

## 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:

#### CAP Cluster

#### 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

Cluster objectives and activities as outlined in CAP  
**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

COSV- COORDINAMENTO DELLE ORGANIZZAZIONI DI SERVIZIO VOLONTARIO

#### Project CAP Code

SSD-12/H/46250

#### CAP Project Title

Response to the malnutrition conditions of vulnerable groups of women, PLW, Men, boys and girls U5 and elderly in the Ayod County.

#### Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)

Jonglei state, Ayod County, PHCC in the Ayod Paym, outreaches in all the payams of the county (100%)

#### Total Project Budget in South Sudan CAP

US\$ 250.000

#### Amount Requested from CHF

US\$ 150.000

#### Other Resources Secured

US\$ 0

#### Direct Beneficiaries : 6,500

Women:	1,000
Men:	500
Girls:	1500 MAM, 1000 SAM
Boys	1500, MAM,1000 SAM

#### Total Indirect Beneficiary

1000 men  
2000 women

#### Catchment Population (if applicable)

#### Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

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

**Start Date (mm/dd/yy): 1<sup>st</sup> April 2012**

**End Date (mm/dd/yy): 31<sup>st</sup> March 2013**

Address of Country Office
Project Focal Person
Email & Tel: <a href="mailto:cosv.countryrjuba@gmail.com">cosv.countryrjuba@gmail.com</a> , +211 (0)920429262
e-mail country director: <a href="mailto:cosv.countryrjuba@gmail.com">cosv.countryrjuba@gmail.com</a>
e-mail finance officer: <a href="mailto:cosvjuba.cristina@googlemail.com">cosvjuba.cristina@googlemail.com</a>

Address of HQ
e-mail desk officer : <a href="mailto:valeria.bacci@cosv.org">valeria.bacci@cosv.org</a>
e-mail finance officer: <a href="mailto:elena.sironi@cosv.org">elena.sironi@cosv.org</a>
Address: Via Soperga, 36 20127 Milan- Italy

## 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>
<p>According to the food security status in 2010, inside the annual needs and livelihood analysis 2010 in South Sudan, in Jonglei state the 14,8% of the total population (census 2008) is severely food insecure and the 24% is moderately food insecure and in terms of geographic distribution of food insecurity, Jonglei has been classified as one of the five worse states in South Sudan</p> <p>In Jonglei state the food security is undermined by continued high food prices, that affect the whole country, increased food demand due to large number of returnees and because of insecurity due to intertribal conflicts.</p> <p>In terms of child malnutrition: according Jonglei whas malnutrition rates above the 20%.</p> <p>Ayod county, in the latest months of the 2011 has experienced a strong insecurity level due to the threat of George Athor's forces attacks, that led to a higher vulnerability of the population of Ayod County both in terms of health needs and in terms of food security.</p> <p>Structural causes manifest in the form of low agricultural productivity and income, low human capital-knowledge and skills, limited access to social facilities, high disease burden and poor market integration. In particular in the Ayod County, the major factors of food insecurity are given by drastical climatic changes ( floods/drought), human diseases and man-made-insecurity and conflicts and high food prices. A moderate malnutrition in the most of the case turn into severe malnutrition leading to a weakened of the immune system. Vulnerable people are consequently most likely affected by diseases like malaria, kala azar and TB.</p> <p>According to the data provided by the SSRC, the women in reproductive age are 11143 in the Ayod County , in the Ayod payam they are 3978 and with a calculation on potential malnutrition rate they become for the County 891 and for the payam 318 (8%).</p> <p>A recent interagency assessment has established that the presence of IDPs currently in Ayod County is of 1439 individuals (257 HHs with a calculation of 1 HHs 5.6 members) from Urur County, Duk County ad Kuachdeng, Ayod County a part of displaced from Ayod payam as a consequence of the fire that burnt the Ayod market.</p> <p>The Returnees: 5657 and among them 1849 are women and 2450 are children</p> <p>According to those figures, and in reference to the mentioned insecurity situation of the County, a Special Nutrition Program into the Ayod PHCC appears necessary as only source of treatment of malnutrition for the local population</p> <p>COSV supports a Primary health care center in Ayod that provide basic health services but that has also the capacity of provide services for the treatment of severe and moderate malnutrition.</p> <p>Up to now, COSV has continued the support to severe malnourished children, boys and girls from 6 month up to 5 years and to Kala Azar and TB patients of any age which had developed an acute malnutrition status, and aims to respond to more MAM cases with a special focus on children U5 and PLW.</p>

