

## 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:

<b>CRP Cluster</b>	<b>Nutrition</b>
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#### 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	Cluster Geographic Priorities for this CHF Round
<ol style="list-style-type: none"> <li>Ensure quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states.</li> <li>Ensure access to interventions aimed at preventing malnutrition through the protection, promotion and support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls and boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states.</li> <li>Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response, through improved nutrition surveillance, reinforced monthly nutrition programme data collection and analysis and optimal nutrition cluster coordination</li> </ol>	<ol style="list-style-type: none"> <li>Jonglei – all counties</li> <li>Upper Nile – all counties</li> <li>Unity – all counties</li> <li>Central Equatoria – Juba (IDP camps)</li> <li>Warrap Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East</li> </ol>

### SECTION II

Project details		
The sections from this point onwards are to be filled by the organization requesting CHF funding.		
<b>Requesting Organization</b>		
Hold the Child Organisation		
<b>Project CRP Code</b>	<b>CRP Gender Code</b>	
SSD-14/H/60288	1	
<b>CRP Project Title (please write exact name as in the CRP)</b>		
Provision of integrated lifesaving nutrition services in Jonglei		
<b>Total Project Budget requested in the in South Sudan CRP</b>	US\$ 900,000	
<b>Total funding secured for the CRP project (to date)</b>	US\$ 93,875	
<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 (include payam when possible)</b>
Jonglei	45	Fangak
Jonglei	20	Bor South
Jonglei	35	Twic east
<b>Funding requested from CHF for this project proposal</b>		US\$ 229,995
<b>Are some activities in this project proposal co-funded (including in-kind)?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)		
<b>Direct Beneficiaries</b> (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>Indirect Beneficiaries / Catchment Population (if applicable)</b>
	<b>Number of direct beneficiaries targeted in CHF Project</b>	<b>Number of direct beneficiaries targeted in the CRP</b>
Women:	2,500	2,500
Girls:	3,900	6,200
Men:	200	200
Boys:	3,900	6,300
<b>Total:</b>	<b>10,500</b>	<b>15,200</b>
<b>Targeted population:</b> In conflict affected areas of Jonglei: IDPs, host communities,		<b>CHF Project Duration</b> (12 months max., earliest starting date will be Allocation approval date)
		13,000 in three counties

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

Indicate number of months: 6 months  
**1 July - 31 December 2014**

<b>Contact details Organization's Country Office</b>	
Organization's Address	Muniki Block A
Project Focal Person	Okwera Joseph, <a href="mailto:health-nutrition-juba@holdthechild.org">health-nutrition-juba@holdthechild.org</a> , +211 959 001 482
Country Director	Kiweesi Alex, <a href="mailto:kiwesi@holdthechild.org">kiwesi@holdthechild.org</a> , +211 955 015 259
Finance Officer	Muyasar Ahmed, <a href="mailto:admin-juba@holdthechild.org">admin-juba@holdthechild.org</a> , +211 954 839 863
Monitoring & Reporting focal person	Name, Email, telephone

<b>Contact details Organization's HQ</b>	
Organization's Address	
Desk officer	Name, Email, telephone
Finance Officer	Name, Email, telephone

### A. Humanitarian Context Analysis

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

The ongoing country-wide conflict that started in December 2013 has been characterized by major displacements, disruption of basic livelihoods and disruption of basic social service delivery with immense impacts on the survival and welfare of children in Jonglei state.

As a result of the power exchange between government and the opposition forces in Malakal, there has been a mass movement of people into Fangak County with many IDPs concentrating in Old Fangak payam including those from Ayod and Pigi Counties and Unity state. The County is hosting about 54,600 IDPs (OHCA March 2014) who are absorbed within in the local populations. During the RRM (UNICEF/WFP led) mission to Old Fangak which used to be a market pool for the southern part of the county, HCO staff members observed that food availability was inadequate in the local market. During the mission, MUAC screening of 2,019 (988 Male and 1,031 Female) children age 6 – 59 months indicated SAM at 4.1% and MAM at 6.6%, with SAM prevalence higher than 2.5% prevalence recorded in the post-harvest survey conducted in Fangak in November 2013 MUAC screening of PLW revealed 2 SAM cases, 32 MAM and 767 Normal (192 Pregnant and 609 Lactating mothers) out of 801 PLWs reached. May 2014 rapid health outreach with MUAC in Panyagoor area, the CHD reports that 12 Odema cases were observed, a proximal 4.1% SAM, and MAM of 12.0% among <5 boys and girls. In Bor town, MUAC screening conducted in May, revealed that of 900 (372 boys and 528 girls) a proximal SAM of 4.8% and MAM of 9.3% and 1 Odema. These figures were captured from the catchment population of our normal programming and the situation may be worse in surrounding payams and will likely further deteriorate as the rains and flooding approaches.

