

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

SECTION I:

CAP Cluster	Nutrition
CHF Cluster Priorities for 2014 First Round Standard Allocation	
<p>Cluster Priority Activities for this CHF Round</p> <p>(i) Management of Acute malnutrition</p> <p>Treatment of acute malnutrition in children U5 years, P&LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM. This will also include management of essential nutrition supplies from procurement to end user location</p> <p>(ii) Prevention of Acute Malnutrition</p> <p>During lean seasons, supplementary foods to (BSFP) to boys and girls aged 6-36 months. Promotion of optimal infant and you child feeding in emergencies.</p> <p>(iii) Provision of Emergency preparedness and response services</p> <p>Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition is selected counties.</p>	<p>Cluster Geographic Priorities for this CHF Round</p> <ol style="list-style-type: none"> 1) Jonglei (all counties) 2) Upper Nile (Maban, Nasir, Ulang, Baliet) 3) Unity (Panyjar, Koch, Mayom, Abiemnhom, Mayendit) 4) NBeG (all counties) 5) Warrap (all counties) 6) Eastern Equatoria (Kapoeta East, Kapoeta North) 7) WBeG (Raga, Wau, Jur River) 8) Abyei area

SECTION II

Project details		
The sections from this point onwards are to be filled by the organization requesting CHF funding.		
Requesting Organization		Project Location(s) -
WORLD VISION SOUTH SUDAN		State % <i>Counties (include payam when possible)</i>
Project CAP Code	CAP Gender Code	Warrap 100 <i>Gogrial West, Tonj North, Gogrial East</i>
SSD-14/60749	2a	
CAP Project Title <i>(please write exact name as in the CAP)</i>		
Emergency Response to Malnutrition for Vulnerable Children, Pregnant and Lactating Women, and at-risk population in Warrap State and Northern Bahr el Ghazal		
Total Project Budget requested in the in South Sudan CAP	US\$ 822,603	Funding requested from CHF for this project proposal US\$ 222,000
Total funding secured for the CAP project (to date)	US\$ 22,222	Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i>
Direct Beneficiaries <i>(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)</i>		Indirect Beneficiaries / Catchment Population (if applicable)
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	7,876	64,556
Girls:	13,571	24487
Men:	6,103	53581
Boys:	13,570	20034
Total:	41,120	162,658
Targeted population: Abyei conflict affected, IDPs from Unity, 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) N/A		Indicate number of months: 3 months (1 Jan – 31 March 2014)

Contact details Organization's Country Office	
Organization's Address	World Vision South Sudan– ECS Church PO Box 180 Hai Cinema Road, Juba, Central Equatoria, South Sudan
Project Focal Person	<i>Jacobus Koen</i> , Jacobus_Koen@wvi.org , 211 928 123 529
Country Director	Perry Mansfield, perry_manifold@wvi.org +211-921-406-137
Finance Officer	Stephen Onyancha, Email:- stephen_onyancha@wvi.org +211 925 742 618
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Contact details Organization's HQ	
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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 crisis which has unfolded over the last weeks has affected many part of South Sudan including Warrap state. On top of the already fragile humanitarian situation in Warrap State new IDPs fleeing from Unity have arrived in Twic and Gogrial East counties in Warrap. This will increase the fragility of vulnerable households which are facing acute food insecurity². High levels of food insecurity are concentrated in the areas with increased IDP populations such as Gogrial West Tonj North and Gogrial East. It is expected that in 2013, 4.6 million South Sudanese will have faced food insecurity, with 50% of them likely requiring food assistance³. This is due to poor incomes, natural disasters, weak commodity markets, and insufficient food availability at national level as projected in the annual cereal deficit⁴ report. In a recent study, out of Warrap's population of about 1.2 million, 9%⁵ is severely food insecure while a further 28% is moderately food insecure.

Since 2007, more than 1,937,256 returnees have flooded back to South Sudan and over 131,991 people have been displaced due to 250 violence related incidents [OCHA, 8/13]. Of the 81,864 individuals displaced by flooding in 2013, 21,484 were in Warrap, making it the most vulnerable state [OCHA, 9/13]. An additional estimated 189,000 people have been displaced by the current crisis in South Sudan since 15 December.

The prevalence of malnutrition in Warrap continues to remain at critical levels according to WHO standards. Based on the latest WFP analysis, Warrap is one of the three states with the highest acute malnutrition per MUAC measurements (<12.5cm), indicating serious to critical levels ranging from 14-21% [VAM analysis 6/13]. In addition, an integrated nutrition survey conducted in Gogrial West indicated a high prevalence of GAM and SAM of 27% and 7.1% [ACF/WVSS 03/13]. In addition, the results of the pre-harvest survey conducted by WVSS in Tonj North and Gogrial East show GAM rates exceeding the emergency threshold (>15%) in the two counties. Please below the results of the surveys;

Table I: Survey Results

County	GAM	SAM	Source
	%	%	
Tonj North	20.5	4	WVSS/April 2013
Gogrial East	35.6	13.4	WVSS/April 2013
Gogrial West	27.5	7.1	ACF/WVSS Mar 2013

Additionally, population movements are expected from Unity, and scarce resources contribute to a further deterioration of the situation. Flooding that began in August 2013 led to massive crop losses and a compromised harvest, further increasing the risk of malnutrition among the target communities. An IRNA conducted on 09/13 at the height of the floods revealed that a significant percentage of children in the three counties were at risk of developing malnutrition (19% in Gogrial West, 20% in Tonj North and 21% in Gogrial East). This year, the number of individuals requiring nutrition interventions is expected to increase in the post-harvest period, contrary to typical trends due to crop losses, an increase of water borne diseases and the presence of IDPs from Abyei currently hosted in these areas.

