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 Standard Allocation

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 is selected counties.

Cluster Geographic Priorities for this CHF Round

- Jonglei state(all counties)
- Upper Nile state (especially in Malakal, Melut, Nasir, Ulang, Baliet, Maban)
- Unity State (counties covering Pentiu, Panyjar, Koch, Mayom, Abiemnhom, Mayendit)
- Lakes (Awerial)
- Central Equatoria (Juba and surrounding)
- Warrap (Twic, Tonj East, Tonj north)
- Abyei area

SECTION II

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

Requesting Organization
Save the Children International

Project CAP Code	**CAP Gender Code**
SSD-14/H/60743	2a

CAP Project Title
Integrated community based nutrition response for internally displaced, conflict affected and vulnerable host communities in South Sudan

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

State	**%**	*County/ies (include payam when possible)*
Jonglei	50	*Bor*
Upper Nile	50	Malakal

Total Project Budget requested in the in South Sudan CAP	US$ 2000,0000
Total funding secured for the CAP project *(to date)*	US$370,000

Funding requested from CHF for this project proposal	US$623,790

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

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

	Number of direct beneficiaries targeted in CHF Project	**Number of direct beneficiaries targeted in the CAP**
Children	24,640 Children U5(12,320 U5 boys and 12,320 girls)	Total 99760 Children 82,247(41123 U5boys and 41124 U5 girls). Other groups; 8800 Men reached through Health and Nutrition chamgaing and household activities.
PLW:	3,216 women	Women - 8713

Indirect Beneficiaries / Catchment Population (if applicable)

Jonglei – 17,500
Upper Nile – 22,700

Targeted population: Abyei conflict affected, IDPs, Returnees, Host communities, Refugees	**CHF Project Duration** (12 months max., earliest starting date will be Allocation approval date)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	Indicate number of months: Six Months (1 January – 30 June 2014)

Contact details Organization's Country Office	
Organization's Address	
Organization's Address	Save the Children in South Sudan, Hai Malakal, P O Box 170, Juba, South Sudan
Project Focal Person	*Florence Njoroge* *Florence.Njoroge@savethechildren.org*
Country Director	*Fiona McSheehy* *F.McSheehy@savethechildren.org.uk*
Finance Director	*Richard Odong* *Richard.Odong@savethechildren.org*
Monitoring & Reporting focal person	*Anne – Marie Baan* *Anne-Marie.Baan@savethechildren.org*

Contact details Organization's HQ	
Organization's Address	
Desk officer	*Name, Email, telephone*
Finance Officer	*Name, Email, telephone*

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[1]

Heavy fighting between different elements of the South Sudan armed forces broke out in Juba in the evening of 15 December, and continued until around noon on 17 December and extended to other states. According to UNOCHA, this has to date directly and indirectly affected seven out of ten states (Central Equatorial, Jonglei, Unity, Lakes, Upper Nile, Waraap and Northern Bahar el Ghazal states). Over 500 people have so far been reported killed and over 300 people admitted to Juba hospital with injuries caused by the fighting. Over 121,600 people are estimated to have been displaced. This includes around 63,000 people sheltering in UN peacekeeping bases. The total number of people displaced is likely higher, as aid agencies have very limited information about displacement outside main population centres. Figures of displacement outside UN bases have in most cases not been independently verified by humanitarian partners. While six bases are hosting large numbers of displaced, several others also have small numbers of displaced within their perimeter. A multi-sector response to people displaced in Juba is underway, and partners are scaling up efforts to also assist civilians in the bases in Bentiu, Bor and Malakal. A top priority for humanitarian agencies is to prepare to reestablish presence in areas currently inaccessible due to insecurity, and to gather more information about the needs of people displaced outside main population centres. Though the number of people killed in the clashes is unknown, thousands are likely to have lost their lives since the crisis started. Outside UN bases, there are significant concentrations of people displaced reported in Jonglei, Lakes, Warrap, and Unity states. With regard to movements outside the country, UNHCR reports that just over 100 people have crossed into Kenya, some 1,540 into Uganda and 290 into Sudan. A reported 3,100 have crossed the border to Ethiopia but it is unclear if this is related to the current crisis. Large numbers of people have been seen to leave Juba since the start of the crisis, and there have been reports of a large group of civilians congregating in Nimule on the border with Uganda.

