

**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
<ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response</li> </ul>	<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 – Twc, 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>	<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	
Nile Hope	<b>State</b>	<b>%</b>
	Jonglei	100
<b>Project CRP Code</b>	<b>County/ies (include payam when possible)</b>	
SSD-14/H/60448	Akobo, Pigi and Fangak counties	
<b>CRP Gender Code</b>		
1		
<b>CRP Project Title (please write exact name as in the CRP)</b>		
Emergency Nutrition services provision to children Under 5 and other vulnerable population in Fangak, Akobo and Pigi counties of Jonglei state and Leer county of Unity state		
<b>Total Project Budget requested in the in South Sudan CRP</b>	US\$1,000,000	<b>Funding requested from CHF for this project proposal</b>
<b>Total funding secured for the CRP project (to date)</b>	US\$ 310,168	US\$ 350,000
		<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)

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)		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP
Women:	1674	4000
Girls:	6271	7280

Indirect Beneficiaries / Catchment Population (if applicable)
12,462

Men:	155	1307
Boys:	6301	7280
<b>Total:</b>	<b>14,401</b>	<b>19,867</b>

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**Targeted population:**  
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

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

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

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

Contact details Organization's Country Office	
Organization's Address	Off Main Munuki Road, Juba, South Sudan.
Project Focal Person	Name: David Tolu Email: <a href="mailto:tolulemiso@yahoo.com">tolulemiso@yahoo.com</a> Phone: 0914377402
Country Director	Name: Paul Biel Otoang Email: <a href="mailto:paulbiel@yahoo.com">paulbiel@yahoo.com</a> Phone: 0920010323
Finance Officer	Name: Solomon Njoroge : Email: <a href="mailto:solomon.njoroge1@gmail.com">solomon.njoroge1@gmail.com</a> Phone: 0977681414
Monitoring & Reporting focal person	Wuor Both <a href="mailto:wuorboth@gmail.com">wuorboth@gmail.com</a>

Contact details Organization's HQ	
Organization's Address	Akobo county in Jonglei state
Desk officer	Name: Jiday Zaitun Email: <a href="mailto:jidayiz@rocketmail.com">jidayiz@rocketmail.com</a> Phone: 0927329595
Finance Officer	Sofi Wambaire  Email <a href="mailto:Soffi28@yahoo.com">Soffi28@yahoo.com</a> Phone: 0920010324

**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>

Akobo, Pigi, and Fangak counties in Jonglei state are the most underserved and currently experiencing humanitarian crisis resulting from internal conflict that broke up in Mid December 2013. 1.1 million People are internally displaced and another 387,260 are seeking refuge in the neighbouring countries (UNOCHA 39<sup>th</sup> Report). UNOCHA snapshot (as of 9 June) state that "severe acute malnutrition (SAM) among the children under the age of five has doubled since January 2014; an estimated 235,000 children will suffer from SAM, 50,000 of whom may die if detection and treatment services are not scaled up. 7500HH IDPs are in Akobo West (IRNA report 15- 17th February 2014). The report states "both host and IDP communities are under stress due to isolation from normal trade and supplies and in addition it was noted that agricultural activities, preparation for planting (in March & April), were not under way and many fear now that there may be severe food insecurity (famine) in the coming months". The report continues to state that "Community leaders and RRC in both Motot and Wangak- Akobo west told us people are already very hungry". According to a nutrition survey results conducted on April-May 2013 (GAM) rate in Akobo showed to be 25.7% which is far above the WHO critical level (15%). 40,600 IDPs were reported in New Fangak (IRNA report 24<sup>th</sup> 2014). The report states that "Fangak County currently is in a state of 'crises' in terms of food insecurity overall". In 2013, Fangak County had a cereal deficit of 8,422 metric tons. However, in 2014, the County's cereal deficit was projected to increase to 8,667 metric tons. In other words, before the conflict, the county was projected to meet only about 37% of its 2014 total cereal requirements. The Second IRNA Report (16/17<sup>th</sup> May) state that "A random check through a few houses indicated availability of limited quantities of sorghum which is expected to get depleted in the next few weeks" showing deteriorating food security in the area thus increasing malnutrition situation. Pigi County also suffers the same brand of food insecurity since the community had not planted and was land locked since the community couldn't access a market.

