

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	Nutrition
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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 Geographic Priorities
<p>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</p> <p>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</p> <p>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.</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.

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)
Relief international (RI)	Three health facilities in Bounj Payam and Banshowa Payam within Maban county, Upper Nile State. (100%)
Project CAP Code	
SSD 12/H/46297/6971	
CAP Project Title	
Integrated Emergency Nutrition Response in Maban, Upper Nile (IENR)	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US\$ 438,379	US\$ 200,000	US\$ 0

Direct Beneficiaries	
Women:	7103
Men:	4026
Girls:	1414
Boys	1360

Total Indirect Beneficiary
55438 (without including Refugees)
Catchment Population (if applicable)
69344 (49515 host community, 252 IDPs and 19,577 returnees).In addition to 73,689 refugees

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): 04/01/2012

End Date (mm/dd/yy): 03/31/2013

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 Address: Kololo road, Tong ping, Market, Opposite to Mercy Corps Office

Address of HQ
 e-mail desk officer: eric.anderson@ri.org
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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

The needs of the affected population in Maban are many and are amplified by ongoing displacement in the area. About 19577² returnees are associated with the independence of South Sudan and 73,689³ refugees who have fled conflict in Blue Nile, overwhelm the health and nutrition service delivery system that is still struggling to provide basic services. The refugee and returnee populations, which together are nearly double size of the 49515 host population, now compete for access to local resources. OCHA's October 6, 2011 bulletin forecasted worsening food security across much of Upper Nile State, resulting from a number of factors and expected to drive malnutrition rates upward. FEWSNET also indicated as the dry season begins, "Stressed" to "Crisis" levels of food insecurity are likely to emerge⁴. Meanwhile prices in the key market of Malakal are 2-3 times above the five-year average. The majority of those affected by the current emergency are returnee women, children, pregnant and lactating mothers (PLW). Malnutrition in 11 of the 17 counties across the five Border States including Upper Nile where nutrition surveys were conducted during pre-harvest period showed critical levels of 19.1 Global acute malnutrition (GAM) and 6.4 Severe acute malnutrition (SAM)⁵. Insufficient caring practices combined with water and sanitation services and food insecurity all contribute to a high rate of malnutrition especially for PLW and children under five years of old(U5). Vulnerable young children, PLW have specific nutritional requirements that incur major challenges to meet in the context of crisis. These challenges are amplified when those groups are displaced (by conflict, flood, etc.) or in the case in Maban County, when they are recent returnees or those affected by displacement. Many in Maban lack the social networks that facilitate community coping mechanisms and provide social safety nets.

Upper Nile particularly Maban demonstrates a very low level of general capacity for health workers and communities at large. Thus, RI will focus on increasing access to services and increasing the overall capacity of health workers and volunteers to both prevent and treat malnutrition. Though helpful in addressing the needs, the static clinic based malnutrition treatment is insufficient to meet needs across a large rural catchment area. As such, RI will strive to cover the rest payams through outreach service. The proposed project enables RI to undertake facility and community based nutrition screening to identify vulnerable individuals for OTP level treatment. This will support the treatment of severe and screening of moderate acute malnutrition in children, pregnant and lactating women and the nutritionally vulnerable, which RI will do in conjunction with the respective County Health Department (CHD). Considering the CHF resource constraints, OTP services will be provided in three PHCUs in Maban County to ensure optimal geographic coverage. With a goal of increasing service uptake, all nutrition centers will be fully integrated in existing health facilities and health staff will be involved in OTP outreach activities.

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

The refugee and returnee figures are set to increase significantly as the fighting in bordering areas continues, as well as the tight April deadline for returnees from Sudan. Returnees have significantly increased the pressure on the few assets and food available, further stretching the communities' abilities to cope. Most returnees are female-headed households with little assets to support their families. Over the next quarter, food insecurity will reach crisis levels in border areas due to insecurity related to military activities along the border, a large presence of returnees and refugees, and trade blockage.⁶ In addition, there has been reduced crop production and the host community reportedly has less food stocks, as compared to the previous year's harvest. The current

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.

