

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 percent 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"> Jonglei – all counties Upper Nile – all counties Unity – all counties Central Equatoria – Juba (IDP camps) <ul style="list-style-type: none"> 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															
Relief International(RI)	<table border="1"> <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>Upper Nile</td> <td>100</td> <td>Longchuk (Mathiang ,Malual, Wetbar, Jongolith, Warweng, Jangok and Belwang payams)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State	%	County/ies (include payam when possible)	Upper Nile	100	Longchuk (Mathiang ,Malual, Wetbar, Jongolith, Warweng, Jangok and Belwang payams)									
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Upper Nile	100	Longchuk (Mathiang ,Malual, Wetbar, Jongolith, Warweng, Jangok and Belwang payams)														
Project CRP Code	CRP Gender Code															
SSD-14/H/60265	1															
CRP Project Title (please write exact name as in the CRP)																
Provision, strengthening and expansion of community based nutrition services in Maban and Longchuk county																
Total Project Budget requested in the in South Sudan CRP	US\$ 700,000															
Total funding secured for the CRP project (to date)	0															
Funding requested from CHF for this project proposal	\$ 250,000 US															
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)																
UNICEF PCA(In kind support for RUTF)																
Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CRPproject and number of targeted beneficiaries scaled appropriately to CHF request)																
Indirect Beneficiaries / Catchment Population (if applicable)	Longchuk 72, 874 (Host Community+ IDPs 2,800)															
Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP															

Women:	11,273	20,048
Girls:	7,257	11,306
Men:	6,045	11,538
Boys:	7,829	10,417
Total:	32,404	53,309

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Targeted population:
 conflict affected, IDPs and, Host communities

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

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

Indicate number of months: 9 months,
1 August 2014 – 31 March 2015

Contact details Organization's Country Office

Organization's Address	
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Contact details Organization's HQ

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

The level of access to basic nutrition care, particularly unmet needs for therapeutic and supplementary feeding and capacity enhancement for the county health department (CHD) are visibly vital. The nutritional status of children, women and vulnerable groups in the proposed target areas is poor and there is an urgent need for target interventions. Proposed areas are also flood-affected, and inaccessible except in a few months of the year, which also has a negative impact on crop production and getting basic health and nutrition services. The recurrence of floods as a result of heavy rains and overflow from high level grounds has resulted in decreased access to food and hence increased malnutrition related diseases at the household level in Longchuk county. The Longchuk county in which RI currently operates is heavily affected by severe acute malnutrition, contributing to the concerning nutrition situation in Upper Nile State or South Sudan in general. The need to expand OTP and TSFP services to primary health care (PHC) facilities together with strengthening referral services is critical to improve coverage and ensure utilization of services by mothers and young girls who are usually burdened with caring for the family, and thus least likely to travel very far to access services. Though there was no nutrition survey conducted in Longchuk county, according to OCHA, a 2011 county level pre-harvest survey in Maiwut county adjacent to Longchuk county reveals that SAM is 5.1% to 7.5% and GAM 10.1% to 15%. Longchuk is one of underserved county in Upper Nile state and it is expected that the situation is worse than the findings in Maiwuet County which demand an urgent humanitarian response.

Nonetheless, the basic nutrition service that is nonexistent in Longchuk and the situation get worse after the violence erupted in mid-December, displaced high number of populations, which directly disrupted the seasonal cultivation practice this puts high proportion of the population in risk. RI is currently working in the county on Food Security and Lively Hood program. Vulnerable young children, pregnant and lactating women have specific nutritional requirements that provide major challenges to meet in the context of crisis. These challenges are highly pronounced when the already vulnerable groups are affected by climate caused vulnerability like floods, which are one of the major climate induced variables that aggravate malnutrition. The situation in the county is different as there is no agency operating in the host community to tackle severe and moderate acute malnutrition. The situation seems even worst in Longchuk compared with other counties in Upper Nile state.

The existing chronic problem exacerbated by violence that erupted along ethnic lines in December 2014, and the resulting internal displacement, has further crippled South Sudan, particularly upper Nile State which already suffered from drought, flood, and extreme poverty. The overall effect is the inability of the people to meet their basic needs: households do not have access to sufficient food, water, or health services, thereby aggravating malnutrition and health related problems. Since the start of the crisis, Longchuk county completely abandoned any health and nutrition services and the situation on the ground became highly alarming. The decline in the nutrition situation in the county has arisen as a result of a number of factors. First, due to the country wide crisis which particularly affected upper Nile state, Second, increasing food insecurity driven by cyclical droughts and flooding. Third, the large numbers of returnees that have come to Longchuk counties recently whose living conditions predispose them to common communicable diseases. Fourth, challenges of access (particularly in the rainy season) for both providers and beneficiaries. Fifth, poor Infant and Young Child Feeding (IYCF) practices and low-levels of community knowledge, driven by low adult literacy rates

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.

(particularly amongst women). These factors combine with the lack of basic quality primary health care and nutrition services to contribute to the extremely poor health and nutrition status in the target communities.

In this context, and with the uncertainties of the coming rainy season and lack of access to basic health and nutrition services, there is an urgent need for increased nutrition interventions integrated into primary health care services, both in terms of preparedness and response activities. This need is particularly great for those groups that are most vulnerable, namely infants, young boys and girls, pregnant and lactating women, and sick, elderly people who are susceptible to the vicious cycle of conflicts, disease and malnutrition. Therefore it is essential that a strong nutrition component is increasingly integrated into the existing primary health care project in Longchuk counties of Upper Nile states if further humanitarian crises and suffering are to be averted. The targeted project areas include remote rural payams and villages of the Longchuk county. In the areas where RI is working and planning to expand its nutrition activities integrated with food security and livelihood interventions including assessments/surveys, interventions to address SAM including cases with medical complications, MAM, nutrition to pregnant and lactating women, and vulnerable groups including elderly and sick persons in the county - there are no other actors/NGOs working in the nutrition sector supporting the host community.

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.

CHF funding will be used to fill the funding gaps to establish a new nutrition program in Longchuk county. Despite the alarming situation particularly on <5 children, pregnant & lactating mothers, basic nutrition services are nonexistent in Longchuk county. This situation is exacerbated by the violence erupted in Mid-December 2013 and the completely abandoned Longchuk county from health and nutrition services. Vulnerable young children and pregnant and lactating women have specific nutritional requirements that provide major challenges to meet in the context of crisis. These challenges are highly pronounced when the already vulnerable groups are affected by climate caused vulnerability like flooding, which is one of the major climate induced variables to aggravate malnutrition.

