

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

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

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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

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

Christian Recovery and Development Agency (CRADA)

Project CAP Code

SSD-12/ H/46262

CAP Project Title

Treatment of Severe and Moderate Acute Malnutrition in emergency of children below 5 years to returnees, refugees, IDPs and residents of Pochalla County, Jonglei State.

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

Jonglei State
 Pochalla County
 Pochalla and Adongo payams.

Total Project Budget in South Sudan CAP

US\$ 600,000

Amount Requested from CHF

US\$ 150,000

Other Resources Secured

US\$ 0

Direct Beneficiaries

Women:	2000
Men:	1500
Girls:	2000
Boys	2000
CNVs	3
Outreach staff	5
CHD/health workers	3
Total	5511

Total Indirect Beneficiary

3000
Catchment Population (if applicable)

Beneficiary breakdown		
Women	P&LW	1000
	Trainees	12
	Beneficiaries of IYCF promotion	30
	Other vulnerable	958
Men	Trainees	8
	Beneficiaries of IYCF promotion	15
	Other - vulnerable	1477
Children U5 Yrs	SAM	300
	MAM	700
	BSFP	
	Micronutrient supplementation	1500
	Deworming	1500

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: 04/01/12

End Date: 03/31/13

Address of county Office

Project focal person: Johnson Ruach

Email & Tel: 0955010032

e-mail country director: jruachdela@yahoo.com

e-mail finance officer: crada_sudan2003@yahoo.co.uk

Address: Hai nabari

Address of HQ

e-mail desk officer: crada_sudan2003@yahoo.co.uk

e-mail finance officer: crada_sudan2003@yahoo.com

Address: Hai nabari

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 population¹

High rates of global acute malnutrition (GAM), which regularly exceed the emergency threshold of 15 percent in Jonglei State, contribute to excess morbidity and mortality among vulnerable population groups and constitute a significant public health challenge in the State. In Pochalla County, inadequate intake of food and illnesses constituted the direct causes of malnutrition, which in turn were linked to food shortages caused by recurrent shocks (e.g. drought, crop failure, insecurity, and high food prices), poor infant and young feeding practices, poor hygiene and sanitation and poor access to quality health services. Inadequate food intake, diseases, small scale farming, donor food dependency, single headed households, lack of seeds constitutes a major contributing factor to malnutrition in Pochalla County. Young children need at least four meals per day as they are not able to absorb larger quantities in fewer meals but with the aforementioned issues severe food shortage will occur. Besides frequency of feeding, dietary diversity is an important consideration for nutritional status among young children a normal diet in the county constitutes of not more than two food star groups which in turn leads to malnutrition.

During the 2-decades civil war Pochalla County was the corridor and headquarters of the SPLA for movement and import of machinery from Ethiopia hence it was one of the areas that suffered gravely for the 21 years of war. Pochalla is one of the eleven counties in Jonglei State, the biggest State in South Sudan and one of the States that lags behind in nutrition. Pochalla County has a population of 66, 201 (2008 census) it borders with Akobo County to the north East, Pibor County to the South, and Ethiopia to the North West it lies in the Eastern flood plains. The Anyuak tribe is found here and the main economic activities are fishing and farming. There are two planting seasons in a year and the main cash crops are maize, sorghum, cassava, sweet potatoes. Pochalla is one of the most deprived counties in terms of infrastructure, health facilities, nutrition, sanitation etc.

The anticipated large number of returnees has changed the dynamics of food insecurity since they have congregated in the urban