The major causes of malnutrition among children, pregnant women, adolescent girls and HIV/AIDS patients are the limited appropriate nutrition awareness, lack of nutritious food and poor feeding habits which are a function of cultural factors. The lack of nutrition food intake and food insecurity is further exacerbated by increased pressure on resources as a result of increase returnees and IDPs. Moreover, decisions regarding infant and young children feeding are not done by mothers alone, often being influenced by extended family members and community leaders. According to ANLA (2013), the proportion of households with poor food consumption has increased from 7 percent last year to 19 percent this year. As a result, 63% of the households are consuming 1301 calories per day, much lower than FAO's minimum recommended intake for the country of 1717 kcal per person per day to live an active and healthy life⁶. The precarious malnutrition situation will be worsened by floods which have reduced harvests, especially for late planted crops, increased diarrhea prevalence and the inability of people to travel to other areas in search of food because poor roads and flooded rivers.

B. Grant Request

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.

WVSS will respond through promotion of community based integrated management of malnutrition and an integrated promotion of key household practices. A curative and preventive approach will be adopted to improve nutrition status of children and pregnant and lactating mothers. The curative aspect will focus on treatment of patients suffering from malnutrition through medical and dietary treatment, providing therapeutic and fortified

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

² FEWSNET, South Sudan Food Security Outlook, April to September 2013

³ UNOCHA South Sudan Consolidated Appeal 2013, page 28.

⁴ Report on Food Security & Nutrition in South Sudan. WFP, FAO, Ministry of Agriculture, and etc. August 2012,

⁵ Annual Needs and Livelihood Analysis 2012/2013, WFP, March 2013

⁶ Report on Food Security & Nutrition in South Sudan. p.4

supplementary feeds to address both severe and moderate malnutrition among children < 5 and PLWs. An integrated CMAM approach will be used to address infant and young child feeding practices. The preventive aspect will focus on the reduction and management of malnutrition at the household level, including trainings on child survival, nutrition, breastfeeding, and HIV/AIDS in order to promote healthy behaviors that improve child nutritional status. The proposed intervention will address immediate needs while preparing mothers and communities to respond and adapt to shocks impacting nutrition. WVSS would like to manage severe acutely malnourished children and pregnant and lactating women at home while developing local leadership and county health department (CHD)'s capacity to better manage the care of these acutely malnourished children and address repeated cycles of malnutrition in future in Warrap. The project will also mobilize communities for behavior change in as far as feeding habits and water, sanitation and hygiene practices are concerned. From the analysis that was made by WVSS, unless malnourished boys and girls are supported with urgent humanitarian nutrition assistance, their health is at risk. Their diets lack vital nutrients and these need to be provided through community based malnutrition treatment interventions. Nutrition is one of the major humanitarian gaps that have been identified by the Nutrition Cluster for 2014 as malnutrition rates are chronically at emergency levels. This has been exacerbated by high rates of poverty and illiteracy, recurrent environmental shocks (floods and droughts) and displaced populations adding an additional strain to already fragile health systems.

In Warrap state the under-five mortality rate ranged from 0.9 to 2.1 percent across all counties and as a result this state has been declared by UN Office for the Coordination of Humanitarian Affairs as a 'hot spot' adversely affected by multiple shocks, including border insecurity, excessive seasonal flooding, inflation austerity, and a high influx of returnees which contributed to poor humanitarian indicators.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

This intervention will contribute to the achievement of cluster priority activities as it will help the most marginalized households, the displaced population, flood affected households and returnees by saving the lives of under-fives and unborn babies. The intervention will support treatment and prevention of SAM and MAM of children under five years and P&LW and other disadvantaged groups through WVSS's existing OTPs, TSFP, and SC. The project addresses the cluster objectives by design since it will be implementing activities that are aimed at providing the target communities with treatment and preventive services for acute malnutrition. The CHF funding will be utilized in the implementation of CMAM, which is one of the proven nutrition interventions in addressing malnutrition among boys and girls and pregnant and lactation women at a time when non-intervention could be catastrophic to boys, girls and pregnant and lactating women. WVSS will combine CMAM with other recommended nutrition interventions including breastfeeding promotion, adequate complementary feeding, improving access to and consumption of essential vitamins and minerals (e.g., vitamin A, iodine, iron and folic acid).

The preventive package will put emphasis on pregnant women and children aged below two years due to their pronounced vulnerability as well as maximizing the window of opportunity to minimize irreversible outcomes of malnutrition after the age of 2 years through MSGs (Mother support groups) on infant and young child feeding (IYCF).

