

## 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 defences, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

### SECTION I:

|                    |                  |
|--------------------|------------------|
| <b>CAP Cluster</b> | <b>Nutrition</b> |
|--------------------|------------------|

#### CHF Cluster Priorities for 2012 First Round Standard Allocation

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Cluster Priority Activities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Cluster Geographic Priorities</b>                              |
| <p>Cluster objectives and activities as outlined in CAP<br/> <b>Treatment services</b> for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&amp;LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff<br/> <b>Prevention services</b> for children under 5 years and P&amp;LW through - micronutrient supplementation U5 &amp; P&amp;LW, community screening (MUAC) and referral of U5, blanket supplementary feeding in hunger gap and in acute emergency 3-36mths, promotion and support of IYCF; includes training health workers, MSGs and CBOs<br/> <b>Strengthen Nutrition emergency preparedness and response capacity-</b> Cluster coordination, Management and analysis of nutrition information, Rapid assessments and SMART surveys in line with cluster standards, Capacity building of CBOs, MSGs, NNGOs and CHD &amp; SMOH on emergency preparedness and response.</p> | <p>Hot spot areas in high priority states will be prioritized</p> |

#### Project details

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

|                                                                                                                          |                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Requesting Organization</b>                                                                                           | <b>Project Location(s)</b> (list State, County and if possible Payam where CHF activities will be implemented)          |
| Save the Children in South Sudan                                                                                         | <p><b>Jonglei State: (100%)</b><br/> Akobo County : Dengjok, Nyandit, Bilkey, Diror, Walgak, Boung and Yidit Payams</p> |
| <b>Project CAP Code</b>                                                                                                  |                                                                                                                         |
| SSD-12/H/46415                                                                                                           |                                                                                                                         |
| <b>CAP Project Title</b>                                                                                                 |                                                                                                                         |
| Emergency Nutrition support to boys and girls under 5 and women in Akobo, nyirol and Kapoeta North Counties, South Sudan |                                                                                                                         |

|                                                |                                  |                                 |
|------------------------------------------------|----------------------------------|---------------------------------|
| <b>Total Project Budget in South Sudan CAP</b> | <b>Amount Requested from CHF</b> | <b>Amount Requested Secured</b> |
| US\$ 3,740,219                                 | US\$ 199,995                     | US\$                            |

|                                     |                                             |
|-------------------------------------|---------------------------------------------|
| <b>Direct Beneficiaries</b>         | <b>Total Indirect Beneficiary</b>           |
| Women: <b>20,305</b>                |                                             |
| Men: 1973                           |                                             |
| Girls: 16410                        | <b>Catchment Population (if applicable)</b> |
| Boys 17079                          | 187,103                                     |
| Total number of beneficiaries 55767 |                                             |

| Beneficiary breakdown |                                 |        |
|-----------------------|---------------------------------|--------|
| Women                 | P&LW                            | 2640   |
|                       | Trainees                        | 9      |
|                       | Beneficiaries of IYCF promotion | 17,656 |
|                       | Other vulnerable                | -      |
| Men                   | Trainees                        | 11     |
|                       | Beneficiaries of IYCF promotion | 1962   |
|                       | Other - vulnerable              | -      |
| Children U5 Yrs       | SAM                             | 2553   |
|                       | MAM                             | 6427   |
|                       | BSFP                            | 4891   |
|                       | Micronutrient supplementation   | 19,618 |
|                       | Deworming                       | 19,618 |

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

**Start Date (mm/dd/yy):**04/01/2012

**End Date (mm/dd/yy):** 09/31/2012

**Implementing partners** (indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

N/A

**Address of county Office**

Project focal person: Anna Stein

Email & Tel: 0922 407 227, [astein@savethechildren.org.sd](mailto:astein@savethechildren.org.sd)

e-mail country director: [myoung@savethechildren.org.sd](mailto:myoung@savethechildren.org.sd)

(Director of Programme Development and Advocacy

e-mail finance officer: [zalemayehu@savethechildren.org.sd](mailto:zalemayehu@savethechildren.org.sd)