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
<p>The planned intervention will support the achievement of the priority objectives of the nutrition cluster.</p> <p>In particular, the activities will:</p> <ol style="list-style-type: none"> <li>1. Provide nutrition support to children under 5, pregnant and lactating women and kala azar and TB patients;</li> <li>2. Strengthen the capacity of the local community to prevent and promptly detect malnutrition, mainly in children U5 and PLW;</li> <li>3. Identify and address emerging nutritional needs at household's level through home visits in the Ayod payam and neighbour payams.</li> </ol> <p>COSV supports the existing PHCC of Ayod through the provision of frontline health and nutritional services to the Ayod county. COSV is the only agency providing Nutritional services in the county for a population otherwise underserved. Thanks to its support to the Ayod PHCC, COSV will be able to offer static and mobile nutritional services and integrate the two components for a better service provision to the vulnerable population of Ayod.</p> <p>Through the present proposal COSV aims to strengthen the nutrition surveillance and increase the screening and treatment of MAM and SAM cases, mainly among women and children, through the enhancement of the capacity of the local staff to detect and treat malnutrition cases, as well as through mobile outreaches for a wider coverage.</p> <p>Furthermore through this proposal COSV aims at enhance its own knowledge of nutritional status of the area through the realization of a smart survey on nutrition in the area.</p> <p>COSV will also undertake community awareness on Basic nutrition and health practices, Infant and young child feeding principles</p>

<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.

and practices and the detection of acute malnutrition.

### 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 support to the Ayod Phcc constitutes a support to the entire county of Ayod and in moments of insecurity, also for the IDPS coming from the nearby counties as a result of the latest intertribal conflicts in Duk and Urur, it serves the most vulnerable people. COSV, through the CHF funds will ensure a timely repositioning of therapeutic and supplementary feeding to ensure a continuous flow of treatments without raptures in stocks.

Through mobile outreaches COSV will serve the otherwise underserved population of the nearby payams of the Ayod PHCC and will guarantee treatments and screening for MAM and SAM cases to the entire county.

The enhancement of staffs in response to nutrition insecurity and vulnerability, the timely repositioning of nutritional food and enhanced outreach activities will ensure consolidation of nutritional services provision and accelerate the activities including food security education messages to a wider beneficiary net which includes IDPs and returnees and make future nutrition insecurity manageable.

In this phase of its nutrition program in Ayod, COSV will focus on the preparedness to nutrition insecurity that is forecasted with the massive arrival of IDP from nearby counties.

Furthermore, through this project, it will be possible to strengthen the PLW and children treatment and nutritional screening around the county through mobile outreaches.

CHF funds will be mainly used to:

Strengthen the emergency preparedness capacity of the local staff of the PHCC of Ayod to respond to nutritional emergencies;

Increase the number of outreaches for nutritional screening and treatment for MAM and SAM within the Ayod County to reach the most underserved and vulnerable people;

Increase awareness campaigns around the county on community awareness on Basic nutrition and health practices, Infant and young child feeding principles and practices and the detection of acute malnutrition

#### ii) Objective

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

General Objective: Ensure provision of emergency nutrition services in the Ayod county

Specific objective: Provide services for diagnose and treatment of Severe and Moderate malnutrition in children under 5 years, boys and girls, P&LW and other vulnerable groups and to the underserved, food insecure population of the Ayod County