¹ 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 peri-urban areas. Currently, there are 3,475 IDPs (OCHA) of which 1671 are women, 1804 are male, children 0-59 months girls are 314, boys 339 and P&LW are 278 and they are cohabiting within Pochalla town and Otallo Boma in Adongo Payam. They have melted into the community and have taken refuge with relatives and friends hence creating more food insecurity since the host family has to share with them the little food they have hence changing the feeding pattern. According to the Inter-agency assessment report which was conducted in May 2011 (FAO, CRADA, WFP, OCHA, ART, RRC) the IDPs are in Pochalla town and in Otallo Boma which is in Adongo Payam. These IDPs were victims of inter-tribal unrest between the Nuer and Murule in April. The Nuer looted all the victims' belongings including food, clothes, fishing nets and utensils. The IDPs took refuge with their relatives and friends with no money and no food; with no fishing nets, hoes, seeds they have resulted to coping strategies e.g. eating wild vegetables and fruits (lulu) which they have to walk long distances to get, fishing near swamps/rivers with borrowed fishing nets which is not easy since most of these are the elderly, women and children. There are 3,341 refugees (OCHA) in Alari refugee settlement which is the highest refugee population in Jonglei State of which 1607 are women, 1734 are male, children 0-59 months girls are 302, boys 326 and P&LW are 267 they only have 1 PHCU providing health and nutrition services. Organized returns through IOM are 11 HHs of which 5 are female, 6 are male, children 0-59 months girls are 1, boys 1 and P&LW 1, the RRC officer has a list of 3200 unverified IDPs (June-September from the five payams in the County) who are a result of Murule attacks and food destruction and from the Inter-agency assessment conducted in May 2011 unorganized returns was 5019 men, women, boys and girls from Ethiopia, Kenya, Sudan and the numbers are expected to rise hence exacerbate the current food security situation which is moderate and likely to slide to severe food insecure which in turn will increase the malnutrition rate.

The poverty level in Pochalla is very high and illiteracy level is high especially among the females. Most of the HH are headed by women since either their husbands died during the war, have separated, gone to look for greener pastures in Ethiopia, studies in juba or Ethiopia or are working with the military and have been deployed to other areas away from home. These women can hardly afford to buy food from the market which is very expensive. Most of the time they depend on relatives and food rations from WFP. If these women fall ill then the children are left vulnerable since the breadwinner is not able to fend for them food. There are no social amenities like toilets and the communities defecate in the bushes hence the rain water washes all the dirt into the river. Majority of the villagers live along the river banks for water and food hence water borne diseases occur and for the villages that are far from the health centers, in serious cases die. From the records at Pochalla PHCC, it shows that majority of the locals suffer from malaria, worm infestation and diarrhea majority of these are children under the age of 5. Malaria and diarrhoea are the leading killer diseases among children <5 years.

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 (added value would include expertise your agency brings, additional nutrition related activity your agency may be doing in addition to CHF project submission and if you are sole provider of services)

CRADA the only organization providing nutrition services in Pochalla county is working hand in hand with the County health department in implementing our projects which include treatment (in which we are targeting children under 5, Pregnant and Lactating Women and vulnerable groups) and prevention services. In treatment we are running one stabilization centre and one OTP in the Pochalla PHCC (Pochalla Payam) which is the only referral health facility in the whole county. A proper referral mechanism has been put in place creating proper coordination both at the community level and the health centers for referral cases through community and health facility screening and referral. There are two OTPs to cater for the SAM cases which are operating in Otallo and Alari refugee camp (which has a total of 3341 refugees from Ethiopia) both the PHCUs are in Adongo Payam. We also provided IMSAM training to the CHD and health workers. We are planning to start TSFP in partnership with WFP targeting children <5, PLW and vulnerable groups who are MAM cases. There will be 3 TSFP centers that will be in Pochalla town, Alari refugee settlement and Otallo which are in Pochalla and Adongo Payams respectively. We will provide training for those who will be implementing the TSFP. We are planning to bring these services closer to the community in line with the SPHERE minimum standards and also due to insecurity in the form of women and child abduction by the Murule from the neighbouring County. On prevention, we are targeting children <5 and PLWs for micronutrient supplementation (Vitamin A) and deworming in the two Payams we are operating in (Adongo, Pochalla). There are community nutrition volunteers from Pochalla, Alari, Otallo, Bomas who have been trained on community screening and referral and they are working together with the outreach staff targeting children <5, we are planning to spread to other Bomas so that there can be full coverage. We also plan in supporting the CHD in monthly coordination meetings with all the stakeholders at county level. In the month of April/May we are planning to train enumerators and conduct a SMART survey in the whole Pochalla county so as to know the malnutrition prevalence, mortality and morbidity and food situation in the County in line with the cluster standards. Last year 2011 we conducted capacity building to the CHD and we plan to continue and include training on emergency preparedness and response. We will train 3 MSGs, 3 Women groups and 3 TBAs (all 3 health facilities in the two Payams) from the four Bomas in Pochalla county on IYCF, nutrition and hygiene. We have started demonstration gardens with Pochalla Women Group which has 30 women in Pochalla town through provision of seeds and tools but due to lack of seeds we were not able to do the same with the other women groups in other Bomas however we plan to continue with the other 2 women groups in the one payam and distribute seeds and tools to them in partnership with NPA who are doing agriculture in the county (Adongo). Through this we are aiming at diversifying their diet in order to enhance good nutrition, also through selling of the produce in the market, self dependence will be promoted and they'll be able to reduce the burden on the husband by supporting their families e.g. through education of their children by paying school fees. Also we are conducting monthly awareness to the two payams through outreach/education both at community and health facility level on importance of IYCF, good nutrition and hygiene. We are training 3 IYCF counselors, 3 community nutrition volunteers, 5 outreach staff and 3 Traditional Birth Attendants on protection and promotion of good IYCF practices. We train CNVs, outreach staff on how to identify malnutrition cases and do screening of children in their community and if malnutrition cases are identified they refer them to the nearest health centre.

