Project Proposal

Organization	CCM (Comitato Collaborazione Medica)			
Project Title	Scaling up of an expanded integrated intervention on nutrition, health, sanitation and hygiene, among most vulnerable populations (boys and girls U5 and Pregnant and Lactating Women) of host and IDPs communities in Tonj East and Tonj South (Warrap) counties.			
Fund Code	SSD-15/HSS10/SA2/N/INGO/642			
Cluster	**Primary cluster**		**Sub cluster**	
	NUTRITION		None	
Project Allocation	2nd Round Standard Allocation		Allocation Category Type	
Project budget in US$	300,000.16		Planned project duration	5 months
Planned Start Date	01/08/2015		Planned End Date	31/12/2015
OPS Details	OPS Code	SSD-15/H/72312/R	OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	

Project Summary

The project main objective is to ensure access to preventive interventions and quality life-saving management services of Acute Malnutrition cases among children U5 (boys and girls), P&LW, elders and vulnerable groups among host and displaced communities in Tonj East and Tonj South (Warrap State).
The project specific purposes, integrated within the Nutrition Cluster strategy are:
I. Scale up the preventive and nutrition services and implement an integrated health and nutrition response, to contribute reducing the morbidity and mortality of the target groups.
II. Improve the capacity of the counties` health systems to monitor and evaluate the malnutrition condition of the population and to coordinate an effective response to cope with the malnutrition diffusion.
III. Increase the community based involvement to the monitor and reporting of nutrition cases through the improvement of the community based activities and the increased participation to women groups in the promotion the nutrition services and of IYCF.
The prevention and treatment of acute malnutrition will be ensured through its integration into the health services, the involvement of the local community and authorities in the nutrition surveillance, the support to the HFs, the capacity building of local health and nutrition staff. A detailed work plan shared with the local authorities and communities and the establishment of a reporting and data collection system dedicated to nutrition, will enable to better monitor nutrition status in the target area. The integration of the present project into the wider HPF intervention, envisaging the reinforcement of the CHD and a consistent involvement of communities, will positively influence the intervention impact and sustainability, facilitating the accessibility to services even to the vulnerable and remote communities. Working as leading agency, CCM will be in the position to implement a network of local institution, international NGOs and community groups to assess the counties needs and define common and synergic plans.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	328	8900	9337	9405	**27,970**
Total beneficiaries include the following:					
People in Host Communities	328	8900	9337	9405	27970

Indirect Beneficiaries

The indirect beneficiaries will be almost 81.000 people reached by education and sensitization events and that will benefit of the improved nutrition and health behaviors spread in the community. We can consider between the indirect beneficiaries even the all family of the mother groups joining the meeting and the gardening activities both because of the improved awareness about nutrition and health of the mothers, but even because of their improved gardening and food producing capacities.

Catchment Population

Link with the Allocation Strategy

The project will contribute to the nutrition cluster objective 1- Deliver quality life-saving management of acute malnutrition for at least 60 per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups", thanks to the enhancement of the health and nutrition system developed in the last years in both counties. The long CCM experience in the project area as well as the close cooperation with the CHDs will facilitate the integration of nutrition services in the Tonj East and Tonj South Health System (TE:1 SC, 10 OTP: TS: 2SC, 9 OTP) and outreaches site (TE: 9; TS: 6).
The project will also contribute to the nutrition cluster objective 2- Increase access to integrated programs preventing under nutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups. The long terms relationship with the local authorities, the deep knowledge of the context and the existing network of VHCs and community groups will facilitate the access to the most remote communities and the identification of the high vulnerable groups to food security or in need of nutritional assistance.. The economic crisis affecting the country is having different impact on different areas. Tonj East county, in Warrap state, even if not touched directly by the conflict, is suffering deeply from the crisis because of its inaccessibility, flood prone land and the distance to the state capital and other main cities that is reducing the access to food and basic services. In this area in the last months the number of malnourished children has doubled the access to food deeply affected. The involvement of the VHCs and of the mothers/women groups in the spreading of education messages on nutrition and the empowerment of the CHDs members on the surveillance tools and methodologies will facilitate the monitoring of the nutrition needs and the ability to give a quick and effective response to them. In the same time the SMART survey will facilitate the assessment of the most vulnerable groups.
Finally the project will contribute to the Nutrition cluster objective 3 - Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response, thanks to the already enlighten health and nutrition system, but even thanks to the promotion of a multi sector coordination network involving the local institutions, the international NGOs and the local community groups in the information sharing, contest need analysis and synergic response plan to avoid overlapping in the services provided and to give the highest value to the actions of the involved networks members. In this framework the involvement of the local community in the need assessment will be determinant both to better understand the main problems and concerns of the population and in the identification of the most effective and targeted solutions to them.
The community involvement will be determinant even to organize quarterly protection household survey and risk assessment. This kind of action will allow the IPs to better monitor the threats for the population (ex. the frequent cattle raid in the area) and the impact they could have for the population reaching services. Still the women/mothers groups meeting and focus groups will be useful to enlighten the impact of the provided services access to the population and exclude the possibilities of negative ones. The activated monthly meeting with the local authorities (RRC, CHD, and Commissioner officer) will give the IP clear information on the county internal threats and risks, both for the IPs staff and the population and will address the implementation of mitigation measures to provide the needed services reducing the risks.

