

## South Sudan 2014 CHF Standard Allocation Project Proposal

*for CHF funding against Consolidated Appeal 2014*

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

**SECTION I:**

| CAP Cluster   | Nutrition  |
|---|--|
| <b>CHF Cluster Priorities for 2014 First Round Standard Allocation</b>  |  |
| <b>Cluster Priority Activities for this CHF Round</b><br><b>(i) Management of Acute malnutrition</b><br>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<br><b>(ii) Prevention of Acute Malnutrition</b><br>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.<br><b>(iii) Provision of Emergency preparedness and response services</b><br>Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition is selected counties. | <b>Cluster Geographic Priorities for this CHF Round</b><br>1) Jonglei (all counties)<br>2) Upper Nile (Maban, Nasir, Ulang, Baliet)<br>3) Unity (Panyjar, Koch, Mayom, Abiemnhom, Mayendit)<br>4) NBeG (all counties)<br>5) Warrap (all counties)<br>6) Eastern Equatoria (Kapoeta East, Kapoeta North)<br>7) WBeG (Raga, Wau, Jur River)<br>8) Abyei area |

**SECTION II**

| Project details  |   |   |
|--|---|---|
| The sections from this point onwards are to be filled by the organization requesting CHF funding.  |   |   |
| <b>Requesting Organization</b>   |   |   |
| TEARFUND   |   |   |
| <b>Project CAP Code</b>  | <b>CAP Gender Code</b>  |   |
| SSD-14/H/60572   | 2a  |   |
| <b>CAP Project Title</b> <i>(please write exact name as in the CAP)</i>  |   |   |
| "Provision of life-saving nutrition services to the vulnerable populations of Uror County, Jonglei State"  |   |   |
| "  |   |   |
| <b>Total Project Budget requested in the in South Sudan CAP</b>  | US\$1,838,443   |   |
| <b>Total funding secured for the CAP project (to date)</b>   | US\$ 459,611  |   |
| <b>Direct Beneficiaries</b> <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>                                |   |   |
|  | <b>Number of direct beneficiaries targeted in CHF Project</b> | <b>Number of direct beneficiaries targeted in the CAP</b>             |
| Women:   | 15,484  | 15,485  |
| Girls:   | 19,510  | 18,968  |
| Men:   | 774   | 1,640   |
| Boys:  | 21,135  | 19,742  |
| <b>Total:</b>  | <b>56,903</b>   | <b>55,865</b>   |
| <b>Targeted population:</b><br>Abyei conflict affected, IDPs, Returnees, Host communities, Refugees  |   |   |
| <b>Implementing Partner/s</b> <i>(Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)</i>   |   |   |
| N/A  |   |   |
| <b>Contact details Organization's Country Office</b>   |   |   |
| Organization's   | Tearfund, ECS Compound, Hai Malakal, PO                       |   |
| <b>Project Location(s)</b> - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State  |   |   |
| <b>State</b>   | <b>%</b>  | <b>County/ies</b> <i>(include payam when possible)</i>                |
| Jonglei  | 100   | Uror County- Motot, Pieri, Pulchuol, Pathai, Weckol and Padiek Payams |
|  |   |   |
|  |   |   |
|  |   |   |
| <b>Funding requested from CHF for this project proposal</b>  |   | US\$ 375,000  |
| <b>Are some activities in this project proposal co-funded (including in-kind)?</b> 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> |   |   |
| <b>Indirect Beneficiaries / Catchment Population (if applicable)</b>   |   |   |
| 193,552  |   |   |
| <b>CHF Project Duration</b> <i>(12 months max., earliest starting date will be Allocation approval date)</i>   |   |   |
| Indicate number of months:   |   |   |
| <b>12 Months (1 January - 31 December 2014)</b>  |   |   |
| <b>Contact details Organization's HQ</b>   |   |   |
| Organization's Address   | 100 Church Road, Teddington, UK TW11 8QE                      |   |

|                                     |   |
|-------------------------------------|---|
| Address                             | Box 94, Juba, South Sudan   |
| Project Focal Person                | Name: Kathleen Rutledge<br>Email: <a href="mailto:southsudan-dcd@tearfund.org">southsudan-dcd@tearfund.org</a><br>Telephone: +211 921390434           |
| Country Director                    | Name: Selwyn Swamidoss<br>Email: <a href="mailto:southsudan-pd@tearfund.org">southsudan-pd@tearfund.org</a><br>Telephone (+211) 913568331             |
| Finance Officer                     | Name: James Mlagha<br>Email: <a href="mailto:southsudan-fm@tearfund.org">southsudan-fm@tearfund.org</a><br>Telephone (+211) 928165254                 |
| Monitoring & Reporting focal person | Name: George Kirimi<br>Email <a href="mailto:southsudan-nutadvisor@tearfund.org">southsudan-nutadvisor@tearfund.org</a><br>Telephone (+211) 912438184 |

|                 |   |
|-----------------|---|
| Desk officer    | Claudia Pushner<br>Email: <a href="mailto:Claudia.pushner@tearfund.org">Claudia.pushner@tearfund.org</a><br>Telephone: +44 2089437761 |
| Finance Officer | Nick Roberts<br>Email: <a href="mailto:Nick.Roberts@tearfund.org">Nick.Roberts@tearfund.org</a><br>Telephone: +44 2089437819          |
|                 |   |
|                 |   |

### A. Humanitarian Context Analysis

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

**Current Situation:** As per the most recent security reports (UN OCHA), Uror county lies in the heart of violence and conflict near Waat, Papendier, Akobo. Conflict reaches to Werkok (6000 IDPs), Awerial (76,000 IDPs) and Bor. The IDP displacement seems to move from the north of Uror county down south to Bor, with many people still in remote locations unable to access services and support.

Uror County is the largest county in Jonglei State and has the highest concentration of women, children and men who are food insecure. Of those deemed to be severely or moderately food insecure in Jonglei – 64.4% live in Uror County (Source: ANA March 2013). Thus, 152,049 (78.6%) of Uror's population of 193,552 are food insecure, with limited ability to absorb shocks.

The long-standing fighting, however, between the Lou Nuer of Uror County and the Murle tribe in neighboring Pibor County over cattle and natural resources is devolving into ethnically driven armed attacks on women and children. The attacks are growing in scale and frequency, with more than 23,000 people displaced on both sides since June 2013.

Uror County also faces cyclical drought and flooding. Crop losses from 2012 flooding led to minimal harvests, resulting in severe food insecurity in early 2013. A pre-harvest SMART survey in May 2013 found that 72.3% of persons had experienced some kind of shock; coping mechanisms included restriction of adult meals (32.4%), reduced number of meals (22%) and reduced portions (18%). The survey also showed that GAM remained high at 27.3% (95% C.I.: 22.5 – 32.6) with a SAM rate of 8.1 % (95% C.I.: 5.6 – 11.6). This represents nearly a 50% increase in GAM from May 2012.

This dire situation has now been exacerbated by the recent conflict.

### 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.

**Update:** As nutrition cluster lead in Uror county, Tearfund (apart from MSF in Yuai town) is the only agency involved in nutrition in the county. Tearfund's extensive outreach activities cover all payams. Since Tearfund was operational in the area before the conflict, Tearfund is perfectly positioned to return and launch operations as soon as possible.

The increased violence, predominantly in Jonglei, exacerbates the situation and an acute malnutrition emergency is projected for 2014 among a population that cannot absorb the shock – with 78.6% of the population either moderately or severely insecure.

