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**

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

1. Ensure quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states.
2. Ensure access to interventions aimed at preventing malnutrition through the protection, promotion and support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls and boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states.
3. Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response, through improved nutrition surveillance, reinforced monthly nutrition programme data collection and analysis and optimal nutrition cluster coordination.

Cluster Geographic Priorities for this CHF Round

1. Jonglei – all counties
2. Upper Nile – all counties
3. Unity – all counties
4. Central Equatoria – Juba (IDP camps)

5. Warrap Twic, 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
World Relief (WR)

Project CRP Code	**CRP Gender Code**
SSD-14/H/60499	1

CRP Project Title *(please write exact name as in the CRP)*
Community Base Nutrition Support in Complex Emergency Project

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

State	**%**	*County/ies (include payam when possible)*
Unity	100%	*Koch county(Boaw,Koch,Pakur,Mirmir, Jaak payam)*

Total Project Budget requested in the in South Sudan CRP	US$1,200,000
Total funding secured for the CRP project *(to date)*	US$1,025,881

Funding requested from CHF for this project proposal	US$ 200,000

Are some activities in this project proposal co-funded (including in-kind)? Yes ☒ No ☐ *(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 CRPproject and number of targeted beneficiaries scaled appropriately to CHF request)*

Indirect Beneficiaries / Catchment Population (if applicable)

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP
Women:	1000	1000
Girls:	3917	3487
Men:	900	800
Boys:	4244	3777
Total:	10,060[1]	9064

Indirect Beneficiaries 900 men

Targeted population:
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:12 months

1 July 2014 – 30 June 2015

Contact details Organization's Country Office	
Organization's Address	World Relief South Sudan, Hai Cinema, P.O. Box 41, Juba, South Sudan
Project Focal Person	*Name, Rose Ogwaro* *Email, rogwaro@wr.org* *telephone,+211926776961*
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Organization's Address	7 E Baltimore St, Baltimore, MD, 21202, USA
Project Focal Person	Diana Smith, dsmith@wr.org, 443-451-1970.
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Finance Officer	
Monitoring & Reporting focal person	

[1] Please note that the CRP number was calculated before the current crisis. The number of beneficiaries has increased following WR's rapid assessment and the reports of several other NGOs, indicating that the need is much greater and that there is an influx of IDPs in the area, who are at high risk for malnutrition.

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[2]

As Violence broke out in Juba on 15 December it quickly spread to other locations in South Sudan, with insecurity particularly affecting Jonglei, Upper Nile and Unity state. The fighting came with massive destruction of housing; Health facilities including hospitals. It has been estimated that over three million people are at immediate risk of food insecurity, and more than 90% of them are in States that are the worst affected by the crisis with Unity having 65% of a population of 1.1 million affected (Disaster Needs analysis 3//5/2014).As South Sudan is entering into the rainy season, community coping mechanisms are severely stretched. Family food stocks normally run out during the hunger gap (May-August), leaving households in market dependent States of which Unity is not different from the rest of the states. The May 2014 IPC report (updated June 10) indicates that Unity states is one of the top three states affected, with between 45% - 70% of the population in crisis or emergency.[3] Acute respiratory infections, acute watery diarrhea, and malaria currently account for the highest morbidity levels among IDPs. World Relief and Koch County Health department (KCHD) conducted assessment and found a documented 7,302 conflict affected HH residing within the host community in Koch. During the month of April, WR nutrition staff with KCHD conducted a Mid Upper Arm Circumference (MUAC) assessment of a convenience sample of 1,155 children between the age of 6 and 59 months in Koch County among the community of Koch, Boaw, Rier and Bieth. Due to insecurity, the staff selected a village near the health facility and screened all the children they could find. They found 114 individuals with a MUAC <11.5 cm, 246 individuals had a MUAC of 11.5 cm – 12.5cm which suggests a general (not representative) picture of the nutrition situation, with very high SAM rate of 9.9% and a very high MAM rate of 21.3%.. Because a convenience sample was used, the results should not be considered representative of the county or even the villages in which the screening occurred.

