

## South Sudan 2012 CHF Standard Allocation Project Proposal

*Proposal for CHF funding against Consolidated Appeal*

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>  
or contact the CHF Technical Secretariat [chfsouthsudan@un.org](mailto:chfsouthsudan@un.org)

This 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 proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP 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. 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

### SECTION I:

<b>CAP Cluster</b>	<b>Nutrition</b>
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#### CHF Cluster Priorities for 2012 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

##### Cluster Priority Activities

**Treatment services** for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff

**Prevention services** for children under 5 years and P&LW through - micronutrient supplementation U5 & P&LW, community screening (MUAC) and referral of U5, blanket supplementary feeding in hunger gap and in acute emergency 3-36mths, promotion and support of IYCF; includes training health workers, MSGs and CBOs

**Strengthen Nutrition emergency preparedness and response capacity** - Cluster coordination, Management and analysis of nutrition information, Rapid assessments and SMART surveys in line with cluster standards, Capacity building of CBOs, MSGs, NNGOs and CHD & SMOH on emergency preparedness and response.

##### Cluster Geographic Priorities

Hot spot areas in high priority states will be prioritized

#### Project details

The sections from this point onwards are to be filled by the organization requesting for CHF.

##### Requesting Organization

WVS

##### Project CAP Code

SSD-12/H/46304

##### CAP Project Title

Emergency Response to Malnutrition Among Returnees, IDPs and Vulnerable Host Communities in South Sudan

##### Project Location(s)

Warrap State: Gogrial East, Tonj North, Gogrial West and Tonj South

##### Total Project Budget in South Sudan CAP

1,860,400 USD

##### Amount Requested from CHF

US\$393,552

##### Other Resource Secured

US\$ 99,550

##### Direct Beneficiaries Total 87,301 (including 16,360 returnees)

Women:	42,909
Men:	
Girls:	11,284
Boys:	11,284

##### Total Indirect Beneficiary

176,919

##### Catchment Population (if applicable)

176,919 + 16,360 returnees

##### Implementing Partners

None

##### Project Duration (max. of 12 months, starting from allocation date)

Start Date (mm/dd/yy): 03/15/12

End Date (mm/dd/yy): 01/14/13

##### Address of Country Office

Project Focal Person: Severin Kabakama,  
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##### Address of HQ

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e-mail finance officer: [teleri.jardine@worldvision.org.uk](mailto:teleri.jardine@worldvision.org.uk)  
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Keynes, UK, MK15 0ZR

## SECTION II

### A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population<sup>1</sup>

The humanitarian situation in South Sudan continued to be strained on multiple fronts, with a rebel militia group attack in Warrap State's Tonj East County on 28 January allegedly killing 78 people<sup>2</sup>. As of October 2010, Warrap received about 33,095 returnees, which is almost 10% of the total returnees from the north<sup>3</sup>. The state is estimated to host over 110,000 IDPs as a result of tribal conflicts and clashes, from within or with the neighboring states. Although majorities have been living in transit camps for almost a year, durable solution for the returnees and IDPs is not certain due to nature of land tenure in the State. Upon arrival inter-agency RNAs in Kuajok town found food security and malnutrition reported as the most urgent need facing returnees and IDPs. Most of those returnees and IDPs are women, boys and girls who face food insecurity and limited options for livelihood. They are also among the most vulnerable, with boys and girls requiring adequate nutrition and dietary diversity for healthy development, and pregnant/lactating women need additional nutrients [Nutrition RNA 2011; WVI Malakal RNA 2011].

Most returnees, IDPs and asset poor households are vulnerable populations and succumb easily to periodic food shocks especially during the lean months, from March – September every year. This year is the worst due to poor rain performance. Rapid Crop Assessment (RCA) done by FAO and Vulnerability Assessment by MAF and WFP in July 2011 demonstrated that Warrap state will be hard-hit by the crop failure this year due to erratic rains.