Previous assessments revealed that Inter-communal fighting and cattle raiding incidents in Jonglei State in 2013, disrupted farming and market activities and caused a precipitous drop in households' access to adequate food. Consequently, dietary intake reduced resulting in elevated levels of malnutrition among children under 5 years and pregnant and lactating women (PLW) in Akobo and Nyirol counties. Nutrition Surveys conducted by Save the Children in April 2013 revealed GAM and SAM to be very high in both counties- Akobo-GAM 25.7%, SAM 4.8%; Nyirol-GAM 26.9%,SAM 7.1%.

The conflict had disrupted preventive activities, such as vaccination, de-worming and micronutrient supplementation. Consequently, coverage of vitamin A supplementation reduced from 46.1% to 11.4% (Nutrition Survey, 2013). The respective crude and under five mortality rates of 1.25 (95% CI: 0.83-1.87) and 2.29 (95%CI; 1.38-3.77) in Nyirol are also above the WHO emergency thresholds of 1/10,000/day and 2/10,000/day for CMR and U5MR respectively. In Nyirol 18.5% of deaths amongst children < 5 resulted from diarrhea and the nutrition survey revealed that diarrhea was a significant contributing factor to acute malnutrition ($p<0.05$) and was associated with poor drinking water quality, and poor sanitation and hygiene practices.

IYCF practices prior to the current conflict were poor. Just 41% of children in Jonglei, 47% in Upper Nile and 33% in Lakes were exclusively breastfed (South Sudan Household Survey 2010). Furthermore, throughout 2012 in Jonglei state , a very small proportion of children under 2 years of age were receiving a diet of adequate diversity. 75% of children surveyed were fed on cereals and tubers only (ANLA, 2012/13) raising the possibility of children suffering from micronutrient deficiencies at this early stage. Micronutrient deficiencies also negatively affect the absorption of the macronutrients which contributes to the persistent high malnutrition rates.

Children who are malnourished and those who are not fed appropriately are at much higher risk from the effects of emergencies. Infection and poor sanitation are much more likely to have a negative impact on malnourished children or infants who are not exclusively breastfed. Given the already high malnutrition rates and sub-optimal IYCF for the majority of children in these areas, it is critical that efforts to promote adequate IYCF as well as treat acute malnutrition are prioritised.

[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.

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 ongoing fighting in several states of South Sudan has already resulted in over 1000 deaths and 175,000 people confirmed displaced. The number of displaced people is exeped to be around 800,000 as some people are believed to be displaced in bushes and not UNMISS compounds. The displaced people have low access to food, WASH facilities, health facilities making them (especially under-five children) at to be a risk of under-nutrition.

Save the Children will use CHF funding to protect the nutrition status of young children through a Blanket Supplementary Feeding Programme (BSFP) and the establishment of Mother and Baby Friendly Spaces (MBFS) to promote protective IYCF practices. Save the Children will also conduct mass screening of acutely malnourished children and, where there is a gap in services, provide treatment for Severe Acute Malnutrition. Save the Children will support other partner on IYCF where needed and will work closely with Nutrition Cluster members including UNCEF and Ministry of Health.

SC has existing nutrition programme working in nutrition in all of the proposed states and has made a commitment to providing quality programs to support children's nutritional and health status in these areas. SC has a strong established presence in the targeted states and counties and good links with the government, local community and other agencies operating in the area.

This project has been designed to complement ongoing nutrition programs in the target counties.

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.

Proposed activities are well aligned with Cluster priorities, and will contribute to the achievement of the overall cluster objectives.
SC will lead implementation of Nutrition activites in Jonglei and Upper Nile States while at the same time supportimg other partners in the other states. Key activities will include but not be limited to the provision support for Infant and Young Child Feeding in Emergecines (IYCF-E), Blanket Supplementary Feeding (BSFP) and treatment services for children with acute malnutrition. Treatment services will be provided through an Outpatient Therapeutic Program (OTP) using RUTF. Severely acutely malnourished children with complications will be referred for inpatient care at the Stabilization Centres.

