

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

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
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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
<ul style="list-style-type: none"> • 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 	<ol style="list-style-type: none"> 1. Jonglei – all counties 2. Upper Nile – all counties 3. Unity – all counties 4. Central Equatoria – Juba (IDP camps) 5. Lakes- Awerial, Yirol West, Yirol East and Rumbek North 6. 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.																
Requesting Organization	Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State															
International Medical Corps (IMC-UK)	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">State</th> <th style="background-color: #4F81BD; color: white;">%</th> <th style="background-color: #4F81BD; color: white;">County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>50%</td> <td>Akobo (East) county; Denjok, Alali, Nyadit and Bilkey payams</td> </tr> <tr> <td></td> <td>20%</td> <td>Pochalla county; Pochalla, Adongo, & Akoyi payams</td> </tr> <tr> <td>Upper Nile</td> <td>30%</td> <td>Malakal county; Malakal UNIMISS PoC</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	State	%	County/ies (include payam when possible)	Jonglei	50%	Akobo (East) county; Denjok, Alali, Nyadit and Bilkey payams		20%	Pochalla county; Pochalla, Adongo, & Akoyi payams	Upper Nile	30%	Malakal county; Malakal UNIMISS PoC			
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Project CRP Code	CRP Gender Code															
SSD-14/H/60684	1															
CRP Project Title (please write exact name as in the CRP)																
Community based nutrition intervention in Jonglei and Upper Nile																

Total Project Budget requested in the in South Sudan CRP	US\$ 2,200,000	Funding requested from CHF for this project proposal	US\$ 300,000
Total funding secured for the CRP project (to date)	US\$ 314.344	Are some activities in this project proposal co-funded (including in-kind)? 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)	

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)			Indirect Beneficiaries / Catchment Population (if applicable)
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP	
Women:	31,300	81,933	

Girls:	15,160	8,366
Men:	660	1,500
Boys:	16,413	9,062
Total:	63,533	100,861

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Targeted population:
IDPs, Returnees, Host communities, Some targets are higher than CRP targets for IMC as we are scaling up.

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)
No sub contracted partner

Indicate number of months: **5 Months**
1 August – 31 December 2014

Contact details Organization's Country Office	
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Contact details Organization's HQ	
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Finance Officer	<i>Stanka Babic sbabic@InternationalMedicalCorps.org</i>

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

Akobo East county (Jonglei state)

Instability and conflict impacts the nutritional status of the population, in particular of children under five and pregnant and lactating women.

In Akobo County (*East*), following the over-running of the UNMISS base and death of several civilians and UNMISS soldiers inside the compound, and consequently the destabilization and capture of the town by anti-government forces, humanitarian access ceased. As a result, drugs for the treatment of basic diseases, nutrition and WASH supplies and the availability of highly skilled health personnel ran short. Services provided for the past two months were barely marginal and far less adequate. The 2013 Akobo, host population is estimated to be 91,402, which now has increased by the influx of 32,733 conflict-affected persons in need of assistance. Furthermore, this area is in need of special attention with the impending threats of food crises in the county, at the moment a 100kg bag of sorghum goes for about 110 USD, most families cannot afford this and planting has also been affected due to lack of seeds, ongoing conflict and delayed planting season, due to the prolonged dry season. A preliminary MUAC assessment conducted in mid-March, 2014 shows out of 5,485 children aged 6-59 months screened, 590 had severe acute malnutrition (based on MUAC), among them 370, were already receiving treatment, while 220 were referred to nutrition feeding sites in Akobo. 1,343 children were moderately acute malnourished based on MUAC. The recent pre-harvest anthropometric and mortality survey conducted at the end of May 2014 (*results not yet validated by the cluster*), by IMC indicates a GAM rate of 31.7% and SAM rate of 9.3%, according to WHO 2000 classification, the severity of malnutrition rates is critical, and there is an urgent need to scale up lifesaving interventions; mainly treatment and prevention services. At the moment International Medical Corps, is responding by providing treatment to SAM cases, for MAM treatment has not fully scaled up due to pipeline breakdown. Due to this high level of malnutrition, expanded nutrition protocol could be useful in this region, for management of MAM cases.

Pochalla county (Jonglei state)

Pochalla county has witnessed several insecurity incidents, which did force about 6000 people to migrate to Ethiopia, most affected were women and children. Last year, in August due to floods, 600 acres of food crops and 640 houses were destroyed in the payams of Akoyi, Adongo, Burator; which affected a total of 6520 persons; the impact of hunger started pinching hard in December 2013. Shortage of food has resulted in increased theft of food stocks - increasing insecurity in the area. End of February 2014 and start of March, IMC carried out a pre-harvest anthropometric and mortality survey (SMART) that indicated a GAM rate of 6.2% and SAM rate of 1.4%. According to WHO 2000 classification, GAM rate was classified as poor, requiring nutrition intervention especially for acute moderate cases. However, despite the fact that the nutrition situation was good at the time of the survey, the situation may worsen in the near future. Information from key Informants and the Focus Group Discussions showed that the amount of food harvested was too little to sustain the community even for a month. This was also noted in the food security section of the questionnaire where food insecurity was mentioned as the second biggest shock that the community was already starting to experience. Additionally, observations during the survey also showed that the majority of the households had opted to consume the food directly from the field rather than waiting for the food to be ready for harvesting - this would imply that the harvest would be very little. Additionally, the anticipated long rains from April were expected to pose a challenge to the nutrition situation in the area due to the heavy flooding that usually accompanies the long rains. With the flooding, accessibility to health services would be limited and this would worsen the nutrition situation given the high morbidity that could be expected in the area.

Due to insecurity, and pipeline challenges faced by WFP, Pochalla has not received TSFP supplies to date, thus putting the MAM cases at risk of deteriorating to severe acute malnutrition. IMC is the only nutrition partner implementing health and nutrition activities in this county.