The new violence adds to the widespread crop losses from the 2012 flooding resulting in displacements and an acute malnutrition spike in 2013. A rapid MUAC assessment (Feb 13) amongst the IDPs in Pathai revealed a GAM rate of 37.4% and a SAM rate of 12.2%. Tearfund's SMART survey (May 13) for all of Uror county, revealed GAM rates of 27.3% and SAM rates of 8.1%. *This rate is the highest GAM rate ever witnessed in the County, based on comparisons with TF's measured GAM in the last 5 years (SMART surveys).* This is being supported by Tearfund's admissions in OTP 1,053 (January to June 13) compared to 694 for the same period in 2012. With many unable to replant in 2013 planting season, harvest yields are again projected to be poor.

Tearfund has worked in Uror County for 10 years, is the largest agency in the County and covers all payams. Tearfund operates 6 static feeding centres (OTP and SFP) and two mobile outreaches reaching around 193,000 people. Tearfund feeding centres are positioned along the line of displacement. In light of the current situation, Tearfund will increase coverage with 9 static centres reaching 63,928 children under five and PLWs. Nutrition programming is nearly \$2 million USD annually; supported by CHF, ECHO, WFP and UNICEF. Additional nutrition funding is being sought from these partners.

### 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.

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

**(i) Integrated management of acute malnutrition:**

- The project is planning to scale up response across Uror County by upgrading the current outreach feeding centers to static feeding centers and setting up a new feeding center in a location which is underserved by the current program.
- Treatment of MAM and SAM in children under 5 through the provision of services in 9 TSFP and 8 OTP sites alongside TSFP for PLW in all the 9 feeding centres. Children admitted in the programme will receive routine medication according to WHO IMSAM guideline. Due to low immunity in SAM children, all OTP children will be given routine antibiotic (Amoxyl) to prevent bacterial infection and enhance recovery.
- For children with SAM with complications, a referral pathway is in place to ensure that they are attended and their conditions are stabilized in MSF-H PHCC in Lankien. Transport and short term living subsidy will be provided to caretakers to ensure that their welfare and that of their children is taken care of while undergoing treatment in the PHCC. Children presenting with minor ailments will be attended at the PHCU clinics (under CARE and CHD) just adjacent to feeding centres. ANC and PNC services including Immunization services are available in CARE clinics, Mothers will be encouraged to go for these services and take their children for immunization.

**(ii) Prevention of Acute Malnutrition**

- Tearfund will support NPA in implementing Blanket supplementary feeding (BSFP) to all the children aged 6-36 months in the county through sensitization during community screening and community education sessions. Information on the BSFP services will be shared to beneficiaries during training sessions. Currently NPA is mandated by WFP to undertake BSFP implementation in Uror County. By ensuring that during the hunger gap children (6-36M) get the additional nutrients through the blanket feeding their nutrition status will be boosted and the risk of developing severe malnutrition will be minimal hence good growth.
- IYCF activities will target mothers of all newborns with support for early initiation of exclusive breastfeeding in accordance with SPHERE that breastfeeding mothers have access to breastfeeding counselling and support
- Nutrition staff, CNV's and breastfeeding mothers will be trained on IYCF component and child care. Men will also be encouraged to attend the training so that they understand the IYCF concept and be able to support their wives during Pregnancy & lactating period.
- Breastfeeding support groups will be formed and trainings for IYCF channelled through them to the community
- Pregnant and Lactating Women (PLWs) will be provided with micronutrients supplements, including Vitamin A, Ferrous Sulphate and Folate. This will ensure that they are health and their babies will be health during delivery.

**(iii) Provision of Emergency preparedness and response services**

- Tearfund will invest in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition in selected counties.
- Nutrition health workers will be trained on rapid MUAC screening and prepared ready to conduct rapid MUAC assessments wherever returnee or IDP number more than 500 in all project areas. Projections and sourcing for the program supplies will be done early during the dry season through WFP, UNICEF and project procurement systems. The supplies including food for beneficiaries will be delivered to the field before the rainy season starts and propositioning to the distribution centers will be done before the roads becomes inaccessible. Documented systems are in place for remote management during insecurity, and referral guidelines for emergency SAM cases are in place.
- Tearfund will procure 3 months emergency buffer stock (food supplies for MAM and SAM) and deliver to the field ready for any unanticipated pipeline breakdown. Stock records will be maintained to monitor supply stock outs with proper analysis to prevent future occurrences.

**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)

The primary objective of the project is to reduce mortality and morbidity from malnutrition among highly vulnerable groups, including children under five and pregnant and lactating women through an integrated nutrition management approach, prevention of acute malnutrition, capacity building and emergency preparedness.

By the end of December 2014, Tearfund will have reached 56,129 children under five and PLWs through screening, micronutrient supplementation, deworming, IYCF trainings, referrals and OTP and SFP programming, through nutrition services in 9 static feeding centers across the County.

In the pre-harvest SMART survey conducted by Tearfund in May 2013, GAM rates of 27.3% and SAM rates of 8.1% were observed. This rate is the highest GAM rate ever witnessed in the County, based on comparisons with TF's measured GAM of 18.9% in the last 5 years (SMART surveys)

Among the services provided to the wider County, the nutrition programme will focus on Bomas in the County identified to have the highest rates of malnutrition, with further data to come in the December 2013 SMART survey. The work will also be integrated with WASH and food security interventions in those same areas.

Overall, the nutrition programme will measure progress toward targets as follows:

- The proportion of exits from therapeutic care who have died is <10%, recovered is > 75%, and defaulted is <15% in line with SPHERE standards.
- The proportion of exits from the under-five targeted supplementary feeding programme for moderate acute malnutrition who have died is <3%, recovered is >75% and defaulted is <15% in line with SPHERE standards.
- 100% children identified to have SAM with complications are referred, with transport and short-term living costs subsidized, and are treated in PHCUs, PHCCs or other secondary health facilities; Projected Target: 24
- Proportion of children 0-6 months of age who are fed exclusively with breast milk; Baseline 56.3%; Target 60%.

### 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).

Through this project, Tearfund will continue to implement a nutrition strategy in line with current WHO, UNICEF and GoSS MOH recommendations and practice. Tearfund, in coordination with CARE and the CHD – who operate the health care services in Urur County - will continue to lead OTP and TSFP programmes in six payams and will expand these efforts to upgrade two mobile feeding centers to become static centres. An additional site will be added in a location where there remains limited nutrition coverage. From January 2014 to December 2014 Tearfund will:

#### **Integrated Management**

**Activity 1.1.1: Treat MAM and SAM in children under 5 through the provision of TSFP and OTP.** *Direct beneficiaries OTP 2,633 (1,378 Boys & 1,263 Girls. TSFP beneficiaries Total: 5,462 (Boys: 2,840 & girls 2,622)*

- All children with MUAC of less than 11.5cms or with low grade Oedema will be admitted into the OTP program. Children with Z-Score of  $\leq 3SD$  will also be admitted into the OTP program. On admission they will be given routine medication according to WHO IMSAM protocol, thereafter weekly monitoring and follow-up with provision of weekly Plumpy nuts and weekly measurement to evaluate improvement. Children who attain a weight gain of 15% will be discharged to TSFP.
- All children with a MUAC of 11.5 cm – 12.5 cm and without oedema will be admitted into the TSFP programme. Children discharged from OTP into the SFP will remain in the programme for one month, after which time they are discharged home. If children were admitted using Z score, they will be discharged from OTP when the Z score is more than -3 SD or if they achieve a weight gain of 15%. Following being discharged to home – follow-up visits are conducted by the extension workers and the child's weight gain is checked through weekly follow-ups at the feeding center. If a child has not gained weight for two subsequent visits, the child will be earmarked for intensive home visit support and possibly additional TSFP support.