Address: Hai Malakal, PO Box 170, Juba, South Sudan

**Address of HQ**

e-mail desk officer: N/A

e-mail finance officer: N/A

Address: N/A

**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>

South Sudan achieved its independence in July 2011, but continues to face many obstacles. Amongst the most challenging is the failure to ensure sufficient nutritional intake for populations in several areas. Assessments and analyses show that nutritional emergencies still exist throughout South Sudan, due to a combination of factors which includes poor child care and feeding practices; inadequate availability of food; and difficulty accessing basic services such as healthcare, or water and sanitation services. These factors are, in many locations, exacerbated by extreme poverty and political instability or inter-communal conflict.

Jonglei State suffers from high levels of malnutrition, which are in danger of being exacerbated by the recent inter-communal conflict which has racked the state. The recent Anthropometric and Retrospective Mortality Surveys conducted by Save the children revealed high levels of acute malnutrition. In March 2011 in Nyirol and Akobo West Counties, the Save The Children surveys showed levels of Global Acute malnutrition (GAM) of 13.8% (10.6 - 17.8 95% C.I.) and Severe Acute Malnutrition (SAM) levels of 2.1% (1.3 - 3.4 95% C.I.) with aggravating factors such as high morbidity, poor IYCF practices, low rate of immunization and micronutrient coverage, the malnutrition situation can be regarded as serious. A post harvest assessment in Akobo County showed levels of GAM at **19.6% (15.7 – 24.3)** and SAM levels at **5.2% (3.2-8.4)**. Akobo County has been called “the hungriest place on Earth”.

<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.

The nutrition assessments in Akobo County also reveal sub-optimal infant and young child feeding practices. The majority of infants are introduced to complementary food or water (that is, in addition to breast milk) before they are 6 months of age, which, if coupled with inadequate water, sanitation, and hygiene conditions, expose young children to pathogens that affect their health and nutritional status. Exclusive breastfeeding levels stand at 12.6 % for Akobo County. The assessment also revealed poor public health indicators such as low immunization coverage, low levels of vitamin A supplementation and de-worming and poor hygiene and sanitation practices. Coverage rates for measles immunization stands at 56.4 % ( 50.4%-65.1% C.I) for Akobo County. Vitamin supplementation coverage rates are currently 48.9% (44.2%-55.3% C.I). These low rates are below the recommended 80% coverage and are likely to have a negative impact on the nutrition situation.

In the coming months there is a possibility that these rates will deteriorate severely, as the affects of widespread inter-communal violence begin to be felt. UN OCHA estimates that 141,787 people have been affected by the conflict in Jonglei State, many of them through displacement, or destruction of assets. This will have a profound impact upon their ability to provide food for vulnerable groups.

An FAO/WFP Crop and Food Security Assessment report for 2012 states that the combination of decreases in cereal production, coupled with continued insecurity and high food prices have sharply increased levels of food insecurity throughout the country.

In addition to working in Akobo County, SCiSS is active in Nyriol County, Jonglei State, and in Kapoeta North County, Eastern Equatoria. Both of these states have extremely poor indicators, with a post harvest Anthropometric and Retrospective Mortality Survey in Kapoeta North showing GAM 15.2% (12.3% - 18.6%) and SAM levels of 2.8% (1.8% - 4.6%). The assessment in Kapoeta showed 20.3% of pregnant and lactating women with low MUAC (less 23.0cm). The nutrition programmes in these areas are currently fully funded. However, should the situation deteriorate enough to justify an increase in response, some of the requested funds may be realigned to meet urgent needs.

## **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)

The activities proposed in this grant request have been designed to continue with the ongoing intervention which include early detection, referral and treatment of acutely malnourished children; build the capacity of existing local health personnel working with the state Ministries of Health, local community based organizations (CBOs) and targeted communities in order to detect, treat and prevent acute malnutrition in a comprehensive approach.

