

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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

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

SECTION I:

CAP Cluster

Nutrition

CHF Cluster Priorities for 2014 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2014.

Cluster Priority Activities for this CHF Round

(i) Management of Acute malnutrition

Treatment of acute malnutrition in children U5 years, P&LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM. This will also include management of essential nutrition supplies from procurement to end user location

(ii) Prevention of Acute Malnutrition

During lean seasons, supplementary foods to (BSFP) to boys and girls aged 6-36 months. Promotion of optimal infant and you child feeding in emergencies.

(iii) Provision of Emergency preparedness and response services

Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition in selected counties.

Cluster Geographic Priorities for this CHF Round

- 1) Jonglei (all counties)
- 2) Upper Nile (Maban, Nasir, Ulang, Baliet)
- 3) Unity (Panyjar, Koch, Mayom, Abiemnhom, Mayendit)
- 4) NBeG (all counties)
- 5) Warrap (all counties)
- 6) Eastern Equatoria (Kapoeta East, Kapoeta North)
- 7) WBeG (Raga, Wau, Jur River)
- 8) Abyei area

SECTION II

Project details

The sections from this point onwards are to be filled by the organization requesting CHF funding.

Requesting Organization

Universal Network for Knowledge & Empowerment Agency (UNKEA)

Project CAP Code

SSD-14/H/60068

CAP Gender Code

0

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

Provision of Community Nutrition services to returnees, IDPs and host community in Nasir County; Upper Nile State

Total Project Budget requested in the in South Sudan CAP

US\$ 400,000

Total funding secured for the CAP project (to date)

US\$ 100,000 (Starts 1st October 2013 ends 31st March 2014)

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	3,701	9,500
Girls:	4,100	7,000
Men:	2,150	3,999
Boys:	3,675	4,000
Total:	13,626	20,700

Targeted population:

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

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

Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State	%	
Upper Nile	100%	Nasir County

Funding requested from CHF for this project proposal

US\$ 61,513

Are some activities in this project proposal co-funded (including in-kind)? Yes No (if yes, list the item and indicate the amount under column i of the budget sheet)

Indirect Beneficiaries / Catchment Population (if applicable)

Women, men, girls and boys of targeted payams in Nasir County of Upper Nile State

Total population: 210,002 (Source; 2008 HH census)

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

Indicate number of months: 3 months
1 April 2014 to 30 June 2014

Contact details Organization's Country Office

Organization's Address	P.O Box: 504 Juba Munuki Payam, along Gudele road at ICCO Compound.
Project Focal Person	<i>Bojo Samuel</i> Nutrition Advisor Tel: +211 955 033 927 samuel.bojo@unkea.net , bojokiden@gmail.com
Country Director	<i>Simon Bhan Chuol</i> Unkea.sudan@yahoo.com Unkea.southsudan@gmail.com simon@unkea.net +211 955 295 774 +211 917 976 984 www.unkea.net
Finance Officer	<i>David Dak Deng</i> David.dak@unkea.net Deng_dak@yahoo.co.uk +211 955 812 211
Monitoring & Reporting focal person	<i>Lagu Joseph</i>

Contact details Organization's HQ

Organization's Address	Nasir County, Upper Nile State Republic of South Sudan, P.O Box: 504 Juba www.unkea.net +211 955 295 774 + 211 956 386 655
Desk officer	<i>Jane Yopa</i> yaneyopa@gmail.com
Finance Officer	<i>Christopher Matajora</i> chrispaluru@gmail.com + 211 956 595 627

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

Nassir County Upper Nile State continues to be a humanitarian flash point as characterized by high population displacements and movements. The major triggers being the persistent of current fighting between rebel and government which start on 15th December 2013 in Juba and floods. The long dry season between December and April is the major catalyst where large populations move over long distances in search for water, food and pasture.