B. Grant Request Justification

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

The malnutrition rates in Koch County are expected to increase although MUAC rapid assessment alone is not sufficient to declare a nutrition crisis in Koch County; however, Disaster Needs analysis 3/5/2014 estimated 65% of Unity populations are at immediate risk of food insecurity of which Koch is in Unity state. If no intervention is carried out it will develop into a crisis. The crisis in South Sudan has restricted the humanitarian organizations to provide quality service to the communities as well as the communities from accessing their traditional farm lands. World Relief has presented a proposal to OFDA to support nutrition program to allow provision of 8 OTPT/SFP sites and 2 stabilization centers, one in each of two payams of Koch County (Kuachlual payam and Boaw Payam) . This is due to increasing rate of severe malnutrition cases reported by Koch county health department also due to lack of stabilization center in the county , care takers are to walk long distance for hours and days to reach the nearest stabilization center in leer. This is posing risk of children reaching at a late stage to the center. In the past WRSS benefited from CHF grand that ended in March 2014. The grand was supporting 4 OTP/TSFP sites. With the expansion of nutrition sites and opening 2 stabilization centers, this grand will support the 4 previous sites, 4 new nutrition site and the 2 stabilization centers in two payam. The beneficiaries in all the sites (new and old) will benefit from the grand. WRSS has recently been contracted under the Health Pool Fund (HPF) to provide health services in collaboration with the Koch County Health Department (KCHD) but that budget is limited and although it supports nutrition monitoring, it does not provide for any nutrition services. The CHF funding will compliment the funding that will be received from OFDA to provide nutrition service to the community of Koch. There are still items required for stabilization centers, rehabilitation of the nutrition sites that have not been provided in the funding requested from OFDA This budget will as well compliment the training that will be conducted to empower the staff and community on nutrition and health related topics.. WR's long presence in Koch County and trained experienced staff will contribute to the success of this project. Seven of the eight nutrition sites (including the SCs) will be located with a health facility (already constructed) which will facilitate the integration of health and nutrition activities and logistics. The Eighth nutrition site is stand alone, but there is already a structure in place out of which to operate. World Relief's Nutrition Officer and 6 Nutrition coordinators are already trained and experienced (we will recruit 2 more).

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.

Related to Nutrition Cluster priority #1:

CHF funding will enable WRSS/KCHD ensure quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) distribution of micronutrients and de-worming, and referral services for complicated cases to stabilization centers, for both IDPs and host community in Koch County, Unity State, which is one of the three most affected states .

Related to Nutrition Cluster Priority #2:

CHF funding will enable WRSS/KCHD to train health workers in infant and young child feeding (IYCF) to enable them provide IYCF promotion and key WASH messages through the CMAM coordinators and community nutrition volunteers employed in the program

[2] 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.

[3] http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/2_IPC_Alert_SouthSudan_Crisis_May2014.pdf

who will also conduct case finding to detect early malnutrition cases in the community and refer to nutrition centers for management before it becomes severe. Health and nutrition education conducted by nutrition staff at the centers and in the community is expected to change community perception towards certain traditional behaviors and promote good habits. Health facility staff will also provide IYCF and diarrhea prevention education to clinic patients to ensure that the messages are repeated from multiple sources, The protection of nutritional status through blanket feeding is conducted in partnership with WFP for at least 80% of vulnerable populations (girls and boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months)CHF funding will enable WRSS/KCH through nutrition workers to form mother- to- mother support group that will create awareness to the community . Mothers with children under 5 will be trained in IYCF messages in support groups, and these mothers will share their knowledge with other mothers they meet in the village, at meetings, at water collection points, etc.
CHF funding will enable WRSS/KCHD maintained 8 nutrition sites for OTP/TSFP. Nutrition services will be integrated with health services at seven of the eight nutrition sites, as these seven sites are located with a health facility. Health facility staff will screen patients for malnutrition using MUAC and will refer those eligible to the nutrition program, and will provide nutrition education (breastfeeding, young child feeding practices, complementary foods, dietary diversity, etc.) to clinic patients. Likewise, nutrition staff will refer nutrition beneficiaries to the health center for any needed treatment, and will refer pregnant women to ANC
Related to Nutrition Cluster Priority #3: screening , coordination meetings and Survey

CHF funding will allow WRSS/KCHD conduct Post harvest SMART survey that will provide nutrition information and prevalence of common diseases (malaria, respiratory infections, and diarrhea) on the children under five in the county. In addition, attending coordination meetings and sharing information will improve intervention outcomes (please see Monitoring and Reporting Plan, below, for more detail on this). CHF funding will enable CNVs and CMAM coordinators to regularly screen children and PLW in the community for malnutrition and refer them to nutrition centers CHF funding will enable WRSS/KCHD to maintain a network of nutrition volunteers and staff covering almost all parts of Koch county who will provide early warning and be trained for rapid response in the event of an emergency.