The dramatic power exchange over Bor town caused severe impacts on the welfare of communities with vandalized livelihood among other effects. As the situation evolves across the state, there is an observed return of people from Awerial and the swamps with some others from Twic East County to access the slowly resuming basic services in Bor town.

The recent IPC 2014 data indicates that 39% of the population in Fangak county is in either acute or emergency phase and 43% of the population of Bor county is in either acute or emergency phase. This explains why the cluster categorizes Fangak, Twic east and Bor counties among the level 3 emergency status with a dire need for interventions to avoid the possible nutrition related morbidities and mortalities and therefore need an expanded program coverage

### B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The humanitarian access to Fangak, Twic east and Bor counties has slowly increased despite some constraints, Hold the Child has been able to intervene with nutrition among other basic services.

Hold the Child therefore proposes this project to support the continuation of the ongoing nutrition interventions in Fangak, and Bor and Twic east counties and possible scaling up to provide complete packages for both nutrition treatment and prevention activities. Hold the Child's history of working in Fangak, Twic east and Bor communities brings diverse understanding of the local trends, and coping tendencies should extreme adversity unfold i.e. Flooding where communities become inaccessible to services and here Our local teams are better informed on practical strategies to reach as many children as possible. Bor being our inception ground we have all the required social acceptance to even roll out the needed Outreach models that are relevant to the current dynamic populations and with the anticipated August flooding and increased needs. This CHF allocation will enable Hold the Child to continue responding to emerging nutrition emergency needs throughout the second half of 2014 as well as continue to provide nutrition support to IDPs and other vulnerable populations in target areas. The CHF funding support will help bridge the funding gap for July-December 2014 for our ongoing operations and support our scale-up plan in contribution to cluster's agenda towards averting the possible famine pockets in the conflict affected Jonglei state. This funding support will also maintain our technical teams with who will explore other possibilities of alternative resource mobilization towards nutrition treatment and prevention initiatives.

### 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.

Under this project, Hold the Child will utilize CHF funding for the implementation of emergency nutrition activities that directly contribute to the achievement cluster priority activities as follows;

- Operating centers for OTP/TSPF services for SAM and MAM (for PLW and <5s) and establishing additional feeding centers in Twic east and Fangak directly contributes to the **“ensuring quality lifesaving management of acute malnutrition to vulnerable girls and boys and pregnant and lactating women among IDP concentrated areas”**
- The administration of Vitamin A for boys and girls aged 6-59 months, Deworming for boys and girls aged 12-59 months, and Iron & Folate to Pregnant women, promotion of optimal IYCF practices too contributes to the **“ensuring access to interventions aimed at preventing malnutrition”**
- Rapid MUAC screening and active case finding across that vulnerable communities within the program catchment; and, and directly contributes to **“enhancing needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response**

<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.

**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)

Reduce morbidity and mortality due to acute malnutrition in the Conflict affected IDP concentrated areas of Fangak, Twic east and Bor during the second half of 2014 by providing emergency nutrition services for under-fives, P&LW, and other vulnerable groups through integrated and community-based approaches.