While rates of malnutrition have declined in most states, the opposite is the case for Warrap, with a steep increase in malnourishment attributed primarily to the influx of IDPs / Returnees and increasing pressure on local populations. Malnutrition in Warrap, State has been reported to exceed 20% of the population, ranking as very critical [Annual Needs and Livelihood Assessment 2011].

WVS in collaboration with other partners conducted pre-harvest nutrition survey in four counties in Warrap to ascertain the level of malnutrition and establish assistance benchmarks. The results of these surveys show higher prevalence of acute malnutrition this year compared to the same period in 2010. In Gogrial East, for example, GAM and SAM were 19.9% and 4.4% respectively. In Tonj North and Tonj South GAMs are 19% compared to 11% in 2010. In Gogrial West WVS and ACF survey reported GAM and SAM of 22.3% and 4.4% respectively. The findings are attributed to the county receiving higher number of returnees at the beginning of the year. In all four surveys children aged between 12 – 23 months were the highly affected [WVI SMART surveys].

Inadequate food intake constitutes a major contributing factor to malnutrition. Young children need at least four meals per day as they are not able to absorb larger quantities in fewer meals. According to 2010 FSMS, only 4 percent of under-five children in SS had four or more meals in the previous day, while two-thirds of under-five children had two or fewer meals. Some 30 percent had 3 meals and 50 percent had 2 meals per day [ANLA 2011].

Apart from food availability, cultural dietary taboos and preferences are found to be determinant in influencing nutritional status of children among communities in South Sudan [Malnutrition in Children under 5, WVSS, 2010]. Women and girls tend to eat last, enjoying the least diet diversity. Working with and gaining the understanding and cooperation of village executive chiefs would be a particularly effective way of promoting behavioral change as people listen and respect their chiefs and do as they ask.

### B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

Undernutrition has negative effects at all stages of the life cycle, but some of the most damaging effects occur during the period from conception to 24 months of age. The project currently being implemented in Warrap state caters for children under five pregnant and lactating women and pays particular attention to children under two. Although the causes of under nutrition are multiple and linked to several factors, WVI has realized some positive impact in the five counties that were currently implementing one of the essential nutrition interventions "Treatment of severe acute malnutrition (SAM). At the same time, the programme also addresses other essential interventions especially promotion of breastfeeding, adequate complementary feeding and hand washing or hygienic intervention. The decline in the prevalence of malnutrition as revealed by the most recent surveys (pre and post harvest surveys) conducted in June and November respectively could be attributed to the mentioned interventions. The results of pre and post harvest surveys are shown below:

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

<sup>2</sup> OCHA Weekly Humanitarian Bulletin, 2 February 2012

<sup>3</sup> Ibid 23 February 2012

County	Pre-Harvest June 2011			Post-Harvest Nov 2011		Source
	GAM %	SAM %		GAM %	SAM %	
G. East	19.9	4.2		14.7	3.4	WVI
T. North	19	0.8		10.5	1.5	WVI
T. South	18.8	3.9		12.2	3.5	WVI
T. East	13.5	5.2				MSF
G.West	22.3	4.4				ACF/WVI

Although the results reflect an improvement in the prevalence of global acute malnutrition during the post harvest, the prevalence of SAM remained high in all the counties. The decline is mainly attributed to the improved food availability for household consumption following the harvest. Part of the improvement can also be attributed to the ongoing nutrition program. Though the ongoing programme was effective; there is need for continued implementation in order to bring down the prevalence to acceptable rates. The GAM rate for the post harvest results > 10% recorded in all the counties is defined as serious/alert according to WHO standards. In order to

realize the project goal “reduce global acute malnutrition to less than 10%, the need to continue programme implementation in all counties cannot be over emphasized

The nutrition cluster advocates for implementation of interventions with proven efficacy as part of its strategy in addressing malnutrition. The proposed project, which treats severe acute malnutrition using the national guidelines, will contribute towards increased recovery and reduction of SAM cases in the five counties in Warrap state. The project also plays a pivotal role in promoting optimal infant and young child feeding practices. The CMAM approach currently implemented in the treatment of severe malnutrition advocates for integration of IYCF support.