**Activity 1.1.2: Deliver TSFP for Pregnant and lactating women with MUAC of less than 23cms alongside OTP and TSFP for children under 5 years.** *Direct beneficiaries: 2,168*

- To prevent chronic malnutrition due to lack of adequate dietary intake during pregnancy, all pregnant and lactating mothers with a MUAC of less than 23cms will be admitted in TSFP.
- All Pregnant women will be given Ferrous sulphate/Folate to boost their blood cell count and prevent anaemia. Anaemia is a major cause of intra uterine underdevelopment and low birth weight.
- Anaemia can be addressed by educating the mothers on the importance of ANC and PNC care. Tearfund will facilitate referral pathways to available PNC and ANC clinics and improve defaulter and non-responder rates. Tearfund will work closely with CHD and other Health implementing partners to develop and strengthen a referral system for ANC, Post natal care and immunization for both ANC and children of post natal mothers. There are limited ANC and PNC services available in the County, however the project will seek to support the increased utilisation of the services that exist.
- Mothers will be discharged from the program when they achieve a MUAC of more than 23Cms or their children reach the age of 6 months.
- All pregnant and lactating women in the programme will be targeted for IYCF education as they are the immediate caretakers of infants and children with malnutrition or at risk of malnutrition.

**Activity 1.1.3: 2 Static feeding centers and 1 new feeding center in Weckol for management of MAM and SAM cases**

- Two outreach centres (Modit and Karam) will be upgraded to static feeding centres with permanent staff stationed in the three centres for monitoring and follow-up of children enrolled in the feeding program.

- A new feeding centre will be established in Weckol to maximize the program coverage and reach to a segment of the population which is not currently served by the existing feeding centres.

**Activity 1.1.4: 24 Referrals for Secondary Care for all SAM children with complications** *Direct Beneficiaries; 24 (14 boys & 10 Girls)*

- Severely malnourished children with complications will be referred to the MSF-H PHCC (inpatient care) for specialized management.
- Tearfund will provide the transport directly using Tearfund vehicles and/or emergency charter as conditions allow. A daily living subsidy is provided for the child and the caretaker to cover costs of food or other needs.
- Once their condition has stabilized they will be transferred back to the OTP center to complete their treatment.
- Tearfund nutrition staff send the child to the PHCC with a card that is then to be returned by to Tearfund following discharge of the child from the PHCC. Nutrition program staff will follow the progress of the cases and facilitate the admission of the child into the OTP programme.
- Tearfund, CARE and MSF will meet on a regular basis to review referrals and outcomes.
- Children with minor ailments not requiring inpatient care will be referred and treated at the PHCU.

**Prevention**

**Activity 2.1.1: 100% of children under five years, pregnant and Lactating Women in the County will be screened for malnutrition using MUAC with referral to TSFP and OTP as necessary.** *Direct Beneficiaries 56,129 (21,135 Boys, 19,510 Girls and PLWs 15,484)*

- All children under 5 years, pregnant and lactating women in Uror County will be screened at the community by Tearfund's 41 nutrition extension workers and other Community Nutrition Volunteers (CNV's).
- CNVs: Each village will be encouraged to nominate a volunteer who will be trained on identifying malnutrition using MUAC tape and referral to appropriate feeding program. The Volunteers will oversee the health and nutrition aspect in their communities. This will improve the program coverage and acceptance by the community and enhance community ownership.
- The screening target represents 1,369 screenings by each of the 41 community extension workers and is aligned with current screening capacities.

**Activity 2.1.2: 100% children aged 6-59 months will receive Vitamin A supplements. Children aged 12-59 months will receive de-worming tablets.** *Direct beneficiaries: Vita A 32,515 (Boys 16,908 & Girls 15,607) Deworming 26,012 (boys 13,526 and Boys 12,486)*

- All children screened will receive de-worming medication and micronutrient supplements if they have not received them in the previous six months and others will be referred for measles vaccinations in accordance with SPHERE standards.
- In addition to micronutrients supplements, children admitted in OTP will be given Antibiotic (Amoxyl) as a routine medication to prevent infection since malnourished children are prone to infection due to their weakened immunity.

**Activity 2.1.2: All PLW's admitted in TSFP will be given micronutrients inform of ferrous sulphate/folate to prevent anaemia** *(Total 2,168 women)*

- Pregnant and Lactating Women (PLWs) will be provided with micronutrients supplements, including Vitamin A, Ferrous Sulphate and Folate, and fortified blended food (CSB) to improve their nutritional status.
- All PLWs who are enrolled in the feeding programme will be given iron and folate to prevent anaemia.

**Activity 2.1.3: IYCF activities will target mothers of all newborns with support for early initiation of exclusive breastfeeding in accordance with SPHERE that breastfeeding mothers have access to breastfeeding counselling and support.** *(8,095 caretakers for children <5 & PLW's )(7,742 PLWs and 774 men – 10% men attending the training)*

- Trainings will be held at the feeding centre sites for caretakers bringing children enrolled in the feeding programs. Participating PLWs will also attend.
- Trainings will include IYCF, preparation of high density nutritious food using locally available foods including demonstrations, infant care including complementary feeding.
- Breastfeeding support groups will be formed and trainings for IYCF channeled through them to the community.
- IEC materials (t-shirts) focusing on malnutrition prevention and treatment (Nutrition and IYCF) messages in the local language will distributed at feeding sites.
- Related to this, each village will be encouraged to nominate a volunteer (Community Nutrition Volunteer) who will be overseeing the health and nutrition aspect in the community. They will be trained on Basic nutrition including IYCF, MUAC screening and referring malnourished children to the appropriate feeding program. The volunteers will be supported with trainings and motivated with IEC materials. On job training will support Nutrition Community Volunteers to recognise, screen and appropriately refer cases of malnutrition.



## Assessment

### Activity 3.1.1: 2 SMART nutrition survey pre and post-harvest in coordinating with SMOH / CHD and Cluster

Tearfund will Conduct pre and Post-harvest SMART surveys (April/May and November/December respectively) targeting children 6-59 months across the County, in line with nutrition cluster standards and timings. The survey will be conducted internally by Tearfund staff in full coordination with the CHD and SMOH. The results of the survey will be sent to the Cluster for verification and will be disseminated to the Cluster, NGOs, and UN agencies including WFP, local authorities and donors operating in South Sudan. The information will also be relevant for advocacy if further interventions are necessary to address underlying food insecurity or nutrition issues in the community.

### Activity 3.1.2: 1 SQUEAC coverage survey

Tearfund will conduct one SQUEAC coverage survey in April-May to determine the program coverage and identify gaps in the programming and inform the program on areas of improvement. The assessment will be followed by subsequent coverage monitoring throughout the project implementation period.

## Capacity Building

### Activity 4.1.1: 91 Staff trained on IM-SAM and MAM guidelines (Direct beneficiaries 91 staff: 45male and 46 Female)

Staff will be trained on IMSAM and MAM protocols and implementation in management of malnutrition. New staff will undergo a comprehensive 2 week training and subsequent refresher together with the current extension workers. CHD nutrition department staff will also be trained on both guidelines. On the job training will continue throughout the programme to support staff to strengthen skills and capacities of team members

Nutrition staff who are involved in program management and implementation will be trained on SQUEAC Coverage assessment. This training will be followed by coverage survey to determine the nutrition program coverage in the county. All nutrition extension workers and supervisors will be internally trained on IM-SAM and CMAM protocols using the MoH guidelines, with training done by the nutrition manager. Tearfund will specifically train all CHD staff in the nutrition department in all the Payams on CMAM and IM-SAM so that they will be able to fully integrate nutrition services in their PHCUs. In house training will support newly recruited Nutrition extension workers to recognise, screen and appropriately refer cases of malnutrition, and administer appropriate micronutrients (deworming and vitamin A).