**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).

- Open and operate 5 new OTP/TSFP sites and 1 SC using eco-friendly materials; in the IDP concentrated areas of Fangak,
- Conduct rapid MUAC screening and active case finding periodically among the selected vulnerable communities in the IDP concentrated areas of Bor town periphery and Old Fangak, Toic and Paguir, Panyagoor, Wenglei and Maar to cumulatively cover 3,900 boys and 3,900 girls;
- Treat 1,850 children (900 boys and 950 girls) aged 6-59 months with SAM at OTP sites annexed to PHCCs using IMSAM guidelines and SPHERE standards with supplies and anthropometric equipment from UNICEF, and packaging materials appropriate disposed. Very severe case without appetite and Oedema be referred to PHCC for medical treatment in case they have underlying illnesses;
- Treat 2,888 children (1,068 boys and 1,820 girls) aged 6-59 months with MAM and TSFP sites annexed to OTP sites using IMSAM guidelines and SPHERE standards with supplies from WFP. High priority will be given to OTP discharges;
- Treat 800 PLW with MAM using IMSAM guidelines;
- Administer Vitamin A to all health care contacts aged 6-12 months 3,192 children (1,224 boys and 1,968 girls) accessing services at the centers we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services;
- Administer deworming tablets to all health care contacts aged 12-59 months 2,584 children (1,622 boys and 962 girls) accessing services at the centers we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services;
- Administer iron and folate to 1,500 women attending for antenatal care in the IDP concentrated locations;
- Promote healthy eating and proper child care by producing a pack of health promotion visual resources (posters, cards/charts), 5 key messages including early initiation of breast feeding, exclusive breast feeding and complementary feeding, and domestic hygiene, diet diversification for pregnant women, ANC and early treatment seeking behaviors; and organizing regular IYCF health sessions at the centers;
- Ensure that 20 IYCF mother-mother support groups are vibrant through engagement in to vegetable gardening demonstrations; cooking demonstrations on hygiene practices, appropriate food consistence, and variety meal complementary meals;
- Work closely with the partners on ground the IDP congested areas to support on the respective cluster related initiatives, geared at prevention of malnutrition among IDP congested communities;

**iv) Expected Result(s)/Outcome(s)**  
 Briefly describe the results you expect to achieve at the end of the CHF grant period.

- Improved access to quality CMAM services for identifying and treating severe and moderate acutely malnourished U5 children (6 OTP, 1 SC and 9 TSFP)
- The nutritional status of 7,800 children U5 years (3,900 boys and 3,900 girls) monitored through screening at community, facility and surveys
- 1,500 PL&W and 3,192 U5 children received micronutrient supplementation and de-worming
- Community members acquired knowledge on improved health/nutrition behaviour and IYCF practices through promotion of improved child nutrition for addressing its underlying causes of malnutrition
- Contribution to reduction in mortality incidence associated with malnutrition
- Mother-Mother support groups are functioning, disseminate key messages and demonstrate appropriate child feeding practices to reach 70% of child bearing age women the catchment areas;
- Close collaboration of partners on ground in the IDP congested areas to jointly address the cross cutting issues relating to child care, feeding and management of acute malnutrition

**v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the 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	1,850 children, (900 Boys and 950 Girls)
X	2.	Quality of SAM program	>75% SAM cure rate <15% SAM defaulter rate <10% SAM death rate
X	3.	Number of Children (under-5) admitted for the	2,888 children (1,068 Boys and 1,820 Girls)

		treatment of MAM	
	4.	Number of children screened in the community	7,800 children (3,900 boys and 3,900 girls)
X	5.	Number of Pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	1,026 women
X	6.	Number of Nutrition sites	1 SC      6 OTP      9 SFP
X	7.	Number of pregnant women receiving iron-folate	1,500
X	8.	Number of functional mother-to-mother support groups	20 groups (15 women)
X	9.	Percentage of health contact women reached with IYCF counseling sessions at the operational sites	70%

#### vi) Cross Cutting Issues

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

##### a. Gender considerations

Even prior to the crisis most of the domestic work (getting foodstuff to the household, cooking, firewood and water collection) and child care was the responsibility of women in three focus counties. The current crisis exacerbated these gender dynamic with men resorting to domestic gender-based violence and putting an additional burden on female members of the household. Therefore, in the implementation of this project, HCO will provide an equal opportunity to male and female to be hired as staff, and at beneficiary levels; boys and girls will be considered as equal beneficiaries; All project documents i.e. reporting templates, summary reports will bear data/information designated by sex.

##### b. Environment considerations

The implementation of this project will ensure that packaging materials will be disposed with environmentally friendly approaches.

##### c. HIV/AIDS considerations

This project will provide equal opportunity to all members of the target communities regardless of their HIV status, and will undertake procedures that do not encourage stigmatization of those living with HIV/AIDS.

