South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against Consolidated Appeal 2014
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 project 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 project proposal should explain and justify the activities for which CHF funding is requested and 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). 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.

SECTION I:

CAP Cluster	**Nutrition**

CHF Cluster Priorities for 2014 second Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2014.

Cluster Priority Activities for this CHF Round	**Cluster Geographic Priorities for this CHF Round**
• Deliver quality, life-saving, management of acute malnutrition for at least 75 per cent of SAM cases and at least 60 per cent of MAM cases in all vulnerable groups • Provide access to programmes preventing malnutrition for at least 80 per cent of vulnerable people • Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the response	1. Jonglei – all counties 2. Upper Nile – all counties 3. Unity – all counties 4. Central Equatoria – Juba (IDP camps) 5. Warrap Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East

SECTION II

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

Requesting Organization	
Universal Network for Knowledge and Empowerment Agency (UNKEA)	
Project CAP Code	**CAP Gender Code**
SSD-14/H/60068	1
CAP Project Title *(please write exact name as in the CAP)*	
Provision of Community Nutrition services to returnees, IDPs and host community in Nasir County; Upper Nile State	

Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State	**%**	*County*
Upper Nile	**100**	*Nassir (Jikmir ,Kuetrengke, Nasir, Dhuoreding, Kierwan, Roam, Kiechkuon, Mading and Maker)*

Total Project Budget requested in the in South Sudan CRP	US$700,000
Total funding secured for the CAP project *(to date)*	US$61,150

Funding requested from CHF for this project proposal	US$ 200,000
Are some activities in this project proposal co-funded (including in-kind)? Yes ☒ No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*	

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in CHF Project	**Number of direct beneficiaries targeted in the CRP**
Women:	5,802	21901
Girls:	3,946	10,449

Indirect Beneficiaries / Catchment Population (if applicable)

Girls, boys, women and men, of targeted payams in Nasir County of Upper Nile State

Total population:210,002 (Source; 2008 HH census)

Men:	100	200
Boys:	3,946	9,249
Total:	25,700	12,849

Targeted population: IDPs, Host communities,	**CHF Project Duration** (12 months max., earliest starting date will be Allocation approval date)
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	Indicate number of months: 6 Months **1 July- 31 December 2014**

Contact details Organization's Country Office	
Organization's Address	P.O Box: 504 Juba Munuki Payam, along Gudele road at ICCO Compound.
Project Focal Person	*Tobijo Denis* Nutrition Manager Tel: +211 921230704 tdmssokiri@gmail.com
Country Director	*Simon Bhan Chuol* *Unkea.southsudan@gmail.com* *simon@unkea.net* *+211 955 295 774* *+211 917 976 984* *www.unkea.net*
Finance Officer	*David Dak Deng* *David.dak@unkea.net* *Deng_dak@yahoo.co.uk* *+211 955 812 211*
Monitoring & Reporting focal person	*Wani Bessensio* *+211955426471* *bessenezeron@gmail.com*

Contact details Organization's HQ	
Organization's Address	Nasir County, Upper Nile State Republic of South Sudan, P.O Box: 504 Juba www.unkea.net *+211 955 295 774* + 211956 386 655
Desk officer	*Benard Sangula* *HR Manager,* *+211954913169*
Finance Officer	*Gwolo Emmanuel* *gwoloemma@gmail.com* *+211954338727*