The other cluster objective to strengthen nutrition position through advocacy will be achieved through various forums that WVSS participates in. WVSS actively participates in nutrition cluster meetings at both national and state level. Additionally this will be achieved through the existing collaboration and coordination with other partners at state level. WVSS is the nutrition focal point for Warrap state and will contribute to cluster priorities by continuing to provide leadership for State level Nutrition coordination.

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 manage acute malnutrition among children < 5, PLW and vulnerable population in Gogrial West, Gogrial East, and Tonj North through an integrated and community-based approach

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).

The project will take an integrated approach in providing treatment for existing cases of malnutrition and provide measures that prevent cases of moderate acute malnutrition from deteriorating to severe acute malnutrition. WVSS would like to screen and refer acutely malnourished boys and girls under-five years of age for management in therapeutic and community-based programmes in the target counties. WVSS's will adopt the community-based management of acute malnutrition (CMAM) strategy in the implementation of this nutrition emergency project in the four counties. This approach ensures that services are delivered in the villages and this means women and men's daily routines and economic activities are not disrupted. This project will seek to manage the majority of severe acutely malnourished boys and girls and pregnant and lactating women at home while developing local leadership capacities to better manage the care of these acutely malnourished children and address repeated cycles of malnutrition in future.

Anthropometric measurements, mid-upper-arm circumference (MUAC) measurements and nutritional oedema indicators will be used to identify children suffering from severe acute malnutrition (SAM). Specialized ready-to-use-therapeutic-foods (RUTFs) will be used for managing the treatment of these children within their communities. Therapeutic foods and other nutrition supplies will be provided by UNICEF through a long-term agreement with World Vision while additional medical supplies will be supplied through World Vision's GIK supplies.

WVSS's approach will combine three models of care and treatment: **Supplementary Feeding Programme (SFP)**- Moderate acutely malnourished boys and girls and children who have successfully recovered from severe acute malnutrition will be enrolled into this programme. Pregnant and lactating women who are acutely malnourished will also be enrolled. Beneficiaries will receive nutrient-rich supplemental foods such as Corn soya blend cereals provided for under Food Assistance programme supported by WFP under Field Level Agreement. The project will provide blanket supplementary feeding programme (BSFP) during the lean period in order to prevent children from developing malnutrition.

Outreach Therapeutic Programme (OTP)- Home-based treatment, management and rehabilitation of severely acutely malnourished children without medical complications in their communities using a specially formulated ready-to-use therapeutic-food (RUTF). World Vision will support the CMAM of severely acutely malnourished children.

Stabilization Centre (SC)- Inpatient health facility care for severe acutely malnourished children with medical complications using the South Sudanese guidelines and standard WHO/IMCI protocols. The stabilization centers that already exist across the counties will be used for this purpose and referrals will be made to OTPs for SAM treatment.

The integrated approach will also help to address challenges of infant and young child feeding practices that are directly linked to cultural beliefs and practices. The strategy will strengthen community ownership of the project in order to promote sustainability and increase coverage.

WVSS will conduct community sensitization and awareness meetings in order to inform the community about the programme, their responsibilities, what they are entitled to and the responsibilities of World Vision South Sudan. The sensitization and mobilization processes will be supported by a network of community based volunteers. The volunteers/mobilizers will receive refresher training on how to identify malnourished children within the community. The training will enable them to conduct active case finding, including mobilization, screening using MUAC tape as well as follow up. The volunteers will take the responsibility of identifying cases of malnourished children within the community and referring to nearest OTP/TSFP/SC according to the severity of malnutrition. Children who meet the admission criteria to OTP will be treated for SAM using RUTF and routine medicines, an approach that helps to cut down on opportunistic costs. The children with moderate acute malnutrition will be managed under the targeted supplementary feeding programme and will receive the supplementary feeding package. Children who present with severe acute malnutrition with medical complications will be managed under the SC. The management of acute malnutrition will be done according to the national protocols (IMSAM) guidelines.

Project Activities

Output 1.1.1 27,141 malnourished boys and girls have access to integrated management of acute malnutrition (IMAM) programmes and community-based therapeutic programmes to treat malnutrition

- Screen, admit children with severe malnutrition in OTP and SC and treat 6953 children with therapeutic foods
- Screen, admit children with moderate malnutrition and treat with supplementary food
- Provide blanket supplementary feeding (BSFP) to 20,188 boys and girls (6-36 months)
- Provide Vitamin A, iron tablets and folic acid to 6,953 children and 7,876 PLWs
- Provide boys and girls <5 and PLWs with fortified blended food (e.g CSB)
- Conduct weekly Routine screening of children under 5, Lactating and Pregnant Women (PLW) to identify malnutrition cases.
- Provide treatment rations for 3 Stabilization Centers (SC) & 36 Outpatient Therapeutic Program (OTP)
- Make continuous follow up of the defaulters cases, absentees and the non-respondents
- Complementing the outpatient therapeutic feeding care with the required medicine and medical equipment
- Request RUTF from UNICEF through the existing PCA and transport to all counties
- Distribute RUTF from the county to the health facilities according to requests
- Relocate Ayak-Akat SC (currently detached) to the PHCC through construction of an SC within the PHCC
- Conduct routine medication for children admitted in OTP
- Treatment of SAM provided for children under 5 and other vulnerable groups, including PLW
- Treatment of MAM provided for children under 5 and PLW
- RUTF and RUSF supplies available at county level
- Micronutrient supplementation provided to P LW

Output 1.1.2 27,141 malnourished boys and girls and 7,876 PLW have improved access to support for optimal infant and young child feeding practices through increased access to relevant nutrition information for the household members.

