

South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against CRP 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 CRP 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:

CRP Cluster	Nutrition
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CHF Cluster Priorities for 2014 First Round 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 CRP 2014.

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> 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, at both health facility and camp level, prioritising the 5 most affected states Provide access to programmes preventing malnutrition for at least 80 per cent of vulnerable people, at both health facility, community and camp level, prioritising the 5 most affected states Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response 	<ol style="list-style-type: none"> Jonglei – all counties Upper Nile – all counties Unity – all counties Central Equatoria – Juba (IDP camps) Lakes- Awerial, Yirol West, Yirol East and Rumbek North Warrap – Twc, 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	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	
Kissito Healthcare International (KHI)	State	%
	Jonglei State	100
Project CRP Code	County/ies (include payam when possible)	
SSD-14/H/60051	Pibor, Gumuruk, Likuangole and Vertet, payams	
CRP Project Title (please write exact name as in the CRP)		
Emergency Response for the Treatment and Prevention of Acute Malnutrition among Boys and Girls under five, PLW and Building Community Resilience in EES, Jonglei States		

Total Project Budget requested in the in South Sudan CRP	US\$800,000	Funding requested from CHF for this project proposal	US\$ 150,000
Total funding secured for the CRP project (to date)	US\$ 0	Are some activities in this project proposal co-funded (including in-kind)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 CRP project and number of targeted beneficiaries scaled appropriately to CHF request)			Indirect Beneficiaries / Catchment Population (if applicable)
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP	76, 836: This is 60% coverage of total population (128060) of targeted payams (Pibor, Gumuruk, Vertet and Likuangole)
Women:	1,414	1,469	
Girls:	1,993	3,160	

Men:	4067	
Boys:	2,074	3,290
Total:	9548	7,919

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Targeted population:
Pibor, Gumruk, Likuangole and Vertet Payams conflict affected IDPs, Returnees, and Host communities of Pibor County.

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
1 July to 31December 2014

Contact details Organization's Country Office	
Organization's Address	Kissito Healthcare International-South Sudan PLOT 138 BLOCK NO 11,JUBA NABARI 3rd CLASS RESIDENTIAL AREA JUBA, SOUTH SUDAN
Project Focal Person	<i>Alakananda Mohanty, Director-Research & Policy</i> Email: Alakananda.Mohanty@kissito.org Tel: +1 540-204-2213
Program Director	<i>Daniel Obiero</i> Email: Daniel.Obiero@kissito.org Tel: +211.(0)956.928.987
Finance Officer	<i>Berhanu Tesfaye</i> Email: Berhanu.Tesfaye@kissito.org Tel: +211 921 368 743
Monitoring & Reporting focal person	<i>Joseph Ogani</i> Email: Joseph.ogani@kissito.org Tel: +211 928 317 958

Contact details Organization's HQ	
Organization's Address	Kissito Healthcare International 5228 Valleypointe Pkwy, Building-B, Suite-1 Roanoke, VA, 24019, USA
Desk officer	<i>Jennifer Bell</i> Email: Jennifer.Bell@kissito.org Tel:+1 617-669-2882
Finance Officer	<i>Cherie Hicks</i> Email: Cherie.Hicks@kissito.org Tel: +1 540-265-0322

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 population¹

The humanitarian situation in Jonglei State has deteriorated following the violence that broke out since 15 December 2013. The State has experienced internal displacement of populations as a result of the conflict. According to the 2014 IPC data, 51% of inhabitants of Pibor County are categorized as being either in acute or emergency phase of food insecurity. Recent violence and displacement has resulted in the loss of livelihood, particularly sources of food in the state. The continued prevalence of insecurity in Pibor, Gumuruk, Likuangole and Vertet payams of Pibor county has led to increasing number of IDPs and returnees which will continue to worsen malnutrition among vulnerable groups in the coming months. Data released by Pibor County Commission Office in May 2014 shows Pibor town hosting 3526 IDPs. The high disease burden among displaced communities and poor sanitation and hygiene will further aggravate nutritional needs in the county in coming months. Prior to the crisis the prevalence of acute malnutrition was already high in Pibor town.