The situation in the county is different as there is no agency operating in the host community to tackle severe and moderate acute malnutrition. / . Community's exposure to various skills and knowledge in mitigating health and nutrition problems is very low. Using its mandate, RI's presence in the county and its many years of experiences spent focusing on increasing access to services and increasing the overall capacity of health workers and volunteers both to prevent and treat malnutrition using the community management of acute malnutrition treatment approach make it well positioned to meet any needs. In this context and with the uncertainties of the coming rainy season and lack of access to basic health and nutrition services in Longchuk county, there is an urgent need for increased nutrition interventions integrated into primary health care services, both in terms of preparedness and response activities in the coming months if further humanitarian crises and suffering to be averted.

RI has long presence with food security and livelihoods programming in Longchuk county, and will ensure immediate and coordinated response for the nutrition emergency, timely sharing and verification of nutritional data in the state and encourage coordinated nutritional programming. RI will ensure capacity enhancement and transfer to the county health department and State MOH through continuous engagement and training. RI's ultimate goal will be to have a functional nutrition unit at the county health department level with supervisory, training, data management, and emergency preparedness and response capacity which can support the health facilities on long term basis

The proposed project activities will help to increase coverage regarding the provision of therapeutic and supplementary nutrition care to children and pregnant and lactating women (PLWs) in the targeted county by providing the minimum package of continuum of nutrition care through the CMAM approach. RI integrates nutrition services in the existing health facilities in Longchuk. Services will continue and be started, strengthened or enhanced in target facilities as follows:

County	Payam	Location	Facility type	SC	OTP	TSFP < 5	TSFP PLW	BSFP 6-24 months
Longchuk	Mathiang	Mathiang	PHCC	X	X	X	X	X
	Malual	Malual	PHCU		X	X	X	
	Wetbar	Wetbar	PHCU		X	X	X	
	Jongolith	Jongolith	PHCU		X	X	X	
	Warweng	Warweng	PHCU		X	X	X	
	Jangok	Jangok	PHCU		X	X	X	
	Belwang	Belwang	PHCU		X	X	X	

TSFP & BSFP will be started depending on the availability of supplies and logistic support from WFP.

This project will continue to ensure strong linkages between facilities and between service areas within facilities to ensure appropriate and timely referrals and to ensure that all children visiting health facilities are screened for malnutrition. High utilization rates in the targeted facilities will ensure that the project is efficient relative to costs in its contribution to the achievement of the strategic priorities of the nutrition cluster. Under this project, RI will support the establishment and improvement of nutritional programming in the target county. RI has developed significant CMAM experience, skills and knowledge in and this project will help RI to work with local communities towards the reduction of critical levels of acute malnutrition through SC/TSFP/OTP-level treatment, prevention of disease, community capacity building and addressing the underlying causes of malnutrition.

In its community based health care service experience, RI has observed a huge need to intensify community education and social mobilization for the utilization of services. The ongoing IYCF activity in three different payams in Longchuk counties have been good experience for the organization in how to strengthen community structures and conduct extensive nutrition promotion with an emphasis on IYCF. The use of locally available nutritious food stuff will be considered, with a focus given for exclusive breast feeding, complementary feeding practice, common childhood illnesses, and maternal nutrition, hygienic preparation of child food,

healthcare seeking behavior, and information on available nutrition services in the health facilities. All community programming will be linked with health facility functions to ensure prompt and appropriate referral mechanism, and life-saving transfers from community and OTPs. RI will ensure the availability of IEC/BCC materials and events, micronutrient supplementation, supporting mechanisms, and screening items for the community-based nutrition workers. Under this project RI will ensure the establishment of ORT centers in all facilities. All children with acute watery diarrhea will receive ORS and zinc tablet as per the IMCI treatment protocol, which is proved to replace lost zinc during diarrhea, reducing the duration and episodes of diarrhea in children, reducing the episodes of diarrhea have a direct association to reduce the incidence of malnutrition.

Other Sources of Funding

RI has a PCA agreement with UNICEF for Maban will amend the existing PCA to include Longchuk County. This proposed expansion of RI nutritional programming for 2014 is essential to provide a response to the critical nutritional status identified above. The funds requested from CHF for this project will be essential to expand targeted nutritional interventions and have an immediate impact to address a critical situation. Most of existing functional health facilities primary health care services will be linked with this request to co-finance the common programming components for cost effectiveness and efficiency. RI also expects complementary funding from UNICEF and WFP will approach them for possible in-kind support. In the long term RI will work with other agencies working in the area in a consortium approach to implement multi sector(Nutrition, health, food security, WASH and education) multiyear holistic programming in order to sustain the service and address the long term needs of the targeted communities

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 project objectives and activities geared toward achieving the cluster priority activities. RI will set a surveillance system in place to monitor the trends in malnutrition using the SMOH/UNICEF-recommended SMART methodology. In addition to participating in integrated rapid assessments for rapid response with other partners (e.g. UNOCHA), RI will conduct a SMART nutrition survey and share the results with the Nutrition team and relevant stakeholders. The survey will include a qualitative component to capture information on nutritional practices and behaviors. All assessment undertakings will be coordinated with other partners, particularly UNICEF and the Cluster mechanism. Robust surveillance systems through health facilities, community health committees and home health promoters will continue to be utilized to monitor the situation and ensure a timely response to any early warning signs of changes in the nutritional status of target populations. Severe and moderate acute malnutrition in boys, girls, women, men, the elderly and the vulnerable populations in humanitarian crisis are effectively managed in line with South Sudan MOH guidelines for Integrated Management of Severe Acute Malnutrition (IM-SAM) and other relevant guidelines from the Global Inter Agency Standing Committee on Nutrition. The proposed project activities will help to increase coverage of provision of therapeutic and supplementary nutrition care to children and pregnant and lactating women (PLWs) in the targeted counties by providing the minimum package of continuum of nutrition care through the CMAM approach. RI integrates nutrition services in the existing health facilities in Longchuk. Services will be started, strengthened or enhanced in target populations.

To strengthen community structures and conduct extensive nutrition promotion with emphasis on IYCF, the use of locally available nutritious food stuff will be considered and focus will be given for exclusive breast feeding, complementary feeding practice, common childhood illnesses, maternal nutrition, hygienic preparation of child food, healthcare seeking behavior, and information on available nutrition services in the health facilities. RI will also organize and train selected lead mothers in techniques of growing a variety of vegetables in demonstration gardens using locally available recipes, including food preparation. In order to expand coverage of nutritional screening and key messages, RI will work with existing Household Health Promoters (HHPs) and Village Health Committees and they will be trained on nutrition screening, referral, defaulter tracing and key nutrition messaging. All community programming will be linked with health facility functions to ensure prompt and appropriate referral mechanism, and life-saving transfers from community and OTPs. RI will ensure the availability of IEC/BCC materials and events, micronutrient supplementation, supporting mechanisms, and screening items for the community-based nutrition workers. Moreover, RI will ensure the establishment of ORT centers in all facilities, all children with acute watery diarrhea will receive ORS and zinc tablet as per the IMCI treatment protocol, which is proved to be replacing lost zinc during diarrhea, reduces the duration and episodes of diarrhea in children. All under 5 children will receive Vitamin A and deworming tablet through comprehensive outreach program, special attention will be given for vulnerable groups in a very remote location. All facilities ANC services will be streamlined and with the recommended WHO focused ANC service, pregnant women will receive iron foliate tablets, additionally lactating women will receive vitamin A in post natal clinic.