Malakal UNMISS PoC (Upper Nile state)

Since February, 2014, IMC is treating severe and moderate acute malnutrition cases, in the PoC, and now intending to scale up the services in Wau-shiruk, where in the month of May it was observed that there was an increase of cases coming from this location and the nearby villages to access the nutrition services at the PoC. Other areas include Makal, Ogot and Ditang villages; this resulted in 31 new SAM and 83 new MAM admissions. Although the current population in the PoC has reduced to 18,036 people. There is need to scale up the nutrition interventions, outside the protection of civilian site. The rapid MUAC assessment that was done in February, among 597 children aged 6-59 months indicated that 58 children had a red MUAC and 62 had a yellow MUAC. Referral and treatment were done immediately. Other factors such as food stock out, delayed rainy season and beginning of the lean period might worsen the situation, leading to many healthy children falling back to severe acute malnutrition. International Medical Corps is the only partner providing OTP and TSFP services in the PoC, six days a week, Through establishment of Infant and Young Child feeding mother care groups, mothers are getting knowledge and understanding on importance of adopting IYCF practices.

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.

In Akobo county (East) IMC is providing treatment, prevention of acute malnutrition and capacity building of the MoH and local nutrition staff in emergency preparedness and responding to nutrition needs. The estimated acute malnutrition levels in Akobo, shows serious emergency critical phase, with, GAM 31.7% and SAM of 9.3% which need immediate intervention in the 8 nutrition sites 7 OTP, 8 TSFP & 1 stabilization care unit in Akobo hospital). Seventy eight IYCF mother support groups also need further support, to maximize the opportunity to reach many other mothers/caregivers with IYCF and hygiene and prevention messages, aimed at increasing adoption level of these practices. Strengthening the capacity of the local staff is critical for continuity of the program. IMC, through FAO support, intends to reach IYCF mother support groups with vegetable seeds, and fishing nets; this will

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

not only increase food availability and reduce malnutrition, but also empower the women.

In Pochalla county IMC is the only organization supporting nutrition interventions, with 3 nutrition sites providing OTP and TSFP services, plus 1 stabilization care unit in Pochalla PHCC. All the nutrition services are fully integrated within the health facilities. Improving health workers knowledge and skills in the management of acute malnutrition has been given priority, although there is need for continued on-the-job training and to provide refresher formal trainings in both CMAM and IYCF. The 25 formed and operational IYCF mother support groups need further support in order to increase message sharing. IMC in Pochalla has started discussion with NPA (Norwegian Peoples Aid) implementing a food security and livelihood program to work with the mother support groups and provide them with vegetables, seeds and farming technics.

International Medical Corps, nutrition program in Malakal PoC, since February to May 2014, has treated 577 children aged 6-59 months with SAM, 1349 children aged 6-59 months with MAM and 928 pregnant and lactating women with MAM. IMC plans to expand its activities to Wau-Shiruk with an estimated population of 40,000 people and to Lul, which has an estimated population of 10,358 IDPs. In the month of May, there was an increase in new admissions (SAM 31 & 83 MAM) from Wau-Shiruk.

In May, IMC secured funding from OFDA amounting to 600,000 USD to support nutrition activities in Akobo and Awerial. UNICEF provided a two-month funding for Malakal and Awerial nutrition program amounting to 78,000 USD cash and 92,000 USD supplies, ending July 14th. 2014. In Pochalla no extra funding has been secured, since the end of the first round CHF funding, on 31st May 2014. **Hence, this second round of CHF will secure the continuation of supplementary services initiated with CHF round 1 funding. These services are integral part of the nutrition program activities and complement services provided with funding from OFDA and UNICEF.**

IMC in two states (Jonglei and upper Nile) has established strong partnerships with WFP (Field level Agreements (FLAs) for TSFP supplies) and PCAs for both cash and supplies with UNICEF.

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.

Provide treatment for acute malnutrition cases

IMC will be able to continue providing treatment to children aged 6-59 months, with severe and moderate acute malnutrition. Through the community nutrition volunteers' network screening will be done on a weekly basis, and mass/mop-up screening on a quarterly basis. Nutrition treatment sites will generate and fill the follow up forms, which will be used by the CNVs to follow up absent, defaulter and non-respondents cases at household level and ensure mothers/caregivers return back to the program and complete treatment phase. Referral mechanisms will be strengthened from one nutrition site to another depending either on improvement or deterioration of the child, pregnant and lactating women, while undergoing treatment. IMC will as well scale up the nutrition activities aimed at increasing the coverage for SAM and MAM cases, in terms of timely services delivery, opening new sites near the population, effective community mobilization using the CNV and local leaders' platforms. At OTP level IMC will ensure that children get systematic treatment, including vitamin A supplementation. IMC will ensure that health and nutrition workers adhere to the GoSS MoH IMSAM guideline and MAM guidelines. Sharpening furthers their skills and knowledge in management of SAM (in-patient and out-patient) and MAM cases between the MoH and IMC nutrition staff, through trainings.

Prevention for acute malnutrition

IYCF mother support groups have already been established in all proposed intervention areas (78 in Akobo, 25 Malakal and 25 in Pochalla). IMC will strengthen the mother support group activities, and in the new areas additional groups will be established. IYCF counselling cards and hygiene charts will be provided to each support group consisting of 15 mothers, as well as sitting mats, to create a conducive environment for sharing experiences. In Akobo Hospital and Pochalla PHCC, IMC will conduct refresher training for the maternity, ANC and pediatric staff on exclusive breastfeeding, continued breastfeeding until age 2, and complementary feeding. Extra effort will be employed, among the mothers/caregivers with children aged 0-23 months, to ensure that during the first 1000 days of life "window period", many children grow healthy. At the nutrition treatment sites, mothers with difficulties in breastfeeding will be provided with information about breastfeeding and a particular CNV /leader mother from the same village where the mother comes from, will be assigned to follow up.