A. Humanitarian Context Analysis
Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

Nasir County of Upper Nile State continues to be a humanitarian flash point as characterized by high population displacements and movements. The current triggers being the persistence of current fighting between opposition and government forces which started on the 15th December 2013 in Juba and quickly spread to the other states of Jonglei, Unity and Upper Nile states. This led to hundreds of people displaced, most of who settled in Nasir County. A total of 15,086 households (HHs) of IDPs were assessed and registered with a 131,259 individuals mostly women and children (IRNA Nasir County, January 2014)Population movements continue in Nasir Town and surrounding payams. Mandeng currently hosts most of the IDPS after attacked by government on May 4th 2014.. The pressure of war and hunger is so huge on the community. The community is in dire need of basic nutrition services, Clean Water, Non Food Items (NFIs) food and latrines. Besides war and floods, Nasir also suffers long dry seasons further limiting food production. This worsens the food security situation making more people food insecure. The number of food insecure people in Nasir County according to the 20th -21st May IRNA projected to 25,200 people. With the impact of the current war, this number might have doubled. Food insecurities are likely to be projected to the highest making boys and girls <5 and pregnant and lactating women more prone to severe acute malnutrition. The situation is as well worse among IDPs who own nothing but limited number of cows, and limited intake of fortified foods especially among children under five years (Boys and Girls).The host community which bears the weight of the IDPS is likely to face similar food insecurity situations. The Nutrition Cluster South Sudan estimates that 170.991 people in Nasir county are acute,72,586 are in an emergency situation(IPC Nutrition Cluster Vulnerability Mapping 2014)The major factors for acute malnutrition include inadequate food intake,poor infant and young child feeding (IYCF) practices and poor hygiene practices among the IDPs(WHO 2014). Although, UNKEA continues to provide community Nutrition services, the government run facilities still have very low capacity to take overall provision of nutrition services to this vulnerable groups especially in this critical time. With anticipated increase in the number of IDPs, from Jonglei and Malakal, the population emergency vulnerabilities are likely to shoot up and demand for community nutrition is likely to be stretched to even higher figures.

B. Grant Request Justification
Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The current CHF funding ends in June 30th. UNKEA runs nutrition programmes in 4 payams out of 8 and 5 health facilities in Nasir county, all funded by CHF. When the crises started on 15th December many National and international NGOs either scaled down or withdrew completely from Nasir County. The displacement of people due to the war is expected to increase the malnutrition rates for Children under five (Boys and girls) and pregnant and lactating women (PLW).UNKEA will therefore face a huge case load and as the only active humanitarian agency in Nasir County, UNKEA will face the reality of treating Children <5 with SAM and MAM and PLW coming from all over the county.

This funding is requested to support UNKEA's accelerated response initiative (ARI) to reduce morbidity and mortality due to severe acute malnutrition in children under five, pregnant and lactating women among the vulnerable IDPs and host communities through provision of emergency therapeutic nutrition services in 2 existing (SCs) and 5 existing OTPs sites and 5 fixed outreach sites. At the same time, the fund will be used to conduct post harvest SMART survey for Nasir County baseline data, support the transportation of nutrition supplies, nutrition technical trainings, community level awareness campaigns, screening, treatment, prevention and management of acute malnutrition and IYCF and to scale up from 5 OTPs to 8 OTP sites and 2 stabilization centers and 6 TSFP sites. This fund will be used to scale up response from 4 payams in the previous fund to 8 payams (Nasir, Jikmir, Kiechkon, Kuerengke, Mading, Maker, Dinkar and Roam payams). With UNKEA's 10 years presence and working experiences in Nasir County, there is a strong community's trust and support, acceptability and involvement making programs intervention cost effective and sustainable. Working with community nutrition volunteers has been an added value to the success of our programs. UNKEA has viable working relationship with its partners such as WFP, CHD, Nutrition Cluster, UNICEF, SMoH, ADRA and MSF in supporting the health care system in Nasir County. UNKEA is consulting with partners to seek long term funding for sustainability.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities
Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

- Ensure quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) in Nassir county at both health facility and camp level (IDP)Ensure access to interventions aimed at preventing malnutrition through the protection, promotion and support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls
- Ensure quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) in Nassir county at both health facility and camp level (IDP)
- Ensure access to interventions aimed at preventing malnutrition through the protection, promotion and support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls

[1] To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

and boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months) in Nassir county , at the community and health facilities.

Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response, through improved nutrition surveillance, reinforced monthly nutrition programme data collection and analysis and optimal nutrition cluster coordination at the state and national level.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To contribute towards the reduction of malnutrition rates among children aged 6-59 months years and pregnant or lactating women in Nasir county.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it).** There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.
List the main activities and results 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 (broken down by age and gender to the extent possible).

Admission and treatment for SAM and MAM, Community screening and referral of girls/boys under five years for SAM and MAM in all sites, Provision of preventive services (deworming, Vitamin A micro nutrient) to under five children in all project, Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and community level, Skills training of community nutrition workers on community management of MAM, SAM and IYCF promotion, Recruitment and training of community nutrition volunteers (women peer groups, home health promoters, teachers as well as traditional, religious and political leaders on prevention, control of malnutrition as well as IYCF promotion, Ongoing community social mobilizations and sensitization and Conducting one post-harvest SMART nutrition survey to inform programming.

