

**South Sudan**  
**2014 CHF Standard Allocation Project Proposal**  
*for CHF funding against CRP 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)

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

**SECTION I:****CRP Cluster****Nutrition****CHF Cluster Priorities for 2014 First Round Standard Allocation**

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

**Cluster Priority Activities for this CHF Round**

- Deliver quality, life-saving, management of acute malnutrition for at least 75 per cent of SAM cases and at least 60 per cent of MAM cases in all vulnerable groups, at both health facility and camp level, prioritising the 5 most affected states.
- Provide access to programmes preventing malnutrition for at least 80 per cent of vulnerable people, at both health facility, community and camp level, prioritising the 5 most affected states
- Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response

**Cluster Geographic Priorities for this CHF Round**

1. Jonglei – all counties
2. Upper Nile – all counties
3. Unity – all counties
4. Central Equatoria – Juba (IDP camps)
5. Warrap – Twc, Agok, Gogrial East, Tonj North, Tonj South and Tonj East

**SECTION II****Project details**

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

<b>Requesting Organization</b>		<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	
Concern Worldwide		<b>State</b>	<b>%</b> <i>County/ies (include payam when possible)</i>
<b>Project CRP Code</b>	<b>CRP Gender Code</b>	CES	36% Juba (UN House and Tongping PoCs)
SSD-14/H/60331	1	Unity	64% Rubkona County (Bentiu town and Bentiu PoCs)
<b>CRP Project Title</b> <i>(please write exact name as in the CRP)</i>			
Integrated nutrition interventions for malnourished children and women in South Sudan			

<b>Total Project Budget requested in the in South Sudan CRP</b>	US\$ 2,000,000
<b>Total funding secured for the CRP project (to date)</b>	US\$1,459,613

<b>Funding requested from CHF for this project proposal</b>	US\$ 299,994
<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>	

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

	<b>Number of direct beneficiaries targeted in CHF Project</b>	<b>Number of direct beneficiaries targeted in the CRP</b>
Women:	2,424	5,724
Girls:	12,834	14,649
Men:	150	852
Boys:	12,834	14,649
<b>Total:</b>	<b>28,092</b>	<b>35,874</b>

**Indirect Beneficiaries / Catchment Population (if applicable)**

CES: 31,840 (Juba UN House + Tongping UNMISS PoCs)  
UNITY: 40,521 (Bentiu UNMISS PoCs)

**Targeted population: IDPs**

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

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

6 Months  
**1 July to 31 December 2014**

**Contact details Organization's Country Office**

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**Contact details Organization's HQ**

Organization's Address	Concern Worldwide, 52-55 Lower Camden Street, Dublin 1, Ireland
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### **A. Humanitarian Context Analysis**

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

The violence that erupted in South Sudan mid-December 2013 has led to a humanitarian crisis involving a massive displacement of 1,038,000 people nationwide. On-going conflict has resulted in the displaced seeking refuge in Protection of Civilian (PoC) sites, host communities and neighboring countries. This intervention will target IDPs in Juba UNMISS PoC sites and IDPs and host communities in Rubkona County. In Juba this will address malnutrition in both Tongping and UN House. In Rubkona County this will address malnutrition in Bentiu town and Bentiu PoC sites.

As of July, 2014, the numbers of IDPs in PoC sites in Juba is 31,840 (Tongping 14,015; UN House 17,825), though these figures remain unstable. A key activity prioritized in the CRP for the first half of the year has been conducting Rapid Nutrition Assessments (RNA) to determine the nutritional status of IDP populations. Therefore Concern Worldwide (CWW) conducted a RNA in May in UN House (PoC1), in which the MUAC assessment revealed a GAM and SAM of 14.2% and 3.5% respectively. The results of the assessment are very alarming and indicate a critical situation in UN House in terms of nutritional and health status of the children.

As part of an IRNA done in February, CWW assessed the humanitarian context in Bentiu. This led to an intervention by CWW in the PoCs, including WASH, NFI/Shelter, Protection mainstreaming, and a Nutrition intervention in Bentiu town. At that time the nutritional status of the displaced was serious, and since then the conflict has continued and food insecurity has worsened. The most recent verification exercise put the IDP population count in Bentiu PoCs at 40,521 (up from 9,000 in early April). While this figure may rise, it can also be anticipated that if violence subsides, some of this population will move back into town.

With the rainy season in effect, most IDPs have missed the season for planting crops, and the conflict is creating the conditions for extreme food insecurity. IDPs have fled their homes with few or no possessions, and normal livelihood activities have been seriously disrupted. With cramped living conditions, heightened food insecurity, and poor health and sanitation conditions, the nutritional status of populations in both locations is alarming and in need of a sustained response.

### **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.

CWW has been implementing nutrition activities in South Sudan since 2000, and has the requisite skills and experience to implement nutrition interventions both in crisis and post-crisis recovery contexts. In 2013 CWW began operating in Koch County, Unity State, following assessments and consultations with actors there, but was forced to abandon its base after its office was looted and vehicle commandeered in December. Although the violence that erupted resulted in a suspension of CWW's Nutrition programming in Koch, CWW has since returned to Unity State, and is active in the Bentiu PoCs. CWW also opened an OTP in Bentiu town (March 6), after discovering the high malnutrition rates outside the PoCs. This OTP was later suspended (April 15), when the Opposition forces took hold of Bentiu town and the population fled. Given our geographical presence in Unity State, and our strong experience in Nutrition programming in South Sudan, CWW is requesting CHF funding to expand its Nutrition response in Rubkona County and to sustain its Nutrition response in Juba.