**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 an environment characterized by dwindling resources the CHF remained a constantly and vital source of humanitarian support in an emergency situation. Currently Nile Hope managed to secure 145,145USD from IOM to continue supporting existing OTPs (New Fangak and Wangak) until the end of September 2014. However, since the IOM fund is a short term, CHF fund will continue supporting these OTPs as from September onwards. Humanitarian need especially nutrition services including referral services have increase in Pigi and Fangak where Nile Hope is the key main actor in provision of Nutrition services. This requires Nile Hope to expand and meet the needs of the community that are in dire need of nutrition intervention. Nile Hope will open one additional OTP in Pigi (Khorfulus) and 1 stabilization centre in New Fangak. The two mention area have constraint in referral system since before the recent conflict, the two counties used to refer complicated SAM cases to Malakal, in which currently this services are limited and the area is insecure. Meanwhile, Nile Hope will refer children with Medical complication cases to old Fangak, while Nile Hope is in

<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.

the process to setting up stabilization centre in New Fangak in order to Manage complicated SAM cases. Nile Hope has PCA with UNICEF for nutrition supplies currently to support Nutrition emergency service in Pigi, Akobo and Fangak counties in Jonglei. The grant will particularly seek to target 14,401 individuals of children under five both male and female IDPs, returnees ,P&LW and other vulnerable population living among in Akobo, Pigi and Fangak counties thus to improved the general health care of the communities living in these counties, Nile hope has experience in implementing nutrition program in these counties to responding to nutrition emergency services as well as to support nutrition cluster priorities in south Sudan Nile hope will be able to implement the following areas under this grant.

**1. Treatment of severely acute malnutrition and MAM among children less than five years of returnees IDPs and the host community approximately reaching a minimum of 2,160 (1100 boys and 2,060 girls) in Fangak, Akobo and Pigi counties in Jonglei state.**

The Grant will particular help for treatment of SAM and MAM among children less than five in order to meet their nutritional needs in four counties, especially in terms of providing life-saving nutritional interventions. The proposed project activities will help increase coverage of therapeutic and supplementary nutrition care to children under five, P&LW and malnourished vulnerable groups by providing the minimum package of continuum of nutrition care through the CMAM approach. there is still need for continuation of the nutrition existing program since communities are experiencing hunger and exposure to malnutrition due to lack of food as farmer are not able to cultivated due to insecurities in the three counties great number of children of both gender who are severely malnourished and who attended the OTP centre and in need of further support as there's no mechanism in place yet to ensure food provision and or access this worsen malnutrition cases

**2. Enhancing the capacity of nutrition staff**

The grant will also help to enhancing the capacity of nutrition staff, since Nile hope has technical capacity, equipment and infrastructure to run the project is well known and established in proposed locations due to high number of beneficiaries, the organization has seen huge need to trained community nutrition volunteers CNVs, mother to mother support groups, enhancing the capacity of SC staff, nutrition campaigned to get skills and knowledge on integrated management of SAM and IYCF practices so as to provide nutrition quality services to underserved population as well as improved coverage of preventive and promotion health and nutrition services including nutrition knowledge, Nile hope will also play vital roles to built the capacity of health staff for integration of management of SAM. This justifies the need for continue supporting nutrition project in this aforementioned counties.

**3. Nutrition Therapeutic supplies**

The grant has the potential to bring considerable impact, including reducing infant mortality, by the end of the project, as we shall be able to preposition reasonable volumes of plumpy nuts and routine medication and to continue managing severe cases of malnutrition at OTP, TSFP and SC in Fangak as well as impart crucial nutrition knowledge and awareness among the local population. Nile hope shall, for the time being, rely on the CHF grant as herewith applied to underwrite the cost of the proposed activities as the organization has presently no significant funding earmarked for the initiative, the proposed activities will increase coverage of nutrition services to children under 5, P&LW, IDPs, returnees and other vulnerable population throught CMAM approach.