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)

To increase access to quality and the effective treatment of severe and moderate acute malnutrition among children under five and pregnant and lactating women, improved practices and care relating to nutrition among vulnerable households will be supported.

To contribute to the reduction of Severe Acute Malnutrition (SAM) below 1% and Global Acute Malnutrition (GAM) below 10% in children 6-59 months and pregnant women and lactating mothers (PW&L) in Longchuk County, Upper Nile State, over a one year period through strengthening and establishment of Outpatient Therapeutic Program (OTP), Stabilization centers (SC) and a Targeted Supplementary Feeding Program (TSFP) programs that includes IYCF promotion and micronutrient supplementation.

To build the capacity of county level health staff so that they are able to better respond to fluctuating levels of severe acute malnutrition through management and monitoring of Community-based Management of Acute Malnutrition (CMAM) services.

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).

All activities will be implemented within 7 health facilities and 4 outreach sites in Longchuk county. RI is currently working on health interventions, supporting basic health services and nutrition in Maban County and has food security and livelihood and IYCF promotion program in Longchuk county. The nutrition project strategic objective is aimed at addressing the immediate and long term basic nutrition service needs of the targeted community. The strategic objective will be achieved through the following expected results;

1. Nutritional Assessment and Surveillance Systems are Established and/or Reinforced

The results obtained from past experiences, signaled the need RI to set a surveillance system in place to monitor the trends in malnutrition using the SMOH/UNICEF-recommended SMART methodology. In addition to participating in integrated rapid assessments for rapid response with other partners (e.g. UNOCHA), RI will conduct a SMART nutrition survey and share the results with the Nutrition team and relevant stakeholders. The survey will include a qualitative component to capture information on nutritional practices and behaviors. All assessment undertakings will be coordinated with other partners, particularly UNICEF and the cluster mechanism. Robust surveillance systems through health facilities, community health committees and home health promoters will continue to be utilized to monitor the situation and ensure a timely response to any early warning signs of changes in the nutritional status of target populations or other indicators such as further significant population movements. RI will also continue training and building the capacity of CHDs in the county. In addition, RI will continue to play an active part in nutrition cluster and sector coordination meetings at County, State and National level and sharing project information.

2. Severe and moderate acute malnutrition in boys, girls, women, men, the elderly and the vulnerable populations in humanitarian crisis are effectively managed in line with South Sudan MOH guidelines for Integrated Management of Severe Acute Malnutrition (IM-SAM) and other relevant guidelines from the Global Inter Agency Standing Committee on Nutrition

The proposed project activities will help to increase coverage regarding the provision of therapeutic and supplementary nutrition care to children and pregnant and lactating women (PLWs) in the targeted county by providing the minimum package of continuum of nutrition care through the CMAM approach. RI integrates nutrition services in the existing health facilities in Longchuk. This project will continue to ensure strong linkages between facilities and between service areas within facilities to ensure appropriate and timely referrals and to ensure that all children visiting health facilities are screened for malnutrition. High utilization rates in RI-supported in the targeted facilities will ensure that the project is efficient relative to costs in its contribution to the achievement of the strategic priorities of the nutrition cluster. Under this project, RI will support the establishment and improvement of nutritional programming in the target county. RI has developed significant CMAM experience, skills and knowledge in the country and this project will help RI to work with local communities towards the reduction of critical levels of acute malnutrition through SC/TSFP/OTP-level treatment, prevention of disease, community capacity building and addressing the underlying causes of malnutrition. Additionally, RI will closely liaise with WEP and UNICEF to ensure the timely and coordinated procurement and distribution of essential therapeutic and supplementary food

3. Emergency-affected areas have an adequate number of skilled Infant and Young Child Feeding (IYCF) counselors and/or functioning support groups to protect, promote and support Infant and Young Child Feeding.

In its community based health care service experience, RI has observed a huge need to intensify community education and social mobilization for the utilization of services. The ongoing IYCF activity in three different payams in Longchuk counties have been good experience for the organization in how to strengthen community structures and conduct extensive nutrition promotion with an emphasis on IYCF. The use of locally available nutritious food stuff will be considered, with a focus given for exclusive breast feeding, complementary feeding practice, common childhood illnesses, and maternal nutrition, hygienic preparation of child food, healthcare seeking behavior, and information on available nutrition services in the health facilities.

4. Micronutrient supplementation, vitamins and minerals

Under this project RI will ensure the establishment of ORT centers in all facilities. All children with acute watery diarrhea will receive ORS and zinc tablet as per the IMCI treatment protocol, which is proved to replace lost zinc during diarrhea, reducing the duration and episodes of diarrhea in children. All under 5 children will receive Vitamin A and deworming tablets through a comprehensive outreach program, with special attention being provided for vulnerable groups in a very remote location. All facilities and ANC services will be streamlined and with the recommended WHO focused ANC service, pregnant women will receive Iron foliate tablets. Additionally lactating women will receive vitamin A in post natal clinic.

Direct Beneficiaries: 32,404

- 1,096 SAM children under 5 (568 boys and 527 girls) treated
- 3,060 MAM children under 5 (1,588 boys and 1,472 girls)
- 1,866 MAM PLWs treated
- 7,287 non-malnourished children under 5 supplemented with micronutrient (with de-worming) [3,505 girls and 3,782 boys]
- 1,866 non-malnourished PLWs supplemented with micronutrient (with de-worming)
- 11,586 community members reached with key nutrition and IYCF messages (6,013 male and 5,573 female)
- 60 community based nutrition workers trained (24 male and 36 female)
- 20(12 male & 8 Female) of health/Nutrition staff trained on case management of MAM and SAM
- 120 lead mother&1,800 mothers (care groups) attended IYCF session
- 3,644(1753 girls & 1891 boys) children treated with diarrhea received zinc tablet

Main Activities

Result 1: Increased access to quality and effective community and facility-based therapeutic and supplementary nutrition services, and treatment of severe and moderate acute malnutrition among children under five and pregnant and lactating women in target

areas.