During the period of revision on this proposal, CWW has started nutrition activities in the PoCs in Rubkona in coordination with CARE, ACF and UNICEF. CWW has been allocated PoC 4 which is one of the largest PoCs in terms of area coverage and population. The activities will therefore include treatment of SAM cases, MAM cases and IYCF in emergency interventions in PoC4. Concern will also expand its outreach services to PoC 3 and 5 with a focus on IYCF-E interventions to prevent children declining into MAM and SAM. This will complement the nutrition activities that will be undertaken by ACF whose main focus is treatment of SAM and MAM cases. The proposed interventions are within geographical priority areas according to the Nutrition Cluster which has classified Juba PoCs as high risk, and Unity as one of the key conflict affected states. CWW's prior presence in both states and strong advantage in Nutrition programming in emergency contexts are justification for this proposal. Concern is also an active member of the Nutrition Cluster in Bentiu and Juba.

Additional funding has been secured for CWW's Nutrition interventions in Juba and Unity State, though funding for the remainder of the year is required. UNICEF is supporting CWW's response in Tongping and UN House, until September 2014, while ECHO is funding CWW's response in Unity State. The first round of CHF in 2014 which ran through January to June enabled CWW to implement full scale nutrition interventions in the PoCs in Juba. Additional funds are now required for the second half of the year in order to meet the expanding needs of an increasingly vulnerable population, amidst on-going conflict, and where food security indicators are worsening. This will ensure continuation of services that have already started through the first round of funding and will enable children already in the program to attain the required cure rate and be discharged to either the TSFP program and/or home where community education on childcare practices continue to be taught to mothers and caregivers. CWW intends to create more capacity both within the PoCs and in Bentiu town to meet the increasing nutrition needs. While the nutrition commodities (for OTP and TSFP) will be secured from UNICEF and WFP, CWW will focus on delivery of quality nutrition intervention (delivery, record keeping and supervision) with CHF support. In addition, with support from CHF, CWW will build linkages between the community and health services to strengthen referral. CWW will integrate nutrition interventions at community level with a special focus on maternal & child health and nutrition, IYCF, and community screening and referral, for better program outcomes.

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

<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) Contribution to Cluster Priorities**

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

The project interventions align with the following cluster priorities:

- i) To manage acute malnutrition through an integrated and community-based approach (optimal IYCF-E, nutrition education, supplementation, and BSFP) through the promotion of community management of acute malnutrition.
- ii) To prevent acute malnutrition in children, PLW and other vulnerable groups.
- iii) Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response

This project will help manage acute malnutrition through an integrated and community-based approach by promoting community management of acute malnutrition in conflict-affected communities in Juba (Tongping and UN House) and Rubkona County, Unity State. In Juba, this includes preventing acute malnutrition in children, PLW and other vulnerable groups through providing on-going support to already existing OTP and TSFP services and in delivering BSFP to prevent a more severe intervention being required later. In Rubkona this will include opening 2 OTPs in the UNMISS PoCs, where over 40,000 IDPs are living, and resuming activities in 1 OTP in Bentiu town as soon as security allows.

Through nutrition education and building the capacity of communities and project staff to conduct community screening and treat malnutrition, access to quality nutrition services will be improved in both locations. This will contribute to improved knowledge and awareness on nutrition, and improved infant and young child feeding practices, which will reduce childhood mortality and morbidity.

This reinforcement in Rubkona County on nutrition programming will strengthen capacity in an emergency setting and provide a timely response. While the town itself is currently unstable, the population inside and outside the UNMISS base will continue to shift, and CWW is able to rebalance deployment of staff and resources within Rubkona as appropriate. Many children are reportedly arriving at treatment centres in the PoCs already in a state of severe malnutrition. If additional OTPs can be available in additional locations, there is a better chance that children's lives can be saved.

### **ii) Project Objective**

State the objective/s of this CHF project and how it links to your CRP 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)

CWW is providing nutrition interventions in Tongping and UN House since January 2014. The interventions include an OTP for SAM without complication for children under the age of five and TSFP for treatment of MAM for both children under the age of five and PLWs. The overarching objective is to provide integrated nutrition interventions for malnourished children and women in Juba and Rubkona counties. The specific objectives of this CHF project include the following:

In Juba:

- Reduce mortality and morbidity due to acute malnutrition: 5,760 children (male 2,880 and Female 2,880) 0-59 months of age in Juba PoC sites, through 4 OTPs, 4 TSFPs, and 2 BSFPs.
- Reduce morbidity due to acute malnutrition among 140 PLWs in Juba PoC sites.
- Improve knowledge and awareness on nutrition, infant and young child feeding, hygiene and sanitation best practices through reaching 2,304 caregivers.
- Ensure micronutrient deficiencies are prevented in 5,760 (male 2,880 and Female 2,880) children under five years of age through timely and appropriate supplementation of Vit-A.

In Rubkona:

- Reduce mortality and morbidity due to acute malnutrition: 8,306 children (male 4,153 & female 4,153), 0-59 months of age in Bentiu PoC sites and Bentiu town through 3 OTPs (1,313), 3 TSFPs (2,310), and 2 BSFPs (8,306).
- Reduce morbidity due to acute malnutrition among 636 PLWs in Bentiu PoC sites and Bentiu town.
- Improve knowledge and awareness on nutrition, infant and young child feeding, hygiene and sanitation best practices through reaching 4,020 caregivers, both in Bentiu PoC sites and Bentiu town.
- Ensure Micronutrient deficiencies are prevented in 3,623 children (male 1,812, and female 1,811) under five years of age through timely and appropriate supplementation of Vit-A in Bentiu PoCs and Bentiu town.