### Activity 4.1.2: Coordination With Cluster, Government and Stakeholders – Quarterly State Meetings and Monthly Reports (NON CHF FUNDED)

Tearfund will attend Juba nutrition cluster meetings. State cluster meetings in Bor will also be attended quarterly, as transport conditions allow. Tearfund invites a County Health Department official likewise to join TF staff to travel to the Bor meetings, to provide linkages to decision makers and information networks at the State level. Monthly reports will be submitted to all levels and stakeholders through existing reporting mechanisms between Tearfund and the cluster. Surveillance reports will also be shared with the cluster immediately after the assessment and when necessary coordination with the stakeholders in case of large scale humanitarian needs in the communities of Uror county.

### Summary of feeding centers locations and services provided:

| County | Name of the feeding site   | Services provided |                   |                   |      |
|--------|--|-------------------|-------------------|-------------------|------|
|        |  | S/C               | OTP               | TSFP              | BSFP |
| Uror   | Motot Feeding Centre   |                   | X                 | X                 |      |
| Uror   | Pieri Feeding Centre   |                   | X                 | X                 |      |
| Uror   | Pulchuol Feeding Centre  |                   | X                 | X                 |      |
| Uror   | Pathai Feeding Centre  |                   | X                 | X                 |      |
| Uror   | Yuai Feeding Centre  |                   | X                 | X                 |      |
| Uror   | Padiak Feeding Centre  |                   | X                 | X                 |      |
| Uror   | Modit Outreach Feeding center<br>(To be upgraded to Static center) |                   | X                 | X                 |      |
| Uror   | Karam Outreach Feeding Center (To be<br>upgraded to Static center) |                   | X                 | X                 |      |
| Uror   | Weckol Feeding Centre (To be constructed<br>in January 2013)       |                   | Will provide<br>X | Will provide<br>X |      |

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

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

- Deaths among children under five with severe or moderate malnutrition decreased through improved access to and sustained utilization of nutrition services to children and pregnant and lactating women.
- Improved availability and utilization of nutrition services for children under five and PLWs suffering from SAM and MAM.
- Women with children enrolled in feeding centers improve child care practices including exclusive breast feeding, through education initiatives on the management and prevention of malnutrition through IYCF group formation and other education

initiatives.

- Health and nutrition workers trained (includes facility and community nutrition volunteers CNV's) in nutrition protocols including outpatient treatment of SAM protocols, treatment of MAM protocols, in IYCF and in screening referrals. Includes Extension Workers, health facility staff and CHD staff.
- Coordination with the Nutrition Cluster, the CHD and other agencies results in targeted implementation without duplication, enabling the Cluster and the government agencies to have adequate information to help monitor and respond to nutrition trends in Uror County and to work in compliance with Cluster and CHD strategy and initiatives.

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<br>(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)<br>(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.  | All children identified with SAM will be admitted and treated in OTP program.  | Boys:1,370<br>Girls: 1,263<br>Total:2,633  |
| X       | 2.  | All OTP programmes provide quality management of SAM with results in line with SPHERE standards  | The proportion of exits from therapeutic care who have died is <10%, recovered is >75% and defaulted is <15% and the proportion of exits   |
| X       | 3.  | All children identified with MAM and all children discharged from OTP will be admitted and treated in TSFP program   | Boys:2,840<br>Girls: 2,622<br>Total:5,462  |
| X       | 4.  | All TSFP programmes provide quality MAM treatment with results in line with SPHERE standards   | The proportion of exits from the supplementary feeding programme who have died is <3%, recovered is >75% and defaulted <15%.   |
| X       | 5.  | All PLW's with MUAC of less than 23cms will be admitted and treated in TSFP.   | PLW admissions<br>Total: 2,168   |
| X       | 6.  | PLW admitted in the program will be given iron and folate to prevent anaemia   | PLW given iron and folate:<br>Total: 2,168   |
| X       | 7.  | 100% of children aged 6-59 months are screened for malnutrition with MUAC at the community level.  | Boys: 21,135<br>Girls: 19,510<br>Total children: 40,645  |
|         | 8.  | Improved malnutrition prevention with supplements: children aged 6-59 months will receive Vitamin A supplementation, and children aged 12-59 months will receive de-worming tablets as per WHO guidelines during screening session at the community level. PLW admitted in the program will be given iron and folate to prevent anaemia. | <i>Vitamin A</i><br>Boys:16,908<br>Girls: 15,607<br>Total:32,515<br><i>De-worming:</i><br>Boys:13,526<br>Girls: 12,486<br>Total:26,012<br>PLW's Ferrous-folate: Total: 2,168   |
|         | 9.  | Upgrade Modit and Karam Outreach feeding centers to Static feeding centers and establish a new feeding center in Weckol for management of MAM and SAM cases  | 1 new TSFP centers established 2 outreach centers upgraded to static feeding centers<br><i>Total: 9 TSFP centers</i><br><u>Weckol</u> : Total population 22,339, children under 5 years: 4,691 and PLW: 1,787<br><u>Modit</u> : Total pop 19,932 Male:9325, Female 8607 children < 5yrs 3765<br><u>Karam</u> Total Pop 30,435 Male 15,826 Female: 14,609 children< 5yrs 6391<br>1 new OTP centers established 2 outreach centers upgraded to static feeding centers<br><i>Total: 8 OTP centers</i><br><u>Weckol</u> has a Total population of: 22,339, children under 5 years: 4,691 and PLW: 1,787<br><u>Modit</u> : Total pop 19,932 Male:9325, Female 8607 children < 5yrs 3765<br><u>Karam</u> Total Pop 30,435 Male 15,826 Female: 14,609 children< 5yrs 6391 |
| X       | 10. | Health and nutrition workers trained (includes facility and Community Nutrition Volunteers CNV's) in nutrition and IYCF protocols including screening and referrals.   | Nutrition Extension Workers, CHD and CNV's Total: 91 (45 Male & 46 Female)<br>Training in MAM and SAM protocols: 55 (45 Male and 10 Female)<br>Training in IYCF: (1632 Male and 7742 Female)   |

|   |     |  |   |
|---|-----|--|---|
|   |     |  | Training in screening and referral: 91 (45 Male and 46 Female)  |
| X | 11. | Educate pregnant and lactating mothers on exclusive breastfeeding and women groups on what constitutes a nutritious diet and how to constitute it using local products through mother to mother support group. | 30 groups of between 15-20 mothers will be formed and supported with trainings. At least 5 groups per Payam   |
| X | 12. | Conduct two SMART survey's (pre and post-harvest) in line with nutrition cluster recommendations   | 1 Pre-harvest survey April –May 2014<br>1 Post-harvest survey Nov-Dec 2014  |
| X | 13. | Conduct 1 SQUEAC survey and continuous coverage monitoring thereafter.   | 1 coverage survey April-May 2014  |
|   | 14. | Participate in cluster coordination meetings at the county, state and national level. ( <i>NON-CHF FUNDED</i> )  | Attend 12 County cluster coordination meetings (monthly)<br>Attend 6 State cluster coordination meetings<br>Attend 6 national cluster coordination meetings |

#### vi). Cross Cutting Issues

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

##### Gender:

Tearfund actively promotes gender issues and equality. Gender is one of twelve quality standards in line with the Red Cross Code of Conduct and HAP benchmarks, which Tearfund adheres to, and by which Tearfund projects are internally assessed. A Community Empowerment & Accountability Officer (CE&AO) in the field site holds responsibility for this standard ensuring that women are encouraged to take roles in the management of village committees, (e.g. WASH) with the aim that women comprise at least a third of representatives. Women are encouraged to undertake the role of nutrition surveillance in the community by volunteering to be trained to identify malnutrition through MUAC screening. Since the programme's beneficiaries are mainly comprised of women and children this ensures sustainability and ownership of the project. Tearfund endeavours to include men and women in project activities, taking into consideration the different needs and roles of each. The CE&AO will initiate focus group discussions to assess gender needs, for example on issues such as the age of marriage and child spacing, workload imbalance, and its impact on the communities' health and development. Poor child spacing links to anaemia in pregnant women and in turn malnutrition. Maternal labour directly links to child/mother contact time, feeding time and rates of malnutrition. Findings are used to impact the design of the projects and help Tearfund learn about community opinions and values enabling increased involvement of women whilst being sensitive to existing community power structures. Communities themselves are directly consulted regarding beneficiary selection criteria and all needs assessment data is disaggregated for gender, including training courses. All trainings are open to men and women. Gender considerations are also made in staffing; where possible, women are given equal opportunity for recruitment as men. Mothers are allowed all maternity leave benefits and breastfeeding access.