² Reported by SRRC as of Feb 29, 2012

³ The current Refugees number from UNHCR which ind

⁴ FEWSNET November 2011

⁵ ANLA 2011

⁶ Annual Needs and livelihood assessment (ANLA), 2011

condition in Maban has rapidly deteriorated as refugee inflows continue. The proposed project targets a population in an under-served, marginalized and particularly vulnerable area. The livelihood and food security status of large parts of the population is critical; malnutrition in both host and returnee communities continues to be a persistent public health problem. The recent multi-agency rapid assessment conducted in November 2011 by GOAL, RI, & SIM revealed high rates of malnutrition with a GAM over 16% and an SAM of 4% for refugee community. The situation is compounded by poor infant and young child feeding practices, unsanitary environmental conditions, inconsistent household food security and a high disease caseload among U5. The last assessment finding in Malakal in November 2008 revealed GAM of 27.2 % (24.3-30.1%) and SAM of 3.1% (1.7-4.5%). Since ACF pulled out from the Upper Nile in 2008, a SMART nutrition survey has never been carried out in Maban County. Hence, this project identified the need to set a surveillance system in place to monitor the trends in malnutrition using the SMoH/UNICEF-recommended SMART methodology. Both for program implementation and strengthening the surveillance system, RI recruited an expatriate health and nutrition specialist, who is currently based in Maban.

This project targets the most vulnerable groups in the host and returnee communities, mainly the malnourished U5, malnourished PLW and partly malnourished adults' referral. RI will not directly manage SC and TSFP. The focus of RI is to maintain the outpatient therapeutic care as well as the referral of SAM cases with medical complications to the Stabilization Centers (SC) in ongoing agencies health facility sites (GAOL, SP, and Medicines Sans Frontiers [MSF]) as well as linking the OTP with the existing TSFP. Based on the assumption of 50% program coverage, 696 children with SAM without medical complication will be admitted into the RI outpatient therapeutic program (OTP). In addition, the referral of 2078 children with MAM and 829 malnourished PLW to a targeted supplementary feeding program (TSFP) will be conducted. This project will support nutrition service delivery as well as enhancing and strengthening surveillance capacity of MOH to monitor trends, plan and manage nutrition interventions.

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 purpose of this project is to reduce the SAM and GAM rates in children 6-59 months and PLW in Mabaan County over a 12 months period, through the strengthening of the MoH and RI staff capacity to run OTP programs within the five Payams. The project will take a community based management of acute malnutrition (CMAM) approach in its implementation. RI has developed significant CMAM experience, skills and knowledge in the project area. This CHF-funded project will help to work with local communities towards the reduction of a critical level of acute malnutrition through OTP-level treatment, prevention of disease, community capacity building and addressing the underlying causes of malnutrition. The project intends to work with government and community leaders and other influential persons in conducting advocacy for infant and young child feeding (IYCF) promotion, minimizing mother workload for appropriate child care and social mobilization. Early case detection, referral, and treatment-seeking behavior will be promoted during the project implementation. The project will also strengthen the effort towards reduction of morbidity and mortality through the treatment of pneumonia, malaria and diarrhea as integral part of the existing health system. Caregivers and the community will be educated on appropriate child caring practices, sanitation and hygiene matters, and nutrition therapy throughout OTP sites

ii) Objective

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

1. Reduced Global malnutrition rates among children under five to below 10% in Maban county
2. Increase the capacity of county health department in the management of nutrition interventions at Payams and county level
3. Reduce mortality and morbidity among under five children by 20% from the current baseline in 1 year

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.

All activities will be implemented within three health facilities in Bounj Payam and Banshowa Payams within Maban county, Upper Nile State. The rest of the payams will be addressed using outreach service in order to provide a consistent approach to nutrition programming. RI is currently working on health interventions, supporting basic services and nutrition, in the proposed county of Upper Nile state and plans to continue to do so. The target beneficiaries per activities are included by bullet point; however, the total number of direct beneficiaries is 26404 (including 3604 [696 SAM cases, 829 PLW, 2078 MAM as indicated on Table 1] in treatment) referral, surveillance as well as 2,000 mothers (1000 in each OTP sites) especially mothers with children under two years old, who will directly benefit from the IYCF and other nutrition education sessions. In addition, 1000households (HHs) (4026 men and 4274 women) will be targeted in nutrition education, sanitation and hygiene promotion.