As per WFP decision for the upper Nile and Jonglei states, blanket supplementary feeding will be provided by the partners carrying out general food distributions. IMC will not provide this service, but will work together closely with GFD partners to carry out mobilization for children 6-59 months during registration, and use this opportunity to screen and refer SAM and MAM cases appropriately.

In Akobo and Pochalla IMC will work closely with partners implementing food security and livelihood projects, and link the IYCF mother support group, to this sector.

Capacity & emergency preparedness

IMC will strengthen the emergency nutrition preparedness team (10 members) in Pochalla. This team consists of CHD staff, MoH nutrition staff and CNVs. Refresher training on rapid MUAC screening will be done, as well as how to analyze the data, advocacy for appropriate actions, based on the severity of malnutrition.

MoH and IMC nutrition staff will receive refresher trainings on anthropometric data collection methodologies, to ensure accuracy and reduce measurement bias, while carrying out nutrition assessments in these locations.

Project Monitoring and supervision

IMC will strengthen regular supervision and support at the field level through regular visits by country level program managers as well as by HQ based technical advisers. Technical advice and support provided will ensure high quality program implementation, as well as timely and accurate reporting. Internal and external monitoring team will be put in place to ensure timely feedback to achieve

project objectives.

Provision and strengthening of state-level coordination aimed at improving intervention outcomes

As a key partner for the MoH in Jonglei and Upper Nile State, IMC will continue sharing quality nutritional data with the MoH and nutrition cluster in a timely manner. IMC will also play an active role in nutrition cluster and sector coordination meetings both at the national, state and county level in sharing project information.

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 kick start/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

Treatment of acute malnutrition

- I. Provide therapeutic treatment and care for children 6-59 months with SAM without medical complications in OTP sites (Akobo 7 OTPs, Malakal 2 OTPs, Pochalla 3 OTPs)
- II. Provide in-patient clinical and therapeutic treatment for children (0-59 months) with SAM and associated medical complications in stabilization care unit (Akobo hospital and Pochalla PHCC)
- III. Provide supplementary feeding rations and micronutrients, anthropometric follow up to children 6-59 months, pregnant and lactating women with MAM in 13 TSFPs sites (Akobo 8, Malakal 2 & Pochalla 3).
- IV. Organize community based, routine and mass MUAC screening, case identification and appropriate referrals of children 6-59 months, PLW with acute malnutrition.

Prevention of acute malnutrition

- I. Provide support and facilitate mother support groups, to be able to share IYCF and hygiene messages and experiences with other mothers and encourage adoption of these practices (Akobo 78 IYCF mother support groups, Malakal 25 and Pochalla 25)
- II. Increase awareness and encourage adopting healthy behaviors, among caregivers/mothers and men during any nutrition gatherings
- III. Provide support to the community nutrition volunteers, to be able to reach each household in their respective catchment area and conduct home visits, follow up, early identification and referral of medical and malnutrition cases among children 6-59 months and pregnant lactating women.

Capacity building & emergency preparedness

- I. To strengthen the capacity of 45 MoH and nutrition workers in nutrition emergency preparedness and response.
- II. Provide training on SAM and MAM case management to 50 health facility based nutrition staff and 85 community nutrition volunteers.
- III. To train 45 health workers in IYCF, follow up to ensure that they provide these services, to mothers/caregivers at health facility and nutrition sites.

Project Monitoring

- I. To conduct two post-harvest SMART surveys that will guide nutrition interventions in Akobo East and Pochalla.

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).

Nutrition, South Sudan guidelines and protocols: IMSAM protocol will be adhered to in guiding the nutrition implementing staff, community health workers in providing quality management of acute malnutrition services. On-the-job training will be strengthened, among the MoH, International medical corps nutrition staff and the community nutrition volunteers. Health facility workers will be fully involved to slowly integrate nutrition services in the daily running activities in the facility. Recommended UNICEF materials will guide IYCF interventions, with more emphasis on IYCF-E. Using mother support groups, we intend to involve the CHD and local authorities to fully understand support group dynamics and therefore be able to offer moral support to the groups as they carry out community outreach services. The nutrition information technical working group, to ensure quality and appropriateness to specific communities, will validate all new IEC materials that IMC will propose to use.

Scaling up nutrition services: International Medical Corps proposes to scale up and continue providing nutrition services to IDPs and conflict-affected communities in Akobo, Malakal and Pochalla counties over a six-month period. This proposal focuses on the continuation of existing nutrition services in Pochalla's OTP and TSFP sites, which are fully integrated within the health facilities. WFP is prepositioning TSFP supplies in the month of June, and therefore need to continue with TSFP services as well. International Medical Corps intends to scale up the IYCF activities in Pochalla, to reach more mothers. In Malakal, the current funding is ending on July 14th 2014, so CHF funding will be of great help in the continuation of these services and expansion to new areas outside the PoC where services are limited, IYCF services will also be extended. In Akobo, International Medical Corps will be using the CHF funding together with OFDA funds in order to help scale up services. During the rainy season accessibility will become problematic and therefore air transport remains the most effective way to deliver supplies. Additional funding is needed to ensure that throughout the year services are delivered, with support from UNICEF and WFP we will ensure that supplies are fully prepositioned especially in hard to reach areas, like Akobo in advance for smooth running of the program without pipeline breakdown.

Local knowledge and resources: Local knowledge, technical capacity and experience available at the payam, county, state, and national levels will be utilized in all aspects of program design, implementation and monitoring. International Medical Corps will continue to mobilize local resources in Akobo, Malakal and Pochalla to achieve the intended targeted goal. Working with community nutrition volunteers (CNVs) will also broaden the reach of health messaging and improve accessibility of services, especially to vulnerable populations (women, children, elderly, those with disabilities, etc.).