**4. Provision of micronutrient supplementation & de-worming services to children under five as well as P&LW ,**

The grant will particularly help to ensure all children under five will received Vitamin A during admission as well as ORS to prevent occurrence of diarrhoeal diseases, the pregnant and lactating mother will be also be given the same dose of Vitamin A as well as iron foliate during visitation to health facility.

**Secured funds**

Nile hope currently has secured \$145,145 from other donor and have resource gap amounting to USD 859,855 to be mobilized.

**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.

The CHF funds will entirely be used to achieved the cluster priorities activities, the intervention will contributed to reduce mortality and morbidity rates among children Under five and other vulnerable population by providing them with right treatment of SAM and MAM in Pigi, Fangak and Akobo county reaching 14401 individuals thus improving their general health status by the end of December 2014.

The intervention will contributed in term of provision of micronutrient supplementation & de-worming services to children under five as well as P&LW and we shall ensure all children under five will received Vitamin A during admission as well as ORS to prevent occurrence of diarrhoeal diseases, the pregnant and lactating mother will be also be given the same dose of Vitamin A as well iron foliate during visitation to health facility. this project underwrite the cost of project personnel, transportation and distribution of the nutrition supplies, dissemination of valuable nutrition knowledge and also for administration of the project for it to run as expected and to support the designated caseload in three counties.

The CHF funding will also help to enhancing the capacity of nutrition staff as well trained community nutrition volunteers CNVs, mother to mother support groups, enhancing the capacity of SC staff, nutrition campaigned to get skills and knowledge on integrated management of SAM and IYCF practices so as to provide nutrition quality services to underserved population as well as improved coverage of preventive and promotion health and nutrition services including nutrition knowledge.

The CHF funding will also play vital roles to build the capacity of health staff for integration of management of CMAM approach into health packages so as to improve the referral services and management of cases with medical complication at Stabilization centre in Fangak county.

Through this CHF funding, Nile Hope will set up additional 1 OTP centre in Pigi (Khorfulus) and 1 SC in New Fangak county to provide emergency outpatient and inpatient services to children who are identified with malnutrition and has medical complication and continue supporting 3 nutrition centre in Akobo, Fangak and Pigi in provision of nutrition services. The whole project will be implemented within a period of six month.

**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)

The project is meant to reduce mortality and morbidity rates related to malnutrition among children Under five, P&LW, IDPs and other vulnerable population

**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).

Our main strategies as Nile hope to ensure that all children under five who are severely malnourished should be treated with SAM and MAM, P&LW and undeserved communities with improved access to nutrition services in areas of high return and periodically affected by the current south Sudan conflict especially in Pigi, Akobo and Fangak counties in Jonglei state.

1. Conduct community mobilization and sensitization through holding nutrition campaigns and stakeholder workshops for key community leaders, Home health promoters, Mother Support Groups and Village Health committees will also be included in community mobilization to improve awareness on Health and Nutrition both male and female in three counties reaching 120 people.
2. Provide treatment of severe acute malnutrition (SAM) among children less than five years of returnees, IDPs and the host community reaching 1,832 ( 920 boys and 912 girls)
3. Provide treatment of MAM among children less five years of IDPs, returnees and the host community reaching 3556(1789 boys and 1767 Girls).
4. Provide treatment of MAM among pregnant and Lactating Women (PLWs) admitted for the treatment of MAM reaching 1400 people in Pigi and Fangak counties.
5. Continue with daily screening of children in the community and Referral them to the OTP reaching 7,280 children reaching(2392 boys and 2389 girls)
6. Referral of children with medical complications both boys and girls from OTPs to Old Fangak for inpatient service until the Nile Hope complete setting up SC
7. Training of 24 nutrition staff on IYCF practices
8. Formation and training of mother to mother support groups 2 groups per each county in order to spread the IYCF key messages in good faith reaching 90 people.
9. Engage Voluntary Health Promoters to enhance community involvement in nutrition service and minimize defaulters through increased community defaulter tracing and enhance referral systems from community to OTP centre.
10. Establish 1 OTP centre in Pigi to provide outpatient therapeutic program to children who are identified severely malnourished.
11. Continue supporting 3 nutrition centers in Akobo, Fangak and Pigi in provision of nutrition services,
12. Set up 1 SC in Fangak county to provide emergency inpatient services to children who are identified with malnutrition and has medical complication
13. Recruit and train stabilization centre staff in Fangak county to provide inpatient therapeutic services
14. Enhance the capacity 105 community nutrition volunteers (CNVs) both male and female on proper management of acute malnutrition in the three counties
15. Sensitization and education of care takers and PLW on good hygiene and sanitation practices for prevention of malnutrition as well as other communicable disease.
16. Provided micronutrient supplementation , deworming for boys and girls of U5 age reaching 2400(1200 boys and 1200 girls)
17. Conducting baseline nutrition assessment in Pigi and Fangak to verify the extend of malnutrition rate in the counties
18. Preposition nutrition supplies in the field sites after securing them from the common pipeline partner (UNICEF and WFP) for rapid effective and efficient emergency response in the three counties.
19. Participate in a minimum of 6 nutrition cluster coordination and information sharing session/meeting
20. Conduct a monthly nutrition monitoring visits(and will also involve the County Health Dept to the OTP,TSFP and SC sites and timely submission of the nutrition report from the nutrition sites