#### 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.

Activity	Direct Beneficiaries
Realization of a SMART survey on malnutrition causes and diffusion in the Ayod county	
Train 10 community members in Ayod and six neighbouring Payams, 5 male and 5 female in IYCF principles and practices, detection and referral of severe and Moderate acute malnutrition to the PHCC	10 community Nutrition outreach Workers in six Payams neighbouring Ayod PHCC
To provide screening using MUAC in the OPD, MCH, of the PHCC to children, both boys and girls, from 6 up to 59 months and referral for treatment of MAM and SAM.	1000 children
Community Nutrition screening for children U5 with corresponding referral and treatment for SAM and MAM cases for OTP and SFP care through mobile outreaches and community referral system	2000 SAM and 3000 MAM children in Ayod and neighboring Payams
Conduct bi monthly trainings on prevention, detection and management of Acute malnutrition for staff (Community Health Workers) in Maternal Child Health Department, Out-Patient Department, Kalaazar and EPI department	10 community Health workers trained
Conduct community awareness on Basic nutrition and health practices, Infant and young child feeding principles and practices and the detection of acute malnutrition	2000 people sensitized
Providing Nutrition therapeutic care to 500 SAM (250 boys and 250 girls) affected and infected by Kalaazar and T.B and general food and nutrition insecurity	500 children under five years affected and infected by Kalazar and TB

#### iv). Cross Cutting Issues

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

#### Gender and vulnerability:

The proposed intervention aims to support basic nutrition needs of vulnerable populations in rural areas. Specifically, the nutrition support programme will address pregnant women, as well as children under 5, being the most vulnerable groups in terms of malnutrition.

In order to increase the awareness at community level on prevention of malnutrition education activities on key topics such as breastfeeding infant and Young child feeding and in the Context of HIV will be implemented. .

**HIV/AIDS:** COSV will ensure that the universal procedures to prevent HIV and AIDS are respected and implemented, as well as that the staff is informed on HIV/AIDS prevention. Posters and leaflets will be distributed in the PHCC, and the distribution of male and female condoms will continue.

**Environment** COSV continues to ensure that, through our programs, there is no direct or indirect negative environmental impact on the areas where we operate.

#### 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.

- The 80% of TB and Kala Azar patients, men and women, children, boys and girls, U5 and PLW of the Ayod County Community found with SAM or MAM and MAM affected women and men is screened, diagnosed and treated in therapeutic and supplementary feeding programs for Severe and Moderate Malnutrition
- Increased number of CHW, men and women trained to face malnutrition emergencies: (100% of CHW community Health workers, men and women and MCHW, community midwives and vaccinators of the Ayod PHCC is able to detect micronutrient deficiencies and treat cases Severe and Acute Malnutrition under the Inpatient and Out-Patient therapeutic care programme in the Clinic. Nutrition experts of the COSV staff are trained and updated to be able to conduct gender analysis and assessments to better understand the different nutritional requirements and feeding practices of different sex and ages.)
- The population of the Ayod County, in terms of families (wives and husbands, women and men of the family, mothers) is sensitized and aware of the importance of breast feeding and of nutritious food for PLW and children U5

	Indicator	Target (indicate numbers or percentages)
1	Community representatives trained in prevention, detection and referral of children with Acute Malnutrition	10 community members
2	Children screened in the Ayod PHCC and in the Community using MUAC and refereed for OTP	2000 children screened and refereed, 2000 children dewormed/Vitamin A supplementation
3	Children diagnosed, admitted/treated for SAM /MAM treatment including Kalaazar and TB patients	2000 SAM admitted to OTP, 3000 MAM admitted to SFP, 100% SAM cases treated for Kalaazar and TB with overall cure rate of 80%, default rate of <10% and death rate of <5%
4	Community members made aware through the community education sessions	2000 people sensitized in Ayod
5	PLWs supplemented with Micronutrients	1000 malnourished PLW Supplemented with micronutrients and treated for MAM

#### 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.

The activities planned will be implemented according to the draft work plan, and they will be monitored constantly through the presence of COSV staff in the field. At the beginning of the project COSV will conduct a baseline study to collect quantitative and qualitative regarding the malnutrition rate and its causes in the area in relation to indicators on malnutrition in the targeted area, that will enable a correct monitoring of targets and benchmarks.

Two PCAs will be signed, with Unicef for the provision of plumpynuts for SAM cases and with WFP for the provision of supplementary feeding and plumpydoses.

One Nutrition coordinator will be assigned to the implementation of the project: he/she will be responsible for the weekly submission of reports to the office in Juba. In addition a health coordinator will have periodical missions to Ayod to ensure the proper running of the activities in line with the work plan and with the log frame.