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

CRADA aims to provide better service delivery to the community in Pochalla County including essential nutrition life saving services e.g. treatment and prevention of malnutrition to children <5 and PLWs through admission (SC), OTP, TSFP, micronutrient supplementation and deworming. We also plan to preposition food for TSFP and therapeutic supplies before the rains begin.

ii) Objective

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

- To treat Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&LW and other vulnerable groups, through SCs, OTPs and TSFPs in Pochalla County by March 2013.
- To prevent children under 5 years and P&LW through - micronutrient supplementation U5 & P&LW, community screening (MUAC) and referral of U5, promotion and support of IYCF through training health workers and MSGs in Pochalla County by March 2013.
- To strengthen nutrition emergency preparedness and response capacity- to MSGs, CHD in Pochalla County by March 2013.

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 for each activity.

- Running of 1 Stabilization centre and 1 OTP in Pochalla PHCC, 2 Outpatient treatment programmes in Otallo and Alari refugee settlement this will cover 300 children <5 boys and girls for hosts, returnees, IDPS and refugees.
- Start 3 Targeted supplementary feeding sites in Alari refugee settlement, Pochalla and Otallo Bomas for 200 PLW and 700 children 6-59 months MAM cases both boys and girls and for hosts, returnees, IDPS and refugees.
- Conduct community MUAC screening in the two Payams (Pochalla, Adongo) and referral/admission for TSFP/OTP/SC treatment of SAM and MAM to 2000 children 6-59 months girls and boys and 2000 PLW.
- Provision of micronutrient supplementation and deworming in two Payams (Pochalla, Adongo) to 1500 children 6-59 months both boys and girls and 1000 PLW in the 3 health facilities in the county Pochalla PHCC, Alari PHCU and Otallo PHCU.
- Identification and training of 3 lead mothers representing the 2 Payams for the 3 mother to mother support groups on IYCF, health, screening, referral and hygiene
- One nutrition demonstration garden set up in 3 Bomas through 3 community women groups in the in the two payams Adongo and Pochalla.
- Protection, promotion and support of exclusive breast feeding and good complementary feeding practices to 30 mother to mother support groups in the 2 Payams in the newly formed 3 mother to mother support groups through the 3 lead mothers and 3 TBAs in the 3 health facilities in the County.
- Education to 3000 men, women, boys and girls on good nutrition, health, IYCF and hygiene at the 3 health facilities in the three Bomas Alari, Otallo and Pochalla.
- Conduct daily growth monitoring to 50 children <5 and nutrition counseling to 6 men and women at the 3 health facilities in the three Bomas Alari, Otallo and Pochalla.
- Conduct capacity building to 8 CHD and health staff to both male and female from the 3 health facilities in the 3 Bomas on national IMSAM guidelines, screening, IYCF, health, hygiene.
- Conduct 2 County nutrition SMART surveys (pre and post harvest).
- Conduct monthly county coordination meeting with other stake holders.
- Monthly supervisory visits to nutrition treatment sites in Otallo, Alari and Pochalla Bomas.
- Attend and participate in nutrition cluster meetings at State and national level.
- Provide monthly reports to cluster, MoH, SMOH and other stakeholders.