Save the Children will provide nutrition care and treatment services for children with acute malnutrition in Akobo County as outlined in MoH/GoSS guidelines. Treatment services will be provided through Outpatient Therapeutic Programmes and (OTP) Targeted Supplementary Feeding Programmes. OTP will form the basis of community-based approach aimed at addressing and treating cases of severe malnutrition without complications amongst children 6 to 59 months. Children under 5 (6-59 months) and PLW with moderate acute malnutrition (MAM) will be treated through Targeted Supplementary Feeding Program (TSFP). Severe acutely malnourished children with complications will be referred for inpatient care at the International Medical Corps (IMC) inpatient facilities in Akobo. The ultimate goal is saving lives by of reducing mortality and morbidity related to malnutrition thus helping in reducing GAM rate and also in preventing further deterioration of the nutritional situation if any stress hits the community. Community mobilization will be an integral part of all nutrition program activities. Community mobilization will involve community sensitization, active case finding and defaulter and non-response follow-up. Community sensitization will be conducted to enhance community understanding of the programme to maximize uptake and, therefore, programme coverage.

Curative activities cannot be conducted alone; prevention through BSFP, health and nutrition education, IYCF and micronutrient supplementations of vitamin A, de-worming and capacity building will be the other main parts of the program, ensuring long term capacity for preventing and addressing acute malnutrition. The CMAM programme will incorporate facility and community-based infant and young-child-feeding promotional activities, micronutrient supplementation and de-worming for caretakers of young children and community members. Behavior Change Communication (BCC) materials on IYCF key messages will be used by community workers to facilitate the education. A module on IYCF will be included in the nutrition survey to better understand practices and their barriers. This information will be used to tailor the BCC approach to the context. The project will also address instances of malnutrition by carrying out blanket supplementary feeding programmes (BSFP). SCiSS will implement a blanket supplementary feeding programme, in partnership with the World Food Programme, in which all 6 – 36 Months children will receive nutrition support. This will take place during the hunger season (April – August 2012), when levels of malnutrition traditionally spike.

SCiSS will continue with capacity building of the MoH, Local Partners, and project staff in order to build their capacity in effectively managing CMAM programme, mainstreaming IYCF into nutrition intervention and nutrition surveillance including coverage assessments. SCiSS will also train MoH and Project staff on Minimum Reporting Package (MRP). MRP is one of SCUK's operational research projects which aims at improving accountability through maximizing the

quality of SFP programming by strengthening monitoring and reporting.

Save the Children recognises the importance of clear coordination to ensure effective programming and will strengthen coordination both at the national, State and County levels. Save the Children works with the Government, UN agencies, INGOs and other partners in the region to ensure maximum coverage, address gaps and to avoid overlap. and moderate acute malnutrition) and will continue to advocate adherence to and implementation of consistent nutrition protocols during cluster meetings in Juba, feeding in results of any nutrition surveys and updates related to the nutrition emergency in Akobo County.

### 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 financial support that is being sought will help in saving the lives of severely malnourished children and prevent further deterioration of nutrition situation/status of vulnerable populations. The funds will ensure reduced mortality and morbidity related to malnutrition.

#### ii) Objective

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

1. Maintain CMAM Programme in Akobo County for treatment of acutely malnourished children under 5 and pregnant and lactating women.
2. To prevent acute malnutrition in vulnerable areas through BSFP, health and nutrition promotion and support to IMCI activities including immunization, IYCF and micro-nutrient supplementation
3. To build the capacity of the SCiSS, CBOs and MoH staff in CMAM, IYCF and nutrition assessments ( SMART and SQUEAC)
4. Strengthen nutrition coordination at national and state level

#### 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.

Objective 1: To ensure access to treatment for acutely malnourished children under 5 and pregnant and lactating women in Akobo County, Jonglei State

- 1.1 Conduct community screening with MUAC and active case finding of 24,522 children under 5 and 10,435 PLW
- 1.2 Managing 5 CMAM sites (OTP, SFP) integrated into primary health care facilities for children and pregnant and lactating women suffering from acute malnutrition
- 1.3 Treat 2553 children with SAM without medical complications in Outpatient Therapeutic Programme.
- 1.4 Treat 6427 children and 2640 PLW with moderate acute malnutrition in the Targeted Supplementary Feeding Programme.
- 1.5 Conduct coverage survey using SQUEAC methodology to access to nutrition services and identify barriers to access of services.