#### vii) Monitoring Plan

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

The health coordinator will be a medical doctor expatriate who will bi-monthly operate a one week surveillance and monitor and evaluation of the running activities, suggesting new operation modalities, whether necessary, addressing crucial issues. she/he will be directly responsible for supervising the data collection and for submitting the information to the office in Juba following to his visit to the field. The nutrition coordinator will submit weekly and monthly reports to the Juba office and to Unicef . COSV nutrition coordinator and/or the project manager will also participate to the nutrition cluster meetings and other relevant

coordination meetings.

The local staff will be responsible for collecting data on patients admitted at the PHCC, as well as on the outreach activities. The health coordinator will make sure that the information are collected correctly and shared timely with the office in Juba, and with relevant stakeholders.

A system of remote control is established, and it will be used to ensure the systematic transmission of data collected from Ayod to Juba. The country representative will operate periodical mission to the field in order to keep track of progress made in the implementation of the activities, and he/she will be responsible to identify and communicate to the donor any challenge encountered

#### **E. Committed funding**

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

<b>Source/donor and date (month, year)</b>	<b>Amount (USD)</b>
UNICEF –INKIND	51.511,074

### 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> SSD-12/H/46250	<b>Project title:</b> Response to the malnutrition conditions of vulnerable groups of women, PLW , boys and girls U5 and elderly.	<b>Organisation:</b> <u>.COSV</u>	
<p><b>Overall Objective:</b> Ensure provision of emergency nutrition services in the Ayod county <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i></p> <ul style="list-style-type: none"> <li>• Ensure provision of emergency nutrition services in the Ayod county</li> </ul>	<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>• 2000 children screened and referred for malnutrition</li> <li>• 2000 SAM admitted to OTP, 3000 MAM admitted to SFP, 100% SAM cases treated for Kalaazar and TB with overall cure rate of 80%, default rate of &lt;10% and death rate of &lt;5%</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>• Nutrition monthly 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>Provide services for diagnose and treatment of Severe and Moderate malnutrition in children under 5 years, boys and girls, P&amp;LW and other vulnerable groups and to the underserved, food insecure population of the Ayod County</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>• 10 Community representatives trained in prevention, detection and referral of children with Acute Malnutrition</li> <li>• 2000 Children screened in the Ayod PHCC and in the Community using MUAC and referred for OTP</li> <li>• 2000 SAM admitted to OTP, 3000 MAM admitted to SFP, 100% SAM cases treated for Kalaazar and TB with overall cure rate of 80%, default rate of &lt;10% and death rate of &lt;5%PLWs supplemented with Micronutrients</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>• Training reports which includes pre and post test exams</li> <li>• Referral reports of detected cases</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>• Political stability</li> <li>• Local authority permission</li> <li>• Adequate security</li> <li>• weather changes</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 (<b>grouped in Workpackages</b>), leading to the specific objective/s:</li> </ul> <p>Result 1: The 80% of TB and Kala Azar patients, men and women, children, boys and girls, U5 and PLW of the Ayod County Community found with SAM or MAM and MAM affected women and men is screened, diagnosed and treated in therapeutic and supplementary feeding programs for Severe and Moderate Malnutrition</p>	<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> <p>Result 1:</p> <ul style="list-style-type: none"> <li>• 2000 Children screened in the Ayod PHCC and in the Community using MUAC and referred for OTP</li> <li>• 2000 SAM admitted to OTP, 3000 MAM admitted to SFP, 100% SAM cases treated for</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>• Nutrition monthly reports</li> <li>• Number of micronutrients issued</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>• Mutual relationship between NGO, local authority and community</li> <li>• Security conditions</li> </ul>