iv). Cross Cutting Issues

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

CRADA will ensure that there is gender equity and equality through health, hygiene and nutrition information dissemination by education at health facility level and through community mobilization/outreach to the community. HIV/AIDS education and awareness will be incorporated into the project activities. Planting of locally available foods and vegetables to encourage diet diversification will be done and proper waste disposal will be practiced in order to protect the environment.

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.

- Reduced malnutrition rate of children less than 5 years for both boys and girls by 50%.
- Increased capacity of the County health department and health workers for both male and female to manage and supervise nutrition interventions.
- Improved knowledge of men and women in health and nutrition and IYCF practices.
- Improved nutritional status of pregnant and lactating mothers and children <5.
- Improved knowledge on the county nutrition status.

	Indicator	Target (indicate numbers or percentages)
1	1 SC, 3 OTPs and form 3 TSFPs sites for the treatment of malnourished children in Otallo, Pochalla and Alari Bomas.	1000 children <5 and 200 PLW
2	Health and nutrition workers trained	8 men and women
3	Community members made aware through the community education sessions	3000 men, women, boys and girls
4	Children <5 and PLW supplemented with micronutrients	1500 children 6-59 months, 1000 PLW
5	Community representatives trained	3 TBAs, 3 CNVs and 3 MSGs

6	Conduct one nutrition SMART survey (pre harvest)	66,201 (census 2008)
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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.

This nutrition project will be directly implemented by CRADA personnel. Monitoring and evaluation of the project progress will be central to the success of the project and will be carried out to ensure the quality, effectiveness and service delivery performance. Monthly management reports in line with project targets, the state of financial resources, and summary of expenditures, shall be compiled. These will result to quarterly programmatic and financial reports detailing progress made in accordance with the project activity implementation requirements. The nutrition coordinator and finance manager will ensure that all necessary reports are prepared, compiled and submitted at the end of each quarter. Various tools e.g. observation, review of documentation, key informants techniques will be used to capture and document the project performance. Project stakeholders and beneficiaries feedback will play a vital role in assessing the extent of project success. This will help in restructuring the project implementation course (if needful) in order to maximally deliver the project objectives.

vii) Monitoring Plan

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

Progress achievements will be monitored through the various reporting tools which will be used during project implementation.

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)