Sub-Grants to Implementing Partners

Other funding Secured For the Same Project (to date)

Source	US$
UNICEF (the amount is not yet defined as the PCA is under submission)	50,000.00
	50,000.00

Organization focal point contact details

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BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	Tonj East and Tonj South (Warrap) counties count 281,105 inhabitants (roughly 50% women, 50% men) living mostly of agriculture and livestock. The nutrition Smart Survey realized by CCM in November 2014 has found that the Global Acute Malnutrition Rate in Tonj South County was found to be 9.3% (7.0-12.4 95% CI) while the Severe Acute Malnutrition was found to be 2.0% (1.1- 3.8 95% CI). The stunting prevalence in the county was 16.2% while the underweight prevalence was found to be 12.1%. The prevalence of Global Acute Malnutrition based on Mid-Upper Arm Circumference was found to be 5.2% (3.7- 7.2 95% CI). The survey found that 61.0% of all the children included in the survey had been sick within the period of two weeks prior to the survey. According to the survey, the proportion of children with access to safe drinking water was 33.1% which is considered low. The mortality rate in the county is considered low at 0.54 and 2.01 for the crude death rate and under-five death rate respectively The last survey done in Tonj East in 2013 by WVI has found that GAM is 19.2% and SAM is 3.3%. Right now the situation could be even worst then this as consequence of the crisis affecting the country and the inaccessibility of many areas in the county which during the rainy seasons are fully cut off from access to the main health and nutrition services and market. The last data collected by CCM in Tonj East are registering a serious increment (from January to May 2015) of the patient admitted for SAM (from 150 to 390 per month). While the condition of the population and the access to food are quickly deteriorating it urges to define synergic intervention with the local authorities and the other actors to improve the people access to nutrition and health services. Main needs in the area can be summarized as follows: - to reinforce treatment and prevention of SAM and MAM services in the target area. As leading agency, CCM is promoting the integrated management of health and nutrition activities both at static and at community level. In the 2 counties, CCM is in charge of SAM, while MAM is referred to WVI h. In the last months CCM has had the chance to re-open 3 SCs namely Tonj Hospital and Thiet (Tonj South) and Romich (Tonj East) and activate 13 OTPs and 7 outreaches site in the last 6 months. The project will allow CCM and the CHD to continue supporting thes facilities, activates new site and define stronger coordination with other nutrition and health partners in the area to improve the provided services, with special attention to the referral of MAM cases to avoid them deteriorating in SAM cases. - To enhance the nutritional surveillance and monitoring, will be implemented network of surveillance and monitoring of the population nutrition condition is than one of the main one, that will include the local institutions, the women/mother groups and other community representative as well as other NGOs working in close sector (wash, protection, food security) - to strengthen communities participation and micronutrient supplementation and de-worming of boys and girls aged 0-59 months, P&LW, older people. The catchment area is characterized by poor health indicators, especially concerning reproductive and child health and nutrition. The need of distribution of micronutrient depends on many factors: the poor political and economic situation of the community, their level of education and access to sanitation infrastructure. 93% of population do not use latrines and only 60% access to clean water increasing the risk for malnourished, vulnerable children and women to get other communicable diseases and have their health condition worsened), the breast-feeding habits, the prevalence of infectious diseases. Particular attention should be paid to the improvement health and nutrition services quality, the increase of community awareness, P&LW education and to the provision of services in remote areas.
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	
3. Description Of Beneficiaries	Out of 27970, total beneficiaries, 31% are woman accessing to both preventing and curative care and H&N promotion activities. It is widely recognized that women can influence child survival through appropriate caring practices, such as breastfeeding, adequate complementary feeding, hygiene and health seeking behaviors, including early identification of common diseases. 30% of the target beneficiaries are children U5 suffering from the consequences of household food insecurity, inadequate care and feeding practices, unhealthy household environment and lack of health services more than other vulnerable people. The project directly targets the most vulnerable people to acute malnutrition and micronutrient deficiencies, with particular focus on children U5 (boys and girls), pregnant and Lactating women, the elderly, and displaced or refugee persons in spontaneous or organized settlements. Beneficiaries have been identified among all patients accessing health services at facility and community level (OPD U5 and Adult, ANC/PNC, EPI, outreaches and mobile clinics), with particular attention to groups heavily affected by natural disasters (flood, heat) and with low financial capacity and income (reduced harvest capacity, loss of livestock, unhealthy household). Community involvement will ensure better targeting of beneficiaries in need and the identification of the “best” nutrition practices, consistent with local culture, capabilities and the physical environment. Nutrition services will be equally accessible for people with disabilities and minorities, even if the project does not specifically target such categories. The promotion of gardens activities in the HFs will support the food access to food and incomes of the care takers of malnourished children, improving directly the children condition and of their family. In the same time it will help mothers to better understand how to feed their children and to spread better nutrition practices. Due to the nature of violence that has affected the country; the project carefully considers the ethical issues and cultural points of view that may arise during the implementation. These include the need to protect the confidentiality of data related to all parties especially people at risk as well as, for example, the way data are collected, how they are stored, who has access to them, and how it is used. Careful attention will be paid to the nature of questions asked, especially given the often intimate personal nature of violent relationships and suffering. The right to privacy of all parties will be promoted at any time, especially of those working on the project when getting in contact with perpetrators. A human rights-based approach will be ensured during the implementation of the program. In order to guarantee the beneficiaries and community accountability, CCM has developed mechanisms to share project strategies and evaluations reports with the local institutions. CHD is involved in staff recruitment, induction, trainings, and performance appraisal. Partnership agreements are in place to regulate the process. When required, CCM provides accessible information on organizational procedures and processes. CCM actively seeks the views of direct beneficiaries to improve their policy and practice in programming, through regular meetings. This activity ensures that the information provided is immediately received, processed and used to respond to and to learn from. Specific issues raised are referred to the competent authorities. Most marginalized people are represented and have influence in this process. Feedback received is designed to monitor and evaluate the achievement of the program.
4. Grant Request Justification.	Comitato Collaborazione Medica (CCM) is an international non-governmental organization specialized in the health sector. CCM is present in Sudan since 1983, with a valuable experience in the management of both health and nutrition projects founded by several donors. The presence of CCM in the project target counties dates back to 2005. From November 2013, as consequences of the HPF county-wide funding approach, CCM is the CHD leading agency and the main Health provider in the 2 project counties, responsible also for Nutrition program within PHC system. The present allocation will ensure the continuation of the on-going nutrition program, integrating CMAM services into health facilities, and complementing what has been carried out thanks to CHF and other partners support (UNICEF). HPF can support minimal education and preventive components of nutrition program but can’t cover the key and most expensive treatment components. CCM is better placed to deliver the project compared to the other partners, since it is in the position to provide nutrition services close to the health ones. This way, nutrition activities will be integrated with MCH services, nutrition education within health education sessions, people accessing to health facilities will benefit of nutrition services, while the communities will access to nutrition through outreaches. Again, CCM was recently awarded of an HPF fund to manage the Tonj Hospital, where CCM is running 1 SC, which will make it easier to empower and better integrate the nutrition services into the primary and secondary care in the county. UNICEF support mostly focuses on supplies and logistics. CHF resources are therefore crucial to complement CCM secured funds, covering financial gaps to ensure the management and prevention of acute malnutrition and the provision of emergency preparedness and response services, such as: • recruitment of human resources, • SC/OTP strengthened, • expansion of outreach capacities, • trainings, • institutional and staff capacity building; • community activities and IYCF. Added values to the present proposal include: • CCM long-standing partnership with SMoHs/CHDs in all counties; • integration of CHF project within broader programs supported by other donors and mainly focusing on institutional capacity building of CHDs and development of County Health Systems; • Prevention and treatment of SAM ensured through their integration into the basic package of health services provided at HFs level, and through the involvement of the community for the referral of cases. • Referral of MAM cases to partners already in charge of these complementary nutrition components in the project target counties WVI (Warrap State). Cooperation and partnership with the aforementioned organization s already in place and well established. • Scale-up of community activities to better targeting the beneficiaries and to identify the best nutrition practices consistent with local culture and capabilities.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	

