

## theSouth 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 Cluster</b> |
|--------------------|--------------------------|

#### 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.

|  |   |
|--|---|
| <b>Cluster Priority Activities</b>   | <b>Cluster Geographic Priorities</b>                              |
| <p>Cluster objectives and activities as outlined in CAP<br/> <b>Treatment services</b> for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&amp;LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff<br/> <b>Prevention services</b> for children under 5 years and P&amp;LW through - micronutrient supplementation U5 &amp; P&amp;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<br/> <b>Strengthen Nutrition emergency preparedness and response capacity-</b> 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 &amp; SMOH on emergency preparedness and response.</p> | <p>Hot spot areas in high priority states will be prioritized</p> |

#### Project details

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

|   |   |
|---|---|
| <b>Requesting Organization</b>  | <b>Project Location(s)</b> (list State, County and if possible Payam where CHF activities will be implemented)    |
| BRAC South Sudan ( BRAC formally known as Bangladesh rural Advancement Committee) | Rumbek North ( Aloor, Maper, Meen. Maluath, Wue-rieng)<br>Rumbek Centre (Jiir, Matangai, Amongpiny, Malek, Mayom) |
| <b>Project CAP Code</b>   |   |
| SSD-12/H/46210/6422   |   |
| <b>CAP Project Title</b>  |   |
| Nutritional support to children, and pregnant and lactating women in Lakes state  |   |

|  |                                  |                                |
|--|----------------------------------|--------------------------------|
| <b>Total Project Budget in South Sudan CAP</b> | <b>Amount Requested from CHF</b> | <b>Other Resources Secured</b> |
| US\$ 238,273                                   | US\$ 199,940                     | US\$ 38,283                    |

|                             |   |
|-----------------------------|---|
| <b>Direct Beneficiaries</b> | <b>Total Indirect Beneficiary 84,600</b>    |
| Women: 3000                 |   |
| Men: 260                    |   |
| Girls: 3500                 |   |
| Boys: 4500                  |   |
|                             | <b>Catchment Population (if applicable)</b> |
|                             | 196,245                                     |

|   |  |
|---|--|
| <b>Implementing Partners</b> (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts) | <b>Project Duration</b> (max. of 12 months, starting from allocation date) |
|   | <b>Start Date (mm/dd/yy): 01.05.2012</b> (last NCE up to 30 April,12)      |
|   | <b>End Date (mm/dd/yy):31.03.2013</b>                                      |

| Beneficiary breakdown |                                 |                  |
|-----------------------|---------------------------------|------------------|
| Women                 | P&LW                            | 3000             |
|                       | Trainees                        | 0                |
|                       | Beneficiaries of IYCF promotion | 3000             |
|                       | Other vulnerable                | 300              |
| Men                   | Trainees                        | 10               |
|                       | Beneficiaries of IYCF promotion | 200              |
|                       | Other - vulnerable              | 50               |
| Children U5 Yrs       | SAM                             | 1000             |
|                       | MAM                             | 715 ( WFP food)  |
|                       | BSFP                            | 3553 ( WFP food) |
|                       | Micronutrient supplementation   | 8000             |
|                       | De-worming                      | 1000             |

#### Address of Country Office

Project Focal Person MM Habibur Rahman  
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 e-mail country director: mosharrafhossain70@yahoo.com  
  
 e-mail finance officer: uday\_brac@yahoo.com  
 Address: : BRAC office, Makuriric, Rumbek Centre  
 Lakes State

#### Address of HQ

e-mail desk officer: siddique261@gmail.com  
 e-mail finance officer: samirroy98@yahoo.com  
 Address: Plot# 31, block L-14  
 Atlabara, Juba, South Sudan