#### 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.

Project activities will be implemented by Hold the Child organization in conjunction with government actors including, County health department, and local authorities/leaders depending to the situational development. Dedicated project staffs will undertake the following;

- Services will be provided;

Name	SC	OTP	SFP
Fangak		3 Site	3 Sites (2 new)
Twic East	1 Site	2 Site	3 Sites (all new)
Bor town Periphery			3 Sites (1 new),

- Two new OTP sites will be opened in Fangak in addition to 1 existing. Two new OTP sites and 1 SC will be opened in Twic East. A total of six SFP sites will be opened in three counties.
- Services for SAM and MAM and IYCF counseling, and administration of deworming, Vitamin A and Iron & Folate will be undertaken by the field nutrition assistants (15 assistants to be recruited by HCO for 3 sites) and mobilisers at the facilities/units; these teams will also adopt a schedule with the guidance of the coordinator/officer to outreach some hot spot un covered areas should they be identified as the access situation improves
- Community mobilisers drawn from target locations will conduct MUAC rapid screening in the IDP concentrated areas and the screening report will be drawn by the nutrition officers (2) that will be recruited by HCO. Community mobilisers and nutrition officers will be made aware of the location of OTP, SFP and SC facilities (Pangak, Panyogor and in Bor) where children with SAM/MAM and SAM with medical complications will be referred.
- The Nutrition officers will also work with local leaders and mobilisers to mother-mother support groups and prepare demonstration sites and sessions with locally available resources
- Supplies for Both MAM and SAM will be received in Kind from WFP and UNICEF Cluster Core pipelines to support the program, other supplies including anthropometric equipment will also be collected from UNICEF
- Delivery of supplies from UNICEF and WFP to the project sites will be coordinated by the Nutrition coordinator, and the logistics officer
- Monthly reports on OTP/SFP, IYCF will be compiled by the nutrition assistants, supervisors and Officers verified by the nutrition coordinator.
- HCO staff will closely coordinate its activities with WASH, Health and FSL clusters in the field to ensure that underlying causes of malnutrition addressed in a coherent manner. FCO will use existing health facilities to set up OTP/SFP.

#### viii) Monitoring and Reporting Plan

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

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have

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

Hold the Child management is composed of technical coordination team in Juba with frequent filed visits working in line with project site managers who are also supported by logistics and administration officers. Field day to day activities are followed through weekly performance that is reported bi-monthly field reports and program specific follow-up checklists. Monthly narrative and quantitative activity progress reports and analyses are also part of the Comprehensive monitoring tools in Hold the Child programming.

Observation, day to day and periodic field visits by program and support staff at different level is another way of monitoring applied to follow progress and performance of the programs. There is a trend of quarterly monitoring of the implementations by the coordination team to review the overall status of the implementation. Budget follow up is also shared by the administration and finance department for financial monitoring and follow up. Finding of these frequent monitoring visits will enable us to realign and make adjustments.

Initial rapid assessments form our baseline and SMART surveys (where we have resources) an integral part of the system to generate information for improving implementation and focus areas for monitoring.

The performance of nutrition assistants on applying the right admission criteria is monitored by the day to day supervision of staff assigned for this purpose from each site.

To avoid double counting of beneficiaries for health educations at facility level, the reporting will focus by making all beneficiaries in one week to receive similar messages and the nutrition education message session is a 2 months cycle (which is the minimum length of stay for a care-taker). Hence, all beneficiaries coming to the facility on any day of the week will get the message and be counted. Beneficiaries admitted for SC and referred through OTP and TSFP are counted once, one case number is issued to enhance tracking. Beneficiary follow-up cards are issues to caretakers, during the follow-ups, the medical condition of the malnourished child, the nutritional and RUTF/food commodity provided will be recorded regularly

The recordings are to be regularly reviewed by assigned supervisors; if a child is not showing weight growth on the weekly visits or deteriorates, the care-taker will be consulted and receive advise. The recordings are to be regularly reviewed by assigned supervisors; if a child is not showing weight growth on the weekly visits or deteriorates, the care-taker will be consulted and receive advise. Supervisors and team-leaders evaluate output and outcomes on regular basis in comparison with the planned targets. The supplies management system is also monitored. The amount of supplies used in relation to the number of beneficiaries is correlated. The quality of health education provided to the care-takers at facility level as well as at the community level is also monitored.