Strengthening and expanding local systems: International Medical Corps works with the Nutrition Cluster, the Ministry of Health, local council, religious leaders, women's groups and local NGOs, as appropriate, for program implementation. Although many established health systems are of limited functionality, International Medical Corps continues to support at the community and national level to deliver essential services and share information. It is through these systems that International Medical Corps' implementing staff can continue to assist in delivering life-saving services to conflict affected populations in South Sudan, and will continue to strengthen local capacities to provide long-term support. In emergency response, IMC focuses on providing additional support for the response, while referring to existing services, in order to allow for a smooth transition back to existing systems once the situation stabilizes.

Main activities, results and beneficiaries

Akobo

- i) Provide therapeutic treatment and care for children aged 6- 59 months with SAM without medical complications in 7 OTP sites (1,200 children- Boys 624, Girls 576)
- ii) Provide in patient clinical and therapeutic treatment for children (0-59 months) with SAM and associated medical complications in Akobo hospital stabilization care unit. (100 children Boys-52, girls 48)
- iii) Provide supplementary feeding rations and micronutrients, anthropometric follow up and medical care for children aged 6-59 months with MAM in 8 TSFPs sites (2,400 children-boys 1,248, girls 1,152)
- iv) Provide supplementary feeding and micronutrients to PLW with MAM in 8 TSFP sites (1,180 PLW)
- v) Organize community based, routine and mass MUAC screening, case identification and appropriate referrals of children 6-59 months. (8,245 children- boys 4,204, girls 4,040).
- vi) Provide health education during any nutrition-gathering event on IYCF, hygiene, malnutrition, treatment of malnutrition and health seeking behavior. (10,000 care givers/mothers and 270 men)
- vii) Support and facilitate 78 mother support groups, to be able to share IYCF, nutrition and hygiene messages with other mothers.
- viii) Organize community-based large gatherings using local theatre groups on nutritional practices, IYCF and hygiene messages. 2 big gathering.
- ix) Monitor support group behavior change communication (BCC) sessions.
- x) Conduct home visits to identify PLW and refer them to health services, ANC, PNC, immunization.
- xi) Coordinate with other actors to address other underlying causes of malnutrition, WASH and food security actors (ACTED & SCI).
- xii) Capacity building of the staff, training on CMAM and IYCF to the MoH, IMC and community nutrition volunteers. 45 health workers and 34 CNVs (20 female and 14 male).
- xiii) Conduct one post- harvest anthropometric and mortality (SMART) survey that will guide nutrition interventions.

Pochalla County

- i) Provide therapeutic treatment and care for children 6- 59 months with SAM without medical complications in 3 OTP sites (300 children boys 156, girls 144).
- ii) Provide in-patient clinical and therapeutic treatment for children (0-59 months) with SAM and associated medical complications in Pochalla PHCC stabilization care unit (30 children boys 17, girls 13).
- iii) Provide supplementary feeding rations and micronutrients, anthropometric follow up and medical care for children 6-59 months with MAM in 3 TSFPs sites in Pochalla county (1,300 children boys 676, girls 624 girls).
- iv) Provide supplementary feeding and micronutrients to PLW with MAM in 3 TSFP sites in Pochalla (640 PLW).
- v) Organize and conduct community based routine and mass MUAC screening, case identification and appropriate referrals of children 6- 59 months. (5,450 children- boys 2,834, girls 2,616).
- vi) Provide health education during any nutrition-gathering event on IYCF, Hygiene and health seeking behavior. (4200 mothers and 210 men).
- vii) Support and facilitate 25 IYCF mother support care groups, to be able to share IYCF and hygiene messages with other mothers and have open discussions.
- viii) Organize community-based large gatherings using local theatre groups on nutritional practices, IYCF and hygiene messages - 1 gathering to be conducted.
- ix) Conduct home visits to identify PLW and refer them to health services, ANC, PNC and immunization. (480 PLW reached).
- x) Coordinate with other actors to address other underlying causes of malnutrition, WASH and food security actors Norwegian Peoples Aid (NPA).
- xi) Capacity building of the staff, training on CMAM and IYCF to the MoH, IMC and community nutrition volunteers (30 Health workers trained and 12 CNVs).
- xii) Conduct one post- harvest anthropometric and mortality (SMART) survey in Pochalla County

Malakal

- i) Provide therapeutic treatment and care for children 6-59 months with SAM without medical complications in 1 OTP sites at PoC, and intended scale up sites. (850 children, boys 442, girls 408).
- ii) Provide supplementary feeding rations and micronutrients, anthropometric follow up and medical care for children 6-59 months with MAM in 1 TSFP site, and intended expansion sites. (2200 children - boys 1,144, girls 1,056).
- iii) Provide supplementary feeding and micronutrients to PLW with MAM in 1 TSFP, plus intended new site (1,650 PLW).
- iv) Organize and conduct community based routine and mass MUAC screening, case identification and appropriate referrals of children 6- 59 months. (9,500 children boys 4,940 girls 4560).
- v) Provide health education during any nutrition-gathering event on IYCF, hygiene and health seeking behavior. 12,000 women, 180 men)
- vi) Support and facilitate 50 mother support groups, to be able to share IYCF and hygiene messages with other mothers and have open discussions.
- vii) Capacity building of the staff, training on CMAM and IYCF to the MoH, IMC and community nutrition volunteers (25 health workers and 20 CNVs)
- viii) Conduct rapid MUAC assessment, in the PoC, and using the report to improve the nutrition status of the beneficiaries.