LOGICAL FRAMEWORK

Overall project objective	The project main objective is to ensure access to preventive interventions and quality life-saving management services of Acute Malnutrition cases among children U5 (boys and girls), P&LW, elders and vulnerable groups among host and displaced communities in 2 counties of Lakes (Awerial and Yirol East).

Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Deliver quality lifesaving management of acute malnutrition for at least 60% per cent of SAM cases in girls and boys 0-	SO 1: Save lives and alleviate suffering by providing	60

59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups	multi-sector assistance to people in need	
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	20
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response	SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods	20

Outcome 1	Quality lifesaving management of acute malnutrition delivered to SAM cases aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups and reduced GAM rate in Warrap State reduced and/or stood at the pre-crisis level.	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Enhanced integration of nutrition and health quality services in 19 OTPs, 3 SC and 15 outreaches site in the target area	• The CHD fully staffed and committed to improve their capacity and skills. • WS MoH policy supports the integration of nutrition services within the primary and secondary Health care • Local communities do acknowledge and are willing to access/utilize frontline nutrition services • Internal and cross-borders political stability;

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community		4473	14965	14965	34403
	Means of Verification:						
Indicator 1.1.2	NUTRITION	N. of sites OTP and outreaches site supported					20
	Means of Verification:	Nutrition reports					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			1343	1297	2640
	Means of Verification:	Nutrition report					
Indicator 1.1.4	NUTRITION	N. of boys and girls aged 0-59 months with MAM referred to partner for treatment:					13069
	Means of Verification:	Nutrition and internal reports					
Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment		100			100
	Means of Verification:	Nutrion reports					
Indicator 1.1.6	NUTRITION	N. of Children de-wormed					5258
	Means of Verification:	Nutrition report, DHIS					
Indicator 1.1.7	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			2628	2630	5258
	Means of Verification:	nutrition report					
Indicator 1.1.8	NUTRITION	[Frontline services] [Prevention]Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		3977			3977
	Means of Verification:	DHIS					
Indicator 1.1.9	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	20	20			40
	Means of Verification:	training and internal reports					
Indicator 1.1.10	NUTRITION	Number of new and Existing Mother to Mother support groups supported					16
	Means of Verification:	Community report					