A SMART nutrition and mortality survey conducted in Pibor town by MSF-B in 2012 indicated emergency levels of acute malnutrition: GAM 22.6 and SAM 4.2 %. High insecurity, population displacements, disease outbreaks, limited access to health and WASH services and food insecurity can have a significant impact on the prevalence of acute malnutrition and overall morbidity primarily among the IDPs in Pibor county in Jonglei State. The current poor humanitarian situation therefore calls for immediate interventions to conduct life-saving nutrition activities in Pibor County and respond immediately to the increasing needs of vulnerable population.

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 project seeks to help the most vulnerable population (children under 5 and PLW) affected by the most recent violence in Pibor County of Jonglei State. KHI intends to maximize allocated CHF resources to reach more vulnerable populations to provide life-saving Emergency Nutrition (EN) services. KHI is currently implementing 2 OTP and 2 TSFP sites in Pibor and Gumuruk payams. Through this grant and WFP funding, KHI intends to scale-up EN interventions to cover Likuangole and Vertet payams as well. KHI is currently the only INGO in Pibor County providing EN services for MAM and SAM cases. KHI is also pursuing other funding opportunities from USAID through IMA to scale up EN to other payams including Boma region in Pibor County to be integrated in the Rapid Results Health Program (RRHP) fund from IMA that KHI has recently been awarded.

Given the current poor humanitarian situation in Pibor County, it is critical that the populations of the areas affected are provided with immediate life-saving care in a quickly, effectively and sustainable manner. The actions proposed here will treat vulnerable populations for SAM and MAM cases in the immediate and long-term path. More importantly, the mass influx of returnees in Jonglei has increased more pressure on the already overstretched resources.

KHI has a long standing successful history of implementing EN in Pibor County. KHI has been the only INGO that remained on ground to save lives during the time of conflict in Pibor County KHI has continually worked with other partners from other sectors such as WASH and FSL in promoting and integrating EN services. Through the recently awarded RRHP fund, KHI will continue with its advocacy for optimal nutrition practices integrated in health.

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.

1. Management of Acute Malnutrition: Treatment for SAM and MAM among children U5 years, PLW and other vulnerable groups

KHI will ensure continuation and scale up of the provision of therapeutic and supplementary nutrition care among children under five and PLW in Pibor County. KHI will ensure the provision of the minimum package of continuum of nutrition care utilizing the CMAM approach in all the proposed areas and will strengthen nutrition services in its project sites i.e. 8 OTPs and 8 TSFPs. To ensure the continuity of care in nutrition activities, KHI will strengthen the internal referrals among MAM, OTPs and the SC treatment sites. Currently there is no functional SC in Pibor County since the closure of the one that was being run MSF-B at Pibor PHCC. KHI is pursuing funding from USAID through IMA to support setting up of 1 SC at Pibor PHCC and 1 SC at Boma County Hospital. KHI will further strengthen its partnership with local agencies and the cluster to ensure better coordination as well as to avoid duplication in programming and minimizing missed opportunities.

KHI will employ trained health and nutrition staff as per the BPHNS at all its project sites. KHI will ensure the health and nutrition workers at the project sites implement project activities according to the GoSS MoH IMSAM guideline (2009) as well as within the internationally accepted MAM guidelines. Training events will be closely linked and coordinated with the MoH and other partners. Future trainings will include necessary guidance on management of referrals between OTP, TSFP and SC sites to ensure an integrated response to nutrition service delivery, community screening and referral.

2. Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education,

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.

supplementation)

KHI will utilize and strengthen the community structures and conduct extensive nutrition promotion campaigns/programs emphasizing ***IYCF, the use of locally available nutritious food stuff, common childhood illnesses, and maternal nutrition, hygienic preparation of child food, healthcare seeking behavior, and information on available nutrition services in the project sites.***

KHI will conduct training programs for the Health Extension Workers (HEWs) on the basics of nutrition to enhance preventive activities at the community level. KHI will identify, recruit and train IYCF counselors and mother-to-mother support groups to mobilize the community to optimise feeding practices. KHI will further engage in building capacity of the community members and mother support groups on ***community management of acute malnutrition (CMAM)***. Positive deviant mothers in IYCF will be supported to have a higher impact mother-to-mother nutrition education. The activities of the community actors will be linked with OTP and TSFP functions to ensure prompt and appropriate referral mechanism, and timely transfers from community and OTPs/TSFPs. KHI will ensure the availability of IEC/BCC materials, micronutrient supplementation, supporting mechanisms, and screening items for the community-based nutrition workers. To increase coverage of Emergency Nutrition (EN) services, KHI will recruit and train more HEWs in its scale up plan for Likuangole and Vertet payams. The HEWs will be trained on nutrition screening, referral, defaulter tracing and key nutrition messaging.

3. Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies)

KHI will continue participating in inter-agency nutrition needs assessments in response to UNOCHA needs. Robust surveillance systems through OTP/TSFP service provision points and community health workers will be established to monitor the situation and ensure timely response to early warning signs of changes in the nutritional status of target populations.

ii) Project Objective

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

KHI aims: To prevent and treat acute malnutrition among children under 5 and PLW and build resilience of the targeted communities of Pibor County of Jonglei State.

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).

KHI will continue with provision of therapeutic and supplementary nutrition care among children under 5 and PLW in Pibor and Gumruk payams and scale up to Likuangole and Vertet payams within Pibor County. KHI will ensure provision of the minimum package of continuum of nutrition care utilizing the CMAM approach. To ensure the continuity of care in nutrition activities, KHI will strengthen the internal and external referrals among MAM, OTPs and the SC treatment sites. KHI will further strengthen its partnership with local agencies and the cluster to ensure better coordination as well as to avoid duplication in programming and minimizing missed opportunities.

KHI will facilitate the employment of trained health and nutrition staff as per the BPHNS at its project sites. KHI will ensure the health and nutrition workers at the project sites implement project activities according to the GoSS MoH IMSAM guideline (2009) as well as within the internationally accepted MAM guidelines. Training events will be closely linked and coordinated with the MoH and other partners. Future trainings will include necessary guidance on management of referrals between OTP, TSFP and SC sites to ensure an integrated response to nutrition service delivery, community screening and referral.

Treatment for SAM and MAM among children U5 years, PLW and other vulnerable groups

- Screen 8068 children under 5
- Enroll and treat 1,336 children under 5 for SAM (681 boys, 655 girls)
- Enroll and treat 2,731 children under 5 for MAM (1,393 boys, 1,338 girls)
- Enroll and treat 1,414 PLW in Supplementary Feeding Programs
- Maintain effective functions of 2 OTP and 2 TSFP sites and establish 2 additional OTPs and 2 additional TSFP sites
- Provide therapeutic foods, to 4067 children under 5 (1993 girls and 2074 boys) and 1414 PLWS

Prevention of SAM and MAM

- Carry out facility-based nutrition screening and growth monitoring and promotion, to be conducted by trained health and nutrition workers according to National and SPHERE guidelines
- Deliver community-based screening and referral of malnourished girls, boys and PLWs to SFPs, OTPs, or SCs by trained HEWs
- Provide micronutrient supplements to 4067 children under 5 (1993 girls, 2074 boys) and 1414 PLWs
- Equip KHI supported treatment sites and HEWs with the necessary anthropometric equipment for nutrition screening
- Enhance effective functioning of OTP and TSFP centers at the operation sites
- Supply necessary materials for nutrition screening and growth monitoring to treatment sites and community-based HEWs
- Provide de-worming tablets and vitamin A to children under 5
- Sensitize community members on IYCF, causes and prevention of malnutrition, healthy eating, breastfeeding and complementary foods through BCC