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)

1. To treat acute malnutrition through an integrated CMAM programme
2. To prevent increases in acute malnutrition through Blanket Supplementary Feeding to young children.
3. To prevent acute malnutrition through promotion of IYCF-E (infant and Young Child Feeding in Emergencies) by establishing 6 MBFS and training 12 breastfeeding counselors and 24 volunteers on IYCF

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).

Strategy - This project intends to prevent increases in mortality among crisis-affected children aged under the age of five years through treatment of acute malnutrition, BSFP and IYCF-E activities to prevent further spikes in malnutrition and mortality. The integrated management of severe acute malnutrition in children 6-59 months involves a curative approach through CMAM services, including screening and referral as well as outpatient and inpatient treatment for acute malnutrition.
The prevention of moderate and severe acute malnutrition will focus on the provision of nutrient-dense food for young children to supplement the current GFD and on skilled to support for IYCF-E through the establishment of MBFS.

Objective 1:
- *Treating SAM without complications through OTP*
- *Treating MAM cases through TSFP*
- *Stabilizing cases of SAM with medical complications through inpatient care provided at SCs*
- *Treating acute malnutrition in PLW 3216*
- *Ensure sufficient stocks of RUTF and routine medications*

Objective 2:
- *Establish MBFS for effective protection, promotion and support for IYCF-E through 6 MBFS*
- *Identify & train breastfeeding counselors IYCF, nutrition, health and hygiene promotion*
- *1:1 and group counseling on IYCF-E for 3216 PLW*

• *Provide BSFP to 12,320 children aged 6-59 months.*

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

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

Outputs SO 1;
1.1 (boys and Girls) MAM Children U5 screened, admitted and treated for MAM in TSFPs
1.2 PLW treated for MAM
1.3 (Boys and Girls)U5 treated for uncomplicated SAM in OTPs

Outputs SO 2;
2.1. 30 Mother and Baby Friendly Spaces established trained on effective protection, promotion and support for IYCF-E.
2.2. 30 peer counsellors on IYCF identified, trained and Conducting health, nutrition, hygiene education/ campaigns at the community level
2.3 children accessing BSFP support in the lean period

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	**Standard Output Indicators** (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	**Target (indicate numbers or percentages)** (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
x	1.	Children (under-5) admitted for the treatment of SAM	
•		Girls	1500
•		Boys	1500
x	2.	Quality of SAM program	
•		Overall SAM program cure rate(>75% SPHERE Standard)	> 75%
•		Overall SAM program default rate(<15% SPHERE Standard)	<15%
•		Overall SAM program cure rate(<10% SPHERE Standard)	<10%
x	3.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	
•		Girls	4660
•		Boys	4660
x	4.	Quality of MAM program	
•		Overall MAM program cure rate(>75% SPHERE Standard)	> 75%
•		Overall MAM program Default rate(<15% SPHERE Standard)	<15%
•		Overall MAM program death rate(<3% SPHERE Standard)	<3%
x		Number of women receiving iron-folate	2,894
x		No of OTP Sites	10
x	5.	Children (6-35 Months) receiving supplementary foods through BSFP,	
•		Boys	6160
•		Girls	6160

vi). Cross Cutting Issues

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

.***Gender:*** This project will address the nutritional status of pregnant and lactating women. Through community mobilization, this project will raise awareness on the importance of maternal nutrition (during pregnancy and during lactation). The project will also engage with men as the principle decision maker in the households and with women to develop simple actions that they can take to improve nutritional situation of children under 5 and pregnant and lactating mothers. Distribution at the SFPs and OTPs will be well organized so that women do not spend too long at the centres- considering the demand on their time by the households. In addition the project will support Mother to Mother Support groups as well.

Disability: 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 sensitized to prioritize physically challenged mothers/caregivers during distributions.