##### Environmental Mitigation Activity/Positive Environmental Activity

Tearfund seeks to minimize organizational impact on the environment all feeding centers have clearly demarcated waste disposal areas and feeding staff are monitored by nutrition supervisors on a daily basis to ensure waste is being correctly incinerated. Flooding in the area affects the project seasonally. Prepositioning of feeding center supplies is therefore carried out during the dry season to minimize any negative impact. Caretakers of children in the programme are encouraged to bring back Plumpy nut sachets for verification that they were used as intended, for the malnourished children, rather than sold in the market or exchanged. After the feeding session all the sachets are collected together and burnt in the incinerator at the PHCU's.

##### HIV/AIDS activities

Prevalence is low within South Sudan, but the Channels of Hope tool is being used to increase awareness and knowledge and reduce stigma of HIV. HIV is mainstreamed through all aspects of the project. Awareness sessions will include HIV and AIDS Tearfund has a clear HIV workplace policy, making staff aware of accurate information about HIV, with support provided if affected. Post Exposure Prophylaxis (PEP) kits will be procured and testing promoted.

#### 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.

Tearfund will directly implement the CHF funded nutrition project and has been **a leader in response to severe malnutrition** among children under five in Jonglei State. Tearfund is a partner in the Nutrition Cluster at the state and national level. Coordination meetings at the state and national levels will be attended quarterly. Tearfund will actively encourage government participation at local coordination meetings, as well to provide funding and logistical support for payam and county officials to attend Bor meetings on sector issues. The goal is to give local administrators the opportunity to advocate for their areas to the State government and to access the resources that may already exist. Likewise, the hope is further alignment of INGO, NGO development efforts with government objectives – including the local leadership representing their communities.

At the county level Tearfund is a chair of Inter-Agency Coordination Meeting which involves all the NGO's operating in the greater LOU region and the respective government departments. However, communication and coordinated implementation needs to be strengthened in this forum – so that all staff from managers to extension workers are communicating in order to identify problems (such as a broken borehole or potentially underserved locations), share findings and information and implement complementary plans.

In addition to direct nutrition programming, Tearfund will integrate WASH and Food Security programmes to target factors that are contributing to the perpetuation of malnutrition. These activities will focus on the locations in Uror County where children have been found to have the highest rates of malnutrition.

The WASH programme will focus on these locations, working to increase water coverage, improving sustained functioning of existing



water sources and preventing the spread of water borne illness. In addition to the need for safe water for consumption, the time taken by women collecting water from remote sources takes away critical time for them to be able to pursue food production and to care for children. Childcare practices directly relate to the child's vulnerability to malnutrition.

This action will include rehabilitation of the five non-functioning boreholes in those bomas, additional rehabilitation in surrounding areas, strengthening WUC and pump mechanic capacity to maintain water sources and PHAST programming to promote change in critical hygiene and sanitation behaviours. 13,720 women, children and men will be engaged in WASH work through this programme.

Food security will focus on core factors perpetuating malnutrition such as poor food production, limited dietary diversity and belief systems preventing change. Given the emergency context prone to displacement, the urgency of hunger in the dry season and the compounding factors related to water supply and adoption of new technologies, the programme will focus on shorter-term integrated nutrition sensitization, farming group training, provision of diversified seeds and quick impact Food for Assets projects. The education will focus on female farmers and men who are change agents in their communities, covering topics such as farming and vegetable cultivation, while also addressing underlying resistance to consumption of fruits and vegetables, beliefs about the nutrition of children and farming labour issues, such as the potential role of youth in farming.

#### viii) Monitoring and Reporting Plan

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

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

Monitoring procedures are built into all aspects of programme delivery. Weekly monitoring will be carried out at the field level using basic reporting processes which are easily understood and accessible by our local staff. Weekly reporting against programme indicators, activities and outputs carried out by Project Officers and Project Managers, who provide overarching strategic input. The monthly nutrition cluster report and internal TF reports will measure accurately the program indicators. Monthly TF nutrition narrative reports will record and document progress made verses the planned activities. Monthly nutrition reports will capture all the indicators set above to monitor program performance and areas of improvement in the design of the project.

Tearfund Nutrition program monitoring matrix will capture all program data including the performance indicators and screening at all levels. Data on screening and provision of micronutrient and de-worming tablet at the community level will be captured through daily tally sheet by the nutrition extension workers. Nutrition cluster monthly report and internal Tearfund reports will measure accurately the number of child aged 6-59 months screened for malnutrition with MUAC, given Vitamin A, and deworming tablets. OTP and TSFP admission data, cluster reporting and DHIS systems will monitor the OTP and TSFP programme quality for SPHERE standards.

This will ensure the project meets the criteria set out in the logframe and respond to the emergency needs of the community. Movement and access to programmes location will be reduced during the implementation period but the data collection procedures detailed above will ensure that monitoring of project performance continues. Additionally, pre and post SMART survey reports will monitor and assess the impact of the project on IYCF, SAM and GAM rates, measles and hand washing rates, morbidity and mortality, and the impact of the health and nutrition education on community behavior. OTP and TSFP admission data will document programme quality against SPHERE standards and inform decision making.

With regards to capacity building in order to ensure quality of services delivered, monthly HR training reports and monthly nutrition cluster reports will document the number of staff trained, including women. Monthly HR report will give an overview of areas to target in terms of staff development.

The Area Coordinator will hold responsibility for overall monitoring and submits monthly internal technical reports to the Deputy Country Director. These technical reports will be shared with the GoSS ministries who Tearfund will encourage feedback from. In addition to weekly on-going monitoring, the project will carry out two KAP surveys. This will serve as the baseline and provide data on the overall achievements of the action at the end of the project.

Tearfund submits reports on a monthly basis to the cluster and a surveillance report is submitted Cluster every time a survey is completed. The programme will conduct two anthropometry surveys in Uror County covering all the 6 payams with the pre-harvest survey conducted in April/May shortly after the beginning of the proposed action and a post-harvest survey will be conducted in November/December at the end of the project which will evaluate the final impact of the project. This survey schedule is in line with the approved nutrition cluster's standardized timings for surveys. In addition, the program will conduct one SQUEAC survey during the hunger period when malnutrition in high to access the program coverage. Continuous program coverage assessment will be on-going afterwards.