- Educate PLW about EBF, complementary food, proper WASH practices and management of diarrhea, pneumonia, malaria and other common childhood diseases. Train IYCF counselors and mother-to-mother support groups to mobilize the community to change feeding practices Sensitize community members through effective Behavioral Change Communication (BCC) messages on nutrition, particularly IYCF, promotion of hygiene practices and management of diarrheal and other common childhood diseases, causes and prevention of malnutrition, healthy eating, breastfeeding and complementary foods.
- Ensure better surveillance among communities and health workers to respond to cases of acute malnutrition

Capacity building of Health and Nutrition staff and community members

- Train health and nutrition workers that will be involved in managing moderate and severe acute malnutrition, growth monitoring and promotion (15 men and 15 women)
- Train HEWs to carry out community based nutrition screening and referral of malnourished children, MUAC screening, defaulter tracing, conduction of nutrition and health education in the intervention areas (65 men, 65 women)
- Train health and nutrition workers on screening, SAM, MAM, IYCF and provision of minimum nutrition package (15 men, 15 women)

Coordination and Monitoring of the Nutrition Response

- Support improvements in coordination and support for nutrition activities with key stakeholders in Pibor county
- Ensure effective reporting and information sharing with other partners at the state and national levels including SMOH, Nutrition Cluster and CHD in a timely manner
- Ensure better data collection mechanisms at OTPs and SFP sites
- Participate actively in Nutrition Cluster and sector coordination meetings both at National and State level to discuss nutrition and health related activities to improve outcomes in targeted counties
- Work with the government departments at the state and the county level in ensuring that the project activities are fully implemented with the involvement of local authorities

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

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

- Increased availability and access to quality nutrition services for children under 5 and PLW
- Increased access to utilization of quality therapeutic and supplementary nutrition services
- Increased coverage of key nutrition and IYCF messages to the target population
- Improved coordination and support for nutrition activities with key stakeholders
- Reduced malnutrition among children under 5 and PLW
- Improved knowledge among communities and health workers to respond to cases of acute malnutrition and prevention
- Improved data collection mechanisms at OTP and TSFP sites
- Improved community awareness of integrated management of acute malnutrition (IMAM), IYCF practices, WASH and common childhood disease prevention
- Increased nutrition awareness and behavioral change practices in the community
- Increased utilization of therapeutic and preventive nutrition services
- Strengthened coordination and capacity of nutrition partners including communities and line ministries to deliver quality and sustainable nutrition services through a variety of approaches
- A functional referral system ensured for severely malnourished non-responsive cases and those with medical complications (SC admissions are 5-10% of total admissions in OTP)
- Overall quality of SAM program maintained to include: >75%, <15% and <10% cure rate, defaulter rate and death SPHERE standards respectively
- Overall quality of MAM program maintained to include: >75%, <15% and <3% cure rate, defaulter rate and death SPHERE standards respectively
- 100% referral system set up for severely malnourished non-responsive cases and those with medical complications (to be determined by 5-10% SC admissions of total admissions in OTP)

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.	Number of children under 5 admitted for the treatment of SAM	1,336 children treated (681 boys and 655 girls)
X	2.	Number of children under 5 admitted for the treatment of MAM	2,731 children treated (1,393 boys and 1,338 girls)
X	3.	Number of pregnant and Lactating Women (PLW) treated for MAM	1,414 PLW treated
X	4.	Number of new OTP treatment sites established for treatment of SAM	2 new OTP treatment sites established for treatment of SAM
X	5.	Number of new TSFP treatment sites established for treatment of MAM	2 new TSFP sites set up for the treatment of MAM