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

- Quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) in Nassir county at both health facility and camp level (IDP) is ensured;
  - 2 SC fully operational,
  - 8 OTPs fully operational,
  - 6 TSFP sites fully operational,
  - 9,892 Children under five screened and treated for SAM and MAM,

- Access to interventions aimed at preventing malnutrition is ensured through the protection, promotion and support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls, boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months) in Nassir county , at the community and health facilities.
  - 7518 pregnant and lactating women treated for MAM
  - 9892 Children under five years being de-wormed, given Vitamin A supplement
  - 30 Community nutrition workers skillful to respond and manage acute malnutrition

- Enhanced needs analysis of the nutrition situation is available, and enhanced coordination and monitoring of the nutrition response is supported, through improved nutrition surveillance, reinforced monthly nutrition programme data collection and analysis and optimal nutrition cluster coordination at the state and national level.
  - One Post harvest SMART survey conducted,
  - Cluster meetings attended regularly

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	**Standard Output Indicators** (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	**Target (indicate numbers or percentages)** (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	Children (under-5) admitted for the treatment of SAM to reach >75%discharge Cured rate,<10 discharge died rate and bellow 10 %discharge defaulter rate.	*Girls* 1,187, *Boys* 1,187
X	2.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) to reach >75%discharge Cured rate,<3% discharge died rate and bellow <10% discharge defaulter rate.	*Girls* 3759, *Boys* 37591
X	3.	Number of Nutrition treatment sites	2
		Number of Functional stabilization centers	2

		Number of functional OTP sites	5
		Number of new OTP sites	3
		Number of New TSFP sites	6
X	4.	Pregnant women receiving Iron Foliate	1250
X	5.	Lactating women receiving Vitamin A	1250
X	6.	Number of Functional mother-to-mother support groups	20
X	7.	Health workers trained in infant and young child feeding	Men 7, Women 3
	8.	Children screened in the community for MAM & SAM	Girls 4,946, Girls 4,946
X	9.	Community leaders (chiefs, teachers, HHPs, TBAs) trained on identification and referrals for SAM and MAM	Men 120, Women 80

vi). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

The project will promote women and male participation in the implementation of the project; it will focus on bringing more skilled women in the staffing and will encourage male involvement in the prevention of malnutrition and promotion of good feeding practices in Nasir County.It will ensure women are given equal say in decision making. Boys and girls will be given equal opportunity in recruitment to the programme. The data will be segregated into Women and Men, boys and girls.

The project will address environmental issues such as deforestation which is a common practice in Nasir County. It will work with the Food Security and Livelihood team to encourage the use of fuel efficient stoves to conserve the environment. The project will ensure cheap and efficient energy is used in its implementation .All waste generated in the implementation of the project will be disposed off properly in a manner that does not pose a threat to the environment. It will work together with the WASH team to encourage the use of Latrines to discourage open defecation which is a common phenomenon in Nasir county.

The project will work to create demand for the use of Condoms to prevent the transmission of HIV/AIDS. Topics related to HIV/AIDS prevention will be integrated to the Health education messages passed out during community mobilization and sanitization sessions There will be free condom distribution to the beneficiaries and referral of clients for HIV services.

vii) 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.

UNKEA will recruit additional nutrition staff for scale up and will increase the number of OTPS from 5 to 8.UNKEA with support from WFP will also open six new TSFP sites to provide treatment to Children Under five with MAM and Pregnant and Lactating women with MAM in Nasir county. UNKEA with support from WFP will recruit and train 30 community nutrition Volunteers for the TSFP programme. The SCs and OTPs will be near the existing health Facilities to strengthen referral of children with severe complications to the next level of care. Immunization of children as well as deworming will be conducted jointly with the health and nutrition teams.
The nutrition team will work with, health, WASH and food security and livelihood team to conduct joint community campaigns to provide health education to the community on better food and health practices to promote better health and prevent malnutrition.
Immunization of children as well as deworming will be conducted jointly with the health and nutrition teams.
UNKEA will also provide refresher training to its nutrition staff and the CHD to improve on their skills for better results.
Reports will be collected and shared among the health and nutrition teams for harmonization to avoid duplication of results.
The SMART survey will be conducted with the participation of the health and Food security and Livelihood team to ensure interrelated factors to compound malnutrition are documented. . To create ownership and sustainability of the project, UNKEA will seek and foster effective collaboration coordination with line government ministries and their respective departments at the County level in addition to closely working with other non governments engaged in similar initiatives to share lessons learnt. UNKEA will continue to documents its success stories and use to inform programming at all levels of the project management. This project will be delivered under the technical guidance and supervision of the Health and Nutrition Advisor who will provides the overall project oversight at the direction of the Executive Director and assisted by his Nutrition Manager.

viii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[2].