Table 1 Direct Project Beneficiaries

Host Pop	Returnees	IDPs	Tot pop	U5	SAM
49515	19,577	252	69,344	14509	696
			0	PLW	
49515	19,577	252	69092	5527	829
			0	SFP	
49515	19,577	252	69,092	14509	2078
Total					3604

- Conduct continuous community based screening of all U5 and PLW, to identify SAM and MAM cases and ensure they are treated at OTP, and refer to SC and SFP based on WHO and Sphere Standards. Refer complicated SAM cases for

further treatment. Beneficiaries targeted for screening include 5,527 PLW and 14,509 U5.

- Provision of micronutrient supplementation including vitamin A, iron tablets, folic acid and de-worming tablets for admitted children. 696 Children under five years of age with SAM (without medical complications) will be treated in the OTP with Plumpy'Nut on a weekly basis and provided with systematic routine medicines along with micronutrient supplements. 829 malnourished PLW and 2078 moderately acute malnourished (MAM) children will be referred to the SFP program.
- Conduct one nutrition surveys using SMART methodology in selected communities. Survey and assessment results will be shared with government and community leaders along with coordinating NGOs, CBOs, and women's groups. Beneficiaries included 700 children in SMART survey.
- A total of 16 MoH staff, 14 RI health workers and 20 volunteers will be trained in CMAM and ACSI (SAM management, community mobilization, nutrition indices, admission, and discharge and referral criteria as per the GoSS/MoH IMAM protocol (equal opportunity provided in the treatment of malnutrition to both boys and girls attending nutrition centers).
- A total of 30 nutrition workers will be trained in IYCF practices. The training will also integrate CMAM and IYCF. CHD health staff, health centre staff, RI staff, and local CBO staff will benefit from this training.
- A total of 20 staff, health providers and volunteers will be trained on nutrition education, ACSI and essential components of Basic Nutrition Service Package (BNSP).
- About 2,000 women with children especially with under two years will be targeted nutrition education
- Over 17 staff will support the management of 3 OTPs in the operation area and support monitoring while training government staff at the same time. Centers will be adequately decentralized to guarantee access for remote and marginalized communities within two payams in Maban County.
- RI will continue support over 2 Primary Health Care Units (PHCU) and 1 Primary Health Care Center (PHCC) in the county.
- Continue close coordination with state level coordination forums through collaboration with INGOs, CBOs, UN agencies, and government offices.
- Distribution 50 of IEC/BCC materials and printing of IM-SMA guideline for health facility staffs.

iv). Cross Cutting Issues

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

Advocacy: The proposed project staff will advocate for the expressed needs of the community and the most vulnerable. In order to improve the nutrition situation as well as security situation faced by the communities, greater efforts must be made to advocate for infrastructure development and safety of these communities, especially their children, returnees, and IDPs. The area also requires more attention from the government. Advocacy efforts will be made to enhance assistance from the Upper Nile State government to support develop health and nutrition basic services and social infrastructure. Project staff will also support transparency of programming while also making efforts to increase the influence and representation of citizens (including children) at local, regional, and national levels.

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

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

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

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.

Outcomes

1. OTP

- 5,442 PLW and 14, 286 (6,586 boys, 7,700 girls) will be screened for acute malnutrition and referred for treatment
 - 696 severely malnourished children without medical complication are treated through OTP. Calculation of target beneficiaries is based on 50% coverage rate with the evidence from 6.5% SAM in ANLA in 2011.
 - The programming is aiming to achieve cure rates of > 75%, defaulter rates < 15%, mortality rates <3%, and average length of stay < 60 days in all OTPs Sites.

2. SFP

- 2,909(2,078 MAM children, and 829 malnourished PLW) are referred to TSFP and BSFP. Expected beneficiaries in the program are based on 50% coverage rate.
- Support partners to maintain SPHERE standards throughout the program in achieving cure rates of >75%, defaulter rates <15%, mortality rates <10%, and average length of stay <90 days in all Sites.