- Community mobilization of males, females, boys and girls to support, promote and protect Breastfeeding (BF) and support optimal IYCF practices.
- Train male and female service providers in Infant and Young Child Feeding (IYCF)
- Provide training for Lead mothers in care groups on IYCF best practices
- Identify and train male opinion leaders/male household heads in IYCF
- Provide emergency preparedness and response training
- Conduct pre-harvest surveys in the target counties using SMART methodology
- Provide training for male and female members of county rapid response teams on rapid assessment methodologies.
- Conduct refresher training for male and female CHW/Nutrition Assistants on management of SAM & MAM
- Provide leadership of Nutrition cluster in Warrap State as state cluster focal point
- Mobilize and train women groups to support IYCF practices.
- MOH supported during de-worming and micro-nutrient supplementation campaigns for U5 children
- Train 150 outreach community volunteers responsible for screening and Nutrition education and provide them with incentives.
- Conduct HIV awareness/mobilization campaign on prevention of mother to child transmission of HIV & AIDS to be done in collaboration with the health programme currently running (Health Pool Fund)
- Sensitize mothers/caregivers for voluntary counseling and testing on HIV & AIDs (to be achieved in collaboration with the health project)
- Provision of sanitation materials through health pool fund project to health facilities to promote proper disposal of used medical supplies
- Provide health education on proper disposal of sharps and other medical supplies to avoid environmental hazards
- Train male and female Service providers in Gender and youth friendly service provision
- Conduct gender peer learning sessions to address social constructions

Output 1.1.3 3 CHD's and community's emergency preparedness, response and coordination of nutrition response and surveillance is strengthened

- Train 20 health workers on rapid nutrition assessment, nutrition survey and response to malnutrition in emergencies
- Conduct 3 nutrition surveys (post-harvest) using SMART methodology in 3 counties and analyze data and disseminate results analyzed to inform programming.
- Promote appropriate infant and young child feeding practices
- Early warning systems established to inform timely responses through assessments and baselines
- Train County response team capacity to preparedness and response to emergencies
- Improve State level coordination for nutrition emergency programming
- Train CHW/Nutrition Assistants on nutrition assessment and Data management.
- Train Health Workers and volunteers on Nutrition protocols (indices, admission and discharge criteria).
- Train CHW/Nutrition Assistants on SAM and MAM Management
- Conduct periodic monitoring of project sites
- Conduct on-job training to increase MOH capacity in nutrition response
- Train health workers on rapid nutrition assessment, nutrition survey
- Coordinate and support partners for active participation in the humanitarian coordination through Nutrition cluster
- Participate in national (Juba) cluster, meetings and support Nutrition cluster joint-agency initiatives, such as assessments and contingency planning meetings.
- Lead the Nutrition cluster in Warrap State as state cluster focal point [monthly meetings – total 6 meetings]

List of Sites

County	Name of Site	SC	OTP	TSFP	BSFP
Gogrial West	Block 14		√	√	√
	Kuajok PHCC		√	√	√
	Maukuach		x	x	√
	Agei PHCC		√	√	√
	Lukluk		x	√	√
	Magai		√	√	√
	Thuryior		√	x	x
	Karich		x	√	√
	Mabioratot		x	√	√
	Gogrial		x	√	√
	Mandeng		x	√	√
	Panlief		x	√	x
	Mayom		x	x	√
	Ajiep		√	x	x
Gogrial East Facilities					
	Luonyaker	√	√	√	√
	Lietnhom	√	√	√	√
	Maliai		√	√	√
	Matiel		√	√	√
	Yiikadoor		√	√	√
	Mayombiong		√	√	√
	Angernger		√	√	√
	Mayen rual		√	√	√
	Mayomchol		√	√	√
	Pinydit		√	√	√
Awutwut		√	√	√	
Tonj North Facilities					
	Warrap	√	√	√	√
	Pagkdit		√	√	√
	Aporlang		√	√	√
	Pagol		√	√	√
	Parasika		√	√	√
	Kirrik		√	√	√
	Awul		√	√	√
	Luchurk		√	√	√
Pankot		√	√	√	

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

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

Specific Objective: To manage and prevent acute malnutrition among girls and boys < 5, PLW and other vulnerable female and male population in Warrap State (Gogrial West, Gogrial East and Tonj North) through an integrated and community-based approach.

Result 1.1 Reduced prevalence rates of moderate acutely malnourished children and acutely malnourished pregnant and lactating women through screening and referral to the appropriate treatment programmes.

Output 1.1.1 27,141 malnourished boys and girls have access to integrated management of acute malnutrition (IMAM) programmes and community-based therapeutic programmes to treat malnutrition.

Output 1.1.2 1 27,141 malnourished boys and girls and 7,876 PLW have improved access to support for optimal infant and young child feeding

practices through increased access to relevant nutrition information for the household members.