Through previous operational experience in health and nutrition programs, UNKEA has strong knowledge in identifying and measuring appropriate indicators, in data collection and analysis, and in partnering with donors and other agencies to coordinate the dissemination of the information. UNKEA will ensure the prompt and accurate collection of information and compile the results for data analysis and program evaluation according to the goal, objectives, and indicators of the program. As start-up process a post harvest SMART survey and orientation planning workshop will be held in order to generate baseline data and ensure that all staffs understand the proposal and work plan well, to formulate individual staff work plans, which will tie performance to agree upon timelines for compiling monitoring information and reporting. This will ensure good data with which to measure progress against

[2] CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

work plan during the intervention. The logical framework will provide the basis for monitoring the project indicators and the output indicators will be measured using program records and reports. The Health and Nutrition Advisor will be responsible for the overall planning, monitoring and reporting of activities as per the log frame and work plan. This will include regular visits to all sites in the Program, monitoring of staff activities, compiling and analyzing program records, assessing external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure the attainment of objectives. He will coordinate the health and nutrition program, attend the nutrition and health cluster technical working groups and ensure that relevant information is factored into program implementation and share UNKEA's progress reports with all partners. The Executive Director will ensure that planed activities take place. He will also attend sectoral working group and coordination meetings, ensure the relevant information is factored into program implementation and share UNKEA's progress and statistical information with other agencies where appropriate. UNKEA will continue to build the operational capacity of project staffs in monitoring and reporting in the project cycle management (PCM) and maximize their participation in all activities.

Data collection and Analysis

Project data will be collected and analyzed immediately by the Project Manager under the supervision of the Nutrition Advisor. This will be a continuous process as it will be inbuilt into project implementation process so that it will be concurrent with activity implementation. The Nutrition Data clerk will also be responsible for compiling the data into a fair draft which will be reviewed by Project Manager to ensure correctness and accuracy.

Quality of data

The accuracy and consistency of the data will be assured through the use of standardized data collection tools duly protected for reliability, completeness, and consistency and approved. The Project Manager and Nutrition Advisor will make monthly and quarterly visits to the project sites to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This wills involve data quality audits in randomly selected project sites done on quarterly basis that will form part of project data quality assurance and quality control. All collected data will be stored electronically and manually to ensure its security as part of control and safety measure.

Reporting

This will be both an individual role of the project staff as well as the entire team. UNKEA will provide monthly, quarterly and end of Project progress reports as against work plan, budget and targets indicated in the proposal. Nutrition workers will at the primary health facilities send weekly and monthly reports to the project Manager who will then review for consistency and accuracy. The Project Manager then sends these reports to the Nutrition Advisor to finally review reports for consistency and accuracy. Nutrition Adviser will share these reports with the Executive Director who will approve and send to the donor using the relevant reporting format. Efforts will be made to ensure that the report capture project narrative and financial aspects of the proposed project's work plan and budget and targets. UNKEA will adhere with specific donors reporting formats and guidelines. A database for recording beneficiary information and mapping trends across the implementation locations will be created and the information is to be disseminated to the DHIS, SMoH, GOSS MoH and other stakeholders on regular basis. Project deliverables will be monitored through monthly, quarterly and annual progress reports that should include success stories. The project will be reviewed at mid-point and at the end through a joint plan.

UNKEA will conduct a midterm review after three months of implementation. In these reviews, stakeholders at the state, county and national levels will be engaged in discussing the findings and production of their recommendations (part of the data quality audit). UNKEA will develop tools to capture data from community workers (TBAs, CNWs and HHPs). Monitoring tools will include data gathering and analysis based on attendance records, drug distribution records and training reports which will feed into the Indicator

D. Total funding secured for the CAP project Please add details of secured funds from other sources for the project in the CAP.	
Source/donor and date (month, year)	**Amount** (USD)
CHF (1st,April 2014 – 30th June 2014	61,150
Pledges for the CAP project	