- Acutely malnourished children under five, pregnant and lactating women will be identified according to their nutritional status by anthropometric measurements. The new WHO reference standards and MUAC will be used in line with the national guidelines on integrated management of severe and moderate acute malnutrition. The beneficiaries will be selected for the program using the following criteria:
- Severe acute malnutrition (SAM) with medical complications: Children with WFH < -3 z-score and / or MUAC <115mm and / or presence of bilateral pitting oedema and no appetite. These will be referred to Stabilization Centre (SC).
- Severe acute malnutrition (SAM) without medical complication: Children with WFH < -3 z-score and / or MUAC <115mm and / or presence of bilateral pitting oedema and good appetite. These will be admitted into RI run Outpatient Therapeutic Program (OTP).
- Moderate acute malnutrition (MAM) for children 6-59months MUAC between =>11.5 and <12.5cm or Discharge from OTP and for pregnant and lactating women MUAC <23cm.
- 7,116 total screening, 4,260 children under five where 2,049 girls and 2,210 boys and 2,856 mothers) will be screened for acute malnutrition and referred for treatment
- 1,096 (527 females and 568 boys severely malnourished males without medical complication treated through OTP.
- 3,060 MAM children under 5 (1,588 boys and 1,472 girls) and 1,866 MAM PLWs treated
- The programming is aiming to achieve cure rates of Stabilization Centre, Death rate < 10%, Recovery rate >75% and Defaulter rate < 15%, Outpatient Therapeutic: Death rate <5%,Recovery rate > 75% and Defaulter rate < 15% and Treatment of MAM: Death rate < 3%, Recovery rate > 75% and Defaulter rate < 15%.
- Establish 1 stabilization center,7 OTP and 7 TSFP centers in Longchuk
- Carry out nutrition screening and growth monitoring and promotion in 7 health care facilities and 4 outreach sites, including provision of all materials and supplies
- Delivery of community based screening and referral to SFPs, OTPs, or SCs, by trained home health promoters and community leaders
- 1,866 non-malnourished PLWs supplemented with micronutrient (with de-worming)
- 3,644 (1753 girls & 1891 boys) children treated with diarrhea received zinc tablet
- 7,287 non-malnourished children under 5 supplemented with micronutrient (with de-worming) (3,505 girls and 3,782 boys)

Result 2: Increased coverage of targeted population with key nutrition and IYCF messages, and community screening.

- Support and supervise active case findings and defaulter tracing in the community through regular community nutritional screening, social mobilization and home visits
- Strengthen the referral link between program components (Community-SC-OTP-TSFP). Evidence of referral system in place. (Stabilization center admissions are 6 to 10% total admission, 164)
- 120 lead mothers on IYCF exercise will be formed and will follow 15 households for each lead mother.
- 1,800 mothers will directly benefit the IYCF and other nutrition education sessions that will be conducted by the program staff while 1096 children under five will indirectly benefit from the sessions.
- Counseling of mothers on exclusive breast feeding, complementary feeding and maternal nutrition(IYCF)
- Maintenance of four demonstration gardens at targeted facilities and schools, and training of mothers and schools teachers on food preparation and dietary variety
- 11,586 community members reached with key nutrition and IYCF messages (6,013 male and 5,573 female)

Result 3: Increased institutional capacity to conduct nutritional assessments and design/implement a full range of nutrition interventions including building capacity for nutritional emergency response and preparedness.

- Participate in integrated rapid assessments for rapid response with other partners
- Conduct a SMART nutrition survey (anthropometric with qualitative information on causal analysis) in Longchuk county in partnership with the Upper Nile State Ministry of Health and UNICEF
- Fully engage in the nutrition cluster and coordination activities at the county, state and national level and share nutritional information for key stake holders.
- Train 8 females and 12 male health and nutrition staff on case management of MAM and SAM
- Train 60 community based nutrition workers (24 male and 36 female) on community based nutritional screening, referral and social mobilization and linking them to work with PHCU and PHCC staff
- 9 supportive supervisions will be conducted in all target areas.

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

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

- 7,116 total screening (4,260 children under five where 2,049 girls and 2,210 boys and 2,856 mothers) will be screened for acute malnutrition and referred for treatment.
- 1,096 (527 females and 568 boys severely malnourished males) without medical complication will be treated through OTP.
- The programming is aiming to achieve cure rates of > 75%, defaulter rates < 15% and mortality rates <3%, average length of stay < 60 days.
- Establish 1 stabilization center,7 OTP and 7 TSFP centers in Matheiang Longchuk county
- Carry out nutrition screening and growth monitoring and promotion in 7 health care facilities, including provision of all materials and supplies
- Delivery of community based screening and referral to SFPs, OTPs, or SCs, by trained home health promoters and community leaders
- 1,866 non-malnourished PLWs supplemented with micronutrient (with de-worming)
- 3,644 children (1753 girls and 1891 boys) treated with diarrhea received zinc tablet
- 7,287 non-malnourished children under 5 supplemented with micronutrient (with de-worming) (3,505 girls and 3,782 boys)
- Support and supervise active case finding and defaulter tracing in the community through regular community nutritional screening, social mobilization and home visits

- Strengthen the referral link between program components (Community-SC-OTP-TSFP). Evidence of referral system in place. (Stabilization center admissions are 6% to 10% total admission, 164)
- 20 MOH health workers/CHWs and RI nutrition staff and 60 community volunteers will be trained on Infant and Young Child Feeding.
- 120 lead mothers on IYCF exercise will be formed and will follow 15 households for each lead mother.
- 1,800 mothers will directly benefit from the IYCF and other nutrition education sessions that will be conducted by the program staff.
- Counseling of mothers on exclusive breast feeding, complementary feeding and maternal nutrition (IYCF)
- Maintenance of four demonstration garden at targeted facilities and schools, and training of mothers and schools teachers on food preparation and dietary variety
- 11,586 community members reached with key nutrition and IYCF messages (6,013 male and 5,573 female)
- Conduct a SMART nutrition survey (anthropometric with qualitative information on causal analysis) in Longchuk county in partnership with the Upper Nile State Ministry of Health and UNICEF
- Training of 8 females and 12 male health and nutrition staff on case management of MAM and SAM
- Training of 60 HHP/CNW (24 male and 36 female) on community based nutritional screening, referral and social mobilization and linking them to work with PHCU and PHCC staff