Objective 2: To prevent acute malnutrition in vulnerable areas through BSFP, health and nutrition promotion and support to IMCI activities including immunization, IYCF and Micro-nutrient supplementation

- 2.1 Conduct nutrition education (IYCF, Hygiene messages) for 19,618 caretakers and community members (focusing on both primary and secondary caretakers including fathers, grandmothers and siblings)
- 2.2 Provide vitamin A, Albedazole and folic iron tablets to an estimated 19,618 children under five and PLW as medically appropriate
- 2.3 Provide fortified blended food to 4891 children aged 6-36 months in the Blanket Supplementary Feeding Programme
- 2.4 Formation of 3 Mother to Mother support group
- 2.5 Reproduction of BCC/IYCF messages

Objective 3. To build the capacity of the SCiSS, CBOs and MoH staff in CMAM, IYCF and nutrition assessments (SMART, IRA and SQUEAC methodology).

- 3.1 Train 20 MOH/Partners staff in detection, referral and treatment of SAM and MAM in line with national guidelines.
- 3.2 Train staff on IYCF (Refresher)
- 3.3 Conduct training on coverage survey using SQUEAC methodology

Objective 4: Strengthen nutrition coordination at national and state level

- 4.1 Participate in cluster coordination meetings at both state and national levels
- 4.2 Actively participate in the 3 technical working groups TWGs at national level.

#### iv). Cross Cutting Issues

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

SCiSS strives to develop programming which incorporates issues related to gender within the overall programmatic structure, targeting both men and women for nutrition education within the community. Providing nutrition education at the household level as well as supporting caregivers through the SFP will ensure that both male and female caregivers are in a position to ensure an environment conducive to optimal nutrition practices. By focusing on both men and women, the dissemination of approved IYCF and health and hygiene messages is as great as possible.

A strong effort will also be made to encourage male caregivers' support/involvement in ensuring an environment that is supportive of optimal IYCF and tied to the strategic health needs of households. Further, the CMAM approach emphasizes close clinic-to-community linkages that assist in minimizing the burdens often placed disproportionately on women caregivers who are caring for young children and toddlers.

SCiSS is committed to ensuring that men and women participate equally in all training opportunities, decision-making and screening functions. To this end, SCiSS will pay careful attention to the election process of Community Nutrition Volunteers, and will make a concerted effort to hire nutrition and outreach staff as equally representative of male and female members as possible. SCiSS believes that this facilitates capacity as well as the sustained ability for community nutrition and health workers to cater to women and men's practical health and nutrition needs over the longer term. Monitoring will be disaggregated by sex to enable analysis of the different situations facing beneficiaries, and to ensure appropriate responses for boys and girls, men and women.

Pregnant and lactating women and their partners will be a target of the program in order to meaningfully address the increased risks to infant feeding and maternal nutrition during conflict and displacement.

**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.

Objective 1: To ensure access to treatment for acutely malnourished children under 5 and pregnant and lactating women in Akobo county, Jonglei State

- 1.1 Performance indicators are within the SPHERE indicators (cured >75%, defaulters < 15%, death < 10% (SAM treatment program) or death < 3% (MAM treatment program)
- 1.2 24,522 children under 5 and 10,435 PLW are screened for acute malnutrition.
- 1.3 5 CMAM sites (OTP, TSFP) are integrated into primary health care facilities and operational
- 1.4 Coverage for CMAM services is > 50%

Objective 2: To prevent acute malnutrition in vulnerable areas through BSFP, health and nutrition promotion and support to IMCI activities including immunization, IYCF and Micro-nutrient supplementation

- 2.1 19,618 caretakers and community members receive nutrition education
- 2.2 19,618 children under five receive vitamin A and deworming drugs.
- 2.3 5 % increase in the number of women who report practicing exclusive breastfeeding
- 2.4 4891 children aged 6-36 months receive highly nutritious fortified blend food through BSFP

Objective 3. To build the capacity of the SCiSS, CBOs and MoH staff in CMAM, IYCF and nutrition assessments (SMART, IRA and SQUEAC methodology).