### C. Project Description (For CHF Component only)

#### i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

The CHF funding will be used to alleviate suffering among the needy target population in Warrap state. The individuals include children under five, pregnant and lactating women, as well as vulnerable groups such as the disabled the elderly, TB patients and people living with HIV and AIDS. Children under five will benefit directly through provision of treatment packages such as therapeutic feeds and medicines. Both children and pregnant and lactating women will benefit from micronutrient supplements which will be distributed to all programme beneficiaries. In addition, Pregnant and lactating women will receive food packages (CSB) and will be empowered through health and nutrition education which will enhance their livelihood beyond their stay in the programme. The project will also work closely with other sector to addresses other underlying causes of malnutrition and includes water and sanitation as well as food security components. The programme beneficiaries will be encouraged to engage in livelihood activities and uplift hygienic interventions in order to prevent recurrence at household level. The nutrition project works closely with the Water and Sanitation as well as Food security departments within WVI in order to provide a holistic approach to the prevention strategy.

#### ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

Reduced prevalence of acute malnutrition in children under 5 years, P&L women and other vulnerable groups through immediate response and improved services for prevention of malnutrition

#### iii) Proposed Activities

List the main activities 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.

#### 1. Provide services for treatment of acute malnutrition, targeting children under 5 years, P&LW, elderly persons, disabled persons, TB patients, persons with HIV/AIDS in Tonj South, Tonj North, Gogrial West and Gogrial East Counties of Warrap State

- Conduct screening of all U5 to identify SAM and MAM cases and ensure they are treated at the SC, OTP and SFP (5,101 children under 5 SAM; 22,568 children under 5 MAM)
- Provision of the SC, OTP and SFP treatment rations and supplementary food rations to underfives (22,568 children)
- Conduct 6 nutrition surveys (4 pre harvest, 4 post harvest) using SMART methodology and 2 rapid assessments in selected communities
- Managing the 4 Stabilization center 38 OTPs and 46 SFPs in the operation area, targeting care to U5 Children, P&LW, elderly persons, disabled persons, TB patients and persons with HIV/AIDS suffering from malnutrition
- Complementing the outpatient therapeutic feeding care with the required medicine and medical equipments
- Training of 40 health workers in SAM and MAM Management

#### 2. Provide services for prevention of under nutrition in children under 5 years and P&LW in Tonj South, Tonj North, Gogrial West, Gogrial East Counties in Warrap State

- Provide BSFP to 6 – 36 months children (45,000 children) during food lean period of the year
- Provide fortified blended food (e.g. CSB) to 57,211 P&LW, as well as vulnerable elderly persons, disabled persons, persons with TB and HIV/AIDS in emergency food security areas
- Provide micronutrients (Vitamin A, Iron tablets and folic acid, and de-worming tablets) to Underfives children, Vitamin A to lactating women, and Include Pregnant and lactating women in SFP (those fulfilling the admission criteria), and those vulnerable persons requiring micronutrient interventions (elderly, disabled, TB Patients, HIV/AIDS patients) – (U5s 22,568; PLWs; 16,360 vulnerable returnees)
- Conduct community mobilization of men and women; boys and mothers (girls) to support, promote exclusive BF, support appropriate IYCF practices. (87, 301 total, including 16,360 returnees; 40 community mobilizers trained)
- Work with 10 women groups and positive deviants to support IYCF practices, include cooking demonstration for Women in the SFP
- Support de-worming and micro-nutrient supplementation campaigns for U5 children (25,000 children)

- Provide incentives for outreach community volunteers (80 persons)
- Conduct community leaders sensitization and awareness meeting [quarterly meetings, 5 counties – Total Meetings: 20 (4\*5), 20 attendees per county, total 100 people sensitized]

### 3. Increase the capacity of county health department and WV staff in the management of nutrition interventions at Payam and county level in Tonj East, Tonj North, Tonj South, Gogrial West, Gogrial East Counties in Warrap State