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 nutrition sites - No of stabilization centers supported (new and existing)	One(1) SC sites
X	2.	Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)	Total seven(7) sites, all are new
X	3.	Children (under-5) admitted for the treatment of SAM(Girls, Boys)	1,096 SAM children under 5 (568 boys and 527 girls) treated
X	4.	Quality of SAM program - Overall SAM program death rate (SPHERE standards)	Stabilization Centre: Death rate < 10%, Recovery rate >75% and Defaulter rate < 15% Outpatient Therapeutic: Death rate < 5%, Recovery rate > 75% and Defaulter rate < 15%
X	5.	Number of MAM treatment centers/TSFP sites New MAM centers/TSFP sites established	Seven(7)
X	6.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)-(Girls, Boys)	3,060 MAM children under 5 (1,588 boys and 1,472 girls)
X	7.	Number of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	1,866 PLWs admitted for MAM
X	8.	# of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	1800
X	9.	Quality of MAM program - Overall MAM program death rate (SPHERE standards)	Treatment of MAM: Death rate < 3%, Recovery rate > 75% and Defaulter rate < 15%
	10.	Number of community members reached with key nutrition and IYCF messages	11,586 (6,013 male and 5,573 female)
	11.	Number of children and mothers screened for acute malnutrition	7,116 (4,260 children under five where 2,049 girls and 2,211 boys and 2,856 mothers)
	12.	Number of functional mother-to-mother support groups	120
	13.	Number of health staff trained on on case management of MAM and SAM.	28 (8 females and 20 male)
	14.	Number of health staff trained on community based nutritional screening, referral and social mobilization	60 (24 male and 36 female)
	15.	Number of meetings attended.	9 national/State/County nutrition cluster meetings
	16.	Number of SMART nutrition surveys(anthropometric) with qualitative information on causal analysis) in Longchuk	1
	17.	Micronutrient supplementation, vitamins and minerals	1,866 non-malnourished PLWs supplemented with micronutrient (with de-worming) 3,644 (1,753 girls & 1,891 boys) children treated with diarrhea received zinc tablet 7,287 non-malnourished children under 5 supplemented with micronutrient (with de-worming) (3,505 girls and 3,782 boys)

vi). Cross Cutting Issues

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

Gender: Women are playing a vital role both in productive and reproductive activities, though their contribution is overlooked due to the male dominance and patriarchy system in South Sudan in general particularly in the context of Longchuek. In the county Women are not represented adequately in any decision making position and there is limited opportunity to accept women in public places and hear their voice. In order to alleviate such problem the project will give attention to improve their engagement in the project implementation process. The situation in the county getting worse due to the current violence where high number of women's and children displaced. This Disrupted their social networks that safe-guard social behavior, heightened risk of sexual assault and gender based violence (including sexual exploitation). The project team will assess the situation and respond for the immediate protection needs for this targeted group in collaboration with elders, church leaders and local authorities in the rea and advocate the problem at various levels for issues which is beyond the project scope and mandate. The planned project activities also target children and mothers to be benefited from all components of the project. Specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring, and evaluation. For example, RI will try to ensure that female and male representation will be balanced in community nutrition volunteers, , and during recruitment of nutrition staff at various levels. RI will continue to encourage and proactively recruit female staff in the county where the level of literacy and tradition of females working outside the home is low.

Through an activity focus on maternal health, RI nutrition team will work closely with the health staff to ensure that lactating and pregenant women get the required support in line with nutrition counselling, micronutrirnt supplementation and regular screening for malnutrition.. Traditional birth attendants will also be supported through the core activity of dissminating nutrition education and referring malnourished cases to the nearby nutrition center in addtion to referring complicated deliveries and high risk pregnancies (women) to the health facilities. The planned IYCF activity will be fully implemented by the selected lead mothers from each locations, that gives opportunities for the mother to get knowledge and skill to promote the recommended nutrition practices. RI will also ensure/recognize the full representation of women groups (women associations) in all project activities which needs community level decision and engagement. RI will provide training for staff on Sexual and Gender Based Violence (SGBV) targeted at identifying potential cases and referring survivors for appropriate treatment and counseling. In light of the potential for increased incidences of SGBV related to potential conflict, insecurity, and mass population movements in 2014, RI will look to increase awareness amongst staff and communities regarding SGBV, with training targeted at appropriate and timely care seeking for rape victims.

Environment: RI understands the long term effect of environmental deterioration will bring more food insecurity to complicate the nutritional attainment of children, pregnant and lactating mothers. The proposed project will therefore put an emphasis on enhancing environmental sustainability by closely working with the existing food security and livelihood, WASH and protection sectors including other agencies to maximize the available environmental protection measures. Moreover, the management of project activity related wastes will be given due attention at all levels of its generation. The nutrition staff will be trained on universal precaution methods to ensure appropriate segregation, sorting and storage of medical and non medical waste. RI will ensure that burial and/or burning are the ultimate waste disposal mechanism in the nutrition centers.

Protection: A Do No Harm approach (DNH) will be pursued to cater to quality nutrition services. RI will oversee and analyze the level of conflict sensitive issues while discharging the responsibilities. All staff will be advised to understand and demonstrate expected professionalism, impartiality and maintain confidential issues of clients and respect the local culture. RI undertakes regular conflict monitoring analysis to reinforce security and stability. RI also ensures equal access to services by doing program awareness activities at all stages of program implementation.

HIV/AIDS: It is clear that HIV/AIDS is a daunting development challenge and there is limited awareness around HIV/AIDS. The level of awareness in the county very low, since the county is under served and has low health service coverage. Awareness creation is therefore a key to RI's programming strategy across its project sites in the respective nutrition centers. RI will continue to take a community participatory approach to HIV/AIDS awareness and education in the county as part of the planned nutrition education activities. It involves health and nutrition provider training and outreach strategies that are based on culturally relevant and appropriate messages. Methods will also be devised within the cultural context for outreach to women, men, and sexually active adolescents. RI is collaborating with its ongoing community partners and community nutrition volunteers and IYCF promotion lead mothers to facilitate local participation in HIV/AIDS education. Awareness promotion will begin in the RI-supported nutrition centers and outreach sites. Many under five children and adults are also likely to be suffering from HIV/AIDS and/or Tuberculosis (TB). Anyone who suffers with opportunistic infections related to HIV/AIDS will automatically referred to the nearby health facilities to get medical attention and treatment.. RI will also provide HIV/AIDS awareness training for health and nutrition staff to reduce stigma and ensure equal access to the nutrition service.

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.

RI started operation in Longchuk since end of 2011 and have implemented Food security & Livelihood, WASH and IYCF programs, currently RI implementing the food security and livelihood program in the area. At the commencement of the program the nutrition activities mainly concentrated on IDPs location to access high number of malnourished children, pregnant and lactating women's, simultaneously the service will be expanded to the respective health facilities in the county, gradually it will be integrated with the existing primary health care activities. RI have some experienced nutrition staff In the county, however getting adequate and qualified staff is still the major challenge for quality programming, RI will address it by deploying well qualified staff from other areas in South Sudan or from the region.