X	6.	Number of children under 5 de-wormed	4,067 children de-wormed (2,074 boys, 1,993 girls)
X	7.	Number of children supplemented with Vitamin A	4,067 children supplemented (2,074boys, 1,993 girls)
X	8.	Number of children under 5 years screened in the community	8068 children under 5 years screened by end of project
X	9.	PLW received Iron Folate	1,414 PLW received Iron folate
X	10.	Number of functional mother-to-mother support groups	10 mother-to-mother support groups formed
X	11.	Health and nutrition workers trained in IYCF	18 health and nutrition workers trained in IYCF (15 men and 15 women)
X	12.	Quality of SAM program - Overall SAM program cure, default and death rates (SPHERE standards)	Overall SAM program cure rate (> 75%), default rate (<15%), death rate (<10%) SPHERE standards
X	13.	Quality of MAM program - Overall MAM program cure, default and death rates (SPHERE standards)	Overall MAM program cure rate (>75 %.), defaulter rate (<15%), death rate (<3%) SPHERE standards

vi). Cross Cutting Issues

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

Gender

In order to improve equity and sustainability, specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring and evaluation. PLW, boys and girls will benefit and participate equally in the project. PLW, boys and girls will benefit from the ready to use therapeutic foods (RUTF). Typical of most African setups, females in Pibor County are still marginalized in community participation and decision making that ultimately contributes to malnutrition. KHI will ensure that female and male representation will be balanced in community mobilization, and during recruitment of health & nutrition staff at various levels. KHI will continue to encourage and proactively recruit female staff in the proposed Payams, where the level of literacy and tradition of females working outside home is low. Through an active focus on nutrition, KHI will work to empower female decision-making for treatment seeking by facilitating male involvement and increasing nutrition promotion activities at the community level. Gender issues will be improved based on the IASC guidelines. All activities will include at least 50% females as and when possible.

Environment

Awareness on the negative consequences of deforestation to the environment and especially on climate will be highlighted during nutrition discussions which will be organized for the community members including women, boys and girls. All of the activities implemented will respect environmental considerations. In addition, it will be ensured that all activities related to this project will avoid depleting natural resources. Activities will include creating awareness on proper disposal of medical supplies and keen attention to location and sustainability so that the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources.

HIV/AIDS

HIV/AIDS prevention activities will be mainstreamed into all community activities. HIV/AIDS issues such as prevention, control and care of the victims will be addressed during health education sessions in all the proposed nutrition treatment centers. Awareness on HIV prevention, and medical transmission of HIV will be given due attention in community settings. KHI will provide HIV/AIDS awareness training for staff and community to reduce stigma in the community. Community awareness and education on HIV/AIDS will be improved based on the IASC guidelines.

Early Recovery

KHI is committed to staying beyond the crisis situation to help improve the current malnutrition situation in South Sudan and has considerable experience from other countries in developing programmatic interventions and strategies designed to target the transitional period from relief to development. It is a strategic objective of KHI in South Sudan to develop an early recovery strategy in coordination with the activities of other partners. Through improving information and data management, and working closely with the target communities, KHI will continue to monitor the situation and the root causes of SAM and MAM to adjust programmatic interventions with a view to longer term development objectives

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.

KHI shares similar vision/mission, core sectors of intervention (health and nutrition) and approaches (strengthening of the existing local system rather than duplication of efforts / establishment of parallel structures) with the cluster and the MOH. KHI is registered as an INGO in South Sudan and is acknowledged by Jonglei Relief and Rehabilitation Commission, State Ministry of Health and Pibor County Health Department in Jonglei. The partnership and collaboration is primarily aimed at ensuring integration of services as well as timely support and supervision to integrated primary healthcare & nutrition service delivery and emergency response in Jonglei.

Existing services in Jonglei will be strengthened in order to guarantee continuous and effective frontline and emergency service provision in the catchment area. KHI will recruit and train 30 HEWs on nutrition and its referral. Expansion of outreach and establishment of effective referral system are meant at widening population access to and utilization of frontline and emergency nutrition services, as well as to expand the nutrition surveillance capacities.