- Nutrition/EPI/CHW Staff Training - nutrition assessment [10 Nutrition Assistants]
- Training of Health Workers and volunteers on Nutrition indices, admission and discharge criteria [60 persons]
- Training of CHW, MA and CO on SAM and MAM Management [60 persons]
- Training of Health Staff and TBAs on IYCF Practices [50 persons]
- Periodic monitoring of project sites, run the continuous sentinels surveillance and promote growth monitoring through health facilities
- Training of health workers and volunteers on ACSI [60 health workers]
- Training of health workers on rapid nutrition assessment, nutrition survey and response to nutrition emergencies [60 health workers]
- Support and further humanitarian partner coordination through Nutrition cluster
- Participate in national (Juba) cluster, sharing nutrition project and survey information, emergency response data and RNAs; participate and support Nutrition cluster joint-agency initiatives, such as monitoring and assessment [monthly meetings, in addition to any extraordinary or additional partner planning meetings – estimate 12 meetings]
- Participate and provide leadership of Nutrition cluster in Warrap State as state cluster focal point [monthly meetings – total 12 meetings]

#### iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

**Advocacy:** The proposed project staff will advocate for the expressed needs of the community and the most vulnerable. In order to improve the nutrition situation as well as security situation faced by the communities, greater efforts must be made to advocate for infrastructure development and safety of these communities especially their children, returnees, and IDPs. The area also requires more attention from government. Advocacy efforts will be made to enhance assistance from the Warrap state government to support development of health and nutrition basic services and social infrastructure. World Vision Sudan Policy and Advocacy Officer based in Juba along with greater policy networks will work closely with project staff to support community needs. Project staff humanitarian accountability standards will also support transparency of programming while also making efforts to increase the influence of and representation of citizens (including children) at local, regional, and national levels.

**Gender:** In order to improve equity and sustainability of health provisions, specific measures shall therefore be taken to promote active involvement of women and children in planning and design of rural schemes which are appropriate to their own needs and priorities. All activities will include at least 50% females where possible. Specific measures shall therefore be taken to promote active involvement of women and children in planning and design to ensure that the project is appropriate to their own needs and priorities.

**Disability:** To ensure that people with disability are actively engaged in the project, measures to encourage involvement of all community members, especially the most vulnerable, including those with disabilities, will be made to ensure their contribution to the project. Project staff will be sure to seek out physically challenged members of the communities to work against challenges in accessing health centers and participation in project activities.

**Environment:** The proposed project will work to enhance sustainability, including environmental sustainability, of project impact and service delivery. Activities will support proper disposal of medical supplies and keen attention to location and sustainability so that the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources.

**Peace-building and Conflict Resolution:** WV employs a conflict-sensitive approach to all service delivery projects and programmes. Do No Harm and Local Capacities for Peace guidelines will be integrated into all project activities in order to prevent exacerbation of existing tensions and to ensure equitable access to services by differing and potentially conflicting community groups. WV undertakes regular conflict monitoring analysis to reinforce security and stability.

#### HIV and AIDS

Research has revealed that malnutrition and HIV work in tandem, as such project will promote integration of HIV and AIDS activities with nutrition. In order to address the HIV issues concurrently with the programme implementation, project will conduct relevant activities such as raising awareness, referring malnourished cases for voluntary testing and counseling and inclusion of HIV and AIDS preventive activities e.g. sessions on HIV and AIDS during health and nutrition education. The project will also conduct operational research on HIV and AIDS.

#### v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

#### Expected Outcomes/Results

- Reduced prevalence of global acute malnutrition rate to less than 10%
- 5,101 underfive children with SAM and 24,989 with MAM treated
- 42,909 PLW with SAM and MAM treated

- 25 health workers trained on clinical management of acute malnutrition
- Micronutrient fortified (blended) food provided to 42, 909 PLW from 7 months of pregnancy
- BSFP provided to 40,000 children aged 6 – 36 months during hunger period
- Health workers trained on Exclusive Breast Feeding and IYCF Practices
- 100 Lead Mothers (PDM), 20 CBOs and FBOs trained and supported in EBF and IYCF Practices
- 148,680 underfives children Provided with micronutrient (Vitamin A and De-worming tablets)
- Executive chiefs and other traditional community leaders trained on prevention and management of malnutrition
- Women and men are jointly aware and engaged in improved, gender-sensitive and gendered nutritional needs responsive decision-making and practices.
- Inter-agency cluster response to acute nutrition emergencies is supported and enhanced through participation and coordination with Nutrition Cluster; leadership for state nutrition cluster in Warrap State; participation at national nutrition cluster in Juba