The continued large scale armed conflict in Malakal and Jonglei, Nasir County has been receiving unverified number of IDPs most of whom being children and women. As of 2013, OCHA assessment report, The number of IDPs, Food insecure populations and Returnees was projected to 11,910, 24,800, and 718 respectively. A recent Inter Agency Flood assessment report led by RRC in October 2013 showed a total of 10 payams affected by floods and displacing 11,264 individuals and 2,253 households (HHs) that are in dire need of basic nutrition services, clean Water, Non Food Items (NFIS), food and Latrines.

Food Insecurities are likely to be projected to the highest making boys and girls under five and pregnant and lactating women more vulnerable to severe acute malnutrition. The situation is even worse among IDPs and returnees, who own nothing but limited number of cows and limited intake of fortified foods especially among children under five years (Boys and girls), pregnant and lactating women, increase their vulnerability to acute malnutrition.

The major factors beings inadequate food intake, Helminthes infections among girls and boys and poor Infant and young child feeding (IYCF) Practices. Although, UNKEA continues to provide community Nutrition Services, the government still has very low capacity to take overall provision of nutrition services to these vulnerable groups. With anticipated increased return of South Sudanese during the dry season, cattle raids, high population movements and increased tension in the neighboring Jonglei State, the population emergency vulnerabilities are likely to shoot up and demand for community Nutrition Services is likely to be stretched to even higher figures.

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.

The funding is requested to support UNKEA's Accelerated Response initiative (ARI) to provide basic nutrition services to vulnerable IDPs, returnees and host communities in 2 nutrition Therapeutic centers (Two stabilization centers and 5 outpatient therapeutic centers) of Nasir, Jikmir, Torpuot, Mandeng and Kierwan.

This funding will sustain and prevent rapture in providing continued humanitarian nutrition services to vulnerable IDPs, returnees and host communities. The funding will support provision of basic nutrition services including screening, referral and treatment of severe Acute Malnutrition and Moderate acute Malnutrition to reduce their Morbidity and Mortality. Scaling up Vitamin A supplementation and Folic acid, Immunization and de-worming to children under five years, pregnant and lactating women.

Provision of Supplementary foods to children 6 to 35 months, through Blanket Supplementary Feeding programme (BSFP) for girls and boys, formation of mother –to-mother support groups and training of health workers in Infant and Young Child Feeding (IYCF) for men and women.

This will promote exclusive breast feeding and reduce infant and young child malnutrition. Vitamin A supplementation and folic acid will reduce micro-nutrient deficiencies. With 10 years of existence in Nasir county, UNKEA has a strong community's support and acceptability making its programmes cost effective and sustainable through working with community volunteers. UNKEA has visible working relationship with its government, NGOs and donor partners such as CHD, UNICEF, SMoH and MSF.

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 funding will be used to address acute malnutrition among 3,675 boys, 4,100 girls, 3,701 pregnant and lactating women

Additionally, building the capacity of the staff through training and supply of nutrition supplements at primary health care centers will be enhanced.

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)

- To screen, refer and manage acute malnutrition in children under five years, pregnant and lactating mothers in both health facilities and communities
- To prevent and control acute malnutrition through community levels awareness campaigns on nutrition and IYCF
- To build the capacity of the communities, health workers and CHD to detect, respond and manage nutrition emergencies in Nasir County

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

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.

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).

- Community screening and referral of girls/boys under five years for SAM and in all sites
- Admission and treatment for SAM and MAM
- Provision of preventive services (deworming, Vitamin A micronutrient) to under five children in all project sites
- Ongoing community social mobilizations and sensitizations
- Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and community level.
- Skills training of community nutrition workers on management on community management of MAM, SAM and IYCF promotion
- Training of community nutrition volunteers (women peer groups, home health promoters, teachers as well as traditional, religious and political leaders on prevention, control of malnutrition as well as IYCF promotion

County	Name of site	SC	OTP	TSFP	BSFP
Nasir	Nasir County Hospital	X	X		
Nasir	Jikmir PHCC	X	X		
Nasir	Kierwan		X		
Nasir	Torpuot		X		
Nasir	Mandeng		X		

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

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

- Children under five and pregnant women screened and treated for SAM and MAM
- Children under five years being de-wormed, given Vitamin A supplement
- Communities empowered on prevention and control on acute malnutrition
- Community nutrition workers skillful to respond and manage acute malnutrition

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.