HIV/AIDS: While HIV/AIDS has previously not been established to be a major issue in the operation areas, SC recognizes the fact that it is an emerging public health concern and this project will put in place mechanisms to ensure that identified HIV positive beneficiaries (this will be in coordination with the Primary Health Care partners on ground) receive the requisite nutritional support. This project will work through Nutrition Volunteers to follow up with households where the head of household is chronically ill and ensure that they receive timely nutritional

support. Should the project require additional food supplies and commodities to cover the additional needs of HIV positive PLW and children under 5 years in the program, SC will liaise with WFP and UNICEF for additional supplies. Should the head of household be too ill to attend the food distribution, alternative arrangements will be sought to ensure that they receive their rations in a timely way. Further, these households will be targeted with additional soap and one-on-one counseling on the importance of practicing positive hygiene and sanitation practice. The project staff will also be trained on sensitivity when interacting with HIV positive beneficiaries to minimize stigma and discrimination. As part of the broader Health Education, the project will include HIV/AIDS awareness. HIV/AIDS will also be appropriately integrated into IYCF messaging and nutritional counseling.

Environment: This project will ensure the proper disposal of medical supplies and RUTF sachets. This project will have a strong component of hygiene and sanitation awareness raising where mothers, caregivers and the community will be encouraged to adopt positive sanitation practice that includes proper use of latrines. Mothers/caregivers will also be sensitized on proper disposal of child faeces. This will contribute to improving the quality of the environment.

DRR: The project will lay the foundation for Disaster Risk Reduction (DRR) capacity at the County levels. Given the reality that the target counties are prone to natural disasters and conflict, SC recognizes the importance of initial and coherent preparedness initiatives to support nutrition when emergencies occur. This project will therefore train County Health Department, Nutrition Focal points on DRR and assist in drawing action plans on what each County is able to do at the early onset of an emergency to minimize the impact on the nutritional status of children and pregnant and lactating mothers and prevent excess morbidity and mortality. Training of County Nutrition staff to anticipate and plan for emergencies as well as pre-position resources is geared towards supporting harmonized, concerted and timely capacities to prepare, respond to the nutritional needs of children during natural disasters and other emergencies.

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 Strategy: Save the children is currently working in all the four states proposed for this response addressing acute malnutrition through the provision of life saving care for malnourished children coupled with IYCF will be done by SCI. SC will intervene on all components of IMAM and IYCF in the targeted areas. The implementation will be in accordance with nutrition sector strategies.

Implementation Agreements: The project will be implemented in accordance with nutrition sector strategies. SCI has already a signed 2013 year project cooperation agreement (PCA) with UNICEF and One year (FLA) with (WFP) through which nutritional supplies would be obtained for the two counties Bor and Malakal. Equally important, SCI will sign MoU with the SMoH at Bor and Torit State level. Various primary data capturing tools (MOH IMSAM, DHIS, Cluster and WFP) will be used for tracking programmatic targets both for commodities.

Management and Oversight: The number of staff currently in post in SC in South Sudan has dramatically reduced in recent weeks with international and relocatable staff evacuated from field sites and a skeleton staff remaining in Juba and the field to initiate the response. Additional emergency focused staff are being deployed in the coming days in order to support the scale up of the response, including nutrition technical staff. An additional core team will support operation remotely from Nairobi, including Nutrition specialists and the staffing options will continue to be addressed over the coming weeks and months. As access allows, SC will reinstate it decentralized program management structure with Deputy Directors for Program Implementation (DDPIs) based at state level who will provide management and leadership to the field implementation team of this project, with close support from the humanitarian focused team. The DDPIs are supported by a fully-fledged programme and support structure that has technical, finance, HR and Admin and Procurement and Logistics functions. Overall programming direction and guidance will be provided by the Deputy Director for Humanitarian Response.

Procurement and Logistics Management: SC will use its documented procurement and Logistics management systems, which adheres to international principles and standards to manage this project. The Department will ensure competitive bidding processes, quality assurance, and internal capacity building for procurement of goods and services. SC procurement and Logistic management is an integral process of project cycle management. Through collaboration of Project Working Groups and the P&L Management team, a forecast of goods and services needed for this project will be determined at the design and planning phase. Also, procurement and delivery aligned to project implementation and monitoring. This approach will enable SC to ensure improved quality for better delivery of services and accountability.