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

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

(1) Improved nutrition status among children under 5 years, both boys and girls; **2)** Improved coverage of preventive and promotive nutrition services, including nutrition knowledge. 4) Improved Coordination and information sharing with Nutrition Cluster leading to best practices and improved (future) nutrition programming. 5) Monitoring, evaluation and reporting conducted in a timely manner.

**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 log frame.

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	1832( 920 boys and 912 girls )
X X	2.	Number of Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	3556 (1789 Boys and 1767 Girls).
X	3.	Quality of SAM program - Overall SAM program cure rate (SPHERE standards)	Overall SAM program cure rate (> 75%, SPHERE standards)
X	4.	Quality of MAM program - Overall MAM program cure	Overall MAM program cure rate (>75%, SPHERE

	rate (SPHERE standards	standards)
	5. Number of voluntary health promoter attended stakeholder workshop	105 (70 male and 35 female in the three counties)
X	6. Number of nutrition sites - No of OTP sites supported	3 existing and 1 new OTP in Pigi
X	7. Number of nutrition sites - No of stabilization centres supported	1 New SC in Fangak
	8. Number of staff trained on CMAM approach	24 nutrition staff
	9. Number of children five reach with de-worming services	2403 (1200 boys and 1203 girls )
X	10. Number of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	1,400 P&LW admitted for MAM
X	11. Number of nutrition sites - No of TSFP sites	2 TSFP set up in Fangak and Pigi
	12. Number of OTP sites with enough nutrition supply prepositioned	4 OTP site prepositioned with nutrition supply.
X	13. Number of children under five screened in the community	7, 280 children reaching(3,626 boys and 3,654 girls)
X	14. Number of Coverage surveys undertaken	1 Baseline survey in Fangak and Pigi counties
	15. Number Cluster coordination meetings attended in a quarter and timely submission of monthly report	6

#### vi) Cross Cutting Issues

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

Gender parity has been one of the key factors that have been considered in all of Nile Hope projects. The project is designed that, during emergency implementation of this project, special needs of women, men, boys and girls will be considered and during the initiation of the project both male and female will be involved in decision making. In addition, the gender parity in this project will be reflected in staffing and during treatment of children in the OTP, TSF and SC. Health education messages on HIV/AIDS will be provided to the caretakers during their visit to the Nutrition sites (OTP, TSFP and SC) in order to reduce the endemic HIV/AIDSs in these counties; this will enable us to increase the number of people with Knowledge on prevention and control of the spread of HIV/AIDSs. Nile Hope will ensure nature is not unduly interfered with during Construction of nutrition center. However, for proper handling of Nutrition waste from the Nutrition center, Use of Refuse pit for it to decompose will be used. The organization will ensure working and productive synergies and appropriate mainstreaming of cross-cutting issues, including peace-building, to realize quality and value-added intervention. Men are culturally withdrawn from dietary and feeding practices, largely because of culture, and need to be sensitized and capacity-built on nutrition issues to make them effective nutrition ambassadors, hence more male to be trained.