The recurrence of flood created due to heavy rain and overflow from the high level grounds resulted in decreased access to the county, security is another challenge specially to transport supplies to the county using the route Maban to Longchuk. RI will address this challenge by using the route Pagak to Longchuk, Pagak airstrip is accessible by UNHAS weekly flight and chartered private flight company and using locally hired tractors to transport supplies from Pagak to Longchuk, however it has high cost implication for

the project. Additionally RI will work with cluster; WFP and UNICEF to get support from logistic cluster and UNMISS. RI have active PCA with UNICEF for Maban County, the same PCA will be amended to include Longchuk. RI also approached WFP, in the process of preparing proposal for new agreement to support the TSFP component of the program. RI will employ a system where all stakeholders participate in all cycles of project management including project implementation. Community leaders/representatives and government partners will play a major role in implementing project activities. Moreover, RI will pursue an integrated strategy whereby the links between nutrition, health, food security, water and sanitation activities are strengthened to allow programs to have more synergies. RI will work closely with the existing health lead agency to integrate the nutrition and primary health care activities and the RI food security staff, work closely with the nutrition team and the existing lead mothers for IYCF promotion will be revitalized and trained to maximize the project inputs. The range of nutrition components that will be implemented are:

- Stabilization Centers (SC): - in selected PHCCs.
- Outpatient Therapeutic Program (OTP): - In all health facilities and health delivery points.
- Treatment of MAM in Children: - In all health facilities and health delivery points.
- Treatment of MAM in PLWs: - In all health facilities and health delivery points.
- Micronutrient supplementation for children and PLWs: - In all health facilities and health delivery points.
- Growth monitoring and promotion: - In all health facilities and health delivery points.
- Nutrition education and IYCF promotion: - In all target communities.
- Training of community- and facility-based health and nutrition workers.

Building on more than seven years of programming experience in Upper Nile state specifically in Maban and Longchuk counties, RI will continue to strengthen the accessible, equitable, and enduring health and nutrition care delivery structure it has helped to develop in the proposed project areas. This proposed project will be run through these vital healthcare facilities and linked with intensified community component. RI nutrition and health coordinators will be responsible for ensuring the technical implementation of the project in line with national and international standards.

Coordination with other partners: RI teams at all levels will also coordinate with UNICEF and other nutrition partners working in similar areas or the same cluster to add value to the process. RI will closely coordinate with the government health and nutrition institutions, both at Longchuk, Malakal and Juba levels to enhance access to quality health and nutrition services for vulnerable communities, especially children and PLW. RI will also link the project beneficiaries to its ongoing food security and livelihood program to maximize benefits and integration. The project will be managed by a highly qualified nutrition coordinator based in Pagak/Longchuk who manages the team of health and nutrition workers and community volunteers who are currently working with RI in its health and nutrition intervention projects and who also recruits additional staff as needed by the project. A program manager based in Maban will provide managerial and administrative support. A liaison officer based in Juba will serve as a link between project staff, the nutrition cluster and UNICEF for better coordination. The RI South Sudan Country Director will provide oversight and coordination support at donor level. The regional nutrition coordinator and HQ RI Program Officer will provide a remote oversight support to the 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 workplan (Section III)².

Bi-Weekly Reporting and Local Monitoring: At the onset of the program, RI's expatriate nutrition coordinator, in collaboration with other RI senior teams, will develop detailed performance monitoring and work plans to be used as key implementation guides by national staff at all RI target areas. These plans will form the basis of progress monitoring throughout the program period. Five major parameters will be assessed in all monitoring activities including outputs, inputs, whether progress of activities are according to the objectives, decision making processes and context analysis. To clarify, progress towards achieving deliverables and quality of services rendered will be monitored by an expatriate nutrition coordinator via weekly meetings with all local staff, community volunteers and community workers in the RI field office in Longchuk, as well as field visits. Local staff and community workers will report to the RI Nutrition Coordinator based in Pagak/JUba and the coordination office twice a month to update on activities and address and resolve implementation challenges with the Program Manager based in Maban. The program manager will then report to the country office on monthly basis. Local staff and home health promoters visiting RI's central locations will also provide an opportunity for additional trainings and guidance. These promoters will be liaisons between remote communities in need and RI, and over time, will develop skills and leadership capacities to be an effective part of both monitoring and service delivery. This is also a methodology that is building local skills in support of RI's sustainability and transition strategies.

Expatriate Field Visits: Expatriate field visits to RI target sites are critical to monitor the quality and integrity of RI's programs in remote program locations. Security permitting, the expatriate nutrition coordinator, and senior local staff will visit remote locations for monitoring visits at a minimum on weekly basis. RI's Program Manager is required to spend 60% or more of his time at program sites. Senior country leadership, namely the Country Director, will continue this practice during the CHF program period with routine and sometimes extended stays in Longchuk and Malakal to facilitate oversight, work plan and finance reviews, and course correction discussions. These oversight opportunities also promote the team building process within RI and routine community relations with key local leaders and line ministry partners. RI's local acceptance and permission requirements are fundamental to ensuring field activities are occurring regularly. RI Desk officers in Washington DC and London will pay visits at least once in the

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.

program areas as part of RI's global monitoring and capacity building efforts.

Mid-Term Evaluation (Coverage survey) - This will be conducted bi-annually, by the project to: review the appropriateness of the project goal and outcomes; assess progress towards meeting the targets (with a goal of determining which targets need to be revised); assess the effectiveness and efficiency of the strategies adopted (e.g. appropriateness of activities and whether these need to be revised, whether they are cost-effective); and an analysis of the major challenges that have affected project implementation. The outcome of the mid-term evaluation will be used to make appropriate adjustments in the project design.

Supply Chain Management: RI documented procurement and supply chain management systems, which adhere to international principles and standards, will aid in management of this project. The Supply Chain Department will ensure competitive bidding processes, quality assurance, and internal capacity building for procurement of goods and services. RI supply chain management is an integral process of project cycle management. Through collaboration of Project Working Groups and the Supply Chain Management team, a forecast of goods and services needed for this project will be determined at the design and planning phase. Also, procurement and delivery aligned to project implementation and monitoring. This approach will enable RI to ensure improved quality for better delivery of services and accountability.

Accounting and Financial Management: RI maintains a centralized financial tracking and a monitoring unit within the Juba head office. RI's HQ uses the Sun Systems computerized accounting system, a globally recognized system of accounting, which has sufficient flexibility to generate reports that meet varied donor needs. A standardized chart of accounts classifies transactions to project, expense, donor, and cost centre codes. Transactions can therefore be tracked monthly for each recipient and donor using the system. RI has in place a Finance Manual, which outlines all the financial regulations, policies, and procedures. The finance unit will ensure that there is a strong internal control for proper accountability and transparency throughout all its country programs, also through regular Internal Audit Systems. Financial officers are seated at county, state, and national level offices to ensure that policies and procedures are properly followed.