Accounting and Financial Management: SC maintains a centralized financial tracking and a monitoring unit within the Juba head office. This unit will employ a globally recognized system of accounting, which has sufficient flexibility to generate reports that meet varied donor needs. A standardized chart of accounts classifies transactions to project, expense, donor, and cost centre codes. Transactions can therefore be tracked monthly for each recipient and donor using the system. SCI has in place a Finance Manual, which outlines all the financial regulations, policies, and procedures. The finance unit will ensure that there is a strong internal control for proper accountability and transparency throughout all its country programs, also in the new structure regular Internal Audit Systems will be strengthened. Devolution of finance personnel will be seated at county, state, and national level offices to ensure that policies and procedures are properly followed.

SC follows the accrual basis of accounting. This enables financial reporting to be consistently applied from period to period. Some income and expenses are recorded as an accrual when incurred (benefits and services received) and not when cash is received or paid. Computerized financial reports such as trial balance, income statement, balance sheet, aging analysis, and grant reports are produced reflecting grant-to-date (GTD), year-to-date (YTD), and ledger account balances. SCI financial and cash disbursement systems are well designed from an internal control perspective and functioning as designed. SC will safeguard against incurring any material audit findings or questions costs in the administration of this award. In addition, SC will receive technical assistance in the administration of this award from a team consisting of the Award 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].

Monitoring: Save the Children will establish participatory M&E systems that are flexible to provide the information needed at each stage of the project to determine whether the response is being implemented as planned. An M&E Operations Plan and Output Tracker will be prepared at the project start to provide the mechanics of tracking output indicator progress and beneficiary reach. This will provide the information needed at each stage of the project to determine whether the response has been implemented as planned, what problems/ risks need to be resolved, what expected or unexpected impacts have occurred, and what lessons can be learned for the selection and design of future projects

Training of programme staff and volunteers to ensure they have necessary technical skills in their thematic areas, in addition continuous capacity and attitude improvement to implement result based, participatory and accountable emergency programmes.

Reporting: Narrative reports providing information on the implementation progress and highlighting achievements, challenges and constraints will be compiled and shared with UNDP on a quarterly basis. The reports are a part of the accountability process of SC to stakeholders, partners, children and the donor. There will be three levels of reporting.

- Quarterly reporting – Internal project activity reports will be prepared on the basis of monitoring reports and finance reports will be based on monthly Budget Variance Analyses. This will form the basis for review and re-planning of project activities.
- Completion report to UNDP: 30 days after end of the project, a final narrative and financial (audited) reports will be.
- Reports to the CHF and the Nutrition cluster

Accountability: SC will work to ensure that principles of accountability are mainstreamed throughout our programme design, implementation and M&E work; as well through specific accountability activities to improve our information sharing and transparency, beneficiary participation and our ability to receive and respond to feedback and complaints from children, communities and partners. An appropriate, safe and inclusive community based feedback and complaints handling mechanism will be established and implemented to provide platforms for beneficiary's active involvement in project and avenues to voice any issues or concerns about the project.

Learning: An integral part of this project delivery will be Learning and Continuous Improvement. Nutrition and MEAL staff shall ensure there is proper documentation of learning and good practices in the learning database as well as ensuring that these and previous evaluation learning are continuously used for project improvement.

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)
ECHO 2013/2014	370,000
UNICEF Goods in Kind	
Pledges for the CAP project	

[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.

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/H/60743	**Project title: Integrated community based nutrition response for internally displaced, conflict affected and vulnerable host communities in South Sudan**	**Organisation: Save the Children International**

Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
Goal/Impact (cluster priorities)	*What are the Cluster Priority activities for this CHF funding round this project is contributing to?* To reduce morbidity and mortality due to acute malnutrition in vulnerable populations in 2014-2016	*What are the key indicators related to the achievement of* *Level of GAM and mortality in south Sudan*	a). CMAM database b). IYCF database c). Programme records d). Nutrition cluster meeting minutes	a). SMART survey. b). Monthly MRP reports. c). SQUAEC survey. d). Nutrition cluster meeting minutes
	1) 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.	1.1). # children of 6-59 months and PLWs screened for malnutrition, referred and followed up for appropriate care 1.2). # children under five years' treated in OTP 1.3). # children treated in SCs 1		
	2). Prevention of acute malnutrition in the vulnerable population: During lean seasons, supplementary foods to (BSFP) to boys and girls aged 6-59 months. Promotion of optimal infant and young child feeding in emergencies.	2.1). # MBFS established 2.2). # PLW receiving 1:1 counselling for IYCF 2.3) # children receiving BSFP		