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 reduce morbidity and mortality in the vulnerable targeted population by treating children under five with SAM (Boys and Girls) children under five with MAM (Boys and girls and PLW) by supporting in-patient Stabilization center , out-patient therapeutic feeding, targeted supplementary feeding, distribution of micronutrients and de-worming,.

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).

- Treatment and rehabilitative services for SAM and MAM in children under 5 years (Boys ,3277 and Girls, 3024) through OTPs and TSFPs and PLW 1000
- Open 2 stabilization centers to care for children with SAM with complication
- Admit 100 children with complication in stabilization (52 Boys and 48 girls)
- 1 training conducted to 8 staffs (2 clinical officers,2 nurses, 1 nutrition officer and 2 community health worker) that will be directly involve in running stabilization centers
- Conduct training on the management of CMAM to nutrition workers (CMAM coordinators and CNVs Male and Female). Emphasis will be on outreach activities and IYCF to strengthen knowledge of males and females in nutrition education (BCC).Conduct training to Community representatives on IYCF
- Active case finding, defaulter tracing, community mobilization screening and sensitization
- Conduct health and nutrition education and promotion at the nutrition sites, in the community, and during home visits care takers (males and females)
- .Conduct trainings to health facility staff (4 nurses, 6 CHW ,2 clinical officers and 4 community midwifes (8 males and 8 females)on management of acute malnutrition following CMAM protocol
- Form and Conduct training on IYCF (Infant Young Child Feeding) to 8 mothers group
- Provide micronutrient supplementation and deworming to both males and females beneficiaries in OTP and TSFP
- Provide referral services for severely acute malnourished children with medical complications to the nearest Stabilization/Inpatient Care Centers SC will be established in two health facilities(Koch PHCC and Boaw PHCC) the other nutrition sites will be referring complication cases to this two Stabilization centers
- Conduct biweekly supervisory visits to treatment and rehabilitation, of 8TP and 8 TSFP sites
- Participate in and attend nutrition cluster coordination and partnership meetings with MoH , UN agency and other stakeholders
- Rehabilitate 6 nutrition sites
- Coordinate nutrition services with other regional service providers
- Conduct 1 SMART survey post-harvest year to monitor progress and facilitate future planning.
- Prepare reports as scheduled

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

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

- 1859 Children under five with SAM and 6301children with MAM and 1000 PLW treated in OTPs and TSFPs nutrition sites
- 2 stabilization centers open

- 50 children with complication admitted in stabilization
- 6Training conducted on the management of CMAM to nutrition workers (8 CMAM coordinators and 32 CNVs -Male and Female). Emphasis will be on outreach activities and IYCF to strengthen knowledge of males and females in nutrition education (BCC).Conduct training to Community representatives on IYCF8 Health facility staff (nurses, CHW and others both males and females) received trainings on management of severe malnutrition with complication and without complication following CMAM protocol
- 80% of children who defaulted traced and brought back for treatment at the centers, children screened for malnutrition and referred to nutrition centers, community mobilized and sensitized on health and nutrition topics
- 96 Health and nutrition education and promotion conducted at the nutrition sites, in the community, and during home visits to care takers conducted
- 16 health facility staff (4 nurses, 6 CHW ,2 clinical officers and 4 community midwifes (8 males and 8 females) trained on management of severe malnutrition following CMAM protocol
- Micronutrient supplementation and deworming to both males and females beneficiaries in OTP and TSFP Provide
- Referral services for severely acute malnourished children with medical complications provided to the nearest Stabilization/Inpatient Care Centers
- Biweekly visits per month to 8TP and 8 TSFP sites conduct
- Nutrition cluster coordination meeting with partners and MoH , UN agency and other stakeholders attended
- 6 nutrition sites rehabilitated. There are 8 sites, but only 6 need to be rehabilitated.
- Nutrition services with other regional service providers coordinated
- 1 SMART post-harvest survey per year to monitor progress and facilitate future planning. Conducted
- Reports prepared as scheduled