#### 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.

Nile Hope as a national NGO operating in South Sudan has had enough experience and social capital in implementing projects in Jonglei state, especially on nutrition. During the project implementation, the organization will work closely and engage with the community in our three counties to continue instilling a sense of ownership and for them to be able to support and participate in the project appropriately. The current Nutrition Officer will be stationed fulltime in the field to preside over the entire project, under him/her the counties will be headed by county supervisor, who will be in charge of Nutrition centers staffs, who are already available. Setting up of new OTP center and SC will be done In the initial month of the project including recruitment and training. Mapping of the site of the new OTP and SC sites will be conducted in close collaboration with local community. Nile Hope will advertise the new positions (i.e. Measurers, Registrars, Community Mobilizers, Dispensers and support staff for the for the new nutrition sites and selection process will be fairly done in collaboration with the CHD and RRC in counties. The successful candidate will be train on CMAM approach and inpatient care according to the national guideline. Community volunteers will continue increasing the awareness of the project among the community leaders while working closely with local staff attached to the project to ensure the work-plan is followed as a tool for project monitoring. The community leaders will help Nile hope team in the field to identify community volunteers who will be trained together with the nutrition staff on screening and treating of children who are malnourished. Nile hope will work closely with UNICEF to secure plumpy nuts and other supplies, and have them transported and pre-positioned to the site for the initiative to run smoothly. In addition Nile hope will have Field level agreement (FLA) with WFP for MAM program support. The Programs Coordinator will create working synergies with other sectors/departments including Health, Wash and Food security (especially through regular inter-sectorial meetings and experience-sharing sessions and common approach in procurement) and will ensure timely project implementation, monitoring, evaluation and reporting (including use of the requisite tools and approaches). We shall particularly ensure that the FSL works in harmony with the Nutrition intervention (for example, on dietary aspects).The Executive Director will take lead in donor obligations and the overall administrative issues to do with the project. The Finance Office will resource/finance the project according to the workplan and budget and ensure timely financial reporting.

#### viii) Monitoring and Reporting Plan

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

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

4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)<sup>2</sup>.

The project will be monitored in order to track how activities are being implemented in the field as from the initiation of the project. Recruitment, setting up of new OTP, TSFP and SC will be monitored closely by visitations to field sites and use of requisite monitoring tools, also with reference to the Log Frame and interviews with stakeholders, in order to prevent delays of activities. The Project Log- frame and Work plan will be the main tool that will be used to measure the extend of how activities is achieved where necessary to draft a way forward on how to fast track it, if it's not achieved as expected. In addition to the Log-frame, Nile Hope monitoring and Evaluation Team led by the M&E Officer and MoH nutrition officer in the field will use ministry of health reporting tools like county nutrition reporting tool used by cluster in developing monthly reports from the OTP, TSFP and stabilization centre. In addition, Nile Hope will employ other techniques like Focus Group Discussions and stakeholder workshops to evaluate the quality of services provided by the project. Analysis of the project achievements will be presented in form of Graph, table and charts to produce quality reports. Ministry of Health State and the Sector Lead will visit the site at the mid of the project and at the end of the project, or as deemed appropriate to assess progress towards achievement of project targets as envisaged. In addition there will be common inter-departmental M&E activities to track cross cutting issues. The Executive Director and Programs Coordinator will also be visiting the area in turns to provide administrative assistance and also support the project in developing tools for monitoring purposes.