Activities

Activity 1.1.1	Build relationships and foster participation of the community to improve access to nutrition services for treatment and prevention of SAM (boys and girls 6-59 months and PLW MUAC screened, community forums and focus group discussions to support CMAM, IYCF and better nutrition practices).
Activity 1.1.2	Provide home-based treatment and rehabilitation using RUTF for children with SAM uncomplicated and vulnerable groups;
Activity 1.1.3	Monitor children progress through regular outpatient clinics (19 OTP) and 15 outreaches site
Activity 1.1.4	Provide food rations to the family of SAM children through “community gardens” in support to hospitalized people.
Activity 1.1.5	Provide intensive in-patient medical and nutrition care in 3 SC (Thiet PHCC, Tonj PHCC, Romich PHCC)
Activity 1.1.6	Enhancing the emergency referral system through improved coordination among stakeholders
Activity 1.1.7	Training of HW on IMAM feeding for IPD care;
Activity 1.1.8	Training of HW on IMAM therapeutic feeding for OPD care;
Activity 1.1.9	Training on identification and detection of SAM for CHWs, Nut assistant, CMAM volunteers.

Output 1.2	Safe and appropriate infant and young child feeding practices and control of micronutrient deficiencies established, to both health facility and community levels.	• The CHD fully staffed and committed to improve their capacity and skills. • WS MoH policy supports the integration of nutrition services within the primary and secondary Health care • Local communities do acknowledge and are willing to access/utilize frontline nutrition services • Internal and cross-borders political stability;

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle

			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Frontline services] [Prevention]Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	324	971			1295
	Means of Verification:	nutrition reports, DHIS					
Indicator 1.2.2	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			2629	2629	5258
	Means of Verification:	DHIS					
Indicator 1.2.3	NUTRITION	Number of children 12-59 months de-wormed in the community:					4034
	Means of Verification:	DHIS, community reports					
Indicator 1.2.4	NUTRITION	[Frontline services] [Prevention]Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		3977			3977
	Means of Verification:	Nutrition reports, DHIS					
Indicator 1.2.5	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	324	971			1295
	Means of Verification:	community reports					
Indicator 1.2.6	NUTRITION	Number of health and nutrition outreaches					50
	Means of Verification:	Nutrition and health reports, DHIS					

Activities

Activity 1.2.1	Vitamin A supplementation and de-worming in children 6-59 months
Activity 1.2.2	Micronutrient supplementation for PLW during ANC, EPI and consultation;
Activity 1.2.3	Integrate U5 growth monitoring within EPI/OPD service provision;
Activity 1.2.4	Weekly education/screening outreaches, covering targeted counties, underserved areas, cattle camps, IDP/returnees camps on IYCF, detection and management of acute malnutrition;
Activity 1.2.5	Weekly nutrition education sessions at facility/community level, targeting caretakers and women in childbearing age.
Activity 1.2.6	Joint health and nutrition outreaches

Outcome 2	Ensure coordination and monitoring of the nutrition condition, through improved nutrition surveillance, reinforced monthly data collection and analysis	
Code	**Description**	**Assumptions & Risks**
Output 2.1	A network of local institution, international NGOs, and local community groups to define a needs monitoring system to collect quality information on nutritional status of boys and girls aged 6-59 months, P&LW and the elderly available for decision-making;	• The CHD fully staffed and committed to improve their capacity and skills. • Other partner are willing to join and contribute to the networks • The local authorities promote the synergic action of different sector partners • Internal and cross-borders political stability;

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken					1
	Means of Verification:	Nutrition SMART survey report					
Indicator 2.1.2	NUTRITION	N. of CHD members assisted on nutrition surveillance, EP&R and monitoring:					15
	Means of Verification:	Monthly reports, training reportds					
Indicator 2.1.3	NUTRITION	Number of joint supervision with the CHDs and report submitted on time					10
	Means of Verification:	DHIS, monthly report					
Indicator 2.1.4	NUTRITION	Number of multi-sector meeting promoted					5
	Means of Verification:	Meeting minures					
Indicator 2.1.5	NUTRITION	N. of people trained in survey					50
	Means of Verification:	Attendance sheet, training report SMART survey report					
Indicator 2.1.6	NUTRITION	No of state level coordination meetings attended					5
	Means of Verification:	Coordination meeting minutes					

Activities

Activity 2.1.1	SMART Nutrition surveys in Tonj East
Activity 2.1.2	Joint CHD/implementing partners' supervision with particular focus on MoH and Nutrition Cluster reporting, (ii) nutrition surveillance
Activity 2.1.3	Promotion of county multi-sector coordination meetings
Activity 2.1.4	Participation to the Nutrition Cluster and inter-cluster.