- 3.1 20 MOH/partner staff are trained in CMAM in detection, referral and treatment of SAM and MAM in line with national guidelines.
- 3.2 20 staff and 3 Mother support groups trained in IYCF.
- 3.3 1 SQUEAC and Refresher training conducted.

Objective 5: Strengthen nutrition coordination at national and state level

- 5.1 3 Nutrition coordination meetings held

|   | <b>Indicator</b>                                                                     | <b>Target (indicate numbers or percentages)</b> |
|---|--------------------------------------------------------------------------------------|-------------------------------------------------|
| 1 | Cure rate in therapeutic and TSFP Feeding centres >75%                               | 6735 (75%)                                      |
| 2 | Conduct Coverage survey                                                              | 1 Coverage survey                               |
| 3 | Number of children between 6 months and five years receive Vitamin A and albendazole | 19, 618                                         |
| 4 | Health and nutrition workers trained on CMAM                                         | 20                                              |
| 5 | Participation in Cluster coordination/                                               | 6 Meetings                                      |

**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.

Proposed program activities will be partly implemented directly by SCiSS and in closer partnership with National NGO

(NHDF) and it will include capacity building opportunities for local implementing partners and County Health Department (CHD) members. Components of the project will be implemented at different times in 2012.

SCiSS plans to monitor project achievements through service reports from OTP activities, and outreach reports for health education activities. SCiSS's Health and Nutrition database will facilitate the utilization of data to monitor activities, and analyze trends to inform project planning.

SCiSS will implement all nutrition activities in coordination with County Health Departments, utilizing MoH/GoSS guidelines, protocols, and training curricula. Implementation of CMAM activities will commence in April 2012 to March 2013.

Training for key nutrition personnel for CMAM and IYCF will be conducted in the first quarter while refresher training on SMART and IRA and training on SQUEAC methodology in the second quarter of the project. Save the children will engage Emergency Response Personnel who are highly skilled in emergency response and capacity building from headquarters to facilitate the training in assessments.

Save the Children will be fully engaged with the broader UN cluster system and regularly attend the nutrition cluster and technical meetings in Juba. Save the children will also coordinate with IMC to ensure rapid referrals and adequate medical follow up for the severely malnourished children in Jonglei.

**vii) Monitoring Plan**

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

Save the Children will utilize systematic monitoring to provide the vital link between activities and performance. This will enable early identification and action to address program challenges that help to ensure the timely implementation of planned activities.

The Nutrition and Monitoring and Evaluation Technical advisors will support field teams to establish a detailed monitoring plan which will be used guide teams in collecting appropriate and timely data. Monitoring tools will include the gathering and analysis of fixed and outreach nutrition service delivery reports and CMAM admission records, which will all feed into the Health and Nutrition Management Information System (HNIMS) and the MRP Database as part of the monitoring components throughout the life of the program. The HNIMS and the MRP database will allow routine nutrition monitoring data to be collated and analyzed in one place and allow for easy disaggregation across time and geographic location.

The databases and additional monitoring tools such as supervisory checklists, training reports and post-distribution monitoring reports will feed into an Indicator Performance Tracking Table (IPTT).The IPTT will allow the program to track progress towards results and indicators (as included in the logframe) on a monthly basis throughout the project period.

Internal monthly and quarterly reports will provide information to management on the progress of activities and the impact they are having on the communities. Donor reports will also be submitted as per time line. Activities will be continuously monitored by the project team and will be formally monitored on a routine basis by the Project Manager.

In addition to regular monitoring of activities, a coverage survey using SQUEAC methodology will be carried out to fully assess the reach of the service provision in the target areas. An evaluation will be completed at the end of the project using data collected from nutrition surveys and other sources to assess project impact and lessons learned.