	Indicator	Target (indicate numbers or percentages)
1	Number of acutely malnourished of boys and girls treated in line with Sphere Standards – percentage reduction of GAM rate [Cluster Indicator]	22,568 boys and girls; Reduce GAM to below 10%
2	Number of health workers trained in SAM and MAM protocols [Cluster indicator]	25 health workers trained
3	Contribute to the reduction the low birth weight	By 30%
4	Reduce the Under-five children Mortality rate	Reduced by 30%
5	Number of PLW receiving micronutrient supplementation [Cluster indicator]	42,909

#### vi) 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.

Project will be implemented by World Vision International within the existing health infrastructure in order to ensure sustainability. The implementation will be in accordance with nutrition sector strategies. WVS has already signed a project cooperation agreement (PCA) with UNICEF and WFP (FLA) through which nutritional supplies would be obtained for Warrap state. WVS already has LOAs with WV International support offices for the funds already secured. Equally important, WVS will sign MoU with the SMOH at Warrap State level. It will be noted that the WVS will sign a PPA with UNDP indicating the targets to be achieved. Various primary data capturing tools will be used for tracking programmatic targets both for commodities, provided by UNICEF and WFP and operational. Also, MoH GoSS data tools and WVI databases will be used to aggregate data and segregate them by target groups.

#### vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

World Vision International has a common design monitoring and evaluation framework known as Learning through Evaluation with Accountability and Planning (LEAP). LEAP ensures effective program and project management, learning, and accountability for all programs and project performance, effective decision making, and consistency of communication to donors. The LEAP framework outlines the standards for quarterly planning and review that World Vision Sudan follows for all regions to realize quality programming. This provides a basis for the design of Program/Project Monitoring and Evaluation (M&E) systems. Monitoring and Evaluation systems are designed to support program management in ensuring compliance with the project strategy and approach, to improve responsiveness, efficiency and effectiveness. Ultimately, M&E seeks to contribute to a learning process by promoting stakeholder dialogue throughout the project cycle.

It is an internal requirement that all WVS Projects design have an M&E framework that consists of a Logical Framework Matrix, a detailed Monitoring and Evaluation Plan, an Indicator Tracking Table and an Activity Tracking Matrix. Standardized formats for these tools are in place. Project monitoring will be undertaken as an integral part of project implementation and will focus on the inputs, activities and outputs as per monitoring and evaluation framework submitted with this proposal. The project outputs will contribute to achievement of the larger state and national humanitarian work plans that also align with World Vision food security strategy outcome indicators. Much of the data/information on the project will be captured on a routine basis at community level; analyzed on monthly basis and appropriate reports prepared for sharing with stakeholders including the Payam, County Department and State coordination meetings.