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	3). Provision and strengthening of state-level coordination aimed at improving intervention outcomes: Investing in the skills to conduct rapid assessments, improve IYCF-E programming and to conduct nutrition surveys to determine the prevalence of malnutrition in selected counties.	3.1) 6 state level Nutrition cluster meeting attended in course of the project period 3.2) 6 county level coordination meetings attended.		
CH F project Objective	*What is the result the project will contribute to by the end of this CHF funded project?* 1. To treat acute malnutrition through an integrated and community-based approaches in SC, OTP and TSFP for SAM complicated SAM (300), Uncomplicated SAM(3000, MAM U5 (9320) , PLW (3216) and other vulnerable groups.	*What indicators will be used to measure whether the CHF Project Objective are achieved?* *No of Boys and girls u5 years treated for SAM(SC and OTP)* *No of Boys and Girls u5 years treated for MAM* *No of PLW treated for MAM* *No of Nutrition Sites for SC,OTP,MAM* *No of children Screened.*	*What sources of information will be collected/already exist to measure this indicator?* *Monthly reports on 4.1* *Site TALLY Sheets* *Treatment Cards* *Screening records and reports*	*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?* *No emergency health outbreaks* *No mass population displacement and movement away from sites.* *No pipeline break*
	2. To prevent acute malnutrition though infant and young child feeding promotion by establishing 6 MBFS , training 24 staff on support for IYCF practices,	*No of children receiving Vit A supplementation* *No of PLW receiving iron-folate* *No of children 6-35 months supported through BSFP* *No of MTMSG active* *No of Health workers trained*	*Monthly reports on 4.1* *Site TALLY Sheets* *Treatment Cards* *Screening records and reports* *Training reports* *MTMSG records*	*No emergency health outbreaks* *No mass population displacement and movement.* *No pipeline break*

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome	*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?* 1. Quality treatment for IMAM is provided 2. Children and PLW prevented from Acute Malnutrition and Undernourished U5s have good access to IMAM treatment, improved Infant care practices 3. Improved nutrition Monitoring and response capacity	*What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?* SAM treatment achieves SPHERE standards (<10% death, >75% recovered and <15% defaulted) MAM treatment achieves SPHERE standard (<3% death, >75% recovery and <15% default rates) Access to therapeutic care for undernourished u5s is at SPHERE standards (>50% in rural areas) Percentage of targeted caregivers practicing exclusive breastfeeding at 6 months (50%) **No of SMART Survey**	*What are the sources of information collected for these indicators?* Treatment cards and Site/facility monthly reports DHIS report Coverage Survey reports Groups records	*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?* • No emergency health outbreaks • No large population movements or displacement • Natural disasters (e.g. flooding) do not take place