3. IYCF

- 16 MoH health workers/CHWs, 14 RI nutrition staff and 20 community volunteers will be trained on CMAM and ACSI.
- 2000 mothers will directly benefit from the IYCF and other nutrition education sessions that will be conducted by the program staff while 1,525 children under five will indirectly benefit from the sessions.

- A total of 30 nutrition workers are trained in IYCF practices.
 - A total of 20 staff, health providers and volunteers will be trained on nutrition education, ACSI and essential components of Basic Nutrition Service Package (BNSP)
- 4. Staffing**
- 16 MoH nutrition outreach workers/CHWs (8 men and 8 women) and 14 RI Nutrition staff (7 men and 7 women) are trained on CMAM and ACSI
- TARGETS:
- 100% of RI clinic staff trained and Treatment skills of trained personnel improved and 50% increase in application of MAM/SAM treatment protocols achieved.
 - 90% increase in child survival due to enhanced treatment protocols.

	Indicator	Target (indicate numbers or percentages)
1	Children admitted/treated for SAM	No of children in OTP (696 SAM cases)
2	Children screened in the community	No of children screened (14,286 total under five children)
3	Reduction of morbidity rate among the < 5	By 20%
4	Reduce the Under-five children Mortality rate	Reduced by 20%
5	Health and nutrition workers trained (includes facility and community level health workers)	No of CMOH,RI health facility staff trained (20 staff, health providers and volunteers 30 nutrition workers)

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 RI approach is to use an integrated strategy, whereby the links between nutrition, health, food security, water and sanitation activities are strengthened to achieve a higher level of impact. RI's 2012 strategy has been developed based on a thorough context analysis on best practices in the field, areas in which high humanitarian needs exist and key priority sectors defined in basic package of health and nutrition services for Southern Sudan by the Government of South Sudan (GoSS). In 2012, RI is adopting a dual approach to its positioning for its programs built around early recovery and emergency scenarios.

Bi-Weekly Reporting and Local Monitoring: At the onset of the program, RI's expatriate nutrition coordinator, in collaboration with other RI senior teams, will develop detailed performance monitoring and work plans to be used as key implementation guides by national staff at all RI target locations. These plans will form a basis of work plan progress monitoring throughout the program period. Progress towards achieving deliverables and quality of services rendered will be monitored by expatriate nutrition coordinator via weekly meetings with all local staff, community volunteers and community workers in RI field office in Maban, as well as field visits. Local staff and community workers will report to the RI nutrition coordinator based in Maban and the coordination office twice a month to update on activities and address and resolve implementation challenges with the Program Manager based in Malakal. The program manager will then report to the country office on monthly basis. Local staff and community worker visits to RI's central locations will also provide an opportunity for additional trainings, guidance, and when necessary, course correction. These workers will be liaisons between remote communities in need and RI, and, over time, will develop skills and leadership capacities to be an effective part of both monitoring and service delivery. This is also a methodology that is building local skills in support of RI's sustainability and transition strategies.

Expatriate Field Visits: Expatriate field visits to RI target sites will be key to monitoring the quality and integrity of RI's programs in remote program locations, Security permitting, the expatriate nutrition coordinator, and senior local staff will visit remote locations for monitoring visits weekly (at a minimum). RI's Program Manager is required to spend 60% or more of his time at program sites. Senior country leadership, namely the Country Director, will continue this practice during the CHF program period with routine and sometimes extended stays in Maban and Malakal to facilitate oversight, work plan and finance reviews, and course correction discussions. These oversight opportunities also promote activities in team building and routine community relations with key local leaders and line ministry partners - all essential components of RI's local acceptance and permissions requirements, fundamental to ensuring field activities are occurring regularly. RI Desk officers in Washington DC and London will pay visits at least once in the program areas as part of RI Global monitoring and capacity building program.