#### E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	Amount (USD)
World Vision UK – 15 March 2012	USD \$99,550

## SECTION III:

LOGFRAME			
<b>CHF ref. Code:</b> <u>SSD-12/H/46304</u>	<b>Project title:</b> Emergency Response to Malnutrition Among Returnees, IDPs and Vulnerable Host Communities in South Sudan	<b>Organisation:</b> World Vision Sudan	
<p><b>Overall Objective:</b> <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i></p> <p>Contribute to the achievement of millennium development goals (MDGs) through reduction of the Infant morbidity and Mortality rate</p>	<p><b>Indicators of progress:</b> <i>What are the key indicators related to the overall objective?</i></p> <ul style="list-style-type: none"> <li># of deaths/1000 among children &lt; 5</li> <li># of deaths /1000 among infants</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Mortality survey reports</li> <li>Annual reports</li> </ul>	
<p><b>Specific Project Objective/s:</b> <i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i></p> <p>To reduce the prevailing Global Acute Malnutrition (<b>GAM</b>) to less than 10% (WFH Z score) among the under five children in Warrap State</p>	<p><b>Indicators of progress:</b> <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i></p> <ul style="list-style-type: none"> <li>% of SAM and GAM in the targeted community</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i></p> <ul style="list-style-type: none"> <li>Rapid and SMART Nutrition Survey</li> </ul>	<p><b>Assumptions &amp; risks:</b> <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i></p> <ul style="list-style-type: none"> <li>The quality of the other stake holder's contribution in nutrition supplement is sustained</li> <li>Security guaranteed</li> </ul>
<p><b>Results - Outputs (tangible) and Outcomes (intangible):</b> <i>Please provide the list of concrete DELIVERABLES - outputs/outcomes (<u>grouped in Work packages</u>), leading to the specific objective/s:</i></p> <ol style="list-style-type: none"> <li>Underfive with SAM and MAM are treated of severe malnutrition at the Outpatient Therapeutic Feeding Centers (OTP) Supplementary Feeding Programme (SFP) and Stabilization Centers (SC)</li> <li>Children with MAM are prevented from deteriorating to SAM and children &lt; 5 are prevented from developing MAM and SAM through promotion of basic interventions such as breastfeeding, complementary feeding and hand washing or hygienic interventions</li> </ol>	<p><b>Indicators of progress:</b> <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i></p> <ul style="list-style-type: none"> <li># of Beneficiaries receiving the SC and OTP Packages</li> <li># of beneficiaries receiving the preventive packages</li> <li># of county health department staff and community</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Weekly report</li> <li>Monthly, quarterly and Annual Reports</li> <li>Project progress reports</li> <li>Bi Weekly report</li> <li>Monthly, quarterly and Annual reports</li> <li>Bi Weekly report</li> <li>Monthly, quarterly and</li> </ul>	<p><b>Assumptions &amp; risks:</b> <i>What external factors and conditions must be realized to obtain the expected outcomes and results on schedule?</i></p> <ul style="list-style-type: none"> <li>Reliable Supply of OTP, SC Packages</li> <li>Guaranteed Security</li> <li>Constant supply of SFP packages</li> <li>Guaranteed Security</li> <li>Stable socio-economic and political situation in the Region</li> </ul>