**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/</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Project title: <b>Emergency Nutrition response in Jonglei State</b>                                                                                                                                                                             | Organisation: <b>Save the children in South Sudan.....</b>                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Overall Objective:</b><br>To reduce mortality and morbidity of children under five and lactating pregnant mothers associated with Malnutrition among children under 5 and PLW of Jonglei state, South Sudan.                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• GAM rate below 15%</li> </ul>                                                                                                                                           | <b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• Nutrition SMART Survey</li> </ul>                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Specific Project Objective/s:</b> <ol style="list-style-type: none"> <li>1. Maintain CMAM Programme in Akobo County for treatment of acutely malnourished children under 5 and pregnant and lactating women.</li> <li>2. To prevent acute malnutrition in vulnerable areas through BSFP, health and nutrition promotion and support to IMCI activities including immunization, IYCF and micro-nutrient supplementation</li> <li>3. To build the capacity of the SCiSS, CBOs and MoH staff in CMAM, IYCF and nutrition assessments ( SMART and SQUEAC)</li> <li>4. Strengthen nutrition coordination at national and state level</li> </ol> | <b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• Number of operational CMAM sites .</li> <li>• Statistics and activities indicators</li> <li>• Retrospective mortality and acute malnutrition rates GAM rates</li> </ul> | <b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• SC monthly and quarterly activities reports</li> <li>• SC nutritional survey &amp; surveillance reports</li> <li>• Training reports</li> </ul> | <b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>• Adequate support and involvement of communities, CBOs and Ministry of Health authorities</li> <li>• Beneficiaries have access to the programs</li> <li>• Skilled Staff are available</li> <li>• Therapeutic and supplementary food supplies are available from UNICEF and WFP</li> </ul> |