Coordination with other partners: RI teams at all levels will also coordinate with UNICEF and other nutrition partners working in similar areas or the same cluster to add value to the process. RI will closely coordinate with the government health and nutrition institutions, both at Maban and Malakal levels, to enhance access to quality health and nutrition services for vulnerable communities, especially children and PLW. RI will also link the project beneficiaries to its other ongoing programs to maximize benefits and integration. The project will be managed by a highly qualified health and nutrition coordinator based in Maban and manage the team of health and nutrition workers, community mobilizers, enumerators and community volunteers who are currently working with RI in its health intervention projects and also recruit additional staff as needed by the project. A program manager based in Malakal will provide managerial and administrative support. A liaison officer based in Juba will serve as a link between project staff, the nutrition cluster and UNICEF for better coordination. The RI South Sudan Country Director will provide an oversight and coordination support at donor level. The regional nutrition coordinator and HQ RI Program Officer will provide a remote oversight support to the program.

vii) Monitoring Plan

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

Implementation Agreements: The project will be implemented in accordance with nutrition sector strategies. RI has already submitted a project cooperation agreement (PCA) with UNICEF through which nutritional supplies would be obtained for Maban county. Equally important, RI will work closely with the SMoH and MRDO. Various primary data capturing tools will be used for tracking programmatic targets both for supplies provided by UNICEF. Also, MoH GoSS data tools and HIMS databases will be used to aggregate data and segregate them by target groups. Monitoring and evaluation systems are designed to support program management in ensuring compliance with the project strategy and approach, to improve responsiveness, efficiency and effectiveness. Ultimately, M&E seeks to contribute to a learning process by promoting stakeholder dialogue throughout the project

cycle.

Monitoring: Project monitoring will be undertaken as an integral part of project implementation and will focus on the inputs, activities and outputs. Monitoring will mainly be done through regular and periodic visits to project sites, reflection and learning events as well as through a system of reporting.

Management and Oversight: In terms of institutional structure and management capacity, the regional nutrition coordinator based Nairobi, Kenya, the Country Director of RI based in Juba, South Sudan and the health and nutrition specialist, based in the capital of Bunji, Maban will maintain the overall leadership of the project. The health and nutrition specialist at field level will work with a competent and internationally experienced management team comprised of three HQ East Africa desk members responsible for programs, operations and human resources. The senior management team at country level will undertake key policy and strategic decisions related to the project in consultation with the RI HQ, especially the RI East Africa Regional Office in Nairobi, Kenya. The regional nutrition coordinator is also responsible for doing all the monitoring and evaluation work of the respective projects at regional level. Project coordinator at county level will be responsible to day-to-day implementation of the project, whereas, periodic monitoring will be done in collaboration with SMOH, CHD, UN Agencies and INGO local representatives.

Field Visits: Regular/routine field site visits will be undertaken by the technical health and nutrition coordinator in collaboration with the regional nutrition coordinator. Data and information on progress will be collated and/or reviewed during such visits and, where appropriate, follow up actions and plans discussed/developed. Periodic visits (monthly, quarterly or on need basis) will be conducted by the health and nutrition coordinator; the country director, and regional nutrition coordinator. Such visits will essentially be meant to assess progress in implementation and provide necessary technical, managerial and administrative back up to the field staff.

Reporting: Reporting of monitoring information will be done through activity and progress reports. Activity reports will be confined to reporting on discrete activities and will be done in line with formats to be developed by the sectors. Progress reports will be done monthly and quarterly. The monthly reports will be done in line with the RI Internal reporting formats while the quarterly financial and narrative reports will be done in line with formats agreed with the funding partners and UNICEF.

Evaluation Plan: The project has proposed to undertake a baseline nutrition survey, mid-term coverage assessment, and end-of-project nutrition survey. These will be undertaken to establish the following information:

Baseline nutrition Survey - A baseline survey will be conducted using HQ core funding to establish benchmark indicators for the project activities. These will include and are not limited to:

- the determination of the existing knowledge, attitudes and practices in relation to health hygiene and sanitation
- Health facility assessment to identify the OTP sites and the capacity at each levels

In addition, the baseline will also agree on the locations for the establishment of eight satellite outreach centres within affected payams to serve as hubs for project implementation. The baseline will establish pertinent data for regular collection and analysis in each of the objectives, and define frequency of data collection for monitoring purposes during the project life.