SOI (X)	#	Standard Output Indicators <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)</small>
X	1.	Children (under-5) admitted for the treatment of SAM	
		Girls	2,520
		Boys	2,880
X	2.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	
		Girls	2,840
		Boys	2,080
X	3.	Number of Nutrition treatment sites	
		Number of stabilization centers	2
		Number of OTP sites	5
		Number of TSFP sites	0
X	4.	Pregnant women receiving Iron Folate	800
	5.	Lactating women receiving Vitamin A	1,200
X	6.	Children (6-35 months) receiving supplementary foods through blanket supplementary feeding programme	
		Girls	0
		Boys	0
X	7.	Number of Functional mother-to-mother support groups	5
X	8.	Health workers trained in infant and young child feeding	
		Men	8
		Women	12
X	9.	Number of Functional mother-to-mother support groups	5
x	10.	Children screened in the community for MAM & SAM	
		Girls	6,580

		Boys	7,200
11.		Community leaders (chiefs, teachers, HHPs, TBAs) trained on identification and referrals for SAM and MAM	
		Men	80
		Women	210

vi). Cross Cutting Issues

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

The project will target both boys and girls; men and women, there will be mass awareness to the caretakers/beneficiaries on environmental conservation and protection. It will raise awareness on the prevention and control of HIV/AIDS, free condom distribution to the beneficiaries and referral of clients for HIV 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.

UNKEA will provide skill training to Community nutrition workers to manage the OTP sites and stabilization centers. Additionally, Community nutrition volunteers that include women groups, traditional birth attendants (TBAs), home health promoters, teachers, community leaders (chiefs, church leaders and civil servants) will be used to carry out social mobilizations and awareness campaigns.

This can be done through peer group discussions among women and men, community large events, music, dance and drama with targeted messaging of nutrition issues. Assorted IEC materials such as brochures, leaflets, bill board, T-shirts will be produced in the local language and used in community social mobilizations and awareness campaigns.

The community nutrition volunteers will be trained to carry out targeted community level screening and referral of cases. Furthermore, these volunteers will be assigned by nutrition workers to follow up clients and give health education at family level. The community nutrition workers will on daily basis distribute weekly ready to use therapeutic food (RUFT) to the beneficiaries and monitor and review the utilization on weekly basic.

The project will engage active involvement of community members as change agents. Women will be organized in groups and encouraged to discuss among themselves issues related to prevention and control of malnutrition as well as balanced diet, IYCF, and food preparation. This project will ride on the back of the integrated primary health care project where malnourished clients will be provided with clinical services in the health facilities. To create ownership and sustainability of the project, UNKEA will seek and foster effective collaboration coordination with line government ministries and their respective departments at the County level in addition to closely working with other non governments engaged in similar initiatives to share lessons learnt.

UNKEA will continue to documents its success stories and use to inform programming at all levels of the project management. This project will be delivered under the technical guidance and supervision of the Health and Nutrition Advisor who will provides the overall project oversight at the direction of the Executive Director. He will dedicate 100% of his time to the project and assisted by his Nutrition Manager.

viii) Monitoring and Reporting Plan

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

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

Through previous operational experience in health and nutrition programs, UNKEA has strong knowledge in identifying and measuring appropriate indicators, in data collection and analysis, and in partnering with donors and other agencies to coordinate the dissemination of the information. UNKEA will ensure the prompt and accurate collection of information and compile the results for data analysis and program evaluation according to the goal, objectives, and indicators of the program. As start-up process a SMART survey and orientation planning workshop will be held in order to generate baseline data and ensure that all staffs understand the proposal and work plan well, to formulate individual staff work plans, which will tie performance to agree upon timelines for compiling monitoring information and reporting. This will ensure good data with which to measure progress against work plan during the intervention.