The project design is based on proactive and continuous collaboration between KHI, the local government, Nutrition cluster and pipeline managers such as UNICEF and WFP. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), and project coordination bodies will be purposely established and meet on regular basis to share project plans, challenges and achievements of expected results. KHI will continue working in partnership with the State Ministries of Health and County Health Department particularly in facilitating health and nutrition system coordination, health

information management systems, and transition strategies. KHI will work hand in hand with the Pibor CHD throughout the project cycle, including joint field visits, review of work plans, staff recruitments and trainings. KHI Nutrition Program Manager and Country Programs Director in liaison with the staff at the field level will ensure that the technical implementation of the project is in line with the national and international standards.

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 work plan (Section III)².

KHI has established a robust monitoring and evaluation (M&E) system in Jonglei that will guide successful implementation of the project, including key gender sensitive indicators. KHI intends to establish the same M & E system in the proposed intervention areas in Jonglei State. It will be a continuous process of collecting information and presenting data, throughout the project cycle, in order to assess the impact and lead to improvements in the effectiveness of the project.

2). KHI monitoring efforts in the project will ensure compliance with IMAM guidelines and SPHERE standards, policies and relevant learning is documented, disseminated to staff and used to make future decisions. Based on the reporting mechanisms that have been developed, field focal points will continue verifying project implementation and evaluations regularly. Data will be collected (disaggregated by sex), synthesized and analyzed for summary and thematic reports on M&E findings. KHI will share the data regularly following monthly cluster data reporting schedules.

3). KHI will follow the CHF financial and narrative reporting requirements in a timely manner. KHI will further develop and facilitate training materials and presentations for capacity building of project staff on M&E. The project will regularly review and improve the M&E system by seeking stakeholder inputs and through consultations with other organizations working in the region. Quarterly M&E meetings with stakeholders and partner agencies will be convened. Impact assessment will be conducted at the end of each project cycle to review progress on achieving the project objectives and next steps to promote sustainable activities. Review of the project objectives, activities and outcomes will help identify gaps in implementation.

Continuous monitoring of project activities will be ensured by:

- **Effective Monitoring System:**
 - (i) compilation of daily/weekly/monthly health facility registers
 - (ii) Compilation of outreach reports
 - (iii) Compilation of monthly and quarterly reports for State MoH
 - (iv) Compilation of quarterly progress report for the donors
 - (v) Monthly and quarterly reports to HQ project division
- **Effective Financial Monitoring System:**
 - (i) KHI will continue to utilize its robust accounting systems that have been designed to meet project needs. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable will be recorded using a specific accounting software which is reconciled on a daily/weekly/monthly basis under the supervision of HQ administrative department;
 - (ii) Budget follow-up will be elaborated and approved by the HQ project department together with the request for funds.
 - (iii) Procurement plan will be elaborated at the beginning of the project and reviewed on a quarterly basis with the support and supervision of HQ procurement officer.
 - (iv) Compilation of financial report will be elaborated by KHI country administration with the support of a Project accountant and subsequently approved by HQ administrative department
 - (v) Annual financial audit will be conducted.
- **Qualified Technical Assistance:**

KHI has envisaged employment of technical human resources skilled in management and supervision, responsible for assisting local nutrition staff at both facility and outreach level. They will be based at each of the main project locations and will ensure daily supervision of the quality of the services provided.
- **M&E Officer:**

KHI staff will include an M&E Officer, who will be responsible for the M&E roles at the project areas, to check on project indicators, targets and performances. The same role will also be played by KHI Country Programs Director. Who will make periodic visits to project locations
- **External Monitoring:**

KHI will share periodical information and data on the project implementation with Nutrition Cluster focal persons in the

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.

proposed project areas, to share views and get additional inputs and comments.

D. Total funding secured for the CRP project

Please add details of secured funds from other sources for the project in the CRP.

Source/donor and date (month, year)	Amount (USD)
UNICEF (in-kind support)	38, 076.34
WFP (in-kind support)	We have no information about the exact value
Pledges for the CRP 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/60051	Project title: Emergency Response for the Treatment and Prevention of Acute