Outcome 3	A greater awareness of the malnutrition issues is spread between the communities and the women groups are active in promoting and supporting the malnutrition services	
Code	**Description**	**Assumptions & Risks**

Output 3.1	The VHC members and women/mothers groups members are actives in the promotion of nutrition education messages and able to refer cases to the malnutrition services in the county.	• The CHD fully staffed and committed to improve their capacity and skills. • The community leaders and VHCs promote the women participation to the activities and the gardening • Internal and cross-borders political stability;

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	N. of activated mother groups					13
	Means of Verification:	Community reports					
Indicator 3.1.2	NUTRITION	N. of monthly meeting or the women/mother groups					30
	Means of Verification:	Community reports and meetings minutes					
Indicator 3.1.3	NUTRITION	Number of mothers and caretakers participating to the gardening activities					130
	Means of Verification:	Community reports					
Indicator 3.1.4	NUTRITION	[Frontline services] [Prevention]Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	324	971			1295
	Means of Verification:						
Indicator 3.1.5	NUTRITION	Number of people reached by public events					5000
	Means of Verification:	Community reports					
Indicator 3.1.6	NUTRITION	N. of active HF garden					13
	Means of Verification:	Community reports					

Activities

Activity 3.1.1	Activation of mother groups in each HFs/malnutrition site
Activity 3.1.2	IYCF education sessions for mothers
Activity 3.1.3	Gardening activities for mother in the HFs/malnutrition site
Activity 3.1.4	Awareness and education activities
Activity 3.1.5	Public events

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Build relationships and foster participation of the community to improve access to nutrition services for treatment and prevention of SAM (boys and girls 6-59 months and PLW MUAC screened, community forums and focus group discussions to support CMAM, IYCF and better nutrition practices).	2015									X	X	X	X
Activity 1.1.2 Provide home-based treatment and rehabilitation using RUTF for children with SAM uncomplicated and vulnerable groups;	2015								X	X	X	X	X
Activity 1.1.3 Monitor children progress through regular outpatient clinics (19 OTP) and 15 outreaches site	2015								X	X	X	X	X
Activity 1.1.4 Provide food rations to the family of SAM children through “community gardens” in support to hospitalized people.	2015									X	X	X	X
Activity 1.1.5 Provide intensive in-patient medical and nutrition care in 3 SC (Thiet PHCC, Tonj PHCC, Romich PHCC)	2015								X	X	X	X	X
Activity 1.1.6 Enhancing the emergency referral system through improved coordination among stakeholders	2015								X	X	X	X	X
Activity 1.1.7 Training of HW on IMAM feeding for IPD care;	2015									X			
Activity 1.1.8 Training of HW on IMAM therapeutic feeding for OPD care;	2015										X		
Activity 1.1.9 Training on identification and detection of SAM for CHWs, Nut assistant, CMAM volunteers.	2015								X				
Activity 1.2.1 Vitamin A supplementation and de-worming in children 6-59 months	2015								X	X	X	X	X
Activity 1.2.2 Micronutrient supplementation for PLW during ANC, EPI and consultation;	2015								X	X	X	X	X
Activity 1.2.3 Integrate U5 growth monitoring within EPI/OPD service provision;	2015									X	X	X	X
Activity 1.2.4 Weekly education/screening outreaches, covering targeted counties, underserved areas, cattle camps, IDP/returnees camps on IYCF, detection and management of acute malnutrition;	2015								X	X	X	X	X
Activity 1.2.5 Weekly nutrition education sessions at facility/community level, targeting caretakers and women in childbearing age.	2015								X	X	X	X	X
Activity 1.2.6 Joint health and nutrition outreaches	2015								X	X	X	X	X
Activity 2.1.1 SMART Nutrition surveys in Tonj East	2015											X	
Activity 2.1.2 Joint CHD/implementing partners’ supervision with particular focus on MoH and Nutrition Cluster reporting, (ii) nutrition surveillance	2015								X	X	X	X	X

Activity 2.1.3 Promotion of county multi-sector coordination meetings	2015								X		X	
Activity 2.1.4 Participation to the Nutrition Cluster and inter-cluster.	2015							X	X	X	X	X
Activity 3.1.1 Activation of mother groups in each HFs/malnutrition site	2015								X	X	X	X
Activity 3.1.2 IYCF education sessions for mothers	2015							X	X	X	X	X
Activity 3.1.3 Gardening activities for mother in the HFs/malnutrition site	2015								X	X	X	X
Activity 3.1.4 Awareness and education activities	2015							X	X	X	X	X
Activity 3.1.5 Public events	2015							X			X	

M & R DETAILS

Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	CCM shall ensure continuous monitoring of project activities by: - EFFECTIVE REPORTING SYSTEM: (i) compilation of daily/weekly/monthly health and nutrition facility registers and reports, (ii) compilation of outreach reports, (iii) compilation of monthly and quarterly reports for concerned CHDs and State MoH (Nutrition Cluster reporting tools), (iv) compilation of quarterly progress report for the SC and the donors, (v) monthly and quarterly reports to HQ project department. With regard to data collection and analysis, utilization of DHIS and nutrition data system shall ensure integration of project data within the MoH reporting system. Monthly reports to the national Nutrition Cluster shall be timely submitted. - QUALIFIED TECHNICAL ASSISTANCE: the implementing partner have envisaged employment of technical human resources skilled in Nutrition program management and supervision, responsible for assisting local health staff at both facility and outreach level. They will be based in each main project location and will ensure daily supervision of the quality of the services provided and consistency of data collected. - M&E OFFICER: CCM staff includes Health Advisor officer based in SS Head Office (Juba), who will be responsible of periodic visits in the project areas, to check about indicators, targets and performances. - EXTERNAL MONITORING: the implementing partner will share periodical information and data on the project implementation with Nutrition Cluster focal persons both at State and federal level, to compare views and get additional inputs and comments. - STEERING COMMITTEE & MANAGEMENT COMMITTEE: among the SC ToR, supportive supervision and technical assistance to the MC throughout the project implementation is included. The MC shall utilize the project logical framework and work plan as primary tools to assess project performances, achieved versus expected results/targets and respect of the timeframe. IP and CHDs shall start having regular planning meeting, both internal and with PHCUs, the VHCs and other interested partner in the county, to share information, verify data and define synergies to improve referral and report eystems. Data coming from project nutritionist will inform the discussion, providing the base to define further interventions to address nutrition problems or to re orientate the ones on going. Project report data will be also used to brief the State authorities on County situation, supporting a wider decision-making process on the steps to be done to improve people Health and Nutrition status. - EFFECTIVE FINANCIAL MONITORING SYSTEM: (i) CCM accounting system are based on the double-entry system, which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of HQ administrative department; budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; (iii) compilation of financial report is elaborated by CCM country administration with the support of a state administrator t and subsequently approved by HQ administrative department

