergency Preparedness and timely response</p>	<p><i>What are the key indicators related to the achievement of</i></p> <p>SAM and MAM cases are being treated and discharge cured from the program</p> <p>SAM and MAM reduced to below the WHO standard of &lt; 5% and &lt;15% respectively by the year 2016</p> <p>Improve performance of staff on the management of cases</p> <p>There is emergency preparedness plan in place and emergency team is trained and ready to respond in any emergency</p>	<p><i>What are the sources of information on these indicators? Monthly Reports</i></p> <p>SMART Survey</p> <p>Staff performance Appraisal</p> <p>Assessment Reports, Emergency Response Reports</p>	
<p><b>CHF project Objective</b></p> <p><i>What is the result the project will contribute to by the end of this CHF funded project?</i></p> <p>Treat acute malnutrition in children under five, pregnant and lactating women, and other vulnerable group</p> <p>Prevent acute malnutrition in children under five, pregnant and lactating women, and other vulnerable group and supplying vitamins and other micronutrients for children.</p>	<p><i>What indicators will be used to measure whether the CHF Project Objective are achieved?</i></p> <p>GAM and SAM among the IDP population stay below emergency threshold levels of 10% and 2% respectively</p> <p>≠ of cases accessing nutrition supplies</p>	<p><i>What sources of information will be collected/already exist to measure this indicator?</i></p> <p>SMART Survey Admission registers site meetings feedback from the beneficiaries</p> <p>SMART Survey , Monthly Reports</p>	<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> <p>Security and ongoing crisis allows access to project site</p> <p>Nutrition supplies are accessible during this crisis time</p> <p>Services for the treatment of SAM and MAM remain available</p>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Outcome 1</b>	<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>14460 of severely acute and moderately malnourished children, pregnant and lactating mothers successfully treated in the programme</p>	<p><i>What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <p>SAM and MAM treatment achieves SPHERE Standards of &lt;3%/&lt;10% death rate, &gt; 75% cure rate and &lt;15% defaulter rate</p> <p>At least 85% of children from six to 59 months old are covered with Vitamin A supplementation and 85% children from 12 to 59 months with deforming</p> <p>Prevalence of acute malnutrition in targeted areas .reduced</p>	<p><i>What are the sources of information collected for these indicators?</i></p> <p>Monthly Reports</p> <p>Admission registers</p>	<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"> <li>• No emergency health outbreaks</li> <li>• No large population movements or displacement</li> <li>• No interruption in nutrition supplies pipeline</li> </ul> <p>Security permits access to nutrition supplies</p>
<b>Output 1.1</b>	<p><i>List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.</i></p> <p>Treatment of acute malnutrition provided to children 6-59 months of age</p>	<p><i>What are the indicator(s) to measure whether and to what extent the project achieves the output?</i></p> <p><i>Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <p>4 OTPs and 4 TSFP sites are fully operational</p>	<p><i>What are the sources of information on these indicators?</i></p> <p>Monthly Report</p>	<p><i>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?</i></p> <ul style="list-style-type: none"> <li>• Political and social stability</li> <li>• Absence of large scale humanitarian crisis or disasters</li> <li>• Security in the target areas remains sufficiently stable to allow access to conduct humanitarian activities</li> <li>• On-going support and willing participation of South Sudan Relief and Rehabilitation Commission (SSRRC) counterpart, local authorities, MoH and beneficiaries</li> <li>• Absence of extreme price or exchange rate shifts.</li> <li>• Localized conflict or emergencies do not result in inability to remotely monitor programme</li> <li>• Appropriate funding is received</li> </ul>
<b>Activity 1.1.1</b>	Recruit and train staff to carry out the site operations e.g. admission of children into the program			
<b>Activity 1.1.2</b>	Provide sites with all the necessary equipments needed			
<b>Activity 1.1.3</b>	Secure the nutritional supplies e.g. that need to be provided to the beneficiaries			
<b>Output 1.2</b>	<p>Children 6-59 months, pregnant and Lactating women nutrition status is monitored and those found with acute malnutrition are treated for SAM and/or MAM</p>	<p>5889 boys and 7319 girls 6-59 months of age are treated for acute malnutrition while 1252 PLW are treated for moderate acute malnutrition</p>	<p>Monthly reports</p> <p>Community Outreach Reports</p>	<p>disasters (e.g. flooding) do not take place</p>
<b>Activity 1.2.1</b>	Outreach workers screen all children 6-59 months in the project area to identify the malnourished cases and refer for treatment			
<b>Activity 1.2.2</b>	Enrolment of the malnourished cases into the program for treatment			
<b>Activity 1.2.3</b>	Outreach workers traces defaulters and bring them back to continue with the treatment until they are discharged.			



Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Output 1.3</b>	Increase in the number of OTP / TSFP sites where there is need	Access to feeding sites for malnourished U5s and PLW is at SPHERE Standard of > 50% rural areas and >70% urban areas	Treatment Cards, Coverage Survey,	Increase in the number of OTP / TSFP sites where there is need
<b>Activity 1.3.1</b>	Conduct need assessment to determine establishment of new OTPs/ TSFPs in the facilities			
<b>Activity 1.3.2</b>	Established more sites where there is need to do so to shorten distance for caregivers who bring children for treatment			
<b>Output 1.4</b>	Conduct SMART Survey	1 SMART surveys is conducted and validated by the cluster	SMART Survey report	
<b>Activity 1.4.1</b>	Identify a consultant with the help of the cluster			
<b>Activity 1.4.2</b>	Do all the necessary arrangements for conduct the survey			
<b>Activity 1.4.3</b>	Conduct the survey			
<b>Activity 1.4.4</b>	Draft preliminary report			
<b>Activity 1.4.5</b>	Receive the final report submit to the cluster and follow up the validation			
<b>Output 1.5</b>	Coordinate nutrition activities with other partners at national and state level	6 cluster meetings have been attended at national and state level		
<b>Activity 1.5.1</b>	Attend cluster monthly meetings to update partners about nutrition activities			
<b>Activity 1.5.2</b>	Participate in any cluster activities e.g. breastfeeding week			
<b>Activity 1.5.3</b>	Submit monthly report to the cluster and the concern stakeholders			
<b>Outcome 2</b>	Communities are aware of the dangers of malnutrition and practices good IYCF Practices which eventually leads to decreased incidence of SAM and MAM among the children, pregnant and lactating mothers in the communities.	80% of targeted caregivers practice exclusive breastfeeding	SMART Survey	
		Low admission rate of new cases to the program	Monthly Report	
<b>Output 2.1</b>	Conduct programs to prevent Acute Malnutrition	26566 men and women have received health/nutrition messages at facility and community level	Health/nutrition Community and Facility Reports Feedback from the meetings held at the community level	Accessibility is not limited by ongoing crisis
<b>Activity 2.1.1</b>	Outreach workers give health/nutrition messages during house to house MUAC Screening			
<b>Activity 2.1.2</b>	Facility base staff conduct health/nutrition education sessions to beneficiaries before getting the services			
<b>Activity 2.1.3</b>	Conduct meetings with project target population community leader			
<b>Output 2.2</b>	Provision of Micronutrient, de-wormers and food ration to beneficiaries to prevent micronutrient deficiency disorder, worms and acute malnutrition	4407 children receive Mebendazole 13309 children receive Vitamin A 1252 PLW receive Iron 3933 children 6-35 months have receive preventive ration	Treatment Cards Monthly reports ANC Cards Food distribution report	Micronutrient supplied by UNICEF
<b>Activity 2.2.1</b>	Staff provide vitamin A to children 6-59 months and pregnant and lactating mothers who are in the program			
<b>Activity 2.2.2</b>	Staff provide Mebendazole to children > 1 years who are in the program			
<b>Activity 2.2.3</b>	Staff provide iodide salt to children in the program			
<b>Activity 2.2.4</b>	Distribution of food ration to all children 6-36 months of age in the project areas			
<b>Outcome 3</b>	Improvement in Skills and knowledge of staff on IM-SAM and of caregivers and community members on IYCF	At least 80% of the staff training shows improvement in their skills and 80% of mothers/caregivers practices exclusive breastfeeding/ IYCF practices	Training reports Staff performance appraisal reports SMART Survey	Improvement in Skills and knowledge of staff on IM-SAM and of caregivers and community members on IYCF

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Output 3.1</b>	Conduct IM-SAM and other trainings to the staff	4 trainings on management of SAM and MAM and IYCF Practices have been conducted to 100 staff and community members	Training reports Monthly report	
<b>Activity 3.1.1</b>	Conduct training needs assessment			
<b>Activity 3.1.2</b>	Conduct the training based on the identified training needs			
<b>Activity 3.1.3</b>	Develop a post training follow up action plan			

## PROJECT WORK PLAN

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

The work plan 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>30 April 2014</b>
----------------------------	------------------------	--------------------------	----------------------

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1: Recruit and train staff to carry out the site operations e.g. admission of children into the program		x										
Activity 2: Support the formation of nutrition committee from the IDP population to monitor the implementation of nutrition activities		x										
Activity 3: Assess and address the nutritional needs of the vulnerable children under 5 years of age, pregnant and lactating women		x	x	x								
Activity 4: Secure the nutritional supplies e.g. that need to be provided to the beneficiaries from UNICEF and WFP and distribute		x										
Activity 5: Outreach workers screen all children 6-59 months in the project area to identify the malnourished cases and refer for treatment		x	x	x								
Activity 6: Provide micronutrients (Vitamin A, Iron, iodide salt) and Mebendazole to our beneficiaries		x	x	x								
Activity 7: Outreach workers traces defaulters and bring them back to continue with the treatment until they are discharged		x	x	x								
Activity 8: Identify a consultant with the help of the cluster to conduct SMART Survey			x									
Activity 9: Do all the necessary arrangements to conduct the survey, conduct the survey, draft preliminary report, get the final report and submit to the cluster for validation			x	x								
Activity 10: Scale up nutrition services to other health facilities that are accessible		x	x	x								
Activity 11: Conduct trainings/refresher trainings based on identified needs to build the capacity of staff		x	x	x								

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