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

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

International Medical Corps, through implementation of nutrition program in Akobo, Malakal and Pochalla, expect to achieve the following results at the end of 6 month grant period;

- Increased availability, access and utilization of quality nutrition therapeutic and preventive services among children aged 6-59 months years, pregnant and lactating women.
- To contribute towards the reduction of malnutrition rates among children aged 6-59 months years and pregnant or lactating women.
- Improve knowledge among communities nutrition/health volunteers, health workers and county health department to respond to acute malnutrition emergencies and prevention measures
- Nutrition health providers (MoH staff, nutrition staff) and community nutrition volunteers, capacity strengthened and able to provide high quality services, treat as many acutely malnourished children, pregnant and lactating women as possible.
- Increased awareness on IYCF practices, knowledge and skills on hygiene related topics and prevention of common illnesses especially among children under 5 years - targeting men and women.
- Encourage and influence positive behavioral change practices in Akobo, Malakal and Pochalla communities (women, men, girls, boys and elderly) through continued supporting of the mother support groups and community nutrition volunteers' home visiting activities.
- Rehabilitate 3 nutrition treatment sites in Akobo.
- Nutrition surveillance system, strengthened, daily, weekly and monthly program data and nutrition assessments information collected are captured and reported timely. Post-harvest anthropometric and mortality surveys in Pochalla and Akobo
- Strengthened participation, coordination and representation in nutrition cluster platforms, in all levels of administration within the county, state and at the national level.

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.	# Of children (under-5) admitted for the treatment of SAM	2,480 children with SAM treated (1,195 girls & 1,284 boys)
X	2.	Quality of SAM program - Overall SAM program cure rate (SPHERE standards)	Overall SAM program cure rate > 75% (Sphere standards)
X	3.	Quality of SAM program - Overall SAM program default rate (SPHERE standards)	Overall SAM program default rate < 15% (SPHERE standards)
X	4.	Quality of SAM program - Overall SAM program death rate (SPHERE standards)	Overall SAM program death rate (< 10%, SPHERE standards)
X	5.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	5,900 MAM children 6-59 months treated (2,832 girls & 3068 boys)
X	6.	Quality of MAM program - Overall MAM program cure rate (SPHERE standards)	Overall MAM program cure rate >75% (SPHERE standards)
X	7.	Quality of MAM program - Overall MAM program default rate (SPHERE standards)	Overall MAM program default rate <15% (SPHERE standards)
X	8.	Quality of MAM program - Overall MAM program death rate (SPHERE standards)	Overall MAM program death rate (< 3%, SPHERE standards)
X	9.	# Of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	3470 PLW admitted and treated
X	10.	# Of nutrition sites - No of stabilization centers	2 (Akobo hospital and Pochalla PHCC)
X	11.	# Of nutrition sites - No of OTP sites	12 OTP sites (7 Akobo, 2 Malakal & 3 Pochalla)
X	12.	# Of nutrition sites - No of TSFP sites	12 TSFP sites (8 Akobo, 2 Malakal & 2 Pochalla)
X	13.	# Of Pregnant women receiving iron-folate	850 pregnant women
X	14.	# Of functional mother-to-mother support groups	128 mother support groups (78 in Akobo, 50 in Malakal, 25 in Pochalla)
X	15.	# Of health workers trained in Infant and Young Child Feeding	95 health workers trained (55 male, 40 female)
X	16.	# Of children screened in the community	23,195 children aged 6-59 months- 11,133 girls & 12,061 boys.
X	17.	# SMART survey undertaken-Post harvest	2 (Akobo & Pochalla)

vi). Cross Cutting Issues

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

Gender analysis and mainstreaming

In both Jonglei and Upper Nile State men are considered as the owner of most of the resources and assets in the family, cows, goats and land, while women are more involved with housework activities and taking care of the siblings. Most activities proposed in this program will involve women, especially IYCF implementation, International Medical Corps, will ensure that women roles are not

affected, at household level, time for meetings will be within 1 to 2 hours. Local/political leaders at village, Boma and Payam level will be informed about support group dynamics and the support needed to encourage women's and men's participation in IYCF activities. Nutrition and IYCF services will be provided in a secure and conducive environment, to improve equality and equitability, access to basic service will, ensure that all the gender rights are observed.

Protection mainstreaming

International Medical corps will ensure that there is a minimal negative effect due to nutrition activities implementation, that can increase people's vulnerability to both physical and psychosocial risk and that they are not exploited in any way or abused, due to their current nutrition status. Access to nutrition services will be focused, to especially reach all targeted population and not to create barriers. IMC will as well set up system to ensure that population served are able to free measure, the adequacy of intervention provide feedback to the organization that will help improve the service delivery. Individuals and communities will be encouraged to explore new technologies, especially to increase food production, in these way families and individuals will be protected from hunger and famine. A global partner in protection programming, International Medical Corps understands the vulnerabilities that conflict situation put affected populations in, especially women and children, and strongly incorporates protection principles of do no harm into programming. Prevention of Sexual Exploitation and Abuse training is done for all staff on a yearly basis at the country level, and all staff is required to read, acknowledge, and sign the IMC Code of Conduct as well as PSEA policy. IEC regarding PSEA is posted at offices and staff houses, and computers and phones are available at the office to allow staff to report allegations of misconduct. IMC is a non-political, non-denominational organization that provides medical assistance to those in need. In situations of ethnic or inter-tribal violence, it is especially important to maintain this principle of neutrality.

Inclusion of children, pregnant and lactating women with disability or HIV/AIDs

International Medical corps ensures that nutrition services are provided to all population without discriminating them, due to disability or their HIV status. In any case, greater assistance will be provided to this group to ensure accessibility, and that their unique needs are met in a timely manner. This includes referral to higher medical institutions, as well as confidential keeping of their medical history and reports.