OTHER INFORMATION

Accountability to Affected Populations	CCM working in the project area as leading agency for health sector, will give it the best position to involve the local communities in all the steps of the projects taking advantage of the already implemented participation mechanism. The Village Health Committees, the women groups as well as the youth groups, cooperating with CCM on health will be involved in the all the projects steps (needs assessment, activity planning and project implementation). The VHC are usually involved in the collection of feedback and complaints from the community but even to get information on the village in remote areas not reached by proper health and nutrition services that need to be considered for outreaches. With this kind of meeting CCM will get the necessary inputs to design and implement the project`s activities to target them to the main beneficiaries. Still the VHCs and the Women Groups will be the main actors of the activities related to the IYCF (gardening and sensibilization) activities so that the peer to peer communication will improve the diffusion of key messages on health and nutrition and, in the same time, the communities will be fully involved in the project process. The cooperation with local radio during public events and outreaches campaign is even a key action to share information about services and communication about healthy and hygienic good behaviors towards a wide number of people. The project area is populated for the most by dinka communities of different clan. The main problems related to the security as due to the cattle raid that can bring to internal fight and population internal movement. This kind of events can seriously affect the project activities, limiting the people accessibility to the HF and the staff movements for outreaches. To avoid the rick CCM is defining bi-monthly meeting with the County Commissioner officer to get update about the local tension and possible risk. The relation is determinant even to be immediately informed about the possible risk to take the right measures and/or be ready to collect injured people. Finally, to copy with the inaccessibility due to the flooding in the rainy season, CCM works to preposition drugs and supplies in the most remote facilities so that they can be autonomous in providing services. Satellite and phone are used to collect information and data from the HFs even during period of difficult accessibility. CCM is considering the DO NO HARM principles providing services to host and IDPs communities equally and defining participating mechanism to make the communities be able to indicate and possible emarginated groups. CCM is even trying to involve man and older people in the communication about sensitive activities (family planning, early marriages and pregnancies...) to avoid women and youth could accept services and treatment without consequences due to the local culture which gives men the power to decide about it. In the same way CCM is involving care takers in the education session on nutrition to make them aware of the best nutrition behaviors for their children health.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	The project implementing partner, the INGOs CCM (Comitato Collaborazione Medica) is one of the main partners of the Warrap SMoH for supporting the provision of integrated primary/secondary health care and nutrition services in the catchment area. Strengthening local health system through collaboration with stakeholders and researching for synergies, preventing duplications or establishment of parallel health/nutrition structures, are CCM pillars in program planning and implementation. CCMis a registered INGOs in SS and acknowledged also by the national MoH. At local level, smooth collaboration with CHD and other local institutions (Counties Manager, RRC Office, Commissioner, etc.) is already in place. CCM ensures adequate support and supervision to integrated PHC & Nutrition service delivery and emergency response in Tonj East and South. Existing coordination to enhance the referral system, build CHD capacities and raise community awareness on nutrition shall be strengthened and targeted actions planned to answer the needs identified, especially during the previous months. Outreaches, support to the existing SC and OTP and enforcement of effective referral system at state level are meant at widening population access to and utilization of frontline and emergency nutrition services, as well as to expand the nutrition surveillance capacities. The project design is based on sound collaboration among CCM, health institutions at state and county level, other stakeholders (UNICEF, WFP, other INGOs and CBOs), in order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), 2 project coordination bodies will be purposely established and meet on regular basis to ensure achievement of expected results: - MANAGEMENT COMMITTEE (one per county): Composed of CHDs Manager and CCM Project Managers, the MC will meet on monthly basis in each county and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities carried out and in pipeline, (iii) debating possible project implementation challenges and identifying the related way forward, (iv) providing technical assistance in the project supervision, (v) consolidating quarterly project reports, (vi) representing the Project board in front of local stakeholders and when project-related decisions are taken. The management committee will be also in charge of implementing the NGOs security police and to collect and analyze the information about security, community tension and other possible security risks. - STEERING COMMITTEE (one per State): Composed of Warrap State MoH DG (or his/her delegate), CCM Country Representatives in South Sudan (or his/her delegate), CCM county coordinator and the nutritionist. The SC will meet on quarterly basis and will be responsible for: (i) supervising the general project implementation and provide related feedback/advice to the Management Committee, (ii) facilitating integration of the project with other health activities in the catchment areas, (iii) linking with other stakeholders at federal and state level (Nutrition & Health Clusters, WaSH clusters, UNFPA, WHO, UNICEF, other INGOs, etc.) to facilitate the project implementation and promotion. The steering committee will supervise on the implementation of the CCM policies on security and human resources to avoid any risk to the staff and the population and to warrantee that no tension could raise up in the project implementation because of human resources management and services provision. The wider cooperation IP is creating with the CHDs of the targeted Counties (TA, co-location, regular meetings…) will be functional to ensure project implementation and reorientation in line with the local needs and constant monitoring and evaluation.
Coordination with other Organizations in project area	
Environmental Marker Code	
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	More than 50% of the target activities will be addressed to women so that their aptitude can positively influence child survival through appropriate caring practices, such as breastfeeding, adequate complementary feeding, hygiene and health seeking behaviors, including early identification of common diseases. The current M&E data collection tools we use in all departments disaggregate data by gender and age. The health and nutrition services are provided by female health staff to demonstrate women involvement in decision-making, within a male-dominated community. Some other actions promoted to enhance gender issues are the following: (i) TBAs, VHC, and woman groups are involved in the project activities to improve the referral system and the nutrition education services. (ii) mobile clinic services in the most remote areas and critical contexts (returnees and IDPs camps) will facilitate women in accessing health care, as they are usually penalized by HFs distance because of their home care duties and of some traditional rules regulating their movements. (iii) female health staff is involved in nutrition activities (including outreaches and health/nutrition awareness sessions). This allows the access of woman to notions usually not available during community gatherings or meetings.