Reports are prepared at facility level by proper compilation of daily accomplishments. They are filled on a format for weekly report submission. The supervisors countercheck and approve and be submitted to the program managers for final validation and entry, on a weekly basis. On the last day of each month, a general meeting is being conducted with Nutrition Assistants to discuss on issues related from the monitoring and also on reporting. Such meetings are important to learn lessons from gaps observed in other facilities to better set the ground for the next month.

**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)
CHF 14 Round one (1 April 2014 to 30 Jun 2014)	93,875
<b>Pledges for the CRP project</b>	

<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.



### SECTION III:

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

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

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

LOGICAL FRAMEWORK				
CHF ref./CRP Code: <u>SSD-14/H/60288</u>		Project title: <u>Provision of integrated lifesaving nutrition services in Jonglei</u>	Organisation: <u>Hold the Child</u>	
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Goal/Impact (cluster priorities)</b>	<ul style="list-style-type: none"> <li>Treatment of acute malnutrition in children U5 years, P&amp;LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM;</li> <li>Conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition in the IDP concentrated areas</li> </ul>	<ul style="list-style-type: none"> <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 of Pregnant and Lactating Women (PLWs) admitted for the treatment of MAM;</li> <li>Number of cases and proportions of SAM, and MAM identified and referred during the rapid screening outreaches;</li> </ul>	<ul style="list-style-type: none"> <li>Admission, feeding and discharge OTP/SFP reports;</li> <li>Reports on defaulting, cure proportion and rates;</li> <li>Testimonies of mothers whose children have recovered from acute Malnutrition;</li> <li>Reports on Rapid MUAC screenings Conducted</li> </ul>	<ul style="list-style-type: none"> <li>Security and Political stability in the county and the state;</li> <li>Positive participation from the local authorities and communities members</li> <li>Stable supplies pipelines;</li> <li>Proper utilization of therapeutic and supplementary foods by the beneficiaries;</li> </ul>
<b>CHF project Objective</b>	Reduce morbidity and mortality due to acute malnutrition in the Conflict affected IDP concentrated areas of Fangak, Twic east and Bor during the second half of 2014 by providing emergency nutrition services for under-fives, P&LW, and other vulnerable groups through integrated and community-based approaches.	<ul style="list-style-type: none"> <li>Number of Nutrition sites</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>Percentage cure rate of admitted boys and girls;</li> <li>Number of Pregnant and Lactating Women (PLWs) admitted for the treatment of MAM;</li> <li>Number of cases and proportions of SAM, and MAM identified and referred during the rapid screening</li> </ul>	<ul style="list-style-type: none"> <li>Admission, feeding and discharge OTP/SFP reports;</li> <li>Reports on defaulting, cure proportion and rates;</li> <li>Testimonies of mothers whose children have recovered from acute Malnutrition;</li> <li>Reports on the formation and the functioning of IYCF mother support groups;</li> <li>Reports on IYCF counseling and nutrition education;</li> <li>Testimonies on infant/child feeding practices;</li> <li>MUAC Screening reports;</li> </ul>	<ul style="list-style-type: none"> <li>Security and Political stability in the county and the state;</li> <li>Positive participation from the local authorities and communities members</li> <li>Stable supplies pipelines;</li> <li>Proper utilization of therapeutic and supplementary foods by the beneficiaries;</li> <li>IYCF and nutrition education key messages are well understood;</li> <li>Stable fuel supplies and prices ;</li> <li>Stable communication network</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		<ul style="list-style-type: none"> <li>• outreaches;</li> <li>• Number of lead women trained on IYCF appropriate practices;</li> <li>• Number of function mother-mother support groups;</li> <li>• Number of women and men reached with IYCF counseling and nutrition education;</li> <li>• Number of community members reached with nutrition education meetings and IYCF counseling;</li> <li>• Proportions of SAM, MAM rates established among &lt;5s</li> <li>• Number of emergency response planning, assessment and evaluation sessions/meetings attended</li> </ul>		
<b>Outcome 1</b>	Acute cases of malnutrition in boys and girls under the age of 5 and in PLW are managed	<ul style="list-style-type: none"> <li>• Number of OTP/SFP operated;</li> <li>• Number of boys and girls &lt;5 years treated from acute malnutrition;</li> <li>• Percentage cure rate of admitted boys and girls;</li> <li>• Number of cases and proportions of SAM, and MAM identified and referred during the rapid screening outreaches</li> </ul>	<ul style="list-style-type: none"> <li>• Admission, feeding and discharge OTP/SFP reports;</li> <li>• Reports on defaulting, cure proportion and rates;</li> <li>• Testimonies of mothers whose children have recovered from acute Malnutrition;</li> </ul>	<ul style="list-style-type: none"> <li>• Security and Political stability in the county and the state;</li> <li>• Availability of staff for the sites</li> <li>• Stable supplies pipelines;</li> <li>• Proper utilization of therapeutic and supplementary foods by the beneficiaries;</li> </ul>
<b>Output 1.1</b>	Increase access to nutrition services to the to support vulnerable communities of Bor and Fangak	<ul style="list-style-type: none"> <li>• Number of Nutrition sites ;</li> </ul>	<ul style="list-style-type: none"> <li>• Admission, feeding and discharge OTP/SFP reports;</li> <li>• Reports on defaulting, cure proportion and rates;</li> <li>• Testimonies of mothers whose children have recovered from acute Malnutrition;</li> </ul>	<ul style="list-style-type: none"> <li>• Stable supply pipeline</li> <li>• Availability of staff to be recruited</li> <li>• Space limitation at the health facilities used for opening sites.</li> </ul>
<b>Activity 1.1.1</b>	Open and operate 5 new OTP/TSFP sites using eco-friendly materials; in the IDP concentrated areas of Fangak and Twic east, and 1 SC in Twic eat			
<b>Output 1.2</b>	1,850 children (900 boys and 950 girls) aged 6-59 months with severe acute malnutrition cases are treated	<ul style="list-style-type: none"> <li>• Number of Children (under-5) admitted for the treatment of SAM</li> <li>• Percentage cure rate of admitted boys and girls;</li> <li>• Number of cases and proportions of SAM, identified and referred during the rapid screening outreaches</li> </ul>	<ul style="list-style-type: none"> <li>• Admission, feeding and discharge OTP/SFP reports;</li> <li>• Reports on defaulting, cure proportion and rates;</li> <li>• Rapid MUAC screening reports;</li> <li>• Testimonies of mothers whose children have recovered from acute Malnutrition;</li> </ul>	<ul style="list-style-type: none"> <li>• Stable supplies pipelines;</li> <li>• Proper utilization of therapeutic and foods by the beneficiaries;</li> <li>• Availability of trained staff</li> </ul>



Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
<b>Activity 1.2.1</b>	Treat 1,850 children (900 boys and 950 girls) aged 6-59 months with SAM at OTP sites annexed to PHCCs using IMSAM guidelines and SPHERE standards with supplies and anthropometric equipment from UNICEF, and packaging materials appropriate disposed. Very severe case without appetite and Oedema be referred to PHCC for medical treatment in case they have underlying illnesses;			
<b>Output 1.3</b>	2,888 children (1,068 boys and 1,820 girls) aged 6-59 months , and 800 PLW are treatment from moderate acute malnutrition	<ul style="list-style-type: none"> <li>Number of Children (under-5) admitted for the treatment of MAM Percentage cure rate of admitted boys and girls;</li> <li>Number of Pregnant and Lactating Women (PLWs) admitted for the treatment of MAM;</li> </ul>	<ul style="list-style-type: none"> <li>Admission, feeding and discharge OTP/SFP reports;</li> <li>Testimonies of mothers whose children have recovered from acute Malnutrition;</li> </ul>	<ul style="list-style-type: none"> <li>Positive participation from the local authorities and communities members</li> <li>Stable supplies pipelines;</li> <li>Proper utilization of supplementary foods by the beneficiaries;</li> </ul>
<b>Activity 1.3.1</b>	Treat 2,888 children (1068 boys and 1,820 girls) aged 6-59 months with MAM and TSFP sites annexed to OTP sites using IMSAM guidelines and SPHERE standards with supplies from WFP. High priority will be given to OTP discharges;			
<b>Activity 1.1.2</b>	Treat 800 PLW with MAM using IMSAM guidelines;			
<b>Outcome 2</b>	Boy, girls <5s and PLWs reached with preventative supplements and key messages	<ul style="list-style-type: none"> <li>Number of pregnant women receiving iron-folate</li> <li>Number of boys and girls administered with micronutrients</li> <li>Number of lead women trained on IYCF appropriate practices;</li> <li>Number of function mother-mother support groups;</li> <li>Number of women and men reached with IYCF counseling and nutrition education;</li> <li>Number of community members reached with nutrition education meetings and IYCF counseling;</li> </ul>	<ul style="list-style-type: none"> <li>Reports on deworming and micronutrient administration (registers and stock records)</li> <li>Testimonials on the micronutrient supplementation</li> <li>Reports on the formation and the functioning of IYCF mother support groups;</li> <li>Reports on IYCF counseling and nutrition education;</li> <li>Testimonies on infant/child feeding practices;</li> </ul>	<ul style="list-style-type: none"> <li>Positive participation from the local authorities and communities members</li> <li>Stable supplies pipelines;</li> <li>Proper utilization of micronutrients by the beneficiaries;</li> </ul>
<b>Output 2.1</b>	Boys and girls <5s are administered with dewormers, and micronutrients; and PLW administered with micronutrients	<ul style="list-style-type: none"> <li>Number of P&amp;LW administered with Folates;</li> <li>Number of boys and girls administered with micronutrients</li> </ul>	<ul style="list-style-type: none"> <li>Reports on deworming and micronutrient administration (registers and stock records)</li> <li>Testimonials on the micronutrient supplementation</li> </ul>	<ul style="list-style-type: none"> <li>Stable supplies pipelines;</li> <li>Proper utilization of micronutrients by the beneficiaries;</li> </ul>
<b>Activity 2.1.1</b>	Administer Vitamin A to all health care contacts aged 6-12 months 3,192 children (1,224 boys and 1,968 girls) accessing services at the centres we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services;			
<b>Activity 2.1.2</b>	Administer deworming tablets to all health care contacts aged 12-59 months 2,584 children (1,622 boys and 962 girls) accessing services at the centres we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services;			