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			
CHF ref. Code: <u>SSD-12/H/46262</u>	Project title: Treatment of Severe and Moderate Acute Malnutrition of children below 5 years to returnees, refugees, IDPs and residents of Pochalla County, Jonglei State	Organisation: CRADA	
<p>Overall Objective: <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"> To improve the nutrition status of pregnant and lactating women and children < 5 years through treatment and prevention of malnutrition in Pochalla County by March 2013. 	<p>Indicators of progress: <i>What are the key indicators related to the overall objective?</i></p> <ul style="list-style-type: none"> 1 SC, 3 OTPs and form 3 TSFPs sites for the treatment of malnourished children in Pochalla, Otallo and Alari Bomas, 300 Children admitted/treated for SAM 700 Children admitted/treated for MAM 200 PLW admitted/treated for MAM 2000 Children supplemented with vitamin A 1500 Children dewormed 1000 PLW supplemented with micronutrients 700 Children enrolled for supplementary food 2000 Children screened in the community 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> CRADA records CHD records Reports to stake holders (SMoH, UNICEF, WFP) 	
<p>Specific Project Objective/s: <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> <ul style="list-style-type: none"> To treat severe Acute Malnutrition in children < 5 years, P&LW and other vulnerable groups through SC, OTP,TSFP in Pochalla county by March 2013 To prevent children under 5 years and P&LW through - micronutrient supplementation U5 & P&LW, community screening (MUAC) and referral of U5, promotion and support of IYCF through training health workers and MSGs in Pochalla County by March 2013. To strengthen nutrition emergency preparedness and response capacity- to MSGs, CHD in Pochalla County by March 2013. 	<p>Indicators of progress: <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"> 1 SC, 3 OTPs and form 3 TSFPs sites for the treatment of malnourished children in Otallo, Pochalla and Alari Bomas. 1500 Children <5 and 1000 PLW supplemented with micronutrients 8 CHD/Health and nutrition workers and 3 TBAs trained 6 Community representatives trained (3 lead mothers for MSG/ 3 CNV) 1 county SMART pre harvest survey done. 	<p>How indicators will be measured: <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"> CRADA records CHD records Community screening and referral 	<p>Assumptions & risks: <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"> Security remains stable Favourable weather Timely disbursement of funds
<p>Results - Outputs (tangible) and Outcomes (intangible):</p> <ul style="list-style-type: none"> Please provide the list of concrete DELIVERABLES - outputs/outcomes (grouped in Workpackages), leading to the specific objective/s: Reduced malnutrition rate of children less than 5 years for both boys and girls by 50%. Increased capacity of the County health department and health workers for both male and female to manage and supervise nutrition interventions. Improved knowledge of men and women in health and nutrition and IYCF practices. Improved nutritional status of pregnant and lactating mothers and children <5. 	<p>Indicators of progress: <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"> 1 SC, 3 OTPs and form 3 TSFPs sites for the treatment of malnourished children in Otallo, Pochalla and Alari Bomas. 8 Health and nutrition workers trained 3000 Community members made aware through the community education sessions 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> CRADA records CHD records Reports to stake holders (SMoH, UNICEF, WFP) 	<p>Assumptions & risks: <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"> Stable security Good weather Funds disbursed on time

<ul style="list-style-type: none"> • Improved knowledge on the county nutrition status. 	<ul style="list-style-type: none"> • 1500 Children <5 and 1000 PLW supplemented with micronutrients • 6 Community representatives trained • Conduct one nutrition SMART survey (pre harvest) 		<ul style="list-style-type: none"> • Cooperation from the community and local authority and leaders.
<p>Activities: <i>What are the key activities to be carried out (grouped in Workpackages) and in what sequence in order to produce the expected results?</i></p> <ul style="list-style-type: none"> • Running of 1 Stabilization centre and 1 OTP in Pochalla PHCC, 2 Outpatient treatment programmes in Otallo and Alari refugee settlement this will cover 300 children <5 boys and girls for hosts, returnees, IDPS and refugees. • Start 3 Targeted supplementary feeding sites in Alari refugee settlement, Pochalla and Otallo Bomas for 200 PLW and 700 children 6-59 months MAM cases both boys and girls and for hosts, returnees, IDPS and refugees. • Conduct community MUAC screening in the two Payams (Pochalla, Adongo) and referral/admission for TSFP/OTP/SC treatment of SAM and MAM to 2000 children 6-59 months girls and boys and 2000 PLW. • Provision of micronutrient supplementation and deworming in two Payams (Pochalla, Adongo) to 1500 children 6-59 months both boys and girls and 1000 PLW in the 3 health facilities in the county Pochalla PHCC, Alari PHCU and Otallo PHCU. • Identification and training of 3 lead mothers representing the 2 Payams for the 3 mother to mother support groups on IYCF, health, screening, referral and hygiene • One nutrition demonstration garden set up in 3 Bomas through 3 community women groups in the in the two payams Adongo and Pochalla. • Protection, promotion and support of exclusive breast feeding and good complementary feeding practices to 3 mother to mother support groups in the 2 Payams in the newly formed 3 mother to mother support groups through the 3 lead mothers and 3 TBAs in the 3 health facilities in the County. • Education to 3000 men, women, boys and girls on good nutrition, health, IYCF and hygiene at the 3 health facilities in the three Bomas Alari, Otallo and Pochalla. • Conduct daily growth monitoring to 50 children <5 and nutrition counseling to 6 men and women at the 3 health facilities in the three Bomas Alari, Otallo and Pochalla. • Conduct capacity building to 8 CHD and health staff to both male and female from the 3 health facilities in the 3 Bomas on national IMSAM guidelines, screening, IYCF, health, hygiene. • Conduct 1 County nutrition SMART survey (pre harvest). • Conduct monthly county coordination meeting with other stake holders. • Monthly supervisory visits to nutrition treatment sites in Otallo, Alari and Pochalla Bomas. • Attend and participate in nutrition cluster meetings at State and national level. • Provide monthly reports to cluster, MoH, SMoH and other stakeholders. 	<p>Inputs: <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"> • Well stocked health facilities and proper referral mechanism in place • Enough staff • Vehicle for movement • Anthropometric equipment that are working • Storage facilities • Equipment in the form of hand tools • Seeds 		<p>Assumptions, risks and pre-conditions: <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"> • Cooperation from the leaders, local authorities and community • Favourable weather • Stable security