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| <p><b>Results - Outputs (tangible) and Outcomes (intangible):</b></p> <p>1.1 24,522 children under 5 and 10,435 PLW are screened and referred for treatment of acute malnutrition as appropriate.</p> <p>1.2 2553 severely malnourished children are referred and treated to and treated in SC nutritional centres</p> <p>1.3 6427 children and 2640 PLW with moderate acute malnutrition are treated in the Targeted Supplementary Feeding Programme.</p> <p>1.3 Coverage for nutrition services reaches &gt; 50% of the targeted communities</p>                                                                                                                                                                                    | <p><b>Indicators of progress</b></p> <ul style="list-style-type: none"> <li>• Number of nutritional centres operational</li> <li>• Number of admissions per month in nutritional centres</li> <li>• Exit indicators from nutritional centres are within the sphere standards:<br/>Cured rate &gt;75%<br/>Mortality rate&lt;10% in SC/OTP<br/>Mortality rate&lt;3% in TSFP<br/>Defaulter rates&lt;15%</li> <li>• Average Weight gain in OTP &gt;4g/kg/day</li> <li>• Average Weight gain TSFP&gt; 3g/kg/day</li> <li>• Length of stay in OTP&lt;60 days</li> <li>• Length of stay in TSFP&lt;90 days</li> <li>• Program coverage rates &gt;50%</li> </ul> | <p><b>How indicators will be measured:</b></p> <p><b>SC</b> monthly and quarterly narrative and statistical reports</p> <ul style="list-style-type: none"> <li>• Health and Nutrition Information management (HMIS) database.</li> <li>• Coverage survey report</li> </ul> | <p><b>Assumptions &amp; risks</b></p> <ul style="list-style-type: none"> <li>• Adequate support and involvement of communities, CBOs and Ministry of Health authorities</li> <li>• Beneficiaries have access to the programs</li> <li>• Skilled Staff are available</li> <li>• Therapeutic and supplementary food supplies are available from UNICEF and WFP</li> <li>• Insecurity in the area does not deteriorate.</li> </ul> |
| <p><b>Objective 2. – Outputs (tangible) and outcomes (intangible)</b></p> <p>2.1 Caretakers and community members receive health and nutrition education.</p> <p>2.2 19,618 children have access Vitamin A, De-worming, and medical care</p> <p>2.3 5 % increase in the number of women who report practicing exclusive breastfeeding</p> <p>2.4 Health and nutrition promotion sessions are provided at facilities and community's level including care practices (IYCF)</p> <p>2.5 3 breastfeeding support groups are operational promoting infant and young child feeding practices within the beneficiaries communities</p> <p>2.6 4891 children aged 6-36 months receive highly nutritious fortified blend food through BSFP</p> | <ul style="list-style-type: none"> <li>• Number of caretakers and community members reached with health and nutrition messages</li> <li>• Number of children received vitamin A and deworming drugs in the CMAM sites</li> <li>• Number of community members and staffs trained on IYCF</li> <li>• Number of health and nutrition promotion sessions conducted</li> <li>• Number of breastfeeding group formed</li> <li>• % change in the exclusive breastfeeding and timely initiation of breastfeeding</li> <li>• Number of children admitted in the BSFP programme</li> </ul>                                                                         | <ul style="list-style-type: none"> <li>• Monthly and quarterly activities reports</li> <li>• Vitamin A and de-worming distribution reports</li> <li>• Monthly BSFP distribution reports</li> </ul>                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p><b>Objective 3. – Outputs (tangible) and outcomes (intangible)</b></p> <p>3.1 Health facilities staff/nutrition staff have improved capacity in detecting, treating and referring acutely malnourished children less than 5 and PLW</p> <p>3.2 Improve the capacity of MoH, SCiSS and Local NGOs in conducting coverage surveys</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• Number of staff trained on CMAM and IYCF as per national guidelines and international guidelines respectively.</li> <li>• Number of staff trained on SQUEAC ,</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• SC Screening reports weekly/monthly</li> <li>• Quarterly reports</li> <li>• Training reports and attendance sheet</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Objective 4. – Outputs (tangible) and outcomes (intangible)</b></p> <p>4.1 Strengthen coordination at state and national levels</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Number of cluster coordination meeting attended</li> <li>• Number of TWGs in with SCiSS is a member</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>• Minutes from Cluster and Technical working Groups</li> </ul>                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Activities:</b></p> <p><b>As per result 1</b></p> <p>1.1 Conduct community screening with MUAC and active case finding of children under 5 and PLW</p> <p>1.2 Managing CMAM sites (OTP, SFP) integrated into primary health care facilities for children and pregnant and lactating women suffering from acute malnutrition</p> <p>1.3 Treat children with SAM without medical complications in Outpatient Therapeutic Programme.</p> <p>1.4 Treat children and PLW with moderate acute malnutrition in the Targeted Supplementary Feeding Programme.</p> <p>1.5 Conduct coverage survey using SQUEAC methodology to access to nutrition services and identify barriers to access of services.</p> <p><b>As per result 2</b></p> <p>2.1 Conducting health /nutrition promotion activities at communities and facilities level</p> <p>2.2 Supporting the formation 3 MTMSG</p> <p>2.3 Promotion and distribution of micro nutrients supplements (Vitamin A supplementations PLW, folic and iron) and dewormers to all nutrition beneficiaries</p> <p>2.4 Develop BCC/IYCF materials</p> <p>2.5 Provide fortified blended food to children aged 6-36 months in the Blanket Supplementary Feeding Programme</p> <p><b>As per result 3</b></p> | <p><b>Inputs:</b></p> <p>International staff:</p> <ul style="list-style-type: none"> <li>1 Nutrition program manager</li> <li>• 1 Nutrition Technical Advisor</li> <li>• 1 Area programme Managers</li> <li>• 1Senior field Programme Manager</li> <li>• 1 M&amp;E advisor</li> <li>• 1Country director and support team</li> </ul> <p>National staffs:</p> <ul style="list-style-type: none"> <li>• 1 Nutritional project officer</li> <li>• Nurses</li> <li>• Community nutrition workers</li> <li>• Team leaders of OTP/SFP</li> <li>• Community nutrition volunteers</li> <li>• IYCF supervisors</li> <li>• Feeding centre guards</li> <li>• Community mobilization teams</li> <li>• Health and nutrition promotion material</li> <li>• Anthropometric equipment</li> <li>• 1 Vehicle (land cruiser)</li> <li>• Supplementary and therapeutic foods</li> <li>• Routine medicines for th management of acute malnutrition</li> <li>• Office equipment</li> </ul> |                                                                                                                                                                       | <p><b>Assumptions, risks and pre-condition</b></p> <ul style="list-style-type: none"> <li>• Therapeutic and supplementary food supplies are available from UNICEF and WFP</li> <li>• Skilled health staff is available</li> <li>• Supervision by international staff is possible</li> <li>• Participation from MoH /NGOs/Communities is effective at all levels</li> <li>• Beneficiaries have access to the programs</li> </ul> |