<p>3. Increase the capacity of county health department in the management of nutrition interventions at Payam and county level</p>	<p>members trained on management of nutrition</p>	<p>Annual reports</p> <ul style="list-style-type: none"> <li>Monthly, quarterly and Annual reports</li> </ul>	<ul style="list-style-type: none"> <li>Stable socio-economic and political situation in the Region</li> </ul>
<p><b>Activities:</b> <i>What are the key activities to be carried out (grouped in Work packages) and in what sequence in order to produce the expected results?</i></p> <p><b>1. Management of SAM - Severe and MAM - Moderate acute malnutrition in the area</b></p> <p>1.1 Conduct continuous community based screening of all U5 and PLW to identify SAM and MAM cases</p> <p>1.2 Provision of SC, OTP and SFP treatment and food packages</p> <p>1.3 Conduct 8 nutrition surveys (4 pre-harvest, 4 post harvest) using SMART methodology and 4 rapid nutrition (MUAC) assessments</p> <p>1.4 Continuous follow up of the Defaulters cases and absentees and the Non respondents</p> <p>1.5 Complementing the outpatient therapeutic feeding care with the required medicine and medical equipments</p> <p>1.6 Training of CHW, MA and CO on SAM and MAM Management. Government health staff, health centre staff, WV staff, and local CBO staff will benefit from the trainings</p> <p><b>2. Children with MAM are prevented from deteriorating to SAM and children &lt; 5 are prevented from developing MAM and SAM through promotion of basic interventions such as breastfeeding, complementary feeding and hand washing or hygienic interventions</b></p> <p>2.1 Training of CHW, MA and CO on Infant and Young Child Feeding (IYCF).</p>	<p><b>Inputs:</b> <i>What inputs are required to implement these activities, e.g. staff time, equipment, modality, publications etc.?</i></p> <p><b>International Staff</b></p> <ul style="list-style-type: none"> <li>Health Manager 7%</li> <li>Health Program officer 17%</li> <li>Project Officer - Nutritionist 3 @ 100% Shared --- State level program staff 47%</li> </ul> <p><b>National Staff</b></p> <ul style="list-style-type: none"> <li>CO/MA Stabilization Centres 4</li> <li>CHW (OTP) 15</li> <li>BCC/IEC Coordinator 5</li> <li>Community Mobilizers/volunteers) 80 Shared state level support staff 4</li> <li>Cleaners/Watchmen 12</li> <li>Nutrition Assistants 20</li> </ul> <p><b>Equipment and supplies</b></p> <ul style="list-style-type: none"> <li>Development &amp; Printing of BCC/IEC materials</li> <li>Printing of guidelines and protocols for PHC staff</li> <li>Essential drugs for SC and OTPs</li> <li>Rehabilitation of 1 nutrition unit-Warrap</li> <li>Construction of 2 Kitchens at SC centres(Warrap &amp; Gogrial East (Liothnom</li> <li>Locally available materials for OTP shelters</li> <li>Bicycles for community mobilizers</li> <li>Community mobilization supplies, megaphone and batteries</li> <li>Beds and mattresses for SCs</li> <li>Mats for care givers OTP and SC</li> <li>Essential furniture and mats for SC and Ops</li> <li>Volunteer incentives- T-shirts ,hats, satchels, raincoats</li> <li>Food provisions for mothers/caregivers in SC</li> <li>Bed sheets for SC(inpatient care)</li> <li>Assorted IV giving sets</li> <li>Warehouse storage costs NBI/Loki</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b> <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> <li>The quality of the other stake holder's contribution in nutrition supplement is sustained</li> <li>Stable socio-economic and political situation in the region</li> <li>Constant supply of SFP and packages</li> <li>Guaranteed security</li> </ul>