### **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).

CWW will continue to implement nutrition interventions according to the CMAM guidelines in place. In Juba, CWW will run and support three existing OTP centres, and establish one more OTP centre in PoC 3 at UN House. The OTPs will provide life-saving treatment to children under five years old. In addition, beneficiaries of CWW nutrition programs within the target locations will receive IYCF-E interventions, hygiene education, and be provided with mosquito nets and soap to help prevent diseases such as malaria, cholera and diarrhea. Alongside treatment for moderately malnourished pregnant and lactating women, CWW will support prevention of acute malnutrition through an infant and young child feeding program which will focus on the unborn child and infants of 0 to 23 months. BSFP will also be implemented for children 6 to 59 months to help prevent children reaching a stage where more extreme interventions are needed.

In Rubkona County three OTPs will be supported, two of which will be new OTPs in the Bentiu PoCs where a massive influx of IDPs

is causing serious strain on agencies providing humanitarian services. The third OTP will involve resumption of our suspended OTP in Bentiu town, and will operate responsively in relation to the security situation and in view of the shifting population movements. In both locations, CWW will deliver CMAM training to CWW nutrition staff to build their capacity and to ensure a high quality CMAM program, including IYCF, screening, and community referrals. The community outreach will be expanded in the PoCs in Bentiu to ensure widespread weekly screening, active case finding, and referral of SAM and MAM cases to the OTP and TSFPs in the PoCs. The same approach will apply when Bentiu town becomes accessible and the OTP and TSFP activities resume. The community mobilizers and community nutrition volunteers will be trained on identification of malnutrition through the use of colored MUAC tapes which will enable them determine cases for referral to the nutrition centres. Health and hygiene messages will be shared with the caregivers of the children that attend the OTP centres, through participatory learning and discussions. Topics covering IYCF-in-emergencies will be covered which include raising awareness about breast feeding, complementary feeding practice and good hygiene practices. This training and capacity building will ensure that staff members are giving relevant nutrition treatment care services and preventive measures in order to address the issue of acute malnutrition especially among children under five. The nutrition activities will also be integrated with other sectors, such as health, for which we have referral systems for SAM with complications to actors implementing inpatient care. Integration with other sectors also includes WASH and Camp Coordination, in particular. In Bentiu, CWW is implementing WASH activities in the PoCs and this will ensure that the nutrition beneficiaries are also targeted for WASH interventions including provision of clean water, sanitation, and health & hygiene messaging.

The project strategy is to provide integrated nutrition interventions for malnourished children and women in Juba and Rubkona County. Below is a specific breakdown of activities in each location, to be supported through CHF funding.

<b>JUBA (UN House and Tonping PoCs)</b>	
<b>Activity</b>	<b>Target number of direct beneficiaries</b>
Run 3 OTPs for children under 5	1,923 children (Male:962, Female: 961)
Run 3 TSFPs for under 5 and PLWs	5,187 children (Male: 309, Female: 309) 140 PLWs
Run BSFP for children under 5	5,760 children (Male: 2,880, Female: 2,880)
Establish 1 more OTP, 1 more TSFP and 1 more BSFP	Scaling up of 3 more nutrition centres in PoC 3
Deliver CMAM and IYCF training to nutrition staff and community mobilizers/volunteers to strengthen capacity and improve quality	28 staff 40 community mobilizers
Deliver hygiene & nutrition education to mothers and children benefiting from TSFP nutrition programmes through group discussions	2,304 caregivers
Integration of IYCF-E into the OTP, TSFP and communities in the sites through IYCF sessions	2,304 mothers and caregivers attending sessions
Ensuring that all children under the age of five get Vitamin A supplementation	5,760 children (Male: 2,880, Female: 2,880)
<b>RUBKONA COUNTY (Bentiu PoCs and Bentiu Town)</b>	
<b>Activity</b>	<b>Target number of direct beneficiaries</b>
Re-establish 1 OTP in Bentiu Town and establish 2 OTPs in the PoCs	Children 1,313 (Male: 657, Female: 656) <i>[may be subject to change depending on potential population increase in Bentiu POC]</i>
Re-establish 1 TSFP in Bentiu Town and establish 2 more TSFPs in the PoCs	Children 2,310 (Male: 1,155, Female: 1,155) PLWs 636
Run 2 BSFPs in the PoCs	8,306 (Male: 4153, Female: 4153)
Deliver hygiene & nutrition education to mothers and children benefiting from TSFP nutrition programmes through group discussions and IYCF-E messages to caregivers	4,020 mothers and/caregivers
Deliver CMAM and IYCF training to nutrition staff and community mobilizers/volunteers to strengthen capacity and improve quality	30 staff
Ensuring that all children under the age of five get Vitamin A supplementation, and will be referred for measles vaccination if required.	3,623 (Male: 1812, Female: 1,811)

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

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

##### **JUBA**

1. 5,760 (2,880 boys and 2,880 girls) children of 6-59 months and 1,152 PLWs screened for malnutrition, referred and followed up for appropriate care
2. 1,923 children under five years treated in OTP
3. 5,187 children and 140 PLWs treated in TSFP
4. 28 staff have improved capacities on CMAM & IYCF
5. 2,304 caregivers (including men) have good knowledge of IYCF practices