Output 1.1.3 5 CHD's emergency preparedness, response and coordination of nutrition response and surveillance is strengthened

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. -INSERT THE GENDER DISESGRATED NUMBERS

SOI (X)	#	Standard Output Indicators	Target (indicate numbers or percentages)
xx	1.	# of children <5 admitted and treated for SAM	6,953 (F 3,889 M 3,064)
xx	2.	# of children < 5 admitted and treated for MAM	20,188 (F 10,506 M 10,506)
xx	3.	# of PLW that receive iron folate	7876 women
xx	4.	# of Nutrition sites # of SC # of OTP sites # of TSFP sites	No. of sites No. of sites No. of sites No. of sites
	5.	# of OTP/TSFP/SC sites established	6
xx	6.	# of Pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	7,876 women
	7.	# Pregnant women receiving iron-folate/vitamin A	3,938 women
xx	8.	# of children (3-35months) receiving supplementary foods through Blanket Supplementary Feeding Programmes (BSFP)	20,188 (F10,094 M 10,094)
xx	9.	# of functional mother-to-mother support groups	80 women
xx	10.	# of health workers trained in Infant and Young Child Feeding (YCF)	67 (F 5 M 62)
xx	11.	# of surveys undertaken (Target 3: Coverage Gogrial West, Tonj North, Gogrial East	5
	12.	# of response teams trained	2
	13.	# of meetings attended (including coordination meetings)	6

vi). Cross Cutting Issues

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

Gender: Nutrition assessments will investigate gender specific differences and needs in the prevention and treatment of acute malnutrition. Information collected from assessments and performance reports will be disaggregated into boys and girls, women so as to identify any unique needs to the gender. In order to improve equity and sustainability of health provisions, specific measures shall also be taken to promote active involvement of women and children in planning and design of rural schemes, which are appropriate to their own needs and priorities. All activities will include at least 50% females where possible. Specific measures shall therefore be taken to promote active involvement of women and children in planning and design to ensure that the project is appropriate to their own needs and priorities. In addition, the nutrition interventions specifically targets Pregnant and Lactating women. To ensure that people with disability are actively engaged in the project, measures to encourage involvement of all community members, especially the most vulnerable, including those with disabilities, will be made to ensure their contribution to the project. Project staff will be sure to seek out physically challenged members of the communities to work against challenges in accessing health centers and participation in project activities.

Advocacy: The proposed project will build the capacity of communities to advocate for the expressed needs of the community and the most vulnerable. In order to improve the nutrition situation as well as security situation faced by the communities, greater efforts must be made to advocate for infrastructure development and safety of these communities especially for women, children, returnees, and IDPs. The area also requires more attention from government. Advocacy efforts will be made to enhance assistance from the Warrap state government to support development of health and nutrition basic services and social infrastructure. World Vision Sudan Policy and Advocacy Officer based in Juba along with greater policy networks will work closely with project staff to support community needs. Project staff humanitarian accountability standards will also support transparency of programming while making efforts to increase the influence of and representation of citizens (including children) at local, regional, and national levels.

HIV & AIDS: HIV AIDS remains an aggravating factor for malnutrition and beneficiaries from the nutrition program will be directly linked to existing HIV services at the clinics and referral hospitals which include awareness raising, voluntary counseling and testing care and support for PLWHA.

Environment: The proposed project will work to enhance sustainability, including environmental sustainability, of project impact and service delivery. Activities will support proper disposal of medical supplies and keen attention to location and sustainability so that the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources.

vii) Implementation Mechanism

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

The project will be implemented by WVSS. The facilities are established within the existing PHCUs/PHCCs hence the project will work closely with MoH. The project will collaborate with other partners i.e. NGOs operating in the same locations in order to ensure equity distribution of services high coverage and avoid duplication of efforts. The project supplies medical and non-medical will be provided by UNICEF through the existing Partnership Cooperation Agreement (PCA) with WVSS. The supplies for the Targeted supplementary feeding programme will be provided by WFP through the existing Field Level Agreement (FLA) between WVSS Food Assistance programme and WFP

viii) Monitoring and Reporting Plan

World Vision South Sudan staff will use and LEAP monitoring framework and develop plans required to ensure timely and effective M&E reporting. Field staff will be oriented on expected results, indicators to be used within the context of baselines and time frames, means of verification and data collection methods. M&E activities will be designed in a manner that emphasizes effective participatory approaches between WVSS and the beneficiary communities, households and Government. M&E data collection activities will provide opportunities for active participation from programme beneficiaries. It is expected that results of programme activities, outputs, and outcomes will be shared with assisted communities, to foster a greater sense of buy-in and ownership. Best practices and evidence-based monitoring findings from this project will be considered as inputs to improve programme design and implementation. The project will generate weekly progress reports, monthly progress reports, bi-monthly reports and end of project reports. Reports will be submitted to the Nutrition cluster and the CHF as requested.