Mid-Term Evaluation (Coverage survey) - This will be conducted bi-annually, by the project to: review the appropriateness of the project goal and outcomes; assess progress towards meeting the targets (with a goal of determining which targets need to be revised); assess the effectiveness and efficiency of the strategies adopted (e.g. appropriateness of activities and whether these need to be revised, whether they are cost-effective); and an analysis of the major challenges that have affected project implementation. The outcome of the mid-term evaluation will be used to make appropriate adjustments in the project design.

End of Project Nutrition Survey - An end of project evaluation will be conducted at the end of the 12 months to assess: what worked and what did not work and why; the performance, relevance, efficiency and effectiveness and sustainability of the project impact; and the project results and major achievements for celebration. The outcome of this evaluation would inform the design of the next phase of the project.

Supply Chain Management: RI documented procurement and supply chain management systems, which adheres to international principles and standards, will aid in management of this project. The Supply Chain Department will ensure competitive bidding processes, quality assurance, and internal capacity building for procurement of goods and services. RI supply chain management is an integral process of project cycle management. Through collaboration of Project Working Groups and the Supply Chain Management team, a forecast of goods and services needed for this project will be determined at the design and planning phase. Also, procurement and delivery aligned to project implementation and monitoring. This approach will enable RI to ensure improved quality for better delivery of services and accountability.

Accounting and Financial Management: RI maintains a centralized financial tracking and a monitoring unit within the Juba head office. The HQ uses the Sun Systems computerized accounting system, a globally recognized system of accounting, which has sufficient flexibility to generate reports that meet varied donor needs. A standardized chart of accounts classifies transactions to project, expense, donor, and cost centre codes. Transactions can therefore be tracked monthly for each recipient and donor using the system. RI has in place a Finance Manual, which outlines all the financial regulations, policies, and procedures. The finance unit will ensure that there is a strong internal control for proper accountability and transparency throughout all its country programs, also through regular Internal Audit Systems. Financial officers are seated at county, state, and national level offices to ensure that policies and procedures are properly followed.

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)
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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: SDN-SSD-12/H/46297/6971	Organisation : Relief international	Project title : Eemergency Nutrition Response in Maban county

	PROJECT DESCRIPTION	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
	Overall Objective (OO)			
	Contribute to the achievement of millennium development goals (MDGs) through reduction of the Infant morbidity and Mortality rate			
	Purpose			
	To reduce the prevailing Global Acute Malnutrition (GAM) to less than 10% (WFH Z score) among the under five children in Maban county	% of SAM and GAM in the targeted community	<ul style="list-style-type: none"> Rapid and SMART Nutrition Survey 	The quality of the other stake holder's contribution in nutrition supplement is sustained Security guaranteed
	Results			
1	Underfive with SAM are treated of severe malnutrition at the Outpatient Therapeutic Feeding Centers (OTP) and referral to stabilization centers	# of Beneficiaries receiving the OTP Packages and referred to SC	Weekly report Monthly, qurtelny and Annual Reports Project progress reports	Reliable Supply of OTP, SC Packages Guaranteed Security
2	Moderately malnourished children, pregnant and lactating mothers are prevented from deteriorating to severe malnutrition through referral to existing TSFP and BSP	# of beneficiaries refered to the TSFP and BSFP packages	Bi Weekly report Monthly, qurtelny and Annual reports	Constant supply of SFP packages Guaranteed Security
3	Increase the capacity of county health department in the management of nutrition interventions at Payams and county level	# of county health department staff and community members tarined on management of nutrition	Monthly, qurtelny and Annual reports	Stable socio-economic and politiacl situation in the Region
	Activities			
1	Management of SAM - Severe acute malnutrition in the area			
1.1	Conduct continuous community based screening of all U5 and PLW to identify SAM and MAM cases	# of <5 children, Pregnant and lactating mothers screened # of <5 children, pregnant and lactating mothers screened	Monthly, qurtelny and Annual report Project progress reports	Stable socio-economic and politiacl situation in the Region
1.2	Provision of SC, OTP and SFP treatment and	Amount of supplies done	Monthly, qurtelny and Annual	Stable socio-economic and