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
x	1.	# of children (under-5) admitted for the treatment of SAM	1859 children under five admitted for SAM (M:967,F:892)
x	2.	Quality of SAM program - Overall SAM program cure rate (SPHERE standards)	Percentage of cure rate >75%
x	3.	Quality of SAM program - Overall SAM program default rate (SPHERE standards)	Percentage of default rate <15%
x	4.	Quality of SAM program - Overall SAM program death rate (SPHERE standards)	Percentage of death rate <10%
x	5.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	6301 children under five admitted for MAM (M:3277.F:3024)
x	6.	Quality of MAM program - Overall MAM program cure rate (SPHERE standards)	Percentage of cure rate >75%
x	7.	Quality of MAM program - Overall MAM program default rate (SPHERE standards)	Percentage of default rate <15%
x	8.	Quality of MAM program - Overall MAM program death rate (SPHERE standards)	Percentage of death rate <3%
x	9.	# of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	1000 PLW admitted for MAM
x	10.	# of nutrition sites - No of OTP sites	8 OTP sites
x	11.	# of nutrition sites - No of TSFP sites	8 TSFP sites
	12.	# of stabilization centers	2 SC
x	13.	# SMART surveys undertaken - Post-harvest	1 SMART survey
	14.	# of training conducted	6 training conducted to 48 health and nutrition staff
	15.	# of community mobilization conducted	96 community mobilization organized organize in the community

vi). Cross Cutting Issues

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

The nutrition project will target individuals affected directly or indirectly regardless of their sex hence promoting gender equality throughout the project period. More women will be consider for job opportunity during project implementation. Monitoring and evaluation systems will capture information segregated by sex. Women will be involved in the entire process of the program-assessment, implementation, monitoring and evaluation. Out of the project selected beneficiaries, at least 49% will be women. Pregnant and lactating women are one of the target vulnerable populations. There is already women group formed in Koch and World Relief will take the opportunity to work with this group to bring in more women in the project implementation. In addition there are three village health committees formed in Koch 40% of the committees are women

Awareness on HIV/AIDS will be part of health and nutrition education and promotion activities. The project will continue to build on HIV/AIDS awareness activities under this project. People living with HIV/AIDS are direct beneficiaries of this project.

World Relief has a mandate to serve the most vulnerable people around the world. In doing this, it strongly incorporates protection issues into the design, implementation, and evaluation of assistance programs whenever possible and appropriate. This is done in order to assist returnees, IDPs and other vulnerable populations to reduce or manage risks from violence, abuse, harassment, and exploitation.

World Relief will take care to protect the environment while implementing this project. The project will educate the community on waste disposal (ways to safely burn or bury waste) and the importance of using latrines. All 8 nutrition sites have latrines for use by beneficiaries. Seven of the eight nutrition sites are located with health facilities that have incinerators for waste disposal, and the 8th site will bury the waste.

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.

WRSS in partnership with KCHD and in cooperation with SMoH will provide training to nutrition and health staff already available on the ground. The volunteers and key health facility staff will be trained on early detection and screening and basic nutrition messages. Community mobilization is a key component to making the services accessible to most vulnerable among the whole population of the county. The volunteers will reach out to their population clusters to encourage active participation from the community. Local community leaders and/or church leaders will be informed of the project, and will be requested to assist in creating awareness about the program, participate in evaluation exercises, and will play a significant role in information sharing and identification of community workers. Health workers will integrate screening and nutrition education into the OPD registration routine. With the scale up of the program WRSS cooperate with KCHD to recruit new staff for the nutrition sites and stabilization centers. Interview is underway to recruit the new staff and plan training for the stabilization centers is set for clinical officers, nurses and other staff that will be involved in running the centers. Another set of training is also plan for the new staff and also provide refresher training to the old staff. There are concrete building for the SC in the two health facilities that need to be quipped, plan is set to purchase items for the stabilization centers.