Protection Mainstreaming	The community involvement will be determinant even to organize quarterly protection household survey and risk assessment. This kind of action will allow the IPs to better monitor the threats for the population (ex. the frequent cattle raid in the area) and the impact they could have for the population reaching services. Still the women/mothers groups meetings and focus groups will be useful to enlighten the impact of the provided services access to the population and exclude the possibilities of negative ones. The activated monthly meeting with the local authorities (RRC, CHD, and Commissioner office) will give the IP clear information on the county internal threats and risks, both for the IPs staff and the population and will address the implementation of mitigation measures to provide the needed services reducing the risks. Greater attention will be given in the management of activities, as family planning and contraception provision that, because of the cultural believes can create conflicts both within the family members and between the family and the HFs staff. To avoid any kind of tension special attention will be given to the sensitization activities of men and women, assuring the full involvement of the CHDs and of the communities in this action.
Safety and Security	In the last 18 months after the raising up of the conflict in the country the security condition are going worst and worst even in the States not directly affected by the conflicts. Then the depreciation of the SS pounds in the last months has exacerbated the already poor condition of the population and increased the local criminality. Looking to the situation CCM is improving is security policies and defining good practices to mitigate the risk and warrantee equal services for all the communities. Bi-monthly meeting with the Commissioner Office will be organized by the CHD/CCM staff to get information about the security in the county and to consider them in the activities planning. Before each movement the staff will keep in touch with the community to be visited to get further information about the condition in the area. In case of tension in some areas, CCM/CHDs will monitor the population movement to be sure reaching the most vulnerable groups that could affect by the conflicts. A tracking system will be installed on the CCM/CHDs cars to be sure tracking them in case of problems and have quick intervention.
Access	Both the counties (Tonj East and Tonj South) in which the project will be implemented suffer of serious flooding, during the rainy seasons that can affect the accessibility of some HFs even for different months. For this reason CCM is usually providing the HFs in the most remote areas with all drugs, supplies and equipment for several months, to be sure the services won`t be disrupted by the flooding. The supervision and the referral are assured even during the raining season thanks to the support of the VHCs and the mother groups and on the utilization of means (motorbike) that can easily access remote areas.

BUDGET

1 **Staff and Other Personnel Costs** *(please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
1.1	Nutritionist (Wararp State)	D	2	1800	5	100.00%	18,000.00	9,000.00	9,000.00	18,000.00
	2 nutrition expert for Warrap State at 2,000$ per month. LOCATION: 1 Tonj East (100% charged to CHF); 1 Tonj South (100% charged to CHF)									
1.2	Technical and support nutrition staff (local)	D	1	20000	5	75.00%	75,000.00	37,500.00	37,500.00	75,000.00
	Monthly salaries at 10,100 $ per month for all the local nutrition staffs in TE and Tonj South. LOCATION: TE, TS (75 % charged to CHF)									
1.3	Logistician	S	1	1900	1	100.00%	1,900.00	0.00	1,900.00	1,900.00
	1 Logistician at $1,700 per month for 1 month. LOCATION: Juba. (100% charged to CHF)									
1.4	R&R allowance	D	2	600	5	80.00%	4,800.00	2,400.00	2,400.00	4,800.00
	R&R allowance for CCM staff consist of the cost of international flight to a destination outside South Sudan. LOCATION: ALL (charged: 80%)									
	Section Total						99,700.00	48,900.00	50,800.00	99,700.00