##### **RUBKONA**

1. 8,306 children of 6-59 months and 1,272 PLWs screened for malnutrition, referred and followed up for appropriate care
2. 1,313 children under five years treated in OTP
3. 2,310 children and 636 PLWs treated in TSFP
4. 30 staff have improved capacities on CMAM & IYCF
5. 4,020 caregivers (including men) have good knowledge of IYCF practices

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.	Number of children (under-5) admitted for the treatment of SAM	<b>Juba:</b> 203 (Boys: 102 boys, Girls: 101) <b>Rubkona:</b> 1313 (Boys: 657, Girls: 656)
	2.	Outpatient Therapeutic Program meet acceptable Sphere standards; i. Cure Rate (%) ii. Default Rate (%) iii. Death Rate (%)	<b>Both locations:</b> i. >75% SPHERE Standard ii. <15% SPHERE Standard iii. <3% SPHERE Standard
X	3.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	<b>Juba:</b> 618 children under five (Boys: 309 and Girls: 309); 140 PLWs <b>Rubkona:</b> 2,310 (Boys: 1155 and Girls: 1,155);
X	4.	Number of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	<b>Rubkona</b> 636 PLWs
	5.	Targeted Supplementary Feeding Program meet acceptable SPHERE standards; i. Cure Rate (%) ii. Default Rate (%) iii. Death Rate (%)	<b>Both locations:</b> i. >75% SPHERE standard ii. <15% SPHERE standard iii. <3% SPHERE standard
X	6.	Number of children (6-35 months) receiving supplementary foods through Blanket Supplementary Feeding Programmes (BSFP)	<b>Juba:</b> 5,760 (Boys: 2,880 and Girls 2,880) <b>Rubkona:</b> 8,306 (Boys: 4,153 and Girls: 4,153)
	7.	Number of children 6-59 months receiving Vitamin A supplementation	<b>Juba:</b> 5,760 (Boys: 2,880 and Girls 2,880) <b>Rubkona:</b> 3,623 (Boys: 1,812 and Girls: 1,811)
	8.	Number of women and men reached with preventative nutrition messages and activities	<b>Juba:</b> 2,304 <b>Rubkona:</b> 4,020
X	9.	Number of health workers trained in Infant and Young Child Feeding and community management of acute malnutrition	<b>Juba:</b> 28 <b>Rubkona:</b> 30
SO2	10.	Number of children receiving Deworming	<b>Juba:</b> 5,760 <b>Rubkona:</b> 3,623
X	11.	Number of children screened in the community	<b>Juba:</b> 5,760 <b>Rubkona:</b> 3,623

#### vi). Cross Cutting Issues

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

**Gender:** In both Juba and Bentiu, CWW will admit SAM and MAM cases from among children 6-59 months, and pregnant and lactating women. This ensures that any child who meets the criteria for admission, regardless of gender, will be equally attended to. CWW encourages nutrition staffing from both genders, so as to better promote equal gender participation in the program. In Bentiu, the new recruitment will encourage both genders to participate in the nutrition program. Activities will directly impact boys and girls, pregnant and lactating women through nutrition interventions and men through community education on nutrition and IYCF.

Further, during the community outreach and community mobilization and sensitization in Bentiu, CWW will encourage not only the local leadership (mainly comprised up of men), but also the community's own resource persons such as traditional birth attendants and other women leaders, to participate in the screening and active case finding as community nutrition volunteers. These women leaders will help to ensure that all who need attention receive it equally.

**HIV/AIDS:** The CWW Programme Participants Protection Policy (P4) applies both to our work and that of our partners, thus reducing the risk of sexual misconduct. In CWW's traditional program areas of NBeG, project activities are designed to not increase the vulnerability of program participants to HIV/AIDS. This is done through 1) HIV/AIDS awareness campaigns, 2) Advocating at County Health Department level for increased PMTCT activity along with provision of ART 3) Educating mothers on breast feeding practices in regard to HIV/AIDS 4) and, HIV/AIDS related IEC material distribution in target communities. While these activities cannot be easily replicated in IDP camp settings, CWW brings this organizational approach and experience to its implementation in the current crisis context. Efforts will be made to ensure program activities are sensitive to people living with HIV/AIDS.

**Environment:** Environmental awareness will be promoted through different focus groups, such as through PLWs/Care Groups, by discussing methods to improve diet quality and diversity. In terms of protection of the environment, steps to reduce any negative impact on the environment will be undertaken, including sensitization on proper disposal of empty Plumpy Nut sachets at Nutrition centres in the IDP sites.

**Accountability:** To maintain accountability, CWW will involve beneficiaries at all stages of the project cycle. An appropriate mechanism will be established for beneficiaries to put forward their complaints to CWW without fear of reprisal.

### vii) Implementation Mechanism

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

The project will be implemented directly by CWW in all project locations. Implementation will be against the defined project work plan and log frame. Activities will continue from 1 July 2014 – 31 December 2014. The log frame will be periodically reviewed to assist in tracking achievement towards intended results based on set indicators. CWW will ensure that capacity building is done through training. Monitoring will follow CWW's existing procedures, using weekly progress updates and monthly reporting. In addition, CWW will report via inter-agency meetings and Nutrition Cluster coordination meetings at both state and Juba MOH level as appropriate.

In Bentiu, the nutrition activities in the PoCs will be in collaboration with other actors on the ground - CARE, ACF and UNICEF. In Bentiu, CWW plans to implement activities in PoC4 for SAM and MAM cases and IYCF-E activities. CWW also plans to implement outreach programs of active case finding, referrals of identified cases, and IYCF-E interventions in PoC 3, 4, and 5, as part of scaling up the nutrition response in Bentiu in complementarity with all nutrition partners.