<b>Activity 2.1.3</b>	Administer iron and folate to 1,500 women attending for antenatal care in the IDP concentrated locations;			
<b>Output 2.2</b>	Social mobilization on key messages and demonstration of appropriate infant and young child	<ul style="list-style-type: none"> <li>Number of lead women trained on IYCF appropriate practices;</li> <li>Number of function mother-mother</li> </ul>	<ul style="list-style-type: none"> <li>Reports on the formation and the functioning of IYCF mother support groups;</li> </ul>	<ul style="list-style-type: none"> <li>Security and Political stability in the county and the state;</li> <li>Positive participation from the</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	feeding	<ul style="list-style-type: none"> <li>support groups;</li> <li>Number of women and men reached with IYCF counseling and nutrition education;</li> <li>Number of community members reached with nutrition education meetings and IYCF counseling;</li> <li>Number of recipe demonstration session conducted</li> </ul>	<ul style="list-style-type: none"> <li>Reports on IYCF counseling and nutrition education;</li> <li>Reports on recipe demonstration with case studies;</li> <li>Testimonies on infant/child feeding practices;</li> </ul>	<ul style="list-style-type: none"> <li>local authorities and communities members</li> <li>Stable communication network</li> </ul>
<b>Activity 2.2.1</b>	Promote healthy eating and proper child care by producing a pack of health promotion visual resources (posters, cards/charts), 5 key messages including early initiation of breast feeding, exclusive breast feeding and complementary feeding, and domestic hygiene, diet diversification for pregnant women, ANC and early treatment seeking behaviours; and organizing regular IYCF health sessions at the centres;			
<b>Activity 2.2.2</b>	Ensure that 20 IYCF mother-mother support groups are vibrant through engagement in to vegetable gardening demonstrations; cooking demonstrations on hygiene practices, appropriate food consistence, and variety meal complementary meals;			
<b>Outcome 3</b>	Coordinated emergency preparedness and nutrition status monitoring	<ul style="list-style-type: none"> <li>Number of emergency stakeholders coordination meetings attended (minimum 5 meetings)</li> </ul>	Reports/minutes of the nutrition stakeholders coordination meetings attended/facilitated;	<ul style="list-style-type: none"> <li>Security and Political stability in the county and the state;</li> <li>Positive participation from the local authorities and communities members</li> <li>Stable fuel supplies and prices ;</li> <li>Stable communication network</li> </ul>
<b>Output 3.1</b>	Timely and coordinated nutrition status monitoring and standardized responses	<ul style="list-style-type: none"> <li>Number of stakeholders coordination meetings attended (5)</li> <li>Number of cases and proportions of MAM identified and referred during the rapid screening outreaches</li> </ul>	<ul style="list-style-type: none"> <li>Reports/minutes of the nutrition stakeholders coordination meetings attended/facilitated;</li> <li>Reports on defaulting, cure proportion and rates;</li> </ul>	<ul style="list-style-type: none"> <li>Security and Political stability in the county and the state;</li> <li>Positive participation from the local authorities and communities members</li> <li>Stable fuel supplies and prices ;</li> <li>Stable communication network</li> </ul>
<b>Activity 3.1.1</b>	Work closely with the partners on ground in the IDP congested areas to support on the respective cluster related initiatives, geared at prevention of malnutrition among IDP congested communities;			
<b>Activity 3.1.2</b>	Conduct rapid MUAC screening and active case finding periodically among the selected vulnerable communities in the IDP concentrated areas of Bor town periphery and Old fangak, Toic and Paguir, Panyagoor, Wenglei and Maar to cumulatively cover 3,900 boys and 3,900 girls;			