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
Result 1 Reduced malnutrition rate of children less than 5 years for both boys and girls by 50%.															
Activity 1.1 Running of 1 Stabilization centre and 1 OTP in Pochalla PHCC, 2 Outpatient treatment programmes in Otallo and Alari refugee				X	X	X	X	X	X	X	X	X	X	X	X
1.2 Start 3 Targeted supplementary feeding sites in Alari refugee settlement, Pochalla and Otallo Bomas				X	X	X	X	X	X	X	X	X	X	X	X
1.3 Conduct community MUAC screening in the two Payams (Pochalla, Adongo) and referral/admission for TSFP/OTP/SC treatment				X	X	X	X	X	X	X	X	X	X	X	X
Result 2 Increased capacity of the County health department and health workers for both male and female to manage and supervise nutrition interventions.															
Activity 2.1 Conduct capacity building to 8 CHD and health staff from the 3 health facilities in the 3 Bomas on national IMSAM guidelines, screening, IYCF, health, hygiene.								X				X			
2.2 Train 3 TBAs on IYCF					X				X						
Result 3 Improved knowledge of men and women in health and nutrition and IYCF practices.															
Activity 3.1 Identification and training of 3 lead mothers representing the 2 Payams for the 3 mother to mother support groups on IYCF, health, screening, referral and hygiene					X				X						
3.2 One nutrition demonstration garden set up in 3 Bomas through 3 community women groups in the in the two payams Adongo and Pochalla.					X	X									
3.3 Protection, promotion and support of exclusive breast feeding and good complementary feeding practices to 3 mother to mother support groups in the 2 Payams in the newly formed 3 mother to mother support groups through the 3 lead mothers and 3 TBAs in the 3 health facilities in the Count					X	X	X	X	X	X	X	X	X	X	X
3.4 Education to 3000 men, women, boys and girls on good nutrition, health, IYCF and hygiene at the 3 health facilities in the three Bomas Alari, Otallo and Pochalla.				X	X	X	X	X	X	X	X	X	X	X	X
3.5 Conduct daily growth monitoring to 50 children <5 and nutrition counselling to 6 men and women at the 3 health facilities in the three Bomas Alari, Otallo and Pochalla.				X	X	X	X	X	X	X	X	X	X	X	X
Result 4 Improved nutritional status of pregnant and lactating mothers and children <5.															
Activity 4.1 Provision of micronutrient supplementation and deworming in two Payams (Pochalla, Adongo) to 1500 children 6-59 months both boys and girls and 1000 PLW in the 3 health facilities in Pochalla PHCC, Alari PHCU and Otallo PHCU.				X								X			
Result 5 Improved knowledge on the county nutrition status.															
Activity 5.1 Conduct monthly county coordination meeting with other stake holders.				X	X	X	X	X	X	X	X	X	X	X	X
5.2 Conduct 1 County nutrition SMART survey (pre harvest).				X	X										
5.3 Attend and participate in nutrition cluster meetings at State and national level.				X	X	X	X	X	X	X	X	X	X	X	X
5.4 Provide monthly reports to cluster, MoH, SMOH and other stakeholders.				X	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%