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)
N/A	0
	0
Pledges for the CRP project	
	0

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/60265	Project title: Provision, strengthening and expansion of community based nutrition services in Maban and Longchuk county	Organisation: Relief International(RI)

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Goal/Impact (cluster priorities)</p> <ul style="list-style-type: none"> This project is contributing to Management of severe and moderate acute malnutrition, activities includes support for inpatient and outpatient treatment for severe acute malnutrition as well as community mobilization through CMAM approach. Targeted and blanket supplementary feeding for children, pregnant and lactating women and other vulnerable groups Nutrition screening and surveillance to provide time critical information of areas of urgent need, or deterioration in the nutritional situation, and for identification of cases of acute malnutrition for referral and lifesaving intervention Micronutrient supplement, vitamins and minerals? 	<p># of children (under-5) admitted for the treatment of SAM Quality of SAM program - Overall SAM program cure rate, defaulter and death rate (SPHERE standards) Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) Quality of MAM program - Overall MAM program cure, defaulter and death rate (SPHERE standards) # of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM # of nutrition sites - No of stabilization centers # of nutrition sites - No of OTP, TSFP sites #No of Pregnant women receiving iron-folate # of children (3-35 months) receiving supplementary foods through Blanket Supplementary Feeding Programs (BSFP) # of functional mother-to-mother support groups # of health workers trained in Infant and Young Child Feeding # of children screened in the community # of SMART surveys undertaken - Pre-harvest and Post-harvest</p>	<ul style="list-style-type: none"> SC, OTP and TSFP reports Supervision reports Monthly and quarterly reports Weekly and monthly IYCF reports Training attendance sheet and training reports Screening reports Survey reports 	<ul style="list-style-type: none"> Timely disbursement of funds Sufficient and adequately qualified staffs are available to run the project. There is cooperation with the local authorities The Ministry of Health continues to strengthen its presence and role at national, state and county level. Security situation is stable enough allowing humanitarian access timely supply of nutrition stuff from UNICEF

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		# Coverage surveys undertaken # of joint monitoring missions to the implementation sites		
CHF project Objective	<ul style="list-style-type: none"> To contribute reduction of Severe Acute Malnutrition (SAM) below 1% and Global Acute Malnutrition (GAM) below 10% in children 6-59 months and pregnant women & lactating mothers (PW&L) in Maban and Longchuk County, Upper Nile State, over a one year period, through strengthening and establishment of Outpatient Therapeutic Program (OTP), Stabilization centers (SC) and Targeted supplementary feeding program (TSFP) TSFP programs includes IYCF promotion and micronutrient supplementation. To build capacity of County level health staff so that they are able to better respond to fluctuating levels of severe acute malnutrition through management and monitoring of Community-based Management of Acute Malnutrition (CMAM) services. Nutritional assessment and surveillance systems are established and/or reinforced 	<ul style="list-style-type: none"> SAM and GAM in the targeted community <1% and 10% respectively Training of 8 females and 12 male health and nutrition staff on case management of MAM and SAM and training of 60 HHP/CNW (24 male and 36 female) on community based nutritional screening, referral and social mobilization 11,586 community members reached with key nutrition and IYCF messages (6,013 male and 5,573 female) 120 lead mothers, 1,800 mothers will directly benefit from the IYCF and other nutrition education sessions 1,866 non-malnourished PLWs supplemented with micronutrient (with de-worming) 3,644 (1753 girls & 1891 boys) children treated with diarrhea received zinc tablet 7,287 non-malnourished children under 5 supplemented with micronutrient (with de-worming) (3,505 girls and 3,782 boys) 7,116 total screening, 4,260 children under five where 2,049 girls and 2,210 boys and 2,856 mothers) will be screened for acute malnutrition Conduct a SMART nutrition survey (anthropometric with qualitative) 	<ul style="list-style-type: none"> Rapid Nutrition Assessment Report Training Report Screening reports Survey reports SC, OTP and TSFP reports Supervision reports Monthly and quarterly reports Weekly and monthly IYCF reports 	<ol style="list-style-type: none"> Services for the treatment of SAM and MAM remain available No emergency health outbreak No large population movements or displacement Security guaranteed Timely disbursement of funds Sufficient and adequately qualified staffs are available to run the project.
Outcome 1	<ul style="list-style-type: none"> Infant care practices improve due to improved attitude and behavior of mothers 	<ul style="list-style-type: none"> Percentage of targeted caregivers practicing exclusive breastfeeding at 9 months (50%) 	<ul style="list-style-type: none"> Rapid IYCF Assessment Report Weekly and monthly IYCF report Supportive supervision report 	<ul style="list-style-type: none"> No emergency health outbreak No large population movement or displacement Peace and political stability Support from WFP&UNICEF available

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	Prevention of acute malnutrition improved	<ul style="list-style-type: none"> Number # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions (1,800) 	<ul style="list-style-type: none"> Weekly and monthly IYCF reports IYCF supervision reports 	<ul style="list-style-type: none"> No emergency health outbreaks No large population movements or displacement Security guaranteed Natural disasters (e.g. flooding) do not take place
Activity 1.1.1	Administer Vitamin A to all children screened aged 6-59m			
Activity 1.1.2	Administer deworming tablets to all children screened aged 12- 59 m			
Activity 1.1.3	Support mothers support groups with space and resources (Community education using IYCF approach)			
Output 1.2	Community based care groups established with lead mothers and Training of Lead mothers	Number of functional mother-to-mother support groups	<ul style="list-style-type: none"> Training and supervision reports 	<ul style="list-style-type: none"> No emergency health outbreaks No large population movements or displacement Security guaranteed Natural disasters (e.g. flooding) do not take place
Activity 1.2.1	Nomination of lead mothers as per IYCF guideline			
Activity 1.2.2	Training of lead mothers			
Activity ...	Conduct IYCF discussion session in the respective villages using lead mothers. Each lead mother follows 15 households, 1,800 mothers will directly benefit from the IYCF and other nutrition education sessions			
Output 1.3	Community Nutrition education through IYCF approach	<ul style="list-style-type: none"> Number of community members reached with key ``nutrition and IYCF messages. 	<ul style="list-style-type: none"> Health education reports 	<ul style="list-style-type: none"> No emergency health outbreaks No large population movements or displacement Security guaranteed Natural disasters (e.g. flooding) do not take place
Activity 1.3.1	<ul style="list-style-type: none"> Conduct facility nutrition education session 			
Activity 1.3.2	<ul style="list-style-type: none"> Conduct community level maternal and child nutrition education 			
Activity ...				
Outcome 2	<ul style="list-style-type: none"> Quality treatment of SAM and MAM provided 	<ul style="list-style-type: none"> Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute 	<ul style="list-style-type: none"> Treatment cards and facility reports, qualitative supervision report 	<ul style="list-style-type: none"> No emergency health outbreak No large population movement or displacement Peace and political stability Support from WFP&UNICEF available
Output 2.1	Treatment of SAM &MAM	<ul style="list-style-type: none"> Number of children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)- (Girls, Boys) 	<ul style="list-style-type: none"> SC, OTP and TSFP reports Supervision reports Monthly and quarterly reports 	<ul style="list-style-type: none"> No emergency health outbreak No large population movement or displacement Peace and political stability Support from WFP&UNICEF available
Activity 2.1.1	Establishment, maintenance and rehabilitation of static SC, OTP and TSFP centers			
Activity 2.1.2	Admit and treat children under 5 experiencing severe acute malnutrition			
Activity 2.1.3	Admit and treat under 5 children and PWL for MAM			