Environment impacts

Although the project implementation will not have significant environmental consequences, during the implementation, IMC will educate mothers on how to dispose the therapeutic food handling materials (sachets), which can be used as seedlings bags, that will facilitate planting of fruit trees, and other trees that can in turn protect the environment. Also we will ensure that during cooking demonstration we use locally made fuel-efficient stoves that will not only use less firewood but also produce less smoke. Mothers will be taught how make these stoves at home and be encouraged to use them. By doing this, we encourage reduction of deforestation. All of the activities implemented will respect environmental considerations.

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.

Direct implementation: International Medical Corps will implement the proposed intervention directly, in the three proposed locations. Working closely with the MoH, nutrition cluster partners at county, state and national level. IMC will as well adhere to security, guidelines and measures and work with UNDSS to ensure that staffs are not put at high risk while carrying out their duties, security assessments will be done, before operating in new areas.

Skilled and motivated personnel: IMC has dedicated and competent nutrition team, this is to ensure quality, follow up and timely delivery of services. Where personnel gaps exist, hiring high skilled personnel will cover this. International Medical Corps intends to strengthen capacity of the nutrition provided, in Malakal there is a need to have full time nutritionist (expat), Akobo stabilization care unit, needs 2 more nutrition nurse assistant, to better care provided during 24 hours operations.

Nutrition supplies: international Medical Corps has already secured FLA with WFP for MAM and PCA for SAM supplies, in all three proposed locations. Although there have been challenges in transporting this commodities, IMC with CHF support will be able to airlift supplies and preposition supplies in a timely manner. We will ensure that the treatment supplies are provided to the right beneficiaries' mothers/caregivers provided with adequate information on usage, maintaining high level of hygiene and the next round of services.

Effective coordination and representation: IMC will continue working closely with the Jonglei and Upper Nile States MoH, WFP and UNICEF in order provide coordinate and prioritize for lifesaving nutrition services and responds to the emergency appropriately. International Medical Corps will share reports and information regarding implementation progress, challenges and lessons learnt with partners in cluster meetings at all levels. Local authorities will be informed of progress made during implementation and on a monthly basis. CHD will be supported to continuously host nutrition cluster meeting and be involved in monitoring of the field activities on regular basis.

Program monitoring: IMC will also ensure that the program is well monitored and evaluated periodically; this will help inform the partners and the cluster at large on the gaps, and recommendations on reducing malnutrition rates in Akobo, Malakal and Pochalla. We intend to carry out an anthropometric and mortality survey in Akobo and Pochalla. IMC Monitoring and reporting team has already put in place reporting mechanisms that the field staff find friendly to use, and detailed to provide in-depth information about the progress of the nutrition program

viii) Monitoring and Reporting Plan

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

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress

towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.

3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)².

Monitoring of the project activities: International Medical Corps at the beginning of the program will develop a detailed implementation, including all activities. Using the existing tools (check list, daily, weekly, monthly reporting form, training reports and supplies consumption reports) the nutrition staff will be able to capture information and report on accomplished task. The nutritionist will ensure that supervision and support at field level is done, that activities are not merely completed, but should demonstrate positive impact. Evidence documents will be used to verify accomplishment of activities such as pictures of completed rehabilitated nutrition shelter. Throughout implementation focus group discussion will be held, to enable population getting services, provide feedback to the team, on main cross cutting issues, thus minimizing exploitation, discrimination or increasing vulnerability.

Institutional monitoring: to assess physical implementation of the program with respect to ongoing programs, monitoring and evaluation technical support will be provided by a Monitoring and Evaluation Manager, based in Juba. In accordance with nutrition cluster IMSAM guidelines, the M&E Manager will ensure databases are maintained, and feedback mechanisms and M&E tools that are tailored to the context of the emergency. The nutrition coordinator at Juba level will provide technical support to the field team, ensure teams have all reporting tools, standard anthropometric measurement tools and equipment, in addition, he/she will provide key trainings for key program staff to ensure quality and right reports submitted.

Through active program monitoring, International Medical Corps uses performance indicators in addition to a monitoring and evaluation matrix to track and measure progress of donor specific indicators. Given the contextual range of conflict related emergencies, the performance indicators are determined following the assessment. Information is shared with the nutrition cluster and the Ministry of Health. Results-based monitoring of nutrition programs, including disaggregated data (sex, age, and event type) is conducted daily and is reported in weekly activity reports. The M&E Manager actively monitors information flow from Site Managers at each site, to assess trends in nutrition data and coordinates with the nutrition coordinator and field based nutritionist to ensure qualitative information is captured from program activities. The data will also allow staff to determine any disparities in nutrition outcomes among gender and age. In this event, activities will be modified to encourage accessibility and equity in program activities.

International Medical Corps also conducts periodic meetings with traditional leaders and IYCF mother support groups in areas of intervention, to ensure the quality of programs and to account for the feedback of targeted populations, including those who are considered vulnerable populations. Should any problems arise with regards to accessibilities of activities, field teams and senior management in Juba will work to modify implementation activities in discussion with other stakeholders to promote well-developed and culturally appropriate interventions.

Data collection and analysis: Field based staff will in Akobo, Malakal and Pochalla will gather treatment, screening and referral data, IYCF and training reports, that will be compiled and shared. The following tools will be used to collect information at nutrition treatment facility:

- Weekly screening report forms (CNVs)
- Weekly OTP report forms (used by nutrition assistant)
- Weekly TSFP report forms (used by the nutrition assistant)
- Weekly IYCF reports forms (used by Nutrition Social behavior change assistant)
- Weekly nutrition cluster report forms (used by nutrition supervisor)
- Monthly nutrition cluster form (used by the nutritionist)

The M&E Manager conducts periodic reviews of weekly activity reports and assesses the quality, quantity, and timeliness of results and activities, the use of resources, and validates constraints of unforeseen events and assumptions. Furthermore, systematic reviews include the coordination with internal and external stakeholders such as other INGO's, community leaders, local authorities and other relevant entities.