SAM cases with complications will be referred to the inpatient care run by MSF in both Juba PoCs and Bentiu. In Juba, there is a functioning referral system already in place. In Bentiu, any SAM cases that will be identified with medical complications will be referred to MSF's in-patient care program for stabilization and thereafter discharged back into the OTP for continued care. In Bentiu, CWW plans to recruit at least 3 nutrition teams to build a team for OTP, a team for TSFP, and an outreach/ mobilization team for IYCF outreach and IYCF-E activities within the PoCs. The OTP team will consist of at least a qualified nurse and trained Community Health Workers, or other medically trained personnel such as a clinical officer. The recruitment will be expanded further into Bentiu town, once it becomes accessible and normalcy returns. The staff will be offered CMAM training according to the national guidelines and continuous on-the-job training with supervision from CWW's Nutritionist (international) and Nutrition Program Officer (national), with additional support from our Emergency Nutrition Program Manager (international). There will be regular refresher trainings in order to keep the staff up-to-date and ensure protocols are being followed.

Both Juba and Bentiu activities rely entirely on supplies from UNICEF and WFP. The current PCA between CWW and UNICEF includes supplies for Bentiu. Thus, CWW already has OTP supplies in Bentiu, for timely implementation of activities. With WFP, currently, CWW is in the initial stages of discussing supplies for Bentiu, which will be incorporated into an FLA. Supplies for Juba have been consistent over the first half of the year from both UNICEF and WFP, and the plans in place for the different agreements include supplies for the second half of this year.

The nutrition activities will be integrated with other sectors in the two locations. In Juba, CWW will continue to attend Camp Coordination meetings and actively participate in the Health and Nutrition coordination meetings that take place weekly in the PoCs. In Bentiu, CWW will work with existing WASH partners to ensure that health education and hygiene messages are reaching the caretakers of children in the nutrition program, in order to prevent common diarrheal diseases, which easily precipitate malnutrition. The hygiene promoters within CWW's WASH activities will also be trained on basic hygiene and child care practices so as to pass appropriate messaging to the mothers and caregivers during their routine nutrition education activities.

### 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 techniques 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)<sup>2</sup>.
1. CWW will report to the Nutrition Cluster every month to show progress on the nutrition indicators. Some of the tools that CWW will use are weekly data sheets per site, screening forms, tally sheets and the nutrition cluster monthly reporting format. CWW will also maintain an internal database for all its nutrition beneficiaries which will then be used to monitor the trends, calculate the nutrition function indicators to include cure rate, death rate and defaulter rate and these will be used to inform the program. Regular attendance at Cluster meetings will offer the opportunity to analyze the progress of the intervention and share any challenges. Interim and final reports will be compiled for sharing with the Nutrition Cluster and donors. These reports will include project achievements based on output indicators as well as best practice and lessons learnt. Routine activities and results achieved will be monitored through this regular reporting. Beneficiary monitoring and feedback on CWW's work will be facilitated through one-to-one interviews and focus group discussions. CWW will obtain feedback (both suggestions and complaints) from beneficiaries through a complaints mechanism and regular interaction with the communities. This will enable additional reflexive monitoring of how crosscutting issues are being addressed, and whether project objectives are being met.
  2. Monitoring will follow CWW's existing procedures. The Nutrition Programme Officers and Emergency Nutrition Programme Manager will monitor the work of their respective teams on a daily and weekly basis, and will report against their activities, outputs and indicators on a weekly and monthly basis. These will determine if the nutrition activities are in the right track and in line with the log frame, which will then determine if there is need for adjustment or for further training of staff. The monthly analysis will show trends which will assist the program in determining the supply needs which will then be checked with the existing agreements with UNICEF and WFP, and adjusted as necessary. The Country Director and Emergency Programme Coordinator will provide additional support to the Programme Manager in implementation and monitoring. Training, attendance, and observational reports will also be compiled to monitor progress and impact. There is already baseline data for these

<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.

locations, and this will not be collected as part of this response.

3. The Emergency Programme Coordinator and Nutrition Programme Manager will visit the project sites frequently to facilitate program reviews and provide technical support to teams over the duration of the project. Through these visits, project progress will be assessed. Midterm and final reports will be prepared by CWW staff, using standard nutrition templates. These will show progress in terms of number of target beneficiaries reached, project results achieved and help to improve programming to achieve objectives. Financial and logistics support and review will take place on a regular basis facilitated by central support staff in Juba. All of this data will be used to analyze progress, and feedback to the Cluster.
4. CWW will ensure that monitoring and reporting activities are adequately reflected in the project work plan.

**D. Total funding secured for the CRP project**

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

Source/donor and date (month, year)	Amount (USD)
UNICEF (Jan, 2014 – Sept, 2014, Central Equatoria, Unity, NBeG States)	<b>\$193,165</b>
ECHO (Feb, 2014 – Jan, 2015: <b>20% allocated to Unity + 80% to NBeG</b> )	<b>\$1,026,316</b>
WFP	<b>\$240,132</b>
<b>Pledges for the CRP project</b>	

**SECTION III:**

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

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

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

LOGICAL FRAMEWORK		
<b>CHF ref./CRP Code:</b> <u>SSD-14/H/60331</u>	<b>Project title:</b> Integrated nutrition interventions for malnourished children and women in South Sudan	<b>Organisation:</b> <u>Concern Worldwide (CWW)</u>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Goal/Impact (cluster priorities)</b>	<i>To contribute towards the reduction of morbidity and mortality associated with malnutrition among the population through integrated nutrition interventions.</i>	1) # children of 6-59 months and PLWs screened for malnutrition, referred and followed up for appropriate care  2)# children under five years and PLW treated for malnutrition  3)GAM, SAM and coverage rates	<ul style="list-style-type: none"> <li>• Morbidity and Mortality rates</li> <li>• Cluster Surveys</li> <li>• Daily internal screening data.</li> <li>• Weekly &amp; monthly Nutrition Cluster reports and CHF reports.</li> <li>• Community Nutrition reports of referrals.</li> </ul>	<ol style="list-style-type: none"> <li>1) Consistent availability of supplies.</li> <li>2) Access to services is not hampered by insecurity or flooding.</li> <li>3) Positive attitude and willingness of the beneficiaries towards treatment.</li> </ol>
<b>CHF project Objective</b>	<i>Reduce morbidity and mortality due to acute malnutrition amongst 9,265 children under 5 years of age and 1,637 pregnant and lactating women in the project area.</i>	At least 50% of eligible children aged 6 to 59 months have access to nutritional services and treatment performance indicators meet Sphere minimum standards 1). Wasting <15% 2). SAM <2% 3). Underweight <20%.	<ul style="list-style-type: none"> <li>• Morbidity and Mortality rates</li> <li>• Cluster Surveys</li> <li>• Daily internal screening data.</li> <li>• Weekly &amp; monthly Nutrition Cluster reports and CHF reports.</li> <li>• Community Nutrition reports of referrals.</li> </ul>	<ol style="list-style-type: none"> <li>1) Consistent availability of supplies.</li> <li>2) Access to services is not hampered by insecurity or flooding.</li> <li>3) Positive attitude and willingness of the beneficiaries towards treatment.</li> </ol>
<b>Outcome 1</b>	Treatment of SAM and MAM cases in Juba and Bentiu for the period July through December 2014.	A). Outpatient Therapeutic Program meets acceptable Sphere standards; i). Cure rate of >75% ii). Death rate < 10% lii). Defaulter rate <15% iv). Coverage >90% (camp setting) B). Targeted Supplementary Feeding Program meet acceptable SPHERE	<ul style="list-style-type: none"> <li>• Daily internal screening data.</li> <li>• Weekly &amp; monthly Nutrition Cluster reports and CHF reports.</li> <li>• Community Nutrition reports of referrals.</li> </ul>	<ol style="list-style-type: none"> <li>1) Consistent availability of supplies.</li> <li>2) Access to services is not hampered by insecurity or flooding.</li> <li>3) Positive attitude and willingness of the beneficiaries towards treatment</li> </ol>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		standards; i). Cure Rate >75% ii). Default Rate <15% iii). Death Rate <3%	<ul style="list-style-type: none"> <li>• CWW Database analysis</li> <li>•</li> </ul>	
<b>Output 1.1</b>	In Juba 5,760 children of 6-59 months and 1,152 PLWs are screened for malnutrition, referred and followed up with appropriate care.	<ul style="list-style-type: none"> <li>• Percentage of identified acutely malnourished children 6-59 months and PLW that are referred to the appropriate CMAM service (OTP &amp; TSFP)</li> <li>• Number of Children (under-5) admitted for the treatment of SAM</li> <li>• Number of Children (under-5) admitted for the treatment of MAM</li> <li>• Number PLW admitted for the treatment of MAM</li> <li>• Number of OTP sites providing standard services</li> <li>• Number of children 6-59 months received vitamin A supplementation.</li> <li>• Number of pregnant women received iron &amp; folate supplementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Daily internal screening data.</li> <li>• Weekly &amp; monthly Nutrition Cluster reports and CHF reports.</li> <li>• Community Nutrition reports of referrals.</li> <li>• Small scale SMART survey report.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent availability of supplies.</li> <li>• Access to services is not hampered by insecurity.</li> <li>• Positive attitude and willingness of the beneficiaries towards treatment</li> <li>• Population in Bentiu POCs will return to Bentiu during the life of the project</li> </ul>
<b>Activity 1.1.1</b>	Run 3 OTPs for children under 5			
<b>Activity 1.1.2</b>	Run 3 TSFPs for under 5 and PLWs			
<b>Activity 1.1.3</b>	Establish 1 more OTP, 1 more TSFP and 1 more BSFP			
<b>Activity 1.1.4</b>	Ensure that children under the age of five get Vitamin A supplementation			
<b>Activity 1.1.5</b>	Ensure that pregnant women receive iron & folate supplementation.			
<b>Output 1.2</b>	In Rubkona County, 4,153 children of 6-59 months and 1,272 PLWs are screened for malnutrition, referred and followed up with appropriate care.	<ul style="list-style-type: none"> <li>• # of identified acutely malnourished children 6-59 m and PLW that are referred to the appropriate CMAM service (OTP &amp; TSFP)</li> <li>• # of Children U5 admitted for the treatment of SAM</li> <li>• # of Children U5 and PLW admitted for the treatment of MAM</li> <li>• # of OTP sites providing standard services</li> <li>• # of children 6-59 months received</li> </ul>	<ul style="list-style-type: none"> <li>• Daily internal screening data.</li> <li>• Weekly &amp; monthly Nutrition Cluster reports and CHF reports.</li> <li>• Community Nutrition reports of referrals.</li> <li>• SMART survey report</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent availability of supplies.</li> <li>• Access to services is not hampered by flooding.</li> <li>• Access to program areas like Rubkona town and its surrounding</li> <li>• The population of Rubkona will return back to their residences</li> <li>• That there will be consistence Flights into Rubkona to enable staffs and materials to be transported to Bentiu.</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		vitamin A supplementation. <ul style="list-style-type: none"> <li># of pregnant women received iron &amp; folate supplementation.</li> </ul>		
<b>Activity 1.2.1</b>	Re-establish 1 OTP in Bentiu Town (access dependent) and establish 2 OTPs in the PoCs			