<p>Government health staff, health centre staff, WV staff, and local CBO staff will benefit from the trainings</p> <p>2.2 Conduct community mobilization of men and women; boys and girls to support and promote exclusive BF and appropriate IYCF practices</p> <p>2.3 Support IYCF practices. Include cooking demonstration for Women in the SFP and women support groups</p> <p>2.4 Support the de-worming and micronutrient supplement campaign</p> <p>2.5 Provide incentives for outreach community volunteers</p> <p>2.6 Conduct community leaders sensitization and awareness meetings</p> <p>2.7 Commemoration of the WBW</p> <p><b>3 Building the capacity of county health department</b></p> <p>3.1 Nutrition/EPI/CHW Staff Training - nutrition assessment</p> <p>3.2 Training of Health Workers and volunteers on Nutrition indices, admission and discharge criteria</p> <p>3.3 Training of CHW, MA and CO on SAM and MAM Management</p> <p>3.4 Community Leaders Workshops</p> <p>3.5 Training of Health Providers and Volunteers on ACSI</p> <p>3.6 Training of Health Staff and TBAs on IYCF Practices</p>	<ul style="list-style-type: none"> <li>- Land cruiser with accessories</li> <li>- Motorbikes with accessories</li> <li>- Desktop computer with printer</li> <li>- Laptop, external hard discs and laptop bags</li> <li>- Visibility materials (sign posts)</li> </ul> <p><b>Vehicle operating &amp; maintenance costs</b></p> <ul style="list-style-type: none"> <li>- Motor bike fuel &amp; maintenance</li> <li>- Vehicle fuel &amp; maintenance</li> </ul> <p><b>Office equipment &amp; communications</b></p> <ul style="list-style-type: none"> <li>- Thuraya &amp; accessories</li> <li>- Digital camera</li> <li>- Telephone/fax/internet Juba/Koboko/Nbi/Loki</li> <li>- Stationary -Juba/Koboko/Nbi/Loki</li> <li>- Juba support staff shared cost</li> <li>- Juba senior management cost</li> </ul> <p><b>Trainings, workshops, seminars, campaigns</b></p> <ul style="list-style-type: none"> <li>- Training of CHW, MA and CO on IYCF</li> <li>- Training of Health Workers and volunteers on - - Nutrition indices, admission and discharge criteria</li> <li>- Training of CHW, MA and CO on SAM and MAM Management</li> <li>- Community Leaders Workshops</li> <li>- Training of Health Providers and Volunteers on ACSI</li> <li>- Training of Health Staff and TBAs on IYCF Practices</li> <li>- Training of CHW, MA and CO on micronutrient supplementation &amp; de-worming</li> <li>- Data management training</li> <li>- Attend and participant in technical regional workshops and seminars</li> <li>- Nutrition/EPI/CHW Staff Training - nutrition assessment</li> <li>- State coordination &amp; planning meetings</li> <li>- State coordination &amp; planning meetings</li> <li>- Support de-worming and micronutrient campaigns</li> <li>- Conduct community mobilization of men, women, boys and girls to support and promote EBF &amp; appropriate IYCF</li> <li>- Training of CHW, MA and CO on IYCF</li> </ul>		
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## 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.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Result 1 Underfive with SAM and MAM are treated of severe</b>															
Activity															
(1.1) Conduct continuous community based screening of all U5 and PLW to identify SAM and MAM cases				X	X	X	X	X	X	X	X	X	X	X	X
1.2) Provision of SC, OTP and SFP treatment rations and supplementary food packages				X	X	X	X	X	X	X	X	X	X	X	X
1.3) Conduct 8 nutrition surveys (4 pre harvest, 4 post harvest) using SMART Methodology					X						X				
(1.4) Continuous follow up of the Defaulters cases and absentees and the Non respondents				X	X	X	X	X	X	X	X	X	X	X	X
(1.5) Complementing the outpatient therapeutic feeding care with the required medicine and medical equipments				X	X	X	X	X	X	X	X	X	X	X	X
(1.6) Training of CHW, MA and CO on SAM and MAM Management.					X	X									
(1.7) Conduct 3 rapid nutrition (MUAC) assessments							X		X				X		
(1.8) Conduct supervision and periodic monitoring of project sites, run the continuous sentinels surveillance and promote growth monitoring through health facilities				X	X	X	X	X	X	X	X	X	X	X	X
(1.9) Provide food provisions for mothers /caregivers with children admitted to SC				X	X	X	X	X	X	X	X	X	X	X	X
(1.10) Construction of 2 SC kitchens (Warrap PHCC & Gogrial East)									X	X	X				
<b>Result 2 Children with MAM are prevented from deteriorating to SAM</b>															
Activity															
(2.1) Training of CHW, MA and CO on Infant and Young Child Feeding (IYCF), BF, micro nutrients supplementation, de-worming and Hand washing (hygienic intervention)					X	X									
(2.2) Conduct community mobilization of men and women; boys and girls to support and promote exclusive BF and appropriate IYCF practices				X	X	X	X	X	X	X	X	X	X	X	X
(2.3) Support IYCF practices. Include cooking demonstration for Women in the SFP and women support groups				X	X	X	X	X	X	X	X	X	X	X	X
(2.4) Support the de-worming and micronutrient supplement campaign						X					X				
(2.5) Provide incentives for outreach community volunteers				X	X	X	X	X	X	X	X	X	X	X	X
(2.6) Conduct community leaders sensitization and awareness meetings				X	X										
(2.7) Commemoration of the WBW								X							
<b>Result 3 Building the capacity of county health department</b>															
Activity															
(3.1) Nutrition/EPI/CHW Staff Training - nutrition assessment							X								
(3.2) Training of Health Workers and volunteers on Nutrition indices, admission and discharge criteria					X	X									
(3.3) Training of CHW, MA and CO on SAM and MAM Management					X	X									
(3.4) Community Leaders Workshops										X					
(3.5) Training of Health Providers and Volunteers on ACSII													X		
(3.6) Training of Health Staff and TBAs on IYCF Practices							X								
(3.7) Data management training								X							