WRSS will receive nutrition program commodities from UNICEF and WFP and transport to each location and ensure that they are securely and carefully stored and accounted for. Program and health center staff will be trained and then will set up and implement OTP and TSFP, treating malnourished individuals following standard cluster protocols.

Community-based nutrition programming (including outreach, follow–up home visits, default tracing and health education) will complement the community-based health work and food security and livelihood activities also being implemented by WRSS in the county. WR will use community members, like CMAM coordinators and community nutrition volunteers (CNVs), to be actively engaged in early case detection and defaulter tracing. The project will encourage active participation from the community. The local community leaders and/or church leaders will be informed of the project, and will be requested to assist in creating awareness about the program, participate in evaluation exercises, and will play a significant role in information sharing and identification of community workers.

WR will use UNICEF and WFP food commodities to support the program in Koch. During this project, children under 5 years, PLW and vulnerable groups in communities will receive free of charge services and TSFP and BSFP rations appropriate to their health conditions to avoid falling into severe malnutrition status. World Relief will conduct regular measurements (anthropometric) to monitor the status of children under the program. Weight, height and MUAC will be measured on admission and according to national SAM and MAM guidelines. Children identified as severely malnourished with medical complications will be referred to the nearest SC center which is supported by WRSS. Measles vaccination will be administered if a child has no card or record of measles vaccine. In addition to this, children will be screen on admission and those found not to have taken Vit A the last six month or during a campaign will be given Vit A, while deworming will given according to protocol as per child's weight. Other treatment such as antibiotics, anti-malarial, iron and folic acid will be administered as required following protocol of South Sudan.

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)[4].

Bi-weekly field visits by the Nutrition and Health Program Manager, regular meetings with project implementers and ongoing discussions with community members as routine monitoring plan will be conducted. Each site will be monitored biweekly using a supervision checklist to assess performance (including checking the books for proper record keeping, whether children are being admitted and discharged properly, attendance and timeliness of staff and nutrition volunteers, adequate supplies, etc.) .

Progress reports to UNICEF and WFP (weekly and monthly) will be provided by World Relief using UNICEF and WFP formatted

[4] 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.

form. These reports will cover the activities undertaken, results achieved, challenges faced during the reporting period, and any other relevant information. Information and indicator data shall be updated on a weekly basis for OTP and on a monthly basis for TSFP and SC including stocks.

Data will be collected through formal reports (formatted form), and analysing the data against standard protocol on achievement such as standard indicators for selective feeding program (cure, default, death, None respond rates, average weight gain and length of stay) which will be calculated on a monthly basis and will be compared with SPHERE minimum standards.

Bi-weekly community screening using formatted form will be conducted and severely malnourished children under 5 years will be referred to OTP for nutritional and medical assessment and will either be admitted or referred to a stabilization centre. The project interventions will be evaluated according to input/output and outcomes to assess the impact. The indicators set in this proposal are the basis of impact determination.

Beneficiaries enrolled in the SC/OTP/MAM programs will be given an individual Case Number that they will keep regardless of whether they are transferred to different components of the nutrition intervention. This will enable the program to track and follow up on beneficiaries. The case numbers will include a code signifying the component of the program they are first admitted to in order to avoid double counting of beneficiaries when transferred among the different components. The case numbers, along with a minimal amount of information (MUAC and weight gain/loss recorded at every visit, and height is recorded at admission and discharge, and monthly if possible) are kept in registers. A ration card with the case number is given to the care taker as well. Medical, nutritional and follow up information is recorded regularly. Supervisors will review registers for appropriate admission and discharge, medical treatment, and RUTF and supplemental food distribution. Supervisors will also ensure that appropriate action is taken for children whose condition remains static or deteriorates.

All children under five who meet criteria for admission will be admitted to the nutrition program regardless of their sex. WRSS will make sure that half of the nutrition workers are women to allow close interaction between cares and the worker as traditionally women may not be comfortable sharing some information with men.