<p>•Result 2: Increased number of CHW,men and women trained to face malnutrition emergencies</p> <p>Result 3 The population of the Ayod County, in terms of families (wives and husbands, women and men of the family, mothers) is sensitized and aware of the importance of breast feeding and of nutritious food for PLW and children U5</p>	<p>Kalaazar and TB with overall cure rate of 80%, default rate of &lt;10% and death rate of &lt;5%PLWs supplemented with Micronutrients</p> <ul style="list-style-type: none"> <li>• 1000 malnourished PLW supplemented with micronutrients and treated for MAM</li> </ul> <p>Result 2:</p> <ul style="list-style-type: none"> <li>• 10 Community representatives trained in prevention, detection and referral of children with Acute Malnutrition</li> </ul> <p>Result 3:</p> <ul style="list-style-type: none"> <li>• 2000 people sensitized in Ayod</li> </ul>	<ul style="list-style-type: none"> <li>• Training reports which includes pre and post test exams</li> </ul>	<ul style="list-style-type: none"> <li>• Weather changes</li> </ul>
<p><b>Activities:</b> <i>What are the key activities to be carried out (<u>grouped in Workpackages</u>) and in what sequence in order to produce the expected results?</i></p> <ul style="list-style-type: none"> <li>• Activity 1.1: To provide screening using MUAC in the OPD, MCH, of the PHCC to children, both boys and girls, from 6 up to 59 months and referral for treatment of MAM and SAM.</li> <li>• Activity 1.2 Community Nutrition screening for children U5 with corresponding referral and treatment for SAM and MAM cases for OTP and SFP care through mobile outreaches and community referral system</li> <li>• Activity 1.3 Realization of a SMART survey on malnutrition causes and diffusion in the Ayod county</li> <li>• Activity 1.4 Providing Nutrition therapeutic care to 500 SAM (250 boys and 250 girls) affected and infected by Kalaazar and T.B and general food and nutrition insecurity</li> <li>• Activity 2.1 Train 10 community members in Ayod and six neighbouring Payams, 5 male and 5 female in IYCF principles and practices, detection and referral of severe and Moderate acute malnutrition to the PHCC</li> <li>• Activity 2.2 Conduct bi monthly trainings on prevention, detection and management of Acute malnutrition for staff (Community Health Workers) in Maternal Child Health Department, Out-Patient Department, Kalaazar and EPI department</li> <li>Activity 3.1 Conduct community awareness on Basic nutrition and health practices, Infant and young child feeding principles and practices and the detection of acute malnutrition</li> </ul>	<p><b>Inputs:</b> <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>• Personnel</li> <li>• Drugs</li> <li>• Micronutrients</li> <li>• Vehicle</li> <li>• Medical equipments</li> <li>• General equipments</li> <li>• Information, Education and communication materials</li> <li>• Reference manuals</li> <li>• Training materials</li> <li>• Facility(rooms)</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>• Mutual relationship between NGO, local authority and community</li> <li>• Security conditions</li> <li>• Weather changes</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</b> The 80% of TB and Kala Azar patients, men and women, children, boys and girls, U5 and PLW of the Ayod County Community found with SAM or MAM and MAM affected women and men is screened, diagnosed and treated in therapeutic and supplementary feeding programs for Severe and Moderate Malnutrition															
Activity (1.1) Activity 1.1: To provide screening using MUAC in the OPD, MCH, of the PHCC to children , both boys and girls, form 6 up to 59 months and referral for treatment of MAM and SAM.				x	x	x	x	x	x	x	x	x	x	x	x
Activity 1.2 Community Nutrition screening for children U5 with corresponding referral and treatment for SAM and MAM cases for OTP and SFP care through mobile outreaches and community referral system				x	x	x	x	x	x	x	x	x	x	x	x
Activity 1.3 Realization of a SMART survey on malnutrition causes and diffusion in the Ayod county				x											
Activity 1.4 Providing Nutrition therapeutic care to 500 SAM ( 250 boys and 250 girls) affected and infected by Kalaazar and T.B and general food and nutrition insecurity				x	x	x	x	x	x	x	x	x	x	x	x
<b>Result 2:</b> Increased number of CHW,men and women trained to face malnutrition emergencies															
Activity 2.1 Train 10 community members in Ayod and six neighbouring Payams, 5 male and 5 female in IYCF principles and practices, detection and referral of severe and Moderate acute malnutrition to the PHCC					x										
Activity 2.2 Conduct bi monthly trainings on prevention, detection and management of Acute malnutrition for staff (Community Health Workers) in Maternal Child Health Department, Out-Patient Department, Kalaazar and EPI department					x		x		x		x		x		x
<b>Result 3</b> The population of the Ayod County, in terms of families (wives and husbands, women and men of the family, mothers) is sensitized and aware of the importance of breast feeding and of nutritious food for PLW and children U5															
Activity (3.1) Activity 3.1 Conduct community awareness on Basic nutrition and health practices, Infant and young child feeding principles and practices and the detection of acute malnutrition					x							x			x

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