## 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 health and nutrition status of children and women in Lakes State of South Sudan are issues of much concern with high maternal 2254<sup>2</sup>, infant and under five mortality rates. Severe stunting among children under age 5, severe under weight and wasting in Lakes State are 13.8% ; 6.4% and 3.5% respectively<sup>3</sup> that is alarming. There is very limited access to health care services. With a population whose livelihoods are mostly agro-pastoral with scarce safe drinking water supplies and sanitary systems, access to health and nutrition services is needed to prevent under nutrition and morbidity in women and children. Most of the livelihoods is from crop farming followed by being employed in a job. Mostly they grow millets, sorghum, ground nuts and maize. This year the rainfall was late and so crop production did not meet expectations leaving shortage in food supply. Also, there is no general food distribution going on since last August 2011. Prior to that WFP carried out the food distribution. Currently, WFP is engaged with only emergency food distribution. The school feeding program is continuing as well as feeding to ill patients of TB, leprosy and AIDS. Regarding the IDPs and returnees, there are many returnees and IDPs in very dire conditions in the counties of Rumbek Centre, Rumbek East, Wulu, Cueibet and Rumbek North. With their arrival starting mainly from last year in 2010, till September 2011 there are over 1700 IDPs and returnees in these counties based on information from the Lakes State RRC office. These returnees population needs assessment and services for managing and preventing malnutrition. The proposed activities are in line with the needs of Lakes State as there are a very few OTPs (outpatient therapeutic programmes) throughout the state. Also, there have been a very few nutritional assessments or SMART surveys. In 2011, the State Ministry of Health and BRAC carried out 3 SMART surveys in Cuibet, Yirrol East and Rumbek North counties where SAM rates were found to be 3.5%, 3.0% and 2.6%, respectively. Also, some rapid nutritional assessments were done among returnees in some counties. Therefore, further assessments are needed in other counties. The capacities of health facility staff is also limited, especially regarding malnutrition and how to prevent such conditions in children. Also, not until 2011 when BRAC started its nutrition operations, there was no state nutrition cluster focal point. The Nutrition cluster has therefore identified as priority enhancement of the capacity of the few health sector partners in the state to assess and respond to nutrition emergencies, integrating community management of acute malnutrition into the Basic Package of Health Services developed by the Ministry of Health.

### 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

Health nutrition awareness among the community, health service delivery & accessibility in service centre and the morbidity & mortality scenario of Lakes State especially remote and inaccessible Rumbek North and Rumbek centre county is concerned for

<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> Statistical year book for South Sudan 2010 final

<sup>3</sup> Statistical year book for South Sudan 2010 final

humanitarian perspective. To minimize the service access and fabricate the community proactive service seeking behavior to improve the health nutrition status and reduce mortality morbidity could be an intervention significant.

BRAC is implementing nutrition program in three counties under Common Humanitarian Funding with the assistance and technical support of nutrition cluster. Through this program BRAC staff assesses the nutritional status of 6-59 month children in OTP and also involved with outreach camps. All the identified severe acute malnutrition cases brought under treatment or referred for proper service. At this moment more than 300 without medical complicated severe acute malnutrition cases under therapeutic treatment. When outreach camps will be organized a numbers of MAM cases will be identified, so their caregiver/ mothers are oriented about IYCF for improvement the nutritional status. Agreement with WFP feeding process also progressing. To overcome all these risks the continuation of program is vital.

Community awareness on IYCF, personal hygiene, water sanitation, important of immunization, prompt diarrhea & malaria treatment helps to improve nutritional status of children, women and man which has played in the program. Food habit, food intake a day, food variety has an impact on nutrition, continuous individual and group education part of the program that could helps positive changes to improve nutritional status. In present program BRAC trained community mobilize regularly conducting individual and group meeting using BCC materials.

Health volunteers can works as changing agents in the community and play a vital role to assist and identify SAM, MAM cases in the community as well as they can referred cases in the health facility, OTPs before decline / complication the scenario. BRAC with the support of ACF international prepare training module for the community health volunteers and organize 19 batches training for 360 health volunteers. In the proposed program BRAC will keeps close contact with 360 health volunteer.

Management of SAM case in health facility is very important to reduce mortality and prolong morbidity. Therefore BRAC in the collaboration with SMOH trained 37 health facility staff. BRAC with the technical support of ACF International prepare document of training package for the health facility staffs as well as CBO/NGOs staff. BRAC training unit and program manger facilitate the training with the close cooperation of SMOH. Twenty health facility care providers training have planned in 2<sup>nd</sup> quarter of 2012.