D. Total funding secured for the CAP project

Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	Amount (USD)
Pledges for the CAP project	

SECTION III:

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-14/60749		Project title: Emergency Response to Malnutrition for Vulnerable Children, Pregnant and Lactating Women, and at-risk population in Warrap State	Organisation: World Vision South Sudan
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities) Contribute to the reduction of morbidity and mortality due to acute malnutrition in vulnerable populations in 2014-16.	<ul style="list-style-type: none"> No of new admissions for SAM No of new admissions for MAM % facilities without RUTF stock out No. Pregnant women receiving Iron-folate No of children 6-35 months receiving supplementary foods No of health workers trained in IYCF 	<i>Project reports</i>	<ul style="list-style-type: none"> Security does not deteriorate significantly and the rural population maintains its access to OTPs and SCs. No major emergency that may trigger mass displacements is reported in the project area. There are no food and medicine pipeline breaks during the implementation of this project
CHF project Objective To manage acute malnutrition among children < 5, PLW and vulnerable population in Gogrial West, Gogrial East, and Tonj North through an integrated and community-based approach	<ul style="list-style-type: none"> % of severely acute malnourished treated % of mothers practicing appropriate infant and young feeding methods 50% of targeted households adopt promoted nutrition practices. Global malnutrition rates reduced to between 10% and 15% in the target areas # of people receiving behavior change interventions, by sex and change (15-49 years, 50-60 years, and +60 years) 	<ul style="list-style-type: none"> Project reports tracking malnourished children on treatment Monthly field monitoring reports Participant lists in mobilization meetings End of term project reports Pre-harvest SMART survey report showing the GAM rate (April 2014) 	<ul style="list-style-type: none"> Security does not deteriorate significantly and the rural population maintains its access to OTPs and SCs. No major emergency that may trigger mass displacements is reported in the project area. There are no food and medicine pipeline breaks during the implementation of this project

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	Reduced prevalence rates of moderate acutely malnourished children and acutely malnourished pregnant and lactating women through screening and referral to the appropriate treatment programmes.	<ul style="list-style-type: none"> Proportion of severely acutely malnourished children cured/recovered in facility-based therapeutic feeding programmes (>75%) Proportion of defaulters from facility based therapeutic feeding programmes (<15%); Prevalence of acutely malnourished and underweight children <5 years of age. # of children with SAM and MAM receiving treatment # of beneficiaries receiving the preventive packages # of PLWs receive micronutrient supplementation – Iron folate 	<ul style="list-style-type: none"> Project monthly reports WVSS database of children being supported List of beneficiaries with acknowledgements of receipt of material 	<ul style="list-style-type: none"> Reliable supplies for medical and food packages Political & security climates remain stable
Output 1.1	27,141 malnourished boys and girls have access to integrated management of acute malnutrition (IMAM) programmes and community-based therapeutic programmes to treat malnutrition	<ul style="list-style-type: none"> Children (under-5) admitted for the treatment of Severe Acute Malnutrition (SAM) <p>Programme quality (SAM)</p> <ul style="list-style-type: none"> Recovery rate: >75% Defaulter rate: < 15% Death rate: < 10% <ul style="list-style-type: none"> Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) <p>Programme quality (MAM)</p> <ul style="list-style-type: none"> Recovery rate: >75% Defaulter rate: < 15% Death rate: < 3% # of stabilization centers (SC) and Out Patient Therapeutic Program (OTP) sites functioning 	<ul style="list-style-type: none"> Project progress reports for example monthly reports WVSS database for children supported by the project Visits and interviews with beneficiaries Registers of Vitamin A, iron tablets and folic acid distributed 	<ul style="list-style-type: none"> Access to programme areas is possible Sufficient importance attached to programme implementation and ownership by beneficiaries.
Activity 1.1.1	Screen, admit children with severe malnutrition in OTP and SC and treat 6,953 children with therapeutic foods			
Activity 1.1.2	Screen, admit children with moderate malnutrition and treat with supplementary food			
Activity 1.1.3	Provide blanket supplementary feeding (BSFP) to 20,188 boys and girls (6-36 months)			
Activity 1.1.4	Provide Vitamin A, iron tablets and folic acid to 6,953 children and 7,876 PLWs			
Activity 1.1.5	Provide boys and girls<5 and PLWs with fortified blended food (e.g CSB)			
Activity 1.1.6	Conduct weekly Routine screening of children under 5, Lactating and Pregnant Women (PLW) to identify malnutrition cases.			
Activity 1.1.7	Provide treatment rations for 3 Stabilization Centers (SC) & 36 Outpatient Therapeutic Program (OTP)			
Activity 1.1.8	Make continuous follow up of the defaulters cases, absentees and the non-respondents			
Activity 1.1.9	Complementing the outpatient therapeutic feeding care with the required medicine and medical equipment			
Activity 1.1.10	Request RUTF from UNICEF through the existing PCA and transport to all counties			
Activity 1.1.11	Distribute RUTF from the county to the health facilities according to requests			
Activity 1.1.12	Relocate Ayak-Akat SC (currently detached) to the PHCC through construction of an SC within the PHCC			
Activity 1.1.13	Conduct routine medication for children admitted in OTP			
Activity 1.1.14	Treatment of SAM provided for children under 5 and other vulnerable groups, including PLW			