#### D. Total funding secured for the CAP project

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

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

| Source/donor and date (month, year)                                 | Amount (USD) |
|---|--------------|
| ECHO – (Jan – March 2014)   | US\$ 459,611 |
| <b>Pledges for the CAP project</b>                                  |              |
| No pledges; Proposed: ECHO – (April – December 2014 prorated share) | US\$ 974,679 |
|   |              |

### SECTION III:

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

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

| LOGICAL FRAMEWORK   |  |   |                       |
|---|--|---|-----------------------|
| CHF ref./CAP Code: <u>SSD-14/H/60572</u>  |  | Project title: <u>Provision of life-saving nutrition services to the vulnerable populations of Uror County, Jonglei State</u>   |                       |
|   |  | Organisation: <u>Tearfund</u>   |                       |
| Goal/Objectives/Outcomes/Outputs  | Indicator of progress  | Means of Verification   | Assumptions and Risks |
| <p><b>Goal/Impact (cluster priorities)</b></p> <p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i></p> <ul style="list-style-type: none"> <li>To reduce mortality and morbidity from malnutrition among highly vulnerable groups, including children under five and pregnant and lactating women through an integrated nutrition management approach, prevention of acute malnutrition, capacity building and emergency preparedness.</li> </ul> | <p><i>What are the key indicators related to the achievement of</i></p> <ul style="list-style-type: none"> <li><i>SAM coverage of more than 50%</i></li> <li><i>MAM coverage of more than 50%</i></li> </ul> | <p><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li><i>SMART Survey</i></li> <li><i>SQUEAC Coverage survey</i></li> <li><i>Feeding Centre records and Monthly reports data</i></li> </ul> |                       |

| Goal/Objectives/Outcomes/Outputs  | Indicator of progress   | Means of Verification  | Assumptions and Risks   |
|---|---|--|---|
| <p><b>CHF project Objective</b></p> <p><i>What is the result the project will contribute to by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> <li>Improved nutrition knowledge and response to nutrition emergency in Uror County and reduce mortality from malnutrition by providing quality services for the prevention of acute malnutrition and treatment of severe and moderate acute malnutrition.</li> </ul> | <p><i>What indicators will be used to measure whether the CHF Project Objective are achieved?</i></p> <ul style="list-style-type: none"> <li>Improved CMR and U5MR especially malnutrition related mortality from the current 0.77 and 1.73 deaths/10,000 people/day respectively (May 2013 pre-harvest SMART survey)</li> <li>Improved GAM and SAM prevalence rates from the current rates of 27.3% and 8.1% May 2013 pre-harvest SMART survey</li> </ul>  | <p><i>What sources of information will be collected/already exist to measure this indicator?</i></p> <ul style="list-style-type: none"> <li>SMART Survey Report</li> </ul>   | <p><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>Security remains stable to allow access for humanitarian activities</li> <li>No large scale humanitarian crisis, disaster, disease outbreak</li> <li>Access possible during rainy season</li> <li>Goods supplied before onset of rainy season.</li> <li>Rains do not start earlier than anticipated.</li> <li>Continued support from National, State, County and Payam Officials and presence of Officers in Uror</li> <li>Community acceptance of programme</li> <li>No large scale population movements</li> <li>Stability of exchange rates and prices</li> </ul> |
| <p><b>Outcome 1</b></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> <ul style="list-style-type: none"> <li>Provision of Quality SAM and MAM services and Improved Program coverage (MAM and SAM)</li> </ul>  | <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"> <li>SAM treatment achieves SPHERE standards (&lt;10% died, &gt;75% recovered and &lt;15% defaulted)</li> <li>MAM treatment achieves SPHERE standards (&lt;3% died, &gt;75% recovered and &lt;15% defaulted)</li> <li>Access to therapeutic and supplementary care for undernourished under 5years is at SPHERE standards (&gt;50%)</li> <li>Improvement in exclusive breastfeeding practices in children less than 6 months and young infant care practices. Baseline 56.3% (may 2013 SMART Survey)</li> </ul> | <p><i>What are the sources of information collected for these indicators?</i></p> <ul style="list-style-type: none"> <li>SMART Survey Report</li> <li>SQUEAC Coverage survey</li> <li>Feeding center weekly report</li> <li>Monthly Reports</li> </ul> | <p><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>Security remains calm and allows implementation of the program</li> <li>No emergency health outbreaks</li> <li>No large population movements or displacement</li> <li>On-going funding</li> <li>Natural disasters (e.g. flooding) do not take place</li> </ul>   |

| Goal/Objectives/Outcomes/Outputs   | Indicator of progress  | Means of Verification   | Assumptions and Risks   |
|--|--|---|---|
| <p><b>Output 1.1</b></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> <p><b>Integrated Management of Acute Malnutrition.</b></p> <ul style="list-style-type: none"> <li>• Decrease mortality from malnutrition due to utilization of comprehensive CMAM treatment services.</li> <li>• Increased number of OTP and SFP sites operating and case enrollment</li> <li>• MAM and SAM cases treated in OTP and TSFP</li> </ul> | <p><i>What are the indicator(s) to measure whether and to what extent the project achieves the output?<br/>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"> <li>• 100% of Children under 5 with SAM/ MAM identified, referred and enrolled in OTP and TSFP programme</li> <li>• Number of static OTP and TSFP sites operating (6 TSFP and 5 OTP feeding centres)</li> <li>• Number of new static OTP and TSFP sites (3 new OTP and SFP centers)</li> <li>• 100% children identified to have SAM with complications are referred, with transport provided, short-term living costs subsidized, and are treated in PHCUs, PHCCs or other secondary health facilities</li> <li>• At least 100% of children with suspected malaria, respiratory tract infections or diarrhoea and any other illnesses are promptly referred from the feeding program to the respective health facility</li> <li>• 100% of PLW identified with acute malnutrition are referred and treated in TSFP.</li> </ul> | <p><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>• Feeding Centre records</li> <li>• Registers</li> <li>• Monthly reports</li> </ul> | <p><i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>• Involvement, support and motivation of community leaders, as well as authorities</li> <li>• Motivation and technical know-how of CNVs and extension workers</li> <li>• Community Acceptance of programme</li> <li>• Heads of household prioritise expenses and inputs into healthcare</li> <li>• Adoption of new practices</li> <li>• Availability of Goods in Kind supplies from WFP and Unicef</li> </ul> |



| Goal/Objectives/Outcomes/Outputs | Indicator of progress  | Means of Verification | Assumptions and Risks |
|----------------------------------|--|-----------------------|-----------------------|
| <b>Activity 1.1.1</b>            | <b>Treatment of MAM and SAM in children under 5 years through the provision of TSFP and OTP services</b> <ul style="list-style-type: none"> <li>• Treat MAM and SAM in children under 5 through the provision of TSFP and OTP.</li> <li>• Ensuring proper secondary care referral pathways for all SAM children with complications.</li> <li>• Improve defaulter and non-responder rates.</li> <li>• Transport and short-term subsidies provided to children with SAM with complications.</li> </ul>   |                       |                       |
| <b>Activity 1.1.2</b>            | <b>Deliver TSFP for Pregnant and lactating women with MUAC of less than 23cms alongside OTP and TSFP for children under 5 years</b> <ul style="list-style-type: none"> <li>• All pregnant and lactating mothers with a MUAC of less than 23cms will be admitted in TSFP.</li> <li>• All Pregnant women will be given Ferrous sulphate/Folate to boost their blood cell count and prevent anaemia.</li> <li>• Facilitate referral pathways to available PNC and ANC clinics and improve defaulter and non-responder rates.</li> <li>• All pregnant and lactating women in the programme will be targeted for IYCF education as they are the immediate caretakers of infants and children with malnutrition or at risk of malnutrition.</li> </ul> |                       |                       |
| <b>Activity 1.1.3</b>            | <b>Establish 3 new Static feeding centres for management of MAM and SAM cases</b> <ul style="list-style-type: none"> <li>• Upgrading Two outreach centres (Modit and Karam) to static feeding centres with permanent staffing for monitoring and follow-up of children enrolled in the feeding program.</li> <li>• Establish a new feeding centre in Weckol to maximize the program coverage and reach to a segment of the population which is not currently served by the existing feeding centres.</li> </ul>  |                       |                       |