BRAC staff and its infrastructure providing service to SAM cases and awareness activities on infant and young child feeding practices, malaria, malnutrition, HIV/AIDS, safe water and sanitation among women in OTPs as well as community would be a good effort to address the present worse situation. Motivate pregnant women to ensure ANC and TT vaccine, exclusive breastfeeding that increase breastfeeding rate, immunization coverage, complementary feeding, and good hygiene practice.

It also needs to mention that BRAC will take special initiative in refugee settlement for awareness raising, nutrition assessment and bring und therapeutic treatment.

### 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

BRAC South Sudan will take initiative to **keep functional the existing OTP centre** for insuring therapeutic treatment of SAM cases for improvement of nutritional status, reduce morbidity and mortality.

BRAC will conduct **2 (two) SMART survey and 2 (two) rapid assessment** to understand the nutritional scenarios of the Lakes State. **(One SMART will be conducted in April from the budget of NCE).**

BRAC will organize **capacity building** among the health facility staff. The training curriculum IMSAM, Community base management of acute malnutrition cases, Infant young child feeding practice respectively. The health volunteer will be keep in touch who got training last year to retain their knowledge. BRAC will organize refresher training of their existing staff and arrange training for new staff.

BRAC will organize **community awareness** through mass community meeting in the payam level. Individual and group meeting with PLWs. Community outreach for **SAM case identify, provide treatment and referred** when needed.

To maintain the quality of the program and get better outcome BRAC will do regular **program monitoring and reporting**.

#### ii) Objective

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

- Reduction SAM rates among acutely malnourished boys and girls of U5 age from the peak seasons to the accepted standards 3%.
- Improved capacity of health care workers both male and female in integrated management of acute malnutrition and IYCF through conduction 20 health facility staff training 1<sup>st</sup> quarter of the project
- Improved knowledge about malnutrition and child care practices for boys and girls of U5 years in the project period among 3000 mother/ caregiver.
- Two rapid assessment will be carried out in the project perion
- Improved access to nutrition services to in two intervention counties from the 1<sup>st</sup> quarter of the project and provides treatment 1000 SAM cases in the project period.
- Increase micro nutrient supplementation among children ( 8000) and women (3000)
- Increase exclusive breastfeeding rate by 5 % in those 0-6 months in project period.
- The quality indicators in management of acute malnutrition will be as per SPHERE standard
- Improve coordination among all partners ensure regular cluster meeting.

### 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. Conduct Rapid Nutritional Assessments in two counties of Lakes State (Rumbek East, Cuibet)
2. Carry out two SMART surveys (one pre-harvest and post-harvest in April, 12 within NCE budget ) and one post harvest in Rumbek East county.
3. Keep functional OTP centre to support and management of severe acute malnutrition in children U5 years, pregnant and lactating women in 2 counties of Lakes State (Rumbek North, Rumbek Centre) and support outreach nutrition screening and referral of malnourished children for treatment in the two counties. 1000 SAM cases would be identified, managed and/or referred in the 2 counties in 1 year.
4. Provide micronutrient supplementation to children and PLW and promote IYCF practices. 10000 children and 3000 PLW , if supply is available.
5. Train CHD, PHCU, PHCC, hospitals, and other healthcare providers on support and care of SAM, MAM, and IYCF practices
6. Perform mass communication meetings at payam levels with local community members and support other BCC activities to disseminate health and nutrition messages.
7. Work as the state nutrition cluster focal point.

### iv). Cross Cutting Issues

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

This program is highly gender sensitive project. Pregnant and lactating women is highly prioritized in the program, they will be oriented on IYCF and encouraged to receive ANC, TT vaccine. Boys and girls are direct beneficiary of this program, they are targeted for nutritional assessment, identify SAM and MAM girls and boys for feeding, treatment of malaria, diarrhea would be encouraged through community drug distributor (CBDs). There is no discrimination between boys and girls. Community will be aware on sanitation, hygiene which improves the number pit latrine that has an impact on environment and also has direct effect on malnutrition. In the community meeting some issues like deforestation, burning charcoal, improve stove use also be discussed that has potential role in environment. In the time of orientation with pregnant women encourage to do VCT for HIV/AIDS. Awareness on HIV/AIDS, its transmission and prevention a topics of community meetings. Condom also will be promote to prevent HIV/AIDS and as well as sexual transmitted disease.