Assessment on training conducted will be monitored through formatted form on testing the capability and understanding of the staff trained as well as interviewing the community on the awareness education received from the staff. Supervisory report during education awareness will provide understanding on individual staff. IYSF will be provided together with other topics during nutrition and health education. Another group of mother to mother support group will formed and trained to support other mothers in the community. This will be evaluated through focus group discussion in the community'

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

Source/donor and date (month, year)	**Amount** (USD)
OFDA - 1st July 2014	1025,881
WFP	GIK
UNICEF	GIK
Pledges for the CRP project	
OFDA	1025,881

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/60499	**Project title** : Community Base Nutrition Support in Complex Emergency Project	**Organisation:** World Relief (WR)

Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
Goal/Impact (cluster priorities)	• Ensure quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) prioritizing the 5 most affected states. • Ensure access to interventions aimed at preventing malnutrition through the protection, promotion and support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls and boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months. • Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response, through improved **nutrition** surveillance, reinforced monthly nutrition programme data collection and analysis and optimal nutrition cluster coordination	- # and % of SAM cases admitted for treatment (disaggregated by sex and age) - % of SAM admissions recovered (disaggregated by sex and age): target > 75% - # and % of MAM cases admitted for treatment (disaggregated by sex and age) - % of MAM admissions recovered (disaggregated by sex and age): target > 75% - # of community health workers (women, men) trained on the management of acute malnutrition - # of health facility workers (women, men) trained on the management of acute malnutrition# of report /data received and analyzed # of children screened for malnutrition# of nutrition coordination meeting participated in# of sites visits conducted to monitor situation	• SMART survey • Clinic records *OTP/TSFP/SC records*	Care takers accept to bring children to nutrition centres when referred during screening
CHF project Objective	Prevent malnutrition though provision of treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups in Koch County	• Number and % of children under five, PLW admitted and treated in 8 nutrition centers and 2 SC	• OTP/TSFP/SC records	**Assumptions** Nutrition activities will be integrated with HPF activities; relationship with Koch County Health Department remains conducive to project implementation; project activities will continue throughout the rainy

				season **Risks** Escalation of insecurity; influx of returnees;
Outcome 1	• Reduced mortality and morbidity associated with severe acute malnutrition in children under five years of age, P&LW and other vulnerable groups • Increased knowledge for the prevention, identification and treatment of malnutrition of key community leaders through training of community nutrition volunteers • Increased community knowledge for the prevention of malnutrition through health and nutrition education on various topics	• SAM program default rate (< 15%, SPHERE standards) • SAM program death rate (< 10%, SPHERE standards • SAM program cure rate (> 75%, SPHERE standards) • Pregnant and Lactating Women (PLWs) admitted for MAM • MAM program default rate (<15%, SPHERE standards) • MAM program death rate (< 3%, SPHERE standards) • MAM program cure rate (>75%, SPHERE standards) • Number of community leaders who have participated in training in the prevention, identification and treatment of malnutrition • Number of training provided to individuals within communities n the prevention, identification and treatment of malnutrition through testing of their knowledge	• OTP/TSFP/SC records • raining records • Awareness record conducted	**Assumptions** • Nutrition activities will be integrated with HPF activities; relationship with Koch County Health Department remains conducive to project implementation; project • activities will continue throughout the rainy season **Risks** Escalation of insecurity; influx of IDPs
Output 1.1	**Treatment and rehabilitative services for SAM and MAM in children under 5 years (Boys ,3277 and Girls, 3024) through OTPs and TSFPs and PLW 1000.**	• # of children (under-5) admitted for the treatment of MAM. 6301 (boys 3277 girls 3024),and 1000 PLW admitted for MAM in 8 TSFP sites • Number of OTP sites for the treatment of SAM and MAM for under-5) • Number of children admitted for SAM (1859 Children admitted/treated with SAM (Boys: 967; Girls: 892) • Number of children admitted in SC • Number of community mobilization conducted • Number of SMART survey conducted • Number of mothers support group trained on IYCF (8) • Number of community attended nutrition and health education season	• OTP records • TSFP records • Volunteer screening reports • Training reports • Site visit reports • SMART survey	• Activities will not be interrupted by conflict. Community will be willing to accept the program