<b>Activity 1.2.2</b>	Re-establish 1 TSFP in Bentiu Town (access dependent) and establish 2 more TSFPs in the PoCs			
<b>Activity 1.2.3</b>	Run 2 BSFPs in the PoCs			
<b>Activity 1.2.4</b>	Ensure that children under the age of five get Vitamin A supplementation			
<b>Activity 1.2.5</b>	Ensure that pregnant women receive iron & folate supplementation			
<b>Outcome 2</b>	To manage acute malnutrition through an integrated and community-based approach (optimal IYCF-E, nutrition education, supplementation, and BSFP) through the promotion of community management of acute malnutrition.	<ul style="list-style-type: none"> <li># of women and men reached with preventative nutrition messages and activities.</li> <li># of staff trained on Community management of acute malnutrition and IYCF.</li> </ul>	<ul style="list-style-type: none"> <li>BSFP registers</li> <li>BSFP statistic reports and distribution reports</li> <li>Daily internal screening data.</li> <li>Weekly &amp; monthly Nutrition Cluster reports and CHF reports.</li> <li>Community Nutrition reports of referrals.</li> <li>IYCF-E reports</li> </ul>	<ul style="list-style-type: none"> <li>Community willingness to participate in program activities and play their role.</li> <li>Availability of adequate and skilled community health workers/mobilizers.</li> <li>Access to services is not hampered by insecurity or flooding.</li> </ul>
<b>Output 2.1</b>	In Juba, 28 staff members have improved capacities on CMAM & IYCF and 2,304 caregivers (including men) have improved knowledge and awareness on nutrition, IYCF, hygiene and sanitation.	<ul style="list-style-type: none"> <li>1) % of caretakers who know the importance of exclusive breastfeeding.</li> <li>% of caretakers who know at least 2 of the 5 critical times of hand washing.</li> <li>% of children 6 – 23 meet minimum meal frequency.</li> <li>% of children 6 – 23 months meet minimum acceptable diet.</li> <li>% of children 0 – 5 months are exclusively breastfed.</li> <li>% of caregivers washing hands at 2 critical times.</li> </ul>	<ul style="list-style-type: none"> <li>Men &amp; women have good knowledge of IYCF practices as a result of participation in IYCF related activities.</li> <li>Community feedback</li> <li>IYCF session reports.</li> </ul>	<ul style="list-style-type: none"> <li>1). Community willingness to participate in program activities and play their role.</li> <li>2) Availability of adequate and skilled community health workers/mobilizers.</li> <li>3) Access to services is not hampered by insecurity or flooding.</li> </ul>
<b>Activity 2.1.1</b>	Deliver CMAM and IYCF training to nutrition staff and community mobilizers/volunteers to strengthen capacity and improve quality			
<b>Activity 2.1.2</b>	Deliver hygiene & nutrition education to mothers and children benefiting from TSFP nutrition programmes through group discussions			
<b>Activity 2.1.3</b>	Integration of IYCF-E into the OTP, TSFP and communities in the sites through IYCF sessions			
<b>Output 2.2</b>	In Rubkona County 30 staff members have improved capacities on CMAM & IYCF and 4,020	<ul style="list-style-type: none"> <li>% of caretakers who know the importance of exclusive</li> </ul>	<ul style="list-style-type: none"> <li>Men &amp; women have good knowledge of IYCF practices as a result of</li> </ul>	<ul style="list-style-type: none"> <li>Community willingness to participate in program activities and play their</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	caregivers (including men) have good knowledge of IYCF practices.	breastfeeding. <ul style="list-style-type: none"> <li>• % of caretakers who know at least 2 of the 5 critical times of hand washing.</li> <li>• % of children 6 – 23 meet minimum meal frequency.</li> <li>• % of children 6 – 23 months meet minimum acceptable diet.</li> <li>• % of children 0 – 5 months are exclusively breastfed.</li> <li>• % of caregivers washing hands with soap at 2 critical times.</li> </ul>	participation in IYCF related activities. <ul style="list-style-type: none"> <li>• Community feedback</li> <li>• IYCF session reports.</li> </ul>	role. <ul style="list-style-type: none"> <li>• Availability of adequate and skilled community health workers/mobilizers.</li> <li>• Access to services is not hampered by insecurity or flooding.</li> </ul>
<b>Activity 2.2.1</b>	Deliver CMAM and IYCF training to nutrition staff and community mobilizers/volunteers to strengthen capacity and improve quality			
<b>Activity 2.2.2</b>	Deliver hygiene & nutrition education to mothers and children benefiting from TSFP nutrition programmes through group discussions			
<b>Activity 2.2.3</b>	Integration of IYCF-E into the OTP, TSFP and communities in the sites through IYCF sessions			
<b>Outcome 3</b>	To ensure an effective response, engage with all coordination mechanisms, carry out needs assessment and monitoring activities to inform programming	<ul style="list-style-type: none"> <li>• Malnutrition rates in Juba PoCs and Rubkona county</li> <li>• # of Nutrition cluster meeting attended</li> <li>• # of county level coordination meetings attended</li> <li>• results of needs assessment and survey</li> </ul>	<ul style="list-style-type: none"> <li>• Malnutrition rates in Juba and Rubkona</li> <li>• Internal tracking on programme activities</li> <li>• External reporting on programme</li> <li>• Nutrition cluster meeting minutes</li> <li>• Survey results</li> </ul>	<ul style="list-style-type: none"> <li>• Good coordination with Nutrition cluster meeting and other actors</li> <li>• Security allows act</li> </ul>
<b>Output 3.1</b>	A timely and effective Nutrition response is provided in the Juba PoCs and Rubkona county in support of the emergency needs. That is informed by assessments and monitoring activities.	<ul style="list-style-type: none"> <li>• Start date of programme activities</li> <li>• # of Nutrition cluster meeting attended</li> <li>• # of county level coordination meetings attended</li> </ul>	<ul style="list-style-type: none"> <li>• Internal tracking on programme activities</li> <li>• External reporting on programme</li> <li>• Nutrition cluster meeting minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent availability of supplies</li> <li>• Initiation of new activities is not hampered by security or flooding</li> <li>• Good coordination with Nutrition cluster meeting and other actors</li> </ul>
<b>Activity 3.1.1</b>	Initiate new programme activities (Rubkona) and support existing programme activities (Juba)			
<b>Activity 3.1.2</b>	Attendance at National level nutrition cluster meetings			
<b>Activity 3.1.3</b>	Attendance at County level nutrition cluster meetings			
<b>Activity 3.1.4</b>	Coordination with other Nutrition actors providing Emergency response in Juba PoCs and Rubkona County			
<b>Activity 3.1.5</b>	Small Scale Smart Surveys conducted			
<b>Activity 3.1.6</b>	On-going monitoring activities on a weekly and monthly basis			