The logical framework will provide the basis for monitoring the project indicators and the output indicators will be measured using program records and reports. The Health and Nutrition Advisor will be responsible for the overall planning, monitoring and reporting of activities as per the log frame and work plan. This will include regular visits to all sites in the Program, monitoring of staff activities, compiling and analyzing program records, assessing external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure the attainment of objectives. He will coordinate the health and nutrition program, attend the nutrition and health cluster technical working groups and ensure that relevant information is factored into program

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

implementation and share UNKEA's progress reports with all partners.

The Executive Director will ensure that planned activities take place. He will also attend sectoral working group and coordination meetings, ensure the relevant information is factored into program implementation and share UNKEA's progress and statistical information with other agencies where appropriate. UNKEA will continue to build the operational capacity of project staffs in monitoring and reporting in the project cycle management (PCM) and maximize their participation in all activities.

Data collection and Analysis

Project data will be collected and analyzed immediately by the Project Manager under the supervision of the Nutrition Advisor. This will be a continuous process as it will be inbuilt into project implementation process so that it will be concurrent with activity implementation. The Nutrition Data clerk will also be responsible for compiling the data into a fair draft which will be reviewed by Project Manager to ensure correctness and accuracy.

Quality of data

The accuracy and consistency of the data will be assured through the use of standardized data collection tools duly protected for reliability, completeness, and consistency and approved. The Project Manager and Nutrition Advisor will make monthly and quarterly visits to the project sites to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This will involve data quality audits in randomly selected project sites done on quarterly basis that will form part of project data quality assurance and quality control. All collected data will be stored electronically and manually to ensure its security as part of control and safety measure.

Reporting

This will be both an individual role of the project staff as well as the entire team. UNKEA will provide monthly, quarterly and end of Project progress reports as against work plan, budget and targets indicated in the proposal. Nutrition workers will at the primary health facilities send monthly reports to the project Manager who will then review for consistency and accuracy. The Project Manager then sends these reports to the Nutrition Advisor to finally review reports for consistency and accuracy. Nutrition Adviser will share these reports with the Executive Director who will approve and send to the donor using the relevant reporting format. Efforts will be made to ensure that the report capture project narrative and financial aspects of the proposed project's work plan and budget and targets. UNKEA will adhere with specific donors reporting formats and guidelines. A database for recording beneficiary information and mapping trends across the implementation locations will be created and the information is to be disseminated to the DHIS, SMOH, GOSS MoH and other stakeholders on regular basis. Project deliverables will be monitored through monthly, quarterly and annual progress reports that should include success stories. The project will be reviewed at mid-point and at the end through a joint plan.

UNKEA will conduct a midterm review after three months of implementation. In these reviews, stakeholders at the state, county and national levels will be engaged in discussing the findings and production of their recommendations (part of the data quality audit). UNKEA will develop tools to capture data from community workers (TBAs, CNWs and HHPs). Monitoring tools will include data gathering and analysis based on attendance records, drug distribution records and training reports which will feed into the Indicator

D. Total funding secured for the CAP project	
Please add details of secured funds from other sources for the project in the CAP.	
Source/donor and date (month, year)	Amount (USD)
CHF (October 1 st 2013 – March 31 st 2014	100,000
Pledges for the CAP project	

SECTION III:

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

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

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

LOGICAL FRAMEWORK			
CHF ref./CAP Code: SSD-14/H/60068		Project title: Provision of Community Nutrition services to returnees, IDPs and host community in Nasir County	Organisation: <u>UNKEA</u>
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i></p> <p>(i) Management of Acute malnutrition Treatment of acute malnutrition in children U5 years, P&LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM. This will also include management of essential nutrition supplies from procurement to end user location</p> <p>(ii) Prevention of Acute Malnutrition During lean seasons, supplementary foods (BSFP) to boys and girls aged 6-36 months. Promotion of optimal infant and you child feeding in emergencies.</p> <p>(iii) Provision of Emergency preparedness and response services Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition in selected counties.</p> <p>Goal/Impact (cluster priorities)</p>	<p><i>What are the key indicators related to the achievement of</i></p> <ul style="list-style-type: none"> • # of under 5 children treat with acute malnutrition • # of boys/girls aged 6-36 months reach supplementary feeds • # of nutrition workers trained on management of SAM and MAM 	<p><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Admission record • Distribution records • Training lists 	<ul style="list-style-type: none"> • Stability in the area of implementation • Community support

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>CHF project Objective</p> <p><i>What is the result the project will contribute to by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> To manage acute malnutrition through an integrated and community based-approach, To prevent acute malnutrition in children, pregnant and lactating mothers (PLW) and other vulnerable groups, To support capacity in emergency preparedness and timely response. 	<p><i>What indicators will be used to measure whether the CHF Project Objective are achieved?</i></p> <ul style="list-style-type: none"> # of Children <5 admitted for the treatment of Severe acute malnutrition (SAM), # of Children <5 admitted for the treatment of Moderate acute malnutrition (MAM), # of Number of Nutritional treatment sites, # of Pregnant women receiving iron-folate, # of Lactating women receiving vitamin A, # of Number of functional mother-mother support groups, # of Health workers trained in Infant and Young Child feeding (IYCF), 	<p><i>What sources of information will be collected/already exist to measure this indicator?</i></p> <ul style="list-style-type: none"> County Health Department/Health facility records. Rapid assessment reports Training reports Pipeline supply records Coordination meeting minutes/reports 	<p><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Security stability in the project area Uninterrupted funding and supply of relief items and drugs Continued community and acceptability and support Commitment and support of partners to the project Continuous accessibility to project sites.
<p>Outcome 1</p> <p><i>What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries?</i></p> <p>Reduction in morbidity and mortality in the four Payams of Nasir County caused by acute malnutrition less than 5 years.</p>	<p><i>What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> % reduction in cases of mortality and morbidity caused by acute malnutrition. # of malnutrition cases appropriately identified referred and managed by the community members. 	<p><i>What are the sources of information collected for these indicators?</i></p> <ul style="list-style-type: none"> Health facility/County Health Department records Training records Monthly supervisory records 	<p><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Security stability in the project area Uninterrupted funding and supply of relief items and drugs Continued community and acceptability and support Commitment and support of partners to the project
<p>Output 1.1</p> <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> <ul style="list-style-type: none"> Children (under-5) admitted for the treatment of SAM. Pregnant and Lactating Women (PLWs) admitted for MAM 	<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> <ul style="list-style-type: none"> # of children under 5 admitted for SAM and MAM treatment # of PLW admitted for MAM 	<p><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Admission record and report Facilities record CHD report 	<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"> Mother will bring their children Security will prevail
<p>Activity 1.1.1</p>	<p>Screening and Treatment of SAM and MAM using the [MOH] IM-SAM guidelines in all sites.</p>		
<p>Activity 1.1.2</p>	<p>Provision of preventive services to under five (deworming, Vitamin A and Micronutrient) in all facilities.</p>		