		• Number of SC sites rehabilitated • Number of nutrition and health education campaign organized (96). • Number of training conducted to health and nutrition workers (6)		
Activity 1.1.1	Treatment and rehabilitative services for SAM and MAM in children under 5 years (Boys and Girls) through OTPs and TSFPs and PLW			
Activity 1.1.2	Active case finding, defaulter tracing, community mobilization screening and sensitization			
Activity 1.1.3	Provide micronutrient supplementation and deworming to both males and females beneficiaries in OTP and TSFP			
Activity 1.1.4	Establish 8 OTP/TSFP sites for the treatment of children (uner-5) experiencing SAM and MAM			
Activity 1.1.5	Rehabilitate 6 OTP and TSFP sites and 2 SC in two payam			
Output 1.2	**Health workers trained on infant and young child feeding (IYCF) and key WASH messages through the CMAM coordinators and community nutrition volunteers**	• Number of health workers trained on infant and young child feeding (IYCF) and key WASH messages	• Training reports	
Activity 1.2.1	Conduct training on the management of CMAM to nutrition workers (CMAM coordinators and CNVs Male and Female). Emphasis will be on outreach activities and IYCF to strengthen knowledge of males and females in nutrition education (BCC).Conduct training to Community representatives on IYCF			
Activity 1.2.2	Conduct health and nutrition education and promotion at the nutrition sites, in the community, and during home visits care takers (males and females)			
Activity1.2.3	Conduct training to health staff on management of SC			
Activity 1.2.4	Conduct at least 1 SMART survey post-harvest year to monitor progress and facilitate future planning.			
Output 1.3	Screened, attend coordination meetings and supervision	• Number of children screened • Number of coordination meeting attended • Number of supervisory visits undertaken	• Site visit reports • Volunteer screening reports	
Activity 1.3.1	Screening of children in the community and the at the facilities and refer them to nutrition centres Provide referral services for severely acute malnourished children with medical complications to the nearest Stabilization/Inpatient Care Centres			
Activity 1.3.2	Conduct frequent supervisory visits to treatment and rehabilitation, of 8TP and 8 TSFP sites and 2 SC			
Activity 1.3.3	Participate in and attend nutrition cluster coordination and partnership meetings with MoH , UN agency and other stakeholders			

PROJECT WORK PLAN

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

Project start date:	**1 July 2014**	**Project end date:**	**30 June 2015**

Activities	**Q2**	**Q3/2014**			**Q4/2014**			**Q1/2015**			**Q2/2015**	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Activity 1: Treatment and rehabilitative services for SAM and MAM in children under 5 years (Boys and Girls) through OTPs and TSFPs and PLW	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2: Conduct training on the management of CMAM to nutrition workers (CMAM coordinators and CNVs Male and Female). Emphasis will be on outreach activities and IYCF to strengthen knowledge of males and females in nutrition education (BCC).Conduct training to Community representatives on IYCF	X							X				
Activity 3: Active case finding, defaulter tracing, community mobilization screening and sensitization	X	X	X	X	X	X	X	X	X	X	X	X
Activity 4: Conduct health and nutrition education and promotion at the nutrition sites, in the community, and during home visits care takers (males and females)	X	X	X	X	X	X	X	X	X	X	X	X
Activity 5: Conduct trainings to health facility staff (nurses, CHW and others both males and females) on management of severe malnutrition following CMAM protocol	X					X						
Activity6: Provide micronutrient supplementation and deworming to both males and females beneficiaries in OTP and TSFP	X	X	X	X	X	X	X	X	X	X	X	X
Activity 7: Provide referral services for severely acute malnourished children with medical complications to the nearest Stabilization/Inpatient Care Centers			X	X	X	X	X	X	X	X	X	X
Activity 8: Conduct frequent supervisory visits to treatment and rehabilitation, of 8OTP and 8 TSFP sites and 2 SC	X	X	X	X	X	X	X	X	X	X	X	X
Activity 9 : Participate in and attend nutrition cluster coordination and partnership meetings with MoH , UN agency and other stakeholders	X	X	X	X	X	X	X	X	X	X	X	X
Activity 11: Rehabilitate 6 OTPs and TSFPs nutrition sites					X	X	X					
Activity 12: Equipped and open Stabilization center	x											
Activity 13: Coordinate nutrition services with other regional service providers	X	X	X	X	X	X	X	X	X	X	X	X
Activity 14: Conduct at least 1 SMART survey post-harvest year to monitor progress and facilitate future planning.							X					

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