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)
OFDA, 1 May – 31 August 2014	600,000
UNICEF, 1 February – 14 July 2014 (negotiations underway to extend to March 2015)	78,000
Pledges for the CRP project	
	2,200,000

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

SECTION III:

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: SSD-14/H/60684	Project title: Community based nutrition intervention in Jonglei and Upper Nile	Organisation: International Medical Corps - UK

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Goal/Impact (Cluster priorities)</p> <p>-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.</p> <p>-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.</p> <p>-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.</p>	<p>-# and % of SAM cases admitted for treatment (disaggregated by sex and age)</p> <p>-% of SAM admissions recovered (disaggregated by sex and age): target > 75%</p> <p>-# and % of MAM cases admitted for treatment (disaggregated by sex and age)</p> <p>-% of MAM admissions recovered (disaggregated by sex and age): target > 75%</p> <p>-# of community health workers (women, men) trained on the management of acute malnutrition</p> <p>-# of health facility workers (women, men) trained on the management of acute malnutrition</p> <p>-# and % of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions</p> <p>-# of health workers trained in breastfeeding counselling</p> <p>-# and % of children (disaggregated by sex) reached by Vitamin A supplementation (6-59 months) and deworming treatment (12-59 months)</p> <p>-# and % of children (disaggregated by sex) aged 6-59 months reached with</p>	<p>-Weekly nutrition cluster reports</p> <p>-Monthly nutrition cluster reports</p> <p>-Training reports</p> <p>-Nutrition assessment</p> <p>Survey reports Mid- term</p> <p>CHF reports</p> <p>-Final project report</p>	<ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program ▪ UNICEF and WFP maintain nutrition ▪ Supplies pipeline in country ▪ Weather conditions remain manageable to deliver services, throughout the project time frame

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	<ol style="list-style-type: none"> To identify, refer and treat, severe acute malnutrition (SAM) and its complications among children 0-59 months To identify, refer and treat Moderate Acute malnutrition among children 6-59 months, pregnant and Lactating women. Promote optimal Infant, Young Child feeding and nutritional practices during pregnancy, locational and infancy stage. To strengthen the capacity & emergency preparedness of MoH and IMC nutrition staff in Management and prevention of acute malnutrition. 	<p>1.1 Number of children 6-59 months screened</p> <p>1.2 Number of children (under-5) SAM cases admitted for the treatment</p> <p>1.3 Number of nutrition sites providing SAM treatment (SC & OTP)</p> <p>1.4 Quality of SAM treatment (Recovery >75%, death <10%, defaulter <15%)</p> <p>2.1 Number of children (6-59 months) and PLW, MAM cases admitted for the treatment</p> <p>2.2 Number of nutrition sites providing MAM treatment (TSFP)</p> <p>2.3 Quality of MAM treatment (Recovery >75%, death <3%, defaulter <15%)</p> <p>3.1 Number of mother/caregivers receiving IYCF counselling sessions</p> <p>3.2 Number of mother to mother support groups</p> <p>4.1 Number of health workers trained on management of acute malnutrition</p> <p>4.2 Number of post-SMART survey undertake</p>	<ul style="list-style-type: none"> Weekly nutrition cluster reports Monthly nutrition cluster reports Training reports Nutrition assessment Survey reports Mid- term CHF reports Final project report 	<ul style="list-style-type: none"> Stability in South Sudan and security permits programs to operate No large population movements or displacement On-going funding Target communities continue to be participate in the program UNICEF and WFP maintain nutrition Supplies pipeline in country Weather conditions remain manageable to deliver services, throughout the project time frame.
Outcome 1	<ul style="list-style-type: none"> Nutrition services scaled up, increased access to quality nutrition services for children 0-59 months & PLW Reduced Malnutrition burden among children 0-59 months & PLW Utilization of acute malnutrition services increased Improved knowledge & skills among communities and health workers in responding to cases of acute malnutrition and prevention. Increased community awareness on management of acute malnutrition, IYCF, and WASH practices 	<ul style="list-style-type: none"> Reduced, GAM and SAM rates Targeted number of SAM and MAM cases reached. 80% of MOH and IMC staff demonstrate standard skills and knowledge in response to nutrition emergencies, CMAM, IYCF and other nutrition approaches Increase in optimal feeding nutrition practices, ECD and IYCF practices by targets 	<ul style="list-style-type: none"> Anthropometric and mortality survey –post harvest Akobo and Pochalla reports Monthly reports Training reports 	<ul style="list-style-type: none"> Stability in South Sudan and security permits programs to operate No large population movements or displacement On-going funding Target communities continue to be participate in the program UNICEF and WFP maintain nutrition Supplies pipeline in country