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 2.1.4	Work with home health promoters to establish referral pathways for children with severe and complicated cases		
Output 2.2	Community level active screening	<ul style="list-style-type: none"> Number of children screened for acute malnutrition. 	<ul style="list-style-type: none"> Screening report No emergency health outbreak No large population movement or displacement Peace and political stability Support from WFP&UNICEF available
Activity 2.2.1	Active screening at facility and community level.		
Activity 2.2.2	Establish referral link between different components of CMAM		
Outcome 3	Capacity of health and nutrition staff in managing malnutrition improved	<ul style="list-style-type: none"> Number of health staff trained on on case management of MAM and SAM. Number of health staff trained on community based nutritional screening, referral and social mobilization. 	<ul style="list-style-type: none"> Training report No emergency health outbreak No large population movement or displacement Peace and political stability Support from WFP&UNICEF available
Output 3.1	Improved capacity building	<ul style="list-style-type: none"> CMAM/IYCF training curriculum Refreshments for training sessions 	<ul style="list-style-type: none"> Training report No large population movement or displacement Peace and political stability Support from WFP&UNICEF available
Activity 3.1.1	Train health workers on management of CMAM and IYCF		
Activity 3.1.2	Train community workers and volunteers (including lead mothers) on community based nutritional screening, referral and social mobilization and IYCF		
Output 3.2	Survey, assessment and coordination	<ul style="list-style-type: none"> Number of meetings attended. Number of SMART nutrition surveys (anthropometric) with qualitative information on causal analysis) in Longchuk 	<ul style="list-style-type: none"> Nutrition/State/County cluster meeting minutes Screening report Survey report No emergency health outbreaks No large population movements or displacement Security guaranteed Natural disasters (e.g. flooding) do not take place
Activity 3.2.1	Actively coordination with other nutrition actors		
Activity 3.2.2	Establish nutritional assessment and surveillance systems		
Activity 3.2.3	Conduct pre and post-harvest nutrition survey. Conduct a SMART nutrition survey (anthropometric with qualitative information on causal analysis) in Longchuk		

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.).

Project start date: 1 August 2014 **Project end date:** 31 March 2015

Activities	Q3/2014		Q4/2014			Q1/2015		
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Output 1 Increased access to quality and effective community and facility-based therapeutic and supplementary nutrition services, treatment of Severe and moderate acute malnutrition among children under five and pregnant and lactating women in target areas.								
Activity 1.1: Carry out nutrition screening and growth monitoring and promotion in 7 health care facilities, including provision of all materials and supplies	X	X	X	X	X	X	X	X
Activity 1.2: Admit and treat children under 5 experiencing severe acute malnutrition	X	X	X	X	X	X	X	X
Activity 1.3: Work with existing health partners to establish referral pathways for children with severe and complicated cases	X	X	X	X	X	X	X	X
Activity 1.4 Admit and treat under 5 children and PWL for MAM	X	X	X	X	X	X	X	X
Activity 1.5 : Establishment, maintenance and rehabilitation of static SC, OTP and TSFP centers	X	X						
Activity 1.6: Supply of essential drugs for SCs and OTPs	X	X	X	X	X	X	X	X
Activity 1.7: Supply of equipment for SC, OTP and TSFP	X							
Activity 1.8: Supplementation of micronutrient and vitamins for under 5 children and PWL	X	X	X	X	X	X	X	X
Activity 1.9: Delivery of community based screening and referral to SFPs, OTPs, or SCs, by trained home health promoters and community leaders	X	X	X	X	X	X	X	X
Activity 1.10: Treatment of children with watery diarrhea with ORS and Zinc supplementation	X	X	X	X	X	X	X	X
Output 2: Increased coverage of targeted population with key nutrition and IYCF messages, and community screening								
Activity 2.1: 120 lead mothers on IYCF exercise will be formed and will follow 15 households for each lead mother	X	X	X	X	X	X	X	X
Activity 2.2: Support and supervise active case finding and defaulter tracing in the community through regular community nutritional screening, social mobilization and home visits	X	X	X	X	X	X	X	X
Activity 2.3: Strengthen the referral link between program components (Community-SC-OTP-TSFP).	X	X	X	X	X	X	X	X
Activity 2.4: community volunteers will be trained on Infant and Young Child Feeding.	X							
Activity 2.5: Counseling of mothers on exclusive breast feeding, complementary feeding and maternal nutrition(IYCF)	X	X	X	X	X	X	X	X
Activity 2.6 : Reaching the community members with key nutrition and IYCF messages	X	X	X	X	X	X	X	X
Output 3: Increased institutional capacity to conduct nutritional assessments and design/implement full range of nutrition interventions including building capacity for nutritional emergency and preparedness								
Activity 3.1: Participate in integrated rapid assessments for rapid response with other partners					X			
Activity 3.2: Conduct a SMART nutrition survey (anthropometric with qualitative, information on causal analysis) in Longchuk county in partnership with the Upper Nile State Ministry of Health and UNICEF			X					
Activity 3.3: Fully engage in nutrition cluster and coordination activities at county, State and national level and share nutritional information for key stake holders	X	X	X	X	X	X	X	X
Activity 3.4: Training of 8 females and 12 male health and nutrition staff on case management of MAM and SAM	X	X						
Activity 3.5: Training of 60 HHP/CNW (24 male and 36 female) on community based nutritional screening, referral and social mobilization and linking them to work with PHCU and PHCC staff	X	X						
Activity 3.6: 9 supportive supervisions will be conducted in all target areas.	X		X		X		X	X

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