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.1.15	Treatment of MAM provided for children under 5 and PLW		
Activity 1.1.16	RUTF and RUSF supplies available at county level		
Activity 1.1.17	Micronutrient supplementation provided to P LW		
Output 1.2	27,141 malnourished boys and girls and 7,876 PLW have improved access to support for optimal infant and young child feeding practices through increased access to relevant nutrition information for the household members.	<ul style="list-style-type: none"> # of Pregnant and Lactating Women (PLWs) receiving support # of Children (girls and boys) receive community managed malnutrition treatment including Vitamin A supplementation # of Children (girls and boys) de-wormed # of women who introduced age-appropriate complementary foods for children >6 months along with continuation of breast feeding; # of households who received community nutrition training and services. 	<ul style="list-style-type: none"> Project progress reports Registers of children and PLW supported by the project Workshop reports and meeting minutes
Activity 1.2.1	Community mobilization of males, females, boys and girls to support, promote and protect Breastfeeding (BF) and support optimal IYCF practices.		
Activity 1.2.2	Train male and female service providers in Infant and Young Child Feeding (IYCF)		
Activity 1.2.3	Provide training for Lead mothers in care groups on IYFC best practices		
Activity 1.2.4	Identify and train male opinion leaders/male household heads in IYCF		
Activity 1.2.5	Provide emergency preparedness and response training		
Activity 1.2.6	Provide training for male and female members of county rapid response teams on rapid assessment methodologies.		
Activity 1.2.7	Conduct refresher training for male and female CHW/Nutrition Assistants on management of SAM & MAM		
Activity 1.2.8	Provide leadership of Nutrition cluster in Warrap State as state cluster focal point		
Activity 1.2.9	Mobilize and train women groups to support IYCF practices.		
Activity 1.2.10	MOH supported during de-worming and micro-nutrient supplementation campaigns for U5 children		
Activity 1.2.11	Train 150 outreach community volunteers responsible for screening and Nutrition education and provide them with incentives.		
Activity 1.2.12	Conduct HIV awareness/mobilization campaign on prevention of mother to child transmission of HIV & AIDS to be done in collaboration with the health programme currently running (Health Pool Fund)		
Activity 1.2.13	Sensitize mothers/caregivers for voluntary counseling and testing on HIV &AIDs (to be achieved in collaboration with the health project		
Activity 1.2.14	Provision of sanitation materials through health pool fund project to health facilities to promote proper disposal of used medical supplies		
Activity 1.2.15	Provide health education on proper disposal of sharps and other medical supplies to avoid environmental hazards		
Activity 1.2.16	Train male and female Service providers in Gender and youth friendly service provision		
Activity 1.2.17	Conduct gender peer learning sessions to address social constructions		

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.3	3 CHD's and community's emergency preparedness, response and coordination of nutrition response and surveillance is strengthened	<ul style="list-style-type: none"> • # of mothers exclusively breast-feeding their infants to six-months of age • # of county health department staff and community members trained on malnutrition management at community level • # of emergency preparedness plans developed and shared • Appropriate infant and young child feeding practices protected, supported and promoted • # of CHD staff and community members with the capacity to develop emergency preparedness plans 	<ul style="list-style-type: none"> • Monthly progress reports • Workshop reports and meeting minutes • Plans developed by CHD and community 	<ul style="list-style-type: none"> • That CHD staff will be willing to participate in training workshops • The security environment remains calm to support movement in the field • No major disasters which will result in population movement is experienced
Activity 1.3.1	Train 20 health workers on rapid nutrition assessment, nutrition survey and response to malnutrition in emergencies			
Activity 1.3.2	Conduct 3 nutrition surveys (post-harvest) using SMART methodology in 3 counties and analyze data and disseminate results analyzed to inform programming.			
Activity 1.3.3	Promote appropriate infant and young child feeding practices			
Activity 1.3.4	Early warning systems established to inform timely responses through assessments and baselines			
Activity 1.3.5	Train County response team capacity to preparedness and response to emergencies			
Activity 1.3.6	Improve State level coordination for nutrition emergency programming			
Activity 1.3.7	Train CHW/Nutrition Assistants on nutrition assessment and Data management.			
Activity 1.3.8	Train Health Workers and volunteers on Nutrition protocols (indices, admission and discharge criteria).			
Activity 1.3.9	Train CHW/Nutrition Assistants on SAM and MAM Management			
Activity 1.3.10	Conduct periodic monitoring of project sites			
Activity 1.3.11	Conduct on-job training to increase MOH capacity in nutrition response			
Activity 1.3.12	Train health workers on rapid nutrition assessment, nutrition survey			
Activity 1.3.13	Coordinate and support partners for active participation in the humanitarian coordination through Nutrition cluster			
Activity 1.3.14	Participate in national (Juba) cluster, meetings and support Nutrition cluster joint-agency initiatives, such as assessments and contingency planning meetings.			
Activity 1.3.15	Lead the Nutrition cluster in Warrap State as state cluster focal point [monthly meetings – total 6 meetings]			