| Goal/Objectives/Outcomes/Outputs | Indicator of progress  | Means of Verification  | Assumptions and Risks  |   |
|----------------------------------|--|--|--|---|
| <b>Output 1.2</b>                | <b>Prevention of Malnutrition</b> <ul style="list-style-type: none"> <li>Children aged 6-59 months receive Vitamin A supplementation during community screening</li> <li>Children 12-59 months receive de-worming tablet as per WHO guidelines during community screening sessions.</li> <li>PLW and children U5 admitted in Nutrition program are provided with micronutrient supplementation</li> </ul>  | <ul style="list-style-type: none"> <li>All children aged 6-59 months are screened for malnutrition with MUAC (21,135 Boys and 19510 Girls Total:40,645)</li> <li>Improved malnutrition prevention with micronutrients supplements. All children aged 6-59 months screened for malnutrition will receive Vitamin A; (Boys 16,908, Girls 15,607: Total:32,515)</li> <li>All children aged 12-59 months will receive deworming tablets as per WHO guidelines during community screening. (Boys 13,526, Girls 12,486: Total=26,012)</li> <li>Number of PLW and children receiving micronutrient supplementation (2,168 PLW's)</li> </ul> | <ul style="list-style-type: none"> <li>Distribution reports</li> <li>Monthly nutrition reports</li> <li>Cluster monthly reports</li> </ul> | <ul style="list-style-type: none"> <li>Political and social stability</li> <li>Absence of large scale humanitarian crisis or disasters</li> <li>Normal climatic conditions</li> <li>Security in the target areas remains sufficiently stable to allow access to conduct humanitarian activities</li> <li>On-going support and willing participation of Relief and Rehabilitation Commission (RRC) counterpart, local authorities, MoH and beneficiaries</li> <li>Localized conflict or emergencies do not result in inability to remotely monitor programme</li> <li>Appropriate funding is received</li> </ul> |
| <b>Activity 1.2.1</b>            | <b>All children under five years, pregnant and Lactating Women in the County will be screened for malnutrition using MUAC with referral to TSFP and OTP as necessary</b> <ul style="list-style-type: none"> <li>All children under 5 years, pregnant and lactating women in Uror County will be screened at the community by Tearfund nutrition extension workers and other Community Nutrition Volunteers (CNV's).</li> <li>CNVs: Each village will be encouraged to nominate a volunteer who will be trained on identifying malnutrition using MUAC tape and referral to appropriate feeding program.</li> </ul> |  |  |   |
| <b>Activity 1.2.2</b>            | <b>All children aged 6-59 months will receive Vitamin A supplements and all children aged 12-59 months will receive de-worming tablets</b> <ul style="list-style-type: none"> <li>All children aged 6-59 months and 12-59 months will receive will receive Vitamin A supplements and de-worming tablets respectively at the community during screening session as per WHO protocol</li> <li>Children admitted in OTP will be given Antibiotic (Amoxyl) as a routine medication to prevent infection on admission.</li> </ul>   |  |  |   |
| <b>Activity 1.2.3</b>            | <b>All PLW's admitted in TSFP will be given micronutrients inform of ferrous sulphate/folate to prevent anaemia</b> <ul style="list-style-type: none"> <li>Administration of iron and folate to all pregnant women attending admitted in PLW program</li> </ul>  |  |  |   |

| Goal/Objectives/Outcomes/Outputs |   | Indicator of progress   | Means of Verification   | Assumptions and Risks |
|----------------------------------|---|---|---|-----------------------|
| <b>Output 1.3</b>                | <b>Conduct Nutrition Assessments in Uror County.</b> <ul style="list-style-type: none"> <li>Valid nutrition SMART Survey's conducted in the county.</li> <li>Valid SQUEAC Survey's conducted</li> <li>Valid Rapid MUAC assessments conducted.</li> <li>Active coordination with other nutrition actors</li> </ul> | <ul style="list-style-type: none"> <li>Number of SMART survey conducted (2 surveys)</li> <li>Number of SQUEAC Survey conducted. (1 Survey)</li> <li>Number of Rapid MUAC assessments conducted</li> </ul> | <ul style="list-style-type: none"> <li>SMART Survey Reports</li> <li>SQUEAC coverage Survey Reports</li> <li>Rapid MUAC Assessment Reports</li> </ul> |                       |
| <b>Activity 1.3.1</b>            | Conduct 2 SMART nutrition survey's pre and post-harvest in coordinating with SMOH / CHD and Cluster. Pre-harvest (March-May) and Post-Harvest (October-Dec 2013)  |   |   |                       |
| <b>Activity 1.3.2</b>            | Conduct 1 SQUEAC coverage survey during the Pre-harvest period  |   |   |                       |
| <b>Activity 1.3.3</b>            | Conduct Rapid MUAC assessment when there is an influx of IDP's or returnees numbering above 500 individuals in all project areas.   |   |   |                       |
| <b>Outcome 2</b>                 | <ul style="list-style-type: none"> <li>Improved Infant care practices and capacity among Community nutrition Volunteers</li> </ul>  | <ul style="list-style-type: none"> <li>Improvement in exclusive breastfeeding practices in children less than 6 months and young infant care practices. Baseline 56.3% (May 2013 SMART Survey)</li> </ul> | <ul style="list-style-type: none"> <li>SMART Survey report</li> <li>KAP survey report</li> </ul>  |                       |

| Goal/Objectives/Outcomes/Outputs |   | Indicator of progress   | Means of Verification  | Assumptions and Risks |
|----------------------------------|---|---|--|-----------------------|
| <b>Output 2.1</b>                | <p><b>Capacity Building of the community on IYCF care and practices</b></p> <ul style="list-style-type: none"> <li>• PLW's in various breastfeeding support groups are supported with training on IYCF</li> <li>• PLW's admitted in TSFP are trained on IYCF during feeding sessions</li> <li>• Mothers receive IYCF education and support through mothers support groups</li> </ul>  | <ul style="list-style-type: none"> <li>• Number of trainings conducted</li> <li>• Number of Breastfeeding support groups formed</li> <li>• Number of Men participating in IYCF activities (1,632)</li> <li>• Number of women participating in IYCF activities (7,742)</li> <li>• Number of CNV's trained. (48)</li> <li>• Number of breastfeeding support groups formed and supported (30)</li> </ul> | <ul style="list-style-type: none"> <li>• Training attendance records</li> <li>• Monthly reports records</li> </ul>                     |                       |
| <b>Activity 2.1.1</b>            | <p><b>Conduct IYCF Trainings targeting mothers of all newborns with support for early initiation of exclusive breastfeeding in accordance with SPHERE and that breastfeeding mothers have access to breastfeeding counselling and support.</b></p> <ul style="list-style-type: none"> <li>• Trainings caretakers bringing children enrolled in the feeding programs during feeding sessions. Participating PLWs will also attend.</li> <li>• IYCF Trainings will include preparation of high density nutritious food using locally available foods including demonstrations, infant care including complementary feeding.</li> <li>• Breastfeeding support groups will be formed and trainings for IYCF channeled through them to the community.</li> <li>• Distribution of IEC materials (t-shirts) with messages focusing on malnutrition prevention and treatment (Nutrition and IYCF) in the local language to Breastfeeding support groups.</li> </ul> |   |  |                       |
| <b>Activity 2.1.2</b>            | <p>Training of CNV on basic nutrition including IYCF, MUAC screening and referral of malnourished children to appropriate feeding programs</p> <ul style="list-style-type: none"> <li>• Scheduled training sessions</li> <li>• Demonstrations (MUAC measurement)</li> <li>• On Job training</li> </ul>  |   |  |                       |
| <b>Outcome 3</b>                 | <p>Improved knowledge on nutrition and management of acute malnutrition among nutrition staffs.</p>   | <ul style="list-style-type: none"> <li>• Improved quality program output indicators</li> </ul>  | <ul style="list-style-type: none"> <li>• Training Attendance Records</li> <li>• Training reports</li> <li>• Monthly Reports</li> </ul> |                       |