### 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.

- Contribution in reduction of GAM and SAM rates of acutely malnourished boys and girls of U5 age from the peak seasons to the accepted standards (10% and 3% respectively).
- Improved capacity of health care workers of both male and female in integrated management of acute malnutrition and IYCF.
- Improved knowledge on child care practices for boys and girls of U5 years by mothers of malnourished children
- Improved access to nutrition services
- Annual increase of the rates of exclusive breastfeeding by 5 % in those 0-6 months
- The quality indicators in management of acute malnutrition will be as per SPHERE standard

|   | Indicator  | Target (indicate numbers or percentages) |
|---|--|--|
| 1 | Conduction of Repaid nutrition assessment                        | 2 in two counties                        |
| 2 | Conduction of SMART survey                                       | 1 ( post harvest)                        |
| 3 | SAM case identify, treat and referred                            | 1000                                     |
| 4 | Orientation ( education) on IYCF to pregnant and lactation women | 3000                                     |
| 5 | Ensure nutrition cluster meeting                                 | 11                                       |

### 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.

BRAC will conduct a pre-harvest survey, in the beginning of the second year program by the budget of NCE and do two rapid assessment two counties outside of working areas to assess the nutritional status of the state and county.

BRAC staff will keep close contact with health volunteers who got training last year for continuous support for nutritional assessment (MUAC) and referral of patients. BRAC staff will get refresher training.

OTP staff will be organizing regular individual and group meeting with pregnant and lactating woman on IYCF. They also organize outreach camp to assess nutritional status among 6-59 month children and asked the caregiver/ mother to visit OTP centre or nearest health facility according to situation.

BRAC OPT and Area level staff with the help of health volunteer organized mass community meeting in each payam where community elders, payam leader, teacher, women will attend. Health/nutrition/hygiene awareness by using BCC materials will be discussed. This meeting helps in increasing healthy behavior, change food habit, immunization coverage, referral in proper time.

To integrate the program with government program regular coordination and collaboration will be maintain. Nutrition cluster meeting and coordination will be enhanced. Liaison with other nutrition partners for working collaboration as assistance. Capacity building of health facility is important to increase service coverage. BRAC will organize one batch training of health facility service provider.

There are some cross cutting issue HIV/AIDS, diarrhea, Malaria, de-Worming, Fever, Dysentery, Anemia, Ring-worm and general weakness which can discuss and referred patients proper health facility. BRAC also use other program net work to better coverage in working areas.

Regular monitoring and supervision will be ensured to maintain quality service delivery. The register and card will be checked and exist interview will be done to assess the mother knowledge.

**vii) Monitoring Plan**

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

To ensure quality of the program BRAC management staff will supervise regularly. Program manager and area coordinator will visit field activities according to monthly plan. Monitoring and evaluation officer of nutrition program will visit OTP center, observed the activities, register maintenance, card preservation. She also took exist interview of mothers to judge their knowledge. House of SAM case randomly will be visited to observe the practice and improvement of the child. Every month four monitoring visit will be done by Area Coordinator. Project manager will visit monthly project side as well OTP, SAM cases in the field.

A check list will be follow to monitoring visit. According to checklist indicator Manager, Area Coordinator and will monitor the activities.

- Cleanness of OTP
- Nutritional assess equipment all are in place, register, cards are available
- Observe weight keeping/ height taking/ MUAC measurement, Maintaining SAM child card, register and proper therapy.
- Check stock position and compare with SAM case treated
- Randomly picks under treated SAM children for field monitoring

BRAC South Sudan has an independent monitoring team that monitor periodically monitor different program according prescribe check list. Health program has in their priority list.

BRAC will maintain register to keep important program information and generate KPIs (Key Performance Indicators) report for area office and where needed. It also is used as monitoring tools.

Monthly/ quarterly performance review is another way to monitoring performance.