## 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	Q2	Q3/2014				Q4/2014			Q1/2015			Q2/2015	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
<b>Activity 1:</b> Open and operate 5 new OTP/TSFP sites using eco-friendly materials; in the IDP concentrated areas of Fangak, and 1 SC in Twic east		X	X	X	X	X	X						
<b>Activity 2:</b> Conduct rapid MUAC screening and active case finding periodically among the selected vulnerable communities in the IDP concentrated areas of Bor town periphery and Old fangak, Toic and Paguir, Panyagoor, Wenglei and Maar to cumulatively cover 3,900 boys and 3,900 girls;		X	X	X	X	X	X						
<b>Activity 3:</b> Treat 1,850 children (900 boys and 950girls) aged 6-59 months with SAM at OTP sites annexed to PHCCs using IMSAM guidelines and SPHERE standards with supplies and anthropometric equipment from UNICEF, and packaging materials appropriate disposed. Very severe case without appetite and Odema be referred to PHCC for medical treatment in case they have underlying illnesses;		X	X	X	X	X	X						
<b>Activity 4:</b> Treat 2,888 children (1,068 boys and 1,820 girls) aged 6-59 months with MAM and TSFP sites annexed to OTP sites using IMSAM guidelines and SPHERE standards with supplies from WFP. High priority will be given to OTP discharges;		X	X	X	X	X	X						
<b>Activity 5:</b> Treat 800 PLW with MAM using IMSAM guidelines;		X	X	X	X	X	X						
<b>Activity 6:</b> Administer Vitamin A to all health care contacts aged 6-12 months 3,192 children (1,224 boys and 1,968 girls) accessing services at the centers we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services;		X	X	X	X	X	X						
<b>Activity 7:</b> Administer deworming tablets to all health care contacts aged 12-59 months 2,584 children (1,622 boys and 962girls) accessing services at the centers we operate; this will be done in conjunction with the PHCCs/emergency mainstream health services;		X	X	X	X	X	X						
<b>Activity 8:</b> Administer iron and folate to 1,500 women attending for antenatal care in the IDP concentrated locations;		X	X	X	X	X	X						
<b>Activity 9:</b> Promote healthy eating and proper child care by producing a pack of health promotion visual resources (posters, cards/charts), 5 key messages including early initiation of breast feeding, exclusive breast feeding and complementary feeding, and domestic hygiene, diet diversification for pregnant women, ANC and early treatment seeking behaviors; and organizing regular IYCF health sessions at the centers;			X	X	X	X	X						
<b>Activity 10:</b> Ensure that 20 IYCF mother-mother support groups are vibrant through engagement in to vegetable gardening demonstrations; cooking demonstrations on hygiene practices, appropriate food consistence, and variety meal complementary meals;			X	X	X	X	X						
<b>Activity 11:</b> Work closely with the partners on ground in the IDP congested areas to support on the respective cluster related initiatives, geared at prevention of malnutrition among IDP congested communities;		X	X	X	X	X	X						

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