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	*List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.* Improved access to quality OTP and SFP services among children 6-59 months and PLWs.	*What are the indicator(s) to measure whether and to what extent the project achieves the output?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* *1.1) #/% of identified acutely malnourished children 6-59m and PLW that are referred to the appropriate CMAM service (SC, OTP & TSFP)* *1.2) #/% of children 6-59m and PLW referred who are admitted to the appropriate CMAM service (SC, OTP & TSFP)* *1.3) Number of Children (under-5) admitted for the treatment of SAM* *1.4) Number of Stabilization Centres providing standard services* *1.5) Number of OTP sites providing standard services* *1.6) Number of Children (under-5) and PLWs admitted for the treatment of Moderate Acute Malnutrition (MAM)* *1.7) Exit indicators for severe acute malnutrition reach or exceed SPHERE standards* *1.8) Exit indicators for moderate acute malnutrition reach or exceed SPHERE standards*	a) Nutrition monthly, quarterly and annual reports. b). Coverage survey reports c). Community Nutrition reports of referrals. d). Monthly DHIS reports. e). Nutrition data from Centres/Health facilities.	*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?* *) Community willingness to participate in program activities.* *ii) Availability of supplies.* *iii) Health Facility staff are committed and willing to provide quality nutrition services.*
Activity 1.1	24640 (boys and Girls) Children U5 screened,			
Activity 1.1	9320 boys and girls admitted and treated of MAM in TSFP			
Activity 1.2	3216 (women) PLW admitted and treated of MAM in TSFPs			
Activity 1.3	3000(Boys and Girls)U5 treated for SAM in OTPs			
Activity 1.4	250 (Boys and Girls)U5 admitted and treated of Complicated SAM in stabilization centres			
Output 2	Improved knowledge and awareness on nutrition, Infant and young child feeding, hygiene and sanitation best practices	2.1) 6 MBFS established. 2.2) 24 breastfeeding counselors trained 2.3) number of PLW using the MBFS 2.3) no of children accessing BSFP. 2.5) % of children 0 – 5 months are exclusively breastfed 2.6) % of caregivers washing hands at 2 critical times.	IYCF session reports. SMART Survey	Security situation remains and allow to conduct the community mobilization sessions. Rainy season- may affect access to health facilities

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 2.1	5788 children U5 supplemented with micronutrient sand de wormed,		
Activity 2.2	2894 PLW receive iron-folate supplementation.		
Activity 2.3	6 MBFS established		
Activity 2.4	24 IYCF counsellors trained		
Activity 2.5	1800 children 6-23 months are supported with BSFP		

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:	**1st Jan 2014**	**Project end date:**	**30th June 2014**

Activities	**Q1/2014**			**Q2/2014**			**Q3/2014**			**Q4/2014**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1 Train 350 CNV and 20 CNW & 20 HF staff on Systematic GMP for U5 at PHCU/C, Community screening & referral.	x	x	X									
Activity 2 Train 120 traditional health practitioners (herbalist i.e. those using complementary alternative medicine) on correct identification of malnutrition cases, timely referral, promotion of exclusive BF & appropriate IYCF practices.	x	x	X									
Activity 3 Treating SAM and MAM cases through the SC, OTP, SFP at community and facility level; Buffer stocks for the SC, OTP, SFP and other vulnerable groups.	X	x	X	x	x	x						
Activity 4 Manage the SC, OTP & SFPs in Bor and Malakal	x	x	x	x	x	X						
Activity 5 Complement the SC/OTP/SFP with routine medicine and medical equipment.	x	x	x	x	x	X						
Activity 6 Train 50 SCI, local partners and SMOH/CHD HWs on IMAM in line with national guidelines, CMAM, hygiene and food security initiatives for improved HH diets.			X									
Activity 7 Conduct joint quarterly support supervision visits by CHD and SCI.			x			X						
Activity 8 Strengthen existing M2MSGs for effective protection, promotion and support for IYCF; form 28 new groups in the project period.	x	x	x	x	x	X						
Activity 9 Identify & train M2MSG facilitators on IYCF, nutrition, hygiene education/campaigns at the community level with emphasis on maternal nutrition to promote positive IYCF practices.	x	x	X									
Activity 10 Micronutrient supplementation and de-worming to children U5 and PLW.	x	x	x	x	x	X						
Activity 11 Provide 20,303 BSFP to children aged 6-35 months.			x	x	x	x						
Activity 12 Linkage with FSL to establish vegetable gardens to enhance diet diversification through FFA			x	x	x	X						
Activity 13 Establish/train the CHD/SMOH nutrition officers/focal points to strengthen their ability to coordinate, plan, budget, monitor, supervise; resource mobilization			x	x	X							
Activity 15 CHD/State level monthly nutrition cluster coordination/consultative meetings	x	x	x	x	x	X						
Activity 16 Train partners on nutrition emergency response, SQUEAC, SMART methodologies		x	x	X								
Activity 17 Conduct SMART, SQUEAC surveys, rapid assessments				X								

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