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 January 2014	Project end date:	31 March 2014
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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
Output 1.1.1 27,141 malnourished boys and girls have access to integrated management of acute malnutrition (IMAM) programmes and community-based therapeutic programmes to treat malnutrition												
1.1.1 Screen, admit children with severe malnutrition in OTP and SC and treat 6,593 children with therapeutic foods	x	x	x									
1.1.2 Screen, admit children with moderate malnutrition and treat with supplementary food	x	x	x									
1.1.3 Provide blanket supplementary feeding (BSFP) to 20,188 boys and girls (6-36 months)		x	x									
1.1.4 Provide Vitamin A, iron tablets and folic acid to 6,593 children and 7,876 PLWs	x	x	x									
1.1.5 Provide boys and girls <5 and PLWs with fortified blended food (e.g CSB)	x	x	x									
1.1.6 Conduct weekly Routine screening of children under 5, Lactating and Pregnant Women (PLW) to identify malnutrition cases.	x	x	x									
1.1.7 Provide treatment rations for 3 Stabilization Centers (SC) & 36 Outpatient Therapeutic Program (OTP)	x	x	x									
1.1.8 Make continuous follow up of the defaulters cases, absentees and the non-respondents	x	x	x									
1.1.9 Complementing the outpatient therapeutic feeding care with the required medicine and medical equipment	x	x	x									
1.1.10 Request RUTF from UNICEF through the existing PCA and transport to all counties	x		x									
1.1.11 Distribute RUTF from the county to the health facilities according to requests		x	x									
1.1.12 Relocate Ayak-Akat SC (currently detached) to the PHCC through construction of an SC within the PHCC		x	x									
1.1.13 Conduct routine medication for children admitted in OTP	x	x	x									
1.1.14 Treatment of SAM provided for children under 5 and other vulnerable groups, including PLW	x	x	x									
1.1.15 Treatment of MAM provided for children under 5 and PLW	x	x	x									
1.1.16 RUTF and RUSF supplies available at county level	x	x	x									
1.1.17 Micronutrient supplementation provided to P LW	x	x	x									
Output 1.1.2 27,141 malnourished boys and girls and 7,876 PLW have improved access to support for optimal infant and young child feeding practices through increased access to relevant nutrition information for the household members.												
2.1.1 Community mobilization of males, females, boys and girls to support, promote and protect Breastfeeding (BF) and support optimal IYCF practices.	x	x	x									
1.2.1 Train male and female service providers in Infant and Young Child Feeding (IYCF)		x	x									
1.2.2 Provide training for Lead mothers in care groups on IYCF best practices	x	x	x									
1.2.3 Identify and train male opinion leaders/male household heads in IYCF		x	x									
1.2.4 Provide emergency preparedness and response training		x	x									
1.2.5 Provide training for male and female members of county rapid response teams on rapid assessment methodologies.		x	x									
1.2.6 Conduct refresher training for male and female CHW/Nutrition Assistants on management of SAM & MAM	x	x	x									
1.2.7 Provide leadership of Nutrition cluster in Warrap State as state cluster focal point	x	x	x									
1.2.8 Mobilize and train women groups to support IYCF practices.		x	x									
1.2.9 MOH supported during de-worming and micro-nutrient supplementation campaigns for U5 children	x	x	x									
1.2.10 Train 150 outreach community volunteers responsible for screening and Nutrition education and provide them with incentives.		x	x									
1.2.11 Conduct HIV awareness/mobilization campaign on prevention of mother to child transmission of HIV & AIDS to be done in collaboration with the health programme currently running supported by Health Pool Fund	x	x	x									

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
1.2.12 Sensitize mothers/caregivers for voluntary counseling and testing on HIV & AIDs (to be achieved in collaboration with the health project)	x	x	x									
1.2.13 Provision of sanitation materials through health pool fund project to health facilities to promote proper disposal of used medical supplies	x	x	x									
1.2.14 Provide health education on proper disposal of sharps and other medical supplies to avoid environmental hazards	x	x	x									
1.2.15 Train male and female Service providers in Gender and youth friendly service provision	x	x	x									
1.2.16 Conduct gender peer learning sessions to address social constructions	x	x	x									
Output 1.1.3 3 CHD's and community's emergency preparedness, response and coordination of nutrition response and surveillance is strengthened												
1.3.1 Train 20 health workers on rapid nutrition assessment, nutrition survey and response to malnutrition in emergencies		x	x									
1.3.2 Conduct 3 nutrition surveys (post-harvest) using SMART methodology in 3 counties and analyze data and disseminate results analyzed to inform programming.		x	x									
1.3.3 Promote appropriate infant and young child feeding practices	x	x	x									
1.3.4 Early warning systems established to inform timely responses through assessments and baselines		x	x									
1.3.5 Train County response team capacity to preparedness and response to emergencies		x	x									
1.3.6 Improve State level coordination for nutrition emergency programming	x	x	x									
1.3.7 Train CHW/Nutrition Assistants on nutrition assessment and Data management.		x	x									
1.3.8 Train Health Workers and volunteers on Nutrition protocols (indices, admission and discharge criteria).		x	x									
1.3.9 Train CHW/Nutrition Assistants on SAM and MAM Management		x	x									
1.3.10 Conduct periodic monitoring of project sites	x	x	x									
1.3.11 Conduct on-job training to increase MOH capacity in nutrition response		x	x									
1.3.12 Train health workers on rapid nutrition assessment, nutrition survey		x	x									
1.3.13 Coordinate and support partners for active participation in the humanitarian coordination through Nutrition cluster	x	x	x									
1.3.14 Participate in national (Juba) cluster, meetings and support Nutrition cluster joint-agency initiatives, such as assessments and contingency planning meetings.	x	x	x									
1.3.15 Lead the Nutrition cluster in Warrap State as state cluster focal point [monthly meetings – total 6 meetings]												

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