	PROJECT DESCRIPTION	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
	food packages	Quantities of supplies consumed Number of Beneficiaries received the packages	reports	political situation in the Region
1.3	Conduct one nutrition surveys using SMART methodology	# Survey conducted	Survey report	Stable socio-economic and political situation in the Region
1.4	Continuous follow up of the Defaulters cases and absentees and the Non respondents	# of Defaulters reported # of defaulters readmitted # of absentees reported and recovered # of Non respondent reported	Monthly, quarterly and Annual reports	Stable socio-economic and political situation in the Region
1.5	Complementing the outpatient therapeutic feeding care with the required medicine and medical equipments	Amount of medicine supplied The quantities of medical equipment supplied	Monthly, quarterly and Annual reports Project progress reports	Stable socio-economic and political situation in the Region
2	Detecting and referral of MAM - Moderate acute malnutrition in the area			
2.1	Conduct community mobilization of men and women; boys and girls to support and promote exclusive BF and appropriate IYCF practices	Proportion of mothers who practice exclusive BF	Project progress reports	Stable socio-economic and political situation in the Region
2.2	Support IYCF practices. Supporting partners cooking demonstration for Women in the SFP	# of women supported through IYCF and cooking demonstration	Project progress reports	Stable socio-economic and political situation in the Region
2.3	Setup new CMAM project in in Maban County	# of beneficiaries supported in the new CMAM	Project progress reports	
3	Building the capacity of county health department			
3.1	Nutrition/EPI/CHW Staff Training - nutrition assessment	# of MoH staff trained # of training done	Training Reports Project Reports	Stable socio-economic and political situation in the Region
3.2	Training of Health Workers and volunteers on CMAM(Nutrition indices, admission and discharge criteria)	# of Staff Trained # Training done	Activity Reports Project Reports	Stable socio-economic and political situation in the Region
3.3	Training of CHW, MA and CO on IYCF	# of Staff Trained # Training done	Same as above	Stable socio-economic and political situation in the Region
3.4	Community Leaders Workshops and camping	# of Staff Trained #Training done	Same as above	
3.5	Community Leaders Workshops and outreach campaigns	# of community leaders participated # outreach campaigns done	Same as above	Stable socio-economic and political situation in the Region

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

PROJECT WORK PLAN												
Activity	Q1 / 2011			Q2 / 2011			Q3 / 2011			Q4 / 2011		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Activity 1 Management of SAM - Severe and MAM - Moderate acute malnutrition in the area												
Activity 1.1: Conduct continuous community based screening of all U5 and PLW to identify SAM and MAM cases				X	X	X	X	X	X	X	X	X
Activity 1.2: Provision of OTP as well as referral to SC and SFP treatment and food packages				X	X	X	X	X	X	X	X	X
Activity 1.3: Conduct one nutrition survey using SMART methodology							X					
Activity 1.4: Continuous follow up of the Defaulters cases and absentees and the Non respondents				X	X	X	X	X	X	X	X	X
Activity 1.5: Complementing the outpatient therapeutic feeding care with the required medicine and medical equipments				X	X	X	X	X	X	X	X	X
Activity 2 Refer MAM cases- Moderate acute malnutrition in the area												
Activity 2.1 Run mobile outreach activities by CHW, MA and CO on SAM and MAM Management				X			X			X		
Activity 2.2 Conduct community mobilization of men and women; boys and girls to support and promote exclusive BF and appropriate IYCF practices					X		X		X		X	
Activity 2.3 Support mothers in IYCF practices and nutrition education				X	X	X	X	X	X	X	X	X
Activity 3 Building the capacity of county health department												
Activity 3.1 Nutrition/EPI/CHW Staff Training - nutrition assessment							X		X			X
Activity 3.2 Training of nutrition Workers MOH staff and volunteers on CMAM and ACSI (Nutrition indices, admission and discharge criteria)							X			X		
Activity 3.3 Training of CHW, MA and CO on IYCF								X	X	X		
Activity 3.4 Community Leaders Workshops and camping					X							
Activity 3.5 Training of Health Providers, CHW and Volunteers on nutrition education and ACSI							X					