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.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-14/H/60068	**Project title:** Provision of Community Nutrition services to returnees, IDPs and host community in Nasir County	**Organisation:** **UNKEA**

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	• Deliver quality, life-saving, management of acute • malnutrition for at least 75 per cent of SAM cases and at least 60 percent of MAM cases in all vulnerable groups • Provide access to programmes preventing malnutrition for at least 80 per cent of vulnerable people • Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the response.	• # of under 5 children treated with acute malnutrition • # of boys/girls aged 6-36 months reach supplementary feeds • # of nutrition workers trained on management of SAM and MAM	• Admission record • Distribution records • Training lists • Cluster survey reports, • Weekly and monthly cluster reports.	• Stability in the area of implementation • Community support
CHF project Objective	To contribute towards the reduction of malnutrition rates among children aged 6-59 months years and pregnant or lactating women in Nasir county.	• % reduction in cases of mortality and morbidity caused by acute malnutrition# of malnutrition cases appropriately identified referred and managed by the community members. • # of SMART surveys undertaken, • # of Emergency response teams ready/prepared.	• County Health Department/Health facility records. • Rapid assessment reports • Training reports • Pipeline supply records • Coordination meeting minutes/reports	• Security stability in the project area • Uninterrupted funding and supply of relief items and drugs • Continued community and acceptability and support • Commitment and support of partners to the project • Continuous accessibility to project sites.

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	Quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) in Nassir county at both health facility and camp level (IDP) is ensured; o 2 Stabilization centres (SC) fully operational, o 8 OTPs fully operational, o 6 TSFP sites fully operational, o 9,892 Children under five screened and treated for SAM and MAM.	• # of Children <5 admitted for the treatment of Severe acute malnutrition (SAM), • # of Children <5 admitted for the treatment of Moderate acute malnutrition (MAM), • # of Nutritional treatment sites,	• Health facility/County Health Department records • Training records • Monthly supervisory records	• Security stability in the project area • Uninterrupted funding and supply of relief items and drugs • Continued community and acceptability and support • Commitment and support of partners to the project
Output 1.1	Treatment and management of Malnutrition among children, pregnant and lactating mothers. Targeting: ▪ Children 0-59 months treated for SAM ▪ Children 6-59 months treated for MAM ▪ SC & OTP sites, functional and providing treatment ▪ TSFP sites, functional and providing treatment ▪ 7518 pregnant and lactating women treated for MAM	• Number of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM ▪ # of nutrition sites - No of stabilization centers ▪ # of nutrition sites - No of OTP sites • ## of children (under-5) admitted for the treatment of SAM • Quality of SAM program - Overall SAM program cure rate (SPHERE standards) • Quality of SAM program - Overall SAM program default rate (SPHERE standards) • Quality of SAM program - Overall SAM program death rate (SPHERE standards) • Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM) • Quality of MAM program - Overall MAM program cure rate (SPHERE standards) • Quality of MAM program - Overall MAM program default rate (SPHERE standards) • Quality of MAM program - Overall MAM program death rate (SPHERE standards) • # of nutrition sites • No of TSFP sites	• Admission record and report • Facilities record • CHD report, • Weekly and Monthly cluster reports	• Mother will bring their children • Security will prevail
Activity 1.1.1	Provide therapeutic treatment and care for children aged 6- 59 months with SAM without medical complications			
Activity 1.1.2	Provide in patient clinical and therapeutic treatment for children (0-59 months) with SAM and associated medical complications in stabilization care unit			
Activity 1.1.3	Provide therapeutic treatment and care for children aged 6- 59 months and PLW with MAM			
Activity 1.1.4	Organize community based, routine and mass MUAC screening, case identification and appropriate referrals among children 6- 59 months and PLW.			
Activity 1.1.5	Provide therapeutic treatment and care for children aged 6- 59 months with SAM without medical complications			
Activity 1.1.6	Maintain quality operations and open new OTP, SC and TSFP sites			
Outcome 2	Access to interventions aimed at preventing malnutrition is ensured through the protection, promotion and	• # of children under-5 receiving Vit A; • # of children under-5 receiving de-worming	• Training report • Facilities records • CHD record	• Security will prevail • Funding will be avail • Staff will be present for