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

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

Source/donor and date (month, year)	Amount (USD)
UNICEF in-kind	226,751
IOM ( June to September 2014)	145,145
<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		
<b>CHF ref./CRP Code:</b> SSD-14/H/60448	<b>Project title:</b> Emergency Nutrition services provision to children Under 5 and other vulnerable population in Fangak, Akobo and Pigi counties of Jonglei state and Leer county of Unity state	<b>Organisation:</b> Nile hope

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Goal/Impact (cluster priorities)</b>	<i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i>	<i>What are the key indicators related to the achievement of Cluster Priority activities?</i>	<i>What are the sources of information on these indicators?</i>	
<b>CHF project Objective</b>	The project is meant to reduce mortality and morbidity rates related to acute malnutrition among children Under five, P&LW, IDPs and returnees and the other vulnerable groups in Akobo, Pigi and Fangak counties in Jonglei state reaching 14,401 individuals thus improving their general health status by the end of December 2014.	<ul style="list-style-type: none"> <li>Prevalence of Malnutrition rate</li> </ul>	Nutrition survey	<ul style="list-style-type: none"> <li>The community are willing to cooperate with the organization during the implementation period</li> <li>Resources will be available in time to execute the project</li> <li>Weather will be favorable to execution of the project</li> <li>Security shall be present to avoid interruption of programme activities</li> </ul>
<b>Outcome 1</b>	Enhancing access to management and prevention of malnutrition cases in Fangak, Akobo and Pigi nutrition services	<ul style="list-style-type: none"> <li>Overall SAM program cure rate, default rate, and death rate at or above Sphere standards</li> <li>Overall MAM program cure rate, default rate, and death rate at or above Sphere standard</li> </ul>	<ul style="list-style-type: none"> <li>Project field reports</li> </ul>	<ul style="list-style-type: none"> <li>The OTP centre will be accessible by all community members</li> <li>The local authority in the areas will give any necessary support require for the smooth running of the programme</li> <li>Security stable</li> </ul>
<b>Output 1.1</b>	Children under the age of five are provided with quality curative and preventive services during the emergency	<ul style="list-style-type: none"> <li>Number of children (under-5) admitted for the treatment of SAM</li> </ul>	<ul style="list-style-type: none"> <li>OTP Register</li> <li>Weekly and monthly report</li> <li>Quarterly and final report</li> <li>Project photos</li> </ul>	<ul style="list-style-type: none"> <li>Mother/caregiver are willing to bring their children to the OTP to be screened and provided with the right treatment</li> <li>Community are willing for</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
				<i>their children to be screened in the community and referred to the TSFP</i>
<b>Activity 1.1.1</b>	Provide treatment of severe acute malnutrition (SAM) among children less than five years of returnees, IDPs and the host community			
<b>Activity 1.1.2</b>	Provide treatment of MAM among children less five years of IDPs, returnees a Provide treatment of MAM among children less five years of IDPs, returnees and the host community reaching 3556(1789 boys and 1767 Girls).			
<b>Activity 1.1.3</b>	Continue with daily screening of children in the community and Referral them to the OTP and TSFP			
<b>Activity 1.1.3</b>	Referral of children with medical complications both boys and girls from OTPs to Old Fangak for inpatient service until the Nile Hope complete setting up SC			
<b>Output 1.2</b>	Pregnant and lactating women provided with both curative and preventive nutrition services	<ul style="list-style-type: none"> <li>Number of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM</li> </ul>	<ul style="list-style-type: none"> <li>Weekly and monthly report</li> <li>Quarterly and final report</li> <li>Project photos</li> </ul>	<ul style="list-style-type: none"> <li>Mother are willing to be screened and provided with the treatment</li> <li></li> </ul>
<b>Activity 1.2.1</b>	Provide treatment of MAM among pregnant and Lactating Women (PLWs) admitted for the treatment of MAM			
<b>Activity 1.2.2</b>	Provision of micro-nutrient to pregnant mother i.e Ferrous and folic acid to booster their Blood/ Haemoglobin level			
<b>Outcome 2</b>	Enhanced skilled and knowledge of nutrition staff on nutrition topics	<ul style="list-style-type: none"> <li>Staffs capacity enhanced</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly and final report</li> <li>Project report</li> </ul>	<ul style="list-style-type: none"> <li>The selected people are willing and ready to be trained</li> <li>Weather favorable allow the moment of trainees</li> </ul>
<b>Output 2.1</b>	Nutrition staff and the community members trained on nutrition related topics	<ul style="list-style-type: none"> <li>Number of staff trained on Nutrition topics</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly and final report</li> <li>Project report</li> </ul>	<ul style="list-style-type: none"> <li>The selected people are willing and ready to be trained</li> <li>Weather favorable allow the moment of trainees</li> </ul>
<b>Activity 2.1.1</b>	Training of 24 nutrition staff on IYCF practices			
<b>Activity 2.1.2</b>	Training of 24 new OTP and TSFP nutrition staff on CMAM approach			
<b>Activity 2.1.3</b>	Enhance the capacity 105 community nutrition volunteers (CNVS) both male and female on proper management of acute malnutrition in the three counties			