| Goal/Objectives/Outcomes/Outputs | Indicator of progress   | Means of Verification  | Assumptions and Risks  |  |
|----------------------------------|---|--|--|--|
| <b>Output 3.1</b>                | <b>Improved Capacity Among Nutrition staff and CHD staff on management of Acute malnutrition</b> <ul style="list-style-type: none"> <li>Improved capacity for nutrition staff on management of SAM and MAM.</li> <li>Improved capacity for nutrition staff and CHD on IYCF.</li> <li>Improve capacity for CHD nutrition staff on general nutrition and protocols for management of SAM and MAM</li> </ul>   | <ul style="list-style-type: none"> <li>Number of Nutrition staffs trained on IMSAM &amp; MAM guidelines. Total 55 (45 Male and 10 Female)</li> <li>Number of CHD and Nutrition staffs trained on IYCF protocols. Total 91 (45 Male &amp; 46 Female)</li> <li>Number of CHD staffs trained on SAM and MAM protocols (10)</li> </ul> | <ul style="list-style-type: none"> <li>Training Attendance Records</li> <li>Training reports</li> <li>Monthly Reports</li> </ul> |  |
| <b>Activity 3.1.1</b>            | <b>CHD and Nutrition Staffs trained on IM-SAM and MAM guidelines and IYCF protocols</b> <ul style="list-style-type: none"> <li>Staff will be trained on IMSAM and MAM protocols and implementation in management of malnutrition.</li> <li>All nutrition extension workers and supervisors will be internally trained on IM-SAM and CMAM protocols using the MoH guidelines, with training done by the nutrition manager.</li> <li>Training of all CHD staff in the nutrition department in all the Payams of Uror County on CMAM and IM-SAM so that they will be able to fully integrate nutrition services in their PHCUs.</li> <li>Conduct detailed in-house training for all newly recruited Nutrition extension workers to recognise, screen and appropriately refer cases of malnutrition, and administer appropriate micronutrients (deworming and vitamin A).</li> <li>On the job training will continue throughout the programme to support staff to strengthen skills and capacities of team members</li> </ul> |  |  |  |
| <b>Activity 3.1.2</b>            | <b>Nutrition and CHD staffs trained on SQUEAC Coverage assessment tools and applications</b> <ul style="list-style-type: none"> <li>Nutrition staffs who are involved in program management and supervisors will be trained on SQUEAC coverage assessment tools and application and thereafter conduct a coverage survey.</li> </ul>  |  |  |  |



| Goal/Objectives/Outcomes/Outputs | Indicator of progress   | Means of Verification  | Assumptions and Risks  |  |
|----------------------------------|---|--|--|--|
| <b>Output 3.2</b>                | <b>Improved emergency preparedness and response among nutrition staff</b> <ul style="list-style-type: none"> <li>• Improved capacity for nutrition staff on understanding nutrition emergencies and appropriate response.</li> <li>• Nutrition staff equipped with knowledge and ready to respond at all times in case of any Nutrition emergency arising within the project area.</li> </ul> | <ul style="list-style-type: none"> <li>• Number of Nutrition staffs trained on emergency preparedness and response (41)</li> </ul> | <ul style="list-style-type: none"> <li>• Training Attendance Records</li> <li>• Training reports</li> <li>• Monthly Reports</li> </ul> |  |
| <b>Activity 3.2.1</b>            | Training all Nutrition staffs on conducting rapid MUAC screening and preparation ready to conduct rapid MUAC assessments wherever returnee or IDP number more than 500 in all project areas.  |  |  |  |

## PROJECT WORK PLAN

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

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

|                            |                   |                          |                   |
|----------------------------|-------------------|--------------------------|-------------------|
| <b>Project start date:</b> | <b>01/01/2014</b> | <b>Project end date:</b> | <b>01/12/2014</b> |
|----------------------------|-------------------|--------------------------|-------------------|

| Activities  | Q1/2014 |     |     | Q2/2014 |     |     | Q3/2014 |     |     | Q4/2014 |     |     |
|---|---------|-----|-----|---------|-----|-----|---------|-----|-----|---------|-----|-----|
|   | Jan     | Feb | Mar | Apr     | May | Jun | Jul     | Aug | Sep | Oct     | Nov | Dec |
| Activity 1: Treat MAM and SAM in children under 5 through the provision of TSFP and OTP   | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 2: Ensuring proper secondary care referral pathways for all SAM children with complications ensuring transport and short term living subsidies are also provided.  | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 3: Deliver TSFP for Pregnant and lactating women with MUAC of less than 23cms alongside OTP and TSFP for children under 5 years  | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 4: Establish 3 new Static feeding centers for management of MAM and SAM cases  |         | X   | X   |         |     |     |         |     |     |         |     |     |
| Activity 5: Community screening of all children under five years, pregnant and Lactating Women in the County with referral to TSFP and OTP as necessary   | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 6: Provision of Vitamin A supplements to all children aged 6-59 months and de-worming tablets to all children aged 12-59 months.   | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 7: Administration of iron and folate to all pregnant women admitted in PLW program   | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 8: Conduct SMART nutrition survey's pre and post-harvest in coordinating with SMOH / CHD and Cluster.  |         |     | X   | X       |     |     |         |     |     |         |     |     |
| Activity 9: Conduct 1 SQUEAC coverage survey during the Pre-harvest period  |         |     |     |         | X   |     |         |     |     |         |     |     |
| Activity 10: IYCF Trainings targeting mothers of all newborns with support for early initiation of exclusive breastfeeding in accordance with SPHERE that breastfeeding mothers have access to breastfeeding counselling and support. |         | X   | X   |         |     | X   | X       | X   |     | X       | X   |     |
| Activity 11: Training of CNV on basic nutrition including IYCF, MUAC screening and referral of malnourished children to appropriate feeding programs  | X       | X   |     |         |     | X   | X       |     | X   | X       |     |     |
| Activity 12: CHD and Nutrition Staffs training on IM-SAM and MAM guidelines and IYCF protocols  | X       | X   |     |         |     | X   | X       |     |     |         |     |     |
| Activity 13: Nutrition and CHD staffs trained on SQUEAC Coverage assessment tools and applications  |         |     |     |         | X   |     |         |     |     |         |     |     |
| <b>Activity 14: Improved coordination and monitoring</b>  |         |     |     |         |     |     |         |     |     |         |     |     |
| Activity 14.1: Submit timely monthly reports and nutrition surveys to cluster.  | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 14.2: Timely submission of Mid-Term and final project report   |         |     |     |         |     | X   |         |     |     |         |     | X   |
| Activity 14.3 Ensure data collection procedures allow monitoring throughout the period of program implementation  | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 14.4 Carry out monitoring and evaluation with regular feeding center supervision.  | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 14.5: Ensure nutrition team is trained on Rapid MUAC assessment and are able to carry out a rapid assessment when there is an influx of returnees or Internally displaced population is more than 500 projects impact.       | X       |     |     | X       |     | X   |         | X   |     | X       |     | X   |
| Activity 14.6: Attend all monthly interagency coordination meetings at the county level   | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |
| Activity 14.7: Attend state cluster coordination meetings.  |         | X   | X   |         |     | X   |         | X   |     | X       |     | X   |
| Activity 14.8: Attend National cluster coordination meetings  | X       | X   | X   | X       | X   | X   | X       | X   | X   | X       | X   | X   |

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