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls, boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months) in Nassir county , at the community and health facilities. • 9892 Children under five years being de-wormed, given Vitamin A supplement • 30 Community nutrition workers skillful to respond and manage acute malnutrition	• # of Pregnant women receiving iron-folate, • # of Lactating women receiving vitamin A, • # of Number of functional mother-mother support groups, • # of community nutrition workers trained in Infant and Young Child feeding (IYCF), • # of community members trained on identification, referral and management of malnutrition cases. • # of nutrition staff trained on identification, referral and management of malnutrition		training
Output 2.1	• Prevention of acute malnutrition and micronutrient deficiencies • Community case finding and tracing, through MUAC screening children 6-59 months and PLW • Children 6-59 months, provided with Vitamin A. • Children 12-59 months in the program receive de-worming tablet • Mothers receive IYCF education and support through mothers to mother support groups	• # of children screened • # of children under-5 receiving Vit A; • # of children under-5 receiving de-worming • # of Pregnant women receiving iron-folate, • # of Lactating women receiving vitamin A, • # of Number of functional mother-mother support groups, • # of community nutrition workers trained in Infant and Young Child feeding (IYCF), • # of community members trained on identification, referral and management of malnutrition cases. • # of nutrition staff trained on identification, referral and management of malnutrition	• Facility records • Training report • Outreach campaign record • PLW group attendance	• Security will prevail • Support from government
Activity 2.1.1	Provide supplementary feeding rations and micronutrients, anthropometric follow up and medical care for children aged 6-59 months and PLW			
Activity 2.1.2	Support and facilitate mother to mother support groups, to be able to share IYCF, nutrition and hygiene messages with other mothers			
Activity 2.1.3	Organize community-based large gatherings on nutritional practices, IYCF and hygiene messages in Nasir, Jikmir, Kuerengke and Kierwan payams.			
Activity 2.1.4	Monitor support group behaviour change communication (BCC) sessions.			
Activity 2.1.5	Conduct home visits to identify PLW and refer them to health services, ANC, Post Natal Care, immunization.			
Activity 2.1.6	Coordinate with other actors to address other underlying causes of malnutrition, WASH and food security actors			
Outcome 3	Enhanced needs analysis of the nutrition situation is available, and enhanced	• # SMART survey undertaken-Post harvest	• Survey reports • Meeting minutes	• Security will prevail

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	coordination and monitoring of the nutrition response is supported, through improved nutrition surveillance, reinforced monthly nutrition programme data collection and analysis and optimal nutrition cluster coordination at the state and national level. • One Post harvest SMART survey conducted, • Cluster meetings attended regularly	• # of meetings attended		
Output 3.1	Post-Harvest survey conducted in Nasir, report shared with partners Coordination on the ground with partners and other sectors in enhanced	• # SMART survey undertaken-Post harvest • # of meetings attended	• Survey reports • Meeting minutes	• Security will prevail
Activity 3.1.1	Conduct post- harvest anthropometric and mortality (SMART) survey that will guide nutrition interventions			
Activity 3.1.2	Regularly attend cluster meetings at national and sub-national levels			

PROJECT WORK PLAN
This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The work plan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	**1 July 2014**	**Project end date:**	**31 December 2014**

Activities	**Q2**	**Q3/2014**			**Q4/2014**			**Q1/2015**			**Q2/2015**	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1 Transportation of nutrition supplies to the site		X										
Activity 2 Recruitment of additional nutritional staff		X										
Activity 3 Screening and Treatment of SAM and MAM using the [MOH] IM-SAM guidelines in all sites.		X	X	X	X	X	X					
Activity 4 Provision of preventive services to under five (deworming, Vitamin A and Micronutrient) in all facilities.		X	X	X	X	X	X					
Activity 5 Ongoing facility and community based screening and referrals of severe and acute cases of malnutrition		X	X	X	X	X	X					
Activity 6Skills training of health workers on MAM, SAM and IYCF in all facilities		X	X									
Activity 7 Ongoing community social mobilizations and sensitizations		X	X	X	X	X	X					
Activity 8 Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and community level.		X	X	X	X	X	X					
Activity 9 Training of community nutrition volunteers (women peer groups, home health promoters, teachers and leaders (traditional, religious and civil servants) on prevention and control of malnutrition.		X		X		X						
Activity 10 Monitoring/supervision		X	X	X	X	X	X					
Activity 10 Conduct one post harvest SMART survey						X						
Activity 11 Donor reporting					X		X					
Activity 12 End of project assessment								X				

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