## 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		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Activity 1:</b> Conduct community mobilization and sensitization through holding nutrition campaigns and stakeholder workshops for key community leaders, Home health promoters, Mother Support Groups and Village Health committees will also be included in community mobilization to improve awareness on Health and Nutrition both male and female in three counties reaching 120 people		x	x	x	x	x	x
<b>Activity 2:</b> Provide treatment of severe acute malnutrition (SAM) among children less than five years of returnees, IDPs and the host community reaching 1,832 ( 920 boys and 912 girls)		x	x	x	x	x	x
<b>Activity 3:</b> Provide treatment of MAM among children less five years of IDPs, returnees and the host community reaching 3556(1789 boys and 1767 Girls).		x	x	x	x	x	x
<b>Activity 4:</b> Provide treatment of MAM among pregnant and Lactating Women (PLWs) admitted for the treatment of MAM reaching 1400 people		x	x	x	x	x	x
<b>Activity 5:</b> Continue with daily screening of children in the community and Referral them to the OTP and TSFP reaching minimum 4781 children reaching (2392 boys and 2389 girls)		x	x	x	x	x	x
<b>Activity 6:</b> Referral of children with medical complications from OTP to SC both boys and girls		x	x	x	x	x	x
<b>Activity 7:</b> Training of 24 nutrition staff on IYCF practices			x				
<b>Activity 8:</b> Formation and training of mother to mother support groups 2 groups per each county in order to spread the IYCF key messages in good faith reaching 90 people		x	x				
<b>Activity 9:</b> Engage Voluntary Health Promoters to enhance community involvement in nutrition service and minimize defaulters through increased community defaulter tracing and enhance referral systems from community to OTP centre		x	x	x	x	x	x
<b>Activity 10:</b> Training of 24 new OTP and TSFP nutrition staff on CMAM approach		x	x				
<b>Activity 11:</b> Establish 1 new OTP centre in Pigi to provide outpatient therapeutic program to children who are identified severely malnourished.			x				
<b>Activity 12:</b> Set up 1 SC in Fangak county to provide emergency inpatient services to children who are identified with malnutrition and has medical complication		x	x				
<b>Activity 13:</b> Recruit and train stabilization centre staff on inpatient therapeutic care			x				
<b>Activity 13:</b> Enhance the capacity 105 community nutrition volunteers (CNVS) both male and female on proper management of acute malnutrition in the three counties				x			
<b>Activity 14:</b> Sensitization and education of Care takers and PLW on good hygiene and sanitation practices for prevention of malnutrition as well as other communicable diseases		x	x	x	x	x	x
<b>Activity 15:</b> Provide micro nutrients supplementation, de worming for boys and girls of U5 age reaching 2400 (1,250 boys and 1,150Girls )		x	x	x	x	x	x
<b>Activity 16:</b> Conducting baseline nutrition assessment Pigi to verify the extend of malnutrition rate in the counties		x	x	x			
<b>Activity 17:</b> Preposition nutrition supplies for rapid effective and efficient emergency responses in the three counties.		x	x	x	x	x	x
<b>Activity 18:</b> Participate in a minimum of 4 Nutrition Cluster Coordination and information sharing sessions/meetings		x	x	x	x	x	x
<b>Activity 19:</b> Conduct a quarterly nutrition monitoring visits to the OTP, TSFP and SC sites and timely submission of the nutrition report from the Nutrition sites		x	x	x	x	x	x

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