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.2	<ul style="list-style-type: none"> Health workers trained on SAM, MAM & IYCF management in emergency response. 5 Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing MAM. 	<ul style="list-style-type: none"> # of health workers trained on SAM and MAM # of site supported 	<ul style="list-style-type: none"> Training report CHD record 	<ul style="list-style-type: none"> Security prevail Mother will bring their children for services
Activity 1.2.1	Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and community level,			
Activity 1.2.2	Skills training of health workers on MAM, SAM and IYCF in all facilities.			
Outcome 2	Strengthened capacity of the communities to identify, refer and manage malnutrition cases appropriately	<ul style="list-style-type: none"> # of community members trained on identification, referral and management of malnutrition cases. # of nutrition staff trained on identification, referral and management of malnutrition 	<ul style="list-style-type: none"> Training report Facilities records CHD record 	<ul style="list-style-type: none"> Security will prevail Funding will be avail Staff will be present for training
Output 2.1	<ul style="list-style-type: none"> Community leaders (chiefs, teachers, HHPs, TBAs) trained on identification and referrals for SAM and MAM. Community members including PLW reached with key messages on Nutrition. Women support groups established for IYCF promotion. 	<ul style="list-style-type: none"> # of community leader trained # of community member reached with key message # of PLW group established 	<ul style="list-style-type: none"> Training report Outreach campaign record PLW group attendance 	<ul style="list-style-type: none"> Security will prevail Support from government
Activity 2.1.1	Training of community nutrition volunteers (women peer groups, home health promoters, teachers and leaders (traditional, religious and civil servants) on prevention and control of malnutrition			
Activity 2.1.2	Ongoing community social mobilizations and sensitizations in Nasir, Jikmir, Kuerengke and Kierwan payams.			
Output 2.2	<ul style="list-style-type: none"> Children screened in the community for MAM & SAM. 5 nutrition treatment sites given supportive supervision once a quarter. 5 Nutrition sites well stocked with nutrition supplies. 	<ul style="list-style-type: none"> # of children screened # of nutrition supplies preposition in all site 	<ul style="list-style-type: none"> Facilities screening record Supplies inventory record 	<ul style="list-style-type: none"> Mother will bring their children for services Supplies will be available
Activity 2.2.1	On-going facility and community based screening and referrals of severe and acute cases of malnutrition in Nasir, Jikmir, Kuerengke and Kierwan payams.			
Activity 2.2.2	Monthly and quarterly supportive supervisory visits to all project sites.			
Outcome 3	Reduction in morbidity and mortality in Nasir County caused by acute malnutrition on pregnant and lactating mothers.	<ul style="list-style-type: none"> # of PLW treated 	<ul style="list-style-type: none"> Report and record 	<ul style="list-style-type: none"> Security will prevail
Output 3.1	<ul style="list-style-type: none"> 2 Stabilization centers (SAM) Children under 5 de-wormed Children provided with Vitamin A supplement. PLW and children (under- 5yrs) receiving micronutrient supplementation 	<ul style="list-style-type: none"> # of SC established # of children and PLW received Vita A and micro nutrient supplementation 	<ul style="list-style-type: none"> Distribution records Facilities report 	<ul style="list-style-type: none"> Children will be reach at community level Community support
Activity 3.1.1	On-going facilities and communities screening of PLW and awareness			
Activity 3.1.2	Daily distribution of nutrition supplies, micro nutrients and vitamin A			

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 April 2014	Project end date:	30 June 2014
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Activities	Q1/2014		
	April	May	June
Activity 1 Transportation of nutrition supplies to the site	X		
Activity 2 Screening and Treatment of SAM and MAM using the [MOH] IM-SAM guidelines in all sites.	X	X	X
Activity 3 Provision of preventive services to under five (deworming, Vitamin A and Micronutrient) in all facilities.	X	X	X
Activity 4 Ongoing facility and community based screening and referrals of severe and acute cases of malnutrition	X	X	X
Activity 5 Skills training of health workers on MAM, SAM and IYCF in all facilities			X
Activity 6 Ongoing community social mobilizations and sensitizations	X	X	X
Activity 7 Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and community level.	X	X	X
Activity 8 Training of community nutrition volunteers (women peer groups, home health promoters, teachers and leaders (traditional, religious and civil servants) on prevention and control of malnutrition.	X		
Activity 9 Monitoring/supervision	X	X	X
Activity 10 Donor reporting	X	X	X
Activity 11 End of project assessment			

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