**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) |
|-------------------------------------|--------------|
| BRAC USA and PSI                    | 38,283       |
|                                     |              |

### SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

| LOGFRAME  |   |  |  |
|---|---|--|--|
| <b>CHF ref. Code:</b><br>SSD-12/H/46210/6422  | <b>Project title:</b> Nutritional support to children, and pregnant and lactating women in Lakes state.   | <b>Organisation:</b> BRAC South Sudan  |  |
| <b>Overall Objective:</b><br><i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i> <ul style="list-style-type: none"> <li>Reduction SAM rates among acutely malnourished boys and girls of U5 age</li> </ul>  | <b>Indicators of progress:</b><br><i>What are the key indicators related to the overall objective?</i> <ul style="list-style-type: none"> <li>Number of SAM cases identified and admitted in OTP</li> <li>Number of SAM cases discharge as cured</li> <li>Number of PLW oriented on IYCF to prevent under nutrition</li> </ul>  | <b>How indicators will be measured:</b><br><i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> <li>SAM case admit register in the OTP</li> <li>Individual SAM case therapeutic card</li> <li>Number of individual and group education done</li> </ul>   |  |
| <b>Specific Project Objective/s:</b><br><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> <ul style="list-style-type: none"> <li>Capacity building of staff and Government health facility service provider to ensure treatment of SAM cases</li> <li>Improved knowledge about under nutrition and child care practices for boys and girls of U5 years</li> <li>Ensure identify and treatment of SAM cases through OTP</li> <li>Increase exclusive breast feeding up to six month</li> <li>Ensure micro nutrient supplementation</li> <li>Increase coordination among partners ensure nutrition cluster meeting</li> </ul> | <b>Indicators of progress:</b><br><i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i> <ul style="list-style-type: none"> <li>10 BRAC staff will be refresh to continue the quality activities</li> <li>20 Government health facility service provider will trained to treat malnutrition cases</li> <li>Keep close contact with 360 health volunteers who got training last year to increase case identification</li> <li>Number of PLW oriented in OTP and community meeting</li> <li>Number of SAM case identified and treated</li> <li>Number of mothers under six month babies breast feed exclusively</li> <li>Number of PLW and children supplemented</li> <li>Number of nutrition cluster meeting held</li> </ul> | <b>How indicators will be measured:</b><br><i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i> <ul style="list-style-type: none"> <li>Number of training session conducted</li> <li>Participants list</li> <li>Individual interview with participants</li> <li>List of PLW in the register and cards</li> <li>OTP register and cards</li> <li>SMART survey</li> <li>Register and cards</li> <li>Nutrition cluster meeting minutes and participants list.</li> </ul> | <b>Assumptions &amp; risks:</b><br><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> <ul style="list-style-type: none"> <li>Trained staff can be drop out</li> <li>Government health staff can be transfer and gone higher study</li> <li>Some invited government cannot participate in the training due to other emergency</li> <li>Supply pipeline can be interrupted</li> <li>Due to distance some partners ca not be participate</li> </ul> |