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	Treatment <ul style="list-style-type: none"> ▪ Children 0-59 months treated for SAM ▪ Children 6-59 months treated for MAM ▪ PLW treated for MAM ▪ SC & OTP sites, functional and providing treatment ▪ TSFP sites, functional and providing treatment 	<ul style="list-style-type: none"> ▪ # of children (under-5) admitted for the treatment of SAM ▪ Quality of SAM program - Overall SAM program cure rate (SPHERE standards) ▪ Quality of SAM program - Overall SAM program default rate (SPHERE standards) ▪ Quality of SAM program - Overall SAM program death rate (SPHERE standards) 	<ul style="list-style-type: none"> ▪ Weekly report ▪ OTP, TSFP register books ▪ WFP distribution reports ▪ Monthly nutrition cluster reports ▪ Training reports ▪ Anthropometric and mortality survey reports 	<ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program ▪ UNICEF and WFP maintain nutrition ▪ Supplies pipeline in country
<i>List the key activity to be carried out for achieving output 1.1</i>				
Activity 1.1.1	Provide therapeutic treatment and care for children aged 6- 59 months with SAM without medical complications			
Activity 1.1.2	Provide in patient clinical and therapeutic treatment for children (0-59 months) with SAM and associated medical complications in stabilization care unit			
Activity 1.1.3	Provide supplementary feeding rations and micronutrients, anthropometric follow up and medical care for children aged 6-59 months with MAM			
Activity 1.1.4	Organize community based, routine and mass MUAC screening, case identification and appropriate referrals among children 6- 59 months and PLW.			
Output 1.2	Prevention of acute malnutrition <ul style="list-style-type: none"> ▪ Community case finding and tracing, through MUAC screening children 6-59 months and PLW ▪ Children 6-59 months, provided with Vitamin A. ▪ Children 12-59 months in the program receive de-worming tablet ▪ Mothers receive IYCF education and support through mothers to mother support groups 	<ul style="list-style-type: none"> ▪ Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) ▪ Quality of MAM program - Overall MAM program cure rate (SPHERE standards) ▪ Quality of MAM program - Overall MAM program default rate (SPHERE standards) ▪ Quality of MAM program - Overall MAM program death rate (SPHERE standards) ▪ # of pregnant and Lactating 	<ul style="list-style-type: none"> ▪ Weekly report ▪ OTP, TSFP register books ▪ WFP distribution reports ▪ Monthly nutrition cluster reports ▪ Training reports ▪ Anthropometric and mortality survey reports 	<ul style="list-style-type: none"> ▪ Stability in South Sudan and security permits programs to operate ▪ No large population movements or displacement ▪ On-going funding ▪ Target communities continue to be participate in the program ▪ UNICEF and WFP maintain nutrition ▪ Supplies pipeline in country
<i>List the key activity to be carried out for achieving output 1.2</i>				
Activity 1.2.1	Support and facilitate mother to mother support groups, to be able to share IYCF, nutrition and hygiene messages with other mothers			
Activity 1.2.2	Organize community-based large gatherings using local theatre groups on nutritional practices, IYCF and hygiene messages.			
Activity 1.2.3	Monitor support group behaviour change communication (BCC) sessions.			
Activity 1.2.4	Conduct home visits to identify PLW and refer them to health services, ANC, Post Natal Care, immunization.			
Activity 1.2.5	Coordinate with other actors to address other underlying causes of malnutrition, WASH and food security actors (ACTED & SCI)			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.3	<p>Improved capacity building and emergency preparedness</p> <ul style="list-style-type: none"> Improved capacity for MoH health workers and IMC nutrition staff on management of SAM & MAM Improved capacity for community nutrition volunteers and lead mothers on IYCF and WASH. Increased awareness on IYCF and WASH practices among the community members. Post-Harvest survey conducted in Pochalla and Akobo, report shared with partners 	<ul style="list-style-type: none"> Women (PLWs) admitted for the treatment of MAM # of nutrition sites - No of stabilization centers # of nutrition sites - No of OTP sites # of nutrition sites - No of TSFP sites # of functional mother-to-mother support groups # of health workers trained in Infant and Young Child Feeding # of children screened in the community # SMART survey undertaken-Post harvest 	<ul style="list-style-type: none"> Weekly report OTP, TSFP register books WFP distribution reports Monthly nutrition cluster reports Training reports Anthropometric and mortality survey reports 	<ul style="list-style-type: none"> Stability in South Sudan and security permits programs to operate No large population movements or displacement On-going funding Target communities continue to be participate in the program UNICEF and WFP maintain nutrition Supplies pipeline in country
<i>List the key activity to be carried out for achieving output 1.3</i>				
<i>If required, insert other lines to add activities necessary to achieve output 1.2</i>				
Activity 1.3.1	Capacity building of the staff, training on CMAM and IYCF to the MoH, IMC and community nutrition volunteers.			
Activity 1.3.2	Conduct post- harvest anthropometric and mortality (SMART) survey that will guide nutrition interventions			

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The work plan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	1 August 2014	Project end date:	31 December 2014	Q3/2014			Q4/2014		
Activities	Jul	Aug	Sep	Oct	Nov	Dec			
Activity 1 Provide therapeutic treatment and care for children aged 6- 59 months with SAM without medical complications		X	X	X	X	X			
Activity 2 Provide in patient clinical and therapeutic treatment for children (0-59 months) with SAM and associated medical complications in stabilization care unit		X	X	X	X	X			
Activity 3 Provide supplementary feeding rations and micronutrients, anthropometric follow up and medical care for children aged 6-59 months with MAM		X	X	X	X	X			
Activity 4 Organize community based routine and mass MUAC screening, case identification and appropriate referrals among children 6- 59 months and PLW.		X	X	X	X	X			
Activity 5 Support and facilitate mother to mother support groups, to be able to share IYCF, nutrition and hygiene messages with other mothers		X	X	X	X	X			
Activity 6 Organize community-based large gatherings using local theatre groups on nutritional practices, IYCF and hygiene messages.			X			X			
Activity 7 Monitor support group behavior change communication (BCC) sessions.		X	X	X	X	X			
Activity 8 Conduct home visits to identify PLW and refer them to health services, ANC, Post Natal Care, immunization.		X	X	X	X	X			
Activity 9 Coordinate with other actors to address other underlying causes of malnutrition, WASH and food security actors (ACTED & SCI)		X	X	X	X	X			
Activity 10 Capacity building of the staff, training on CMAM and IYCF to the MoH, IMC and community nutrition volunteers.		X		X		X			
Activity 11 Conduct post- harvest anthropometric and mortality (SMART) survey that will guide nutrition interventions									

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