## 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>1 July 2014</b>	<b>Project end date:</b>	<b>31 December 2014</b>
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	Activities	Q3/2014			Q4/2014		
		Jul	Aug	Sep	Oct	Nov	Dec
<b>Activity 1.1.1</b>	Run 3 OTPs for children under 5 (Juba)	X	X	X	X	X	X
<b>Activity 1.1.2</b>	Run 3 TSFPs for under 5 and PLWs (Juba)	X	X	X	X	X	X
<b>Activity 1.1.3</b>	Establish 1 more OTP, 1 more TSFP and 1 more BSFP (Juba)	X	X	X	X	X	X
<b>Activity 1.1.4</b>	Ensure that children under the age of five get Vitamin A supplementation (Juba)	X	X	X	X	X	X
<b>Activity 1.2.1</b>	Ensure that pregnant women receive iron & foliate supplementation (Juba).	X	X	X	X	X	X
<b>Activity 1.2.2</b>	Re-establish 1 OTP in Bentiu Town (access dependent) and establish 2 OTPs in the Bentiu PoCs	X	X	X	X	X	X
<b>Activity 1.2.3</b>	Re-establish 1 TSFP in Bentiu Town (access dependent) and establish 2 more TSFPs in the Bentiu PoCs	X	X	X	X	X	X
<b>Activity 1.2.4</b>	Establish 2 BSFPs in the Bentiu PoCs	X	X	X	X	X	X
<b>Activity 2.1.1</b>	Ensure that children under the age of five get Vitamin A supplementation (Rubkona)	X	X	X	X	X	X
<b>Activity 2.1.2</b>	Ensure that pregnant women receive iron & foliate supplementation in (Rubkona)	X	X	X	X	X	X
<b>Activity 2.1.3</b>	Deliver CMAM and IYCF training to nutrition staff and community mobilizers/volunteers to strengthen capacity and improve quality (Juba)	X	X	X	X	X	X
<b>Activity 2.2.1</b>	Deliver hygiene & nutrition education to mothers and children benefiting from TSFP nutrition programmes through group discussions (Juba)	X	X	X	X	X	X
<b>Activity 2.2.2</b>	Integration of IYCF-E into the OTP, TSFP and communities in the sites through IYCF sessions (Juba)	X	X	X	X	X	X
<b>Activity 2.3.1</b>	Deliver CMAM and IYCF training to nutrition staff and community mobilizers/volunteers to strengthen capacity and improve quality (Rubkona)	X	X	X	X	X	X
<b>Activity 2.3.2</b>	Deliver hygiene & nutrition education to mothers and children benefiting from TSFP nutrition programmes through group discussions (Rubkona)	X	X	X	X	X	X
<b>Activity 2.3.3</b>	Integration of IYCF-E into the OTP, TSFP and communities in the sites through IYCF sessions (Rubkona)	X	X	X	X	X	X
<b>Activity 3.1.1</b>	Initiate new programme activities (Rubkona) and support existing programme activities (Juba)	X	X	X	X	X	X
<b>Activity 3.1.2</b>	Attendance at National level nutrition cluster meetings	X	X	X	X	X	X
<b>Activity 3.1.3</b>	Attendance at County level nutrition cluster meetings	X	X	X	X	X	X
<b>Activity 3.1.4</b>	Coordination with other Nutrition actors providing Emergency response in Juba PoCs and Rubkona County	X	X	X	X	X	X
<b>Activity 3.1.5</b>	Carry out daily monitoring of indicators, weekly and monthly reporting to the Nutrition Cluster, and regular reporting to CHF.	X	X	X	X	X	X

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