|   |  |  |  |
|---|--|--|--|
| <p><b>Results - Outputs (tangible) and Outcomes (intangible):</b></p> <ul style="list-style-type: none"> <li>• Please provide the list of concrete DELIVERABLES - outputs/outcomes (<u>grouped in Work packages</u>), leading to the specific objective/s:</li> <li>• 3000 PLW will be oriented on IYCF</li> <li>• 1000 SAM cases ( 450 girls + 550 boys) will be identified and treated</li> <li>• 20 government health provider will be trained on IMSAM</li> <li>• Micronutrient supplemented 3000 PLW and 8000 children</li> <li>• Cure rate of SAM case 86%</li> <li>• 11 nutrition cluster meeting will be held</li> </ul>  | <p><b>Indicators of progress:</b><br/><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>• Number of PLW oriented on IYCF</li> <li>• Number of SAM case identified and treated</li> <li>• Number of government health provider trained</li> <li>• Number of PLW and children received micronutrient</li> <li>• Percentage of SAM case discharge as cured</li> <li>• Number of meeting held</li> </ul>   | <p><b>How indicators will be measured:</b><br/><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>• Register</li> <li>• Cards</li> <li>• Participants list</li> <li>• Distribution list</li> <li>• Report</li> <li>• Meeting participants and minutes</li> </ul> | <p><b>Assumptions &amp; risks:</b><br/><i>What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?</i></p> <ul style="list-style-type: none"> <li>• Inaccessibility due to rain and floods</li> <li>• Tribal conflicts</li> <li>• Political unrest</li> <li>• Changes in MOHs</li> </ul>   |
| <p><b>Activities:</b><br/><i>What are the key activities to be carried out (<u>grouped in Work packages</u>) and in what sequence in order to produce the expected results?</i></p> <ul style="list-style-type: none"> <li>• Conduct rapid assessment</li> <li>• Training of PHCC/ PHCU staff</li> <li>• Mass communication meeting at Payam level</li> <li>• Individual and group education meeting on IYCF</li> <li>• Organize community outreach camp for assessment and mobilization</li> <li>• Provide treatment malnourished children (6-59 month)</li> <li>• Referred complicated cases / non response cases</li> <li>• Monitoring and follow up OTP and malnourished child</li> <li>• Ensure cluster meeting</li> </ul> | <p><b>Inputs:</b><br/><i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <ul style="list-style-type: none"> <li>• Staff time, format, transport, computer, community people</li> <li>• Staff time, government approval, training module, money</li> <li>• Staff time, information dissemination, BCC materials, transport, refreshment</li> <li>• Staff time, BCC materials</li> <li>• Staff time, Nutrition assess equipment, transport, cards, BCC materials, RUFT</li> <li>• OTP centre, Staff time, Nutrition assess equipment, transport, register &amp; cards, BCC materials, RUFT</li> <li>• Staff time and referral card</li> <li>• Staff time, monitoring check list, transport, register, stock book, store physical check, SAM case</li> <li>• Staff time, venue, invitation, register, refreshment</li> </ul> |  | <p><b>Assumptions, risks and pre-conditions:</b><br/><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>• Ensure supply and resource in time.</li> <li>• Support and technical assistance from cluster</li> </ul> |

## PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).  
The workplan must be outlined with reference to the quarters of the calendar year.

| 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 Human resource</b>   |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| Activity (1.1) Recruit and deployment  |           |     |     |           | X   |     |           |     |      |           |     |     |            |     |     |
| <b>Result 2 Survey and Assessment</b>  |           |     |     |           | X   |     |           |     |      |           |     |     |            |     |     |
| Activity (2.1) Conduct rapid assessment  |           |     |     |           | X   | X   |           |     |      |           |     |     |            |     |     |
| Activity (2.2) Conduct Post- harvest SMART survey                                |           |     |     |           |     |     |           |     |      | X         | X   |     |            |     |     |
| <b>Result 3 Capacity building</b>  |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| Activity (3.1) Training of PHCC/ PHCU staff                                      |           |     |     |           |     | X   |           |     |      |           |     |     |            |     |     |
| Activity (3.2) Mass communication meeting at Payam level                         |           |     |     |           | X   | X   | X         | X   | X    | X         | X   | X   | X          | X   | X   |
| <b>Result (.4.) Community mobilization</b>                                       |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| Activity (.4.1) Individual and group education meeting on IYCF                   |           |     |     |           | X   | X   | X         | X   | X    | X         | X   | X   | X          | X   | X   |
| Activity (.4.2) Organize community outreach camp for assessment and mobilization |           |     |     |           | X   | X   | X         | X   | X    | X         | X   | X   | X          | X   | X   |
| <b>Result (.5.) OTP functional, treatment and monitoring</b>                     |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| Activity (.5.1.) Provide treatment malnourished children (6-59 month)            |           |     |     |           | X   | X   | X         | X   | X    | X         | X   | X   | X          | X   | X   |
| Activity (.5.2.) Referred complicated cases / non response cases                 |           |     |     |           | X   | X   | X         | X   | X    | X         | X   | X   | X          | X   | X   |
| Activity (.5.3.) Monitoring and follow up OTP and malnourished child             |           |     |     |           | X   | X   | X         | X   | X    | X         | X   | X   | X          | X   | X   |
| <b>Result (.6.) Coordination</b>   |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| Activity (.6.1.) Organized nutrition cluster meeting                             |           |     |     |           | X   | X   | X         | X   | X    | X         | X   | X   | X          | X   | X   |

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