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| <p>3.1 Train staff ( MoH , SCiSS and NGOs) on CMAM (Including detection, referral and treatment of acute malnutrition and IYCF</p> <p>3.2 Train staff (MoH, SCiSS and NGOs) on CMAM in conducting coverage survey using SQUEAC methodology.</p> <p><b>As per result 4</b></p> <p>4.1 Attend cluster coordination meetings at both state and national level</p> <p>Actively participate in the 3 technical working groups TWGs at national level.</p> | <ul style="list-style-type: none"> <li>• Stationeries, photocopies, office equipment</li> <li>• Health and nutrition promotion material</li> <li>• BSFP rations for children 6 – 36 Months</li> <li>• National training guidelines for CMAM and IYCF</li> <li>• SQUAEC trainer ( Consultant)</li> <li>• SQUEAC Training Manual</li> </ul> |  | <ul style="list-style-type: none"> <li>• Insecurity in the area does not deteriorate.</li> </ul> |
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**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>                                                                                                                                         |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| Recruit staff                                                                                                                                           |           |     |     | X         |     |     |           |     |      |           |     |     |            |     |     |
| Procurement of CMAM supplies                                                                                                                            |           |     |     | X         |     |     |           |     |      |           |     |     |            |     |     |
| Conduct community screening with MUAC and active case finding of children under 5 and PLW                                                               |           |     |     | X         | X   | X   | X         | X   | X    |           |     |     |            |     |     |
| Running of CMAM Centres in Akobo for the management of acute malnutrition                                                                               |           |     |     | X         | X   | X   | X         | X   | X    |           |     |     |            |     |     |
| Conduct coverage survey using SQUEAC methodology.                                                                                                       |           |     |     |           |     |     |           | X   |      |           |     |     |            |     |     |
|                                                                                                                                                         |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| <b>Result 2</b>                                                                                                                                         |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| Conducting health /nutrition promotion activities at communities and facilities level                                                                   |           |     |     | X         | X   | X   | X         | X   | X    |           |     |     |            |     |     |
| Supporting the formation 3 BFSG                                                                                                                         |           |     |     | X         | X   | X   | X         | X   | X    |           |     |     |            |     |     |
| Promotion and distribution of micro nutrients supplements (Vitamin A supplementations PLW, folic and iron) and dewormers to all nutrition beneficiaries |           |     |     | X         | X   | X   | X         | X   | X    |           |     |     |            |     |     |
| Running of BSFP                                                                                                                                         |           |     |     | X         | X   | X   | X         | X   |      |           |     |     |            |     |     |
| Develop and reproduction BCC/IYCF Materials                                                                                                             |           |     |     | X         | X   |     |           |     |      |           |     |     |            |     |     |
|                                                                                                                                                         |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| <b>Result 3</b>                                                                                                                                         |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| Train staff ( SCiSS , MoH and Partners) on CMAM                                                                                                         |           |     |     |           | X   |     |           |     |      |           |     |     |            |     |     |
| Train staff ( SCiSS , MoH and Partners) on IYCF ( Infant and Young Child feeding )                                                                      |           |     |     |           | X   |     |           |     |      |           |     |     |            |     |     |
| Train staff ( SCiSS , MoH and Partners) on SQUEAC                                                                                                       |           |     |     |           |     |     |           | X   |      |           |     |     |            |     |     |
|                                                                                                                                                         |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| <b>Result 4</b>                                                                                                                                         |           |     |     |           |     |     |           |     |      |           |     |     |            |     |     |
| Participate in cluster coordination meetings at both state and national levels                                                                          |           |     |     | X         | X   | X   | X         | X   | X    |           |     |     |            |     |     |
| Actively participate in the 3 technical working groups TWGs at national level.                                                                          |           |     |     | X         | X   | X   | X         | X   | X    |           |     |     |            |     |     |