2 **Supplies, Commodities, Materials** *(please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
2.1	Trainings for nutrition staff (OTP, IPD stabilisation management, IYCF, survey)	D	150	50	2	50.00%	7,500.00	3,750.00	3,750.00	7,500.00
	2 days training for 172 health staff (printing materials, food, small equipment) at 50$ a day twice a quarter. LOCATION: ALL (50% charged to CHF). See details.									
2.2	Community outreach	D	150	100	1	50.00%	7,500.00	3,750.00	3,750.00	7,500.00
	Refreshment and small items for 5 HHP during outreaches (twice a month) at 5$. LOCATION: ALL (50% covered by CHF)									
2.3	IEC material, guidelines, etc for SC/OTP	D	2	1000	5	35.00%	3,500.00	1,000.00	2,500.00	3,500.00
	Printing materials and guidelines for SC/OTP at 1000$ per month. LOCATION: TE, TS (35% charged to CHF)									
2.4	Community Gardens	D	20	800	1	50.00%	8,000.00	0.00	8,000.00	8,000.00
	Small agricultural tools and seeds for 20 women groups at 2.200$ each groups. LOCATION: TE, TS (50% charged to CHF).									
2.5	Public senzitization events (Exclusive breastfeeding, Complementary Feeding, Malnutrition, etc..)	D	2	2500	2	100.00%	10,000.00	0.00	10,000.00	10,000.00
	Refreshments and NFI, printing materials and documents during 2 public sensitization events at 2.500 each. LOCATION: TE, TS (100% charged to CHF).									
2.6	SC/OTP maintenance and running costs for Nutrition corners/wards	D	1	15000	2	50.00%	15,000.00	15,000.00	0.00	15,000.00
	Contribution to minor work in existing SC. LOCATION: TE, TS (50% charged to CHF).									
2.7	Cargo/road transport for supplies	D	1	25000	1	100.00%	25,000.00	0.00	25,000.00	25,000.00
	Transport of nutrition materials and supplies for Tonj East, Tonj South. 6 tons at 25000$. LOCATION: ALL (75% charged to CHF)									
	Section Total						76,500.00	23,500.00	53,000.00	76,500.00

3 **Equipment** *(please itemize costs of non-consumables to be purchased under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
3.1	Bicycle for HHP, spare parts	D	15	80	1	100.00%	1,200.00	0.00	1,200.00	1,200.00
	Purcahse of spare parts for the HHP bicycles maintenance. LOCATION: ALL (80% charged on CHF)									
	Section Total						1,200.00	0.00	1,200.00	1,200.00

4 **Contractual Services** *(please list works and services to be contracted under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	0.00

5 **Travel** *(please itemize travel costs of staff, consultants and other personnel for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to	Total Cost	2015		Quarterly Total

						CHF / ERF		Q3	Q4	
5.1	Fuel for project vehicles and motorbikes	D	2	3000	5	50.00%	15,000.00	7,500.00	7,500.00	15,000.00
	Field car and motorbikes fuel and insurance at 3000$ per month. LOCATION: ALL (50% charged to CHF)									
5.2	Maintenance for project vehicles and motorbikes	D	2	1500	5	80.00%	12,000.00	6,000.00	6,000.00	12,000.00
	Field car and motorbikes maintenance at 1500$ per month. LOCATION: ALL (80% charged to CHF)									
5.3	UNHAS flight for project staff	D	2	600	5	75.00%	4,500.00	2,250.00	2,250.00	4,500.00
	WPF/UNAHS flight at 600$ (A/R) each travel. LOCATION: ALL (80% charged to CHF)									
5.4	Road transport Direct staff (including food and accommodation allowance)	D	20	250	5	25.00%	6,250.00	3,125.00	3,125.00	6,250.00
	Accommodation, meals, taxi in Juba and field location for movements of project staff (10 persons, 4 times a month each county) at 300$ per travel. LOCATION: JUBA & ALL (25% charged to CHF)									
5.5	Road transport for supplies prepositioning	D	1	30000	2	60.00%	36,000.00	18,000.00	18,000.00	36,000.00
	Cargo from Juba/Rumbek/Wau to field offices									
	Section Total						73,750.00	36,875.00	36,875.00	73,750.00

6 **Transfers and Grants to Counterparts** *(please list transfers and sub-grants to project implementing partners)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
6.1	Airtime/internet	D	2	500	5	25.00%	1,250.00	625.00	625.00	1,250.00
	Cost for airtime and internet at 600$ per month. LOCATION: all (20% charged to CHF)									
6.2	Field offices running costs and maintenance	D	2	3500	5	44.00%	15,400.00	7,700.00	7,700.00	15,400.00
	Cost for field office (included food and NFI) at 3500 $ per month per location. (44% charged to CHF)									
6.3	Country Office rent, maintenance and running costs (Juba)	S	1	9000	5	20.00%	9,000.00	9,000.00	0.00	9,000.00
	Cost for field office in Juba (included food and NFI) at 9.000$ per month. LOCATION: Juba (20% charged to CHF)									
6.4	Visibility/bank charges	S	1	1064	5	15.00%	798.00	798.00	0.00	798.00
	Bank charges at 1.500$ per month. LOCATION: ALL (15% charged to CHF)									
	Section Total						26,448.00	18,123.00	8,325.00	26,448.00

7 **General Operating and Other Direct Costs** *(please include general operating expenses and other direct costs for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	0.00

Sub Total Direct Cost	277,598.00
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	1%
PSC Amount	19,431.86

Quarterly Budget Details for PSC Amount

2015		Total
Q3	Q4	
9,716.00	9,715.86	19,431.86

Total Fund Project Cost	297,029.86

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Warrap -> Tonj East	60					0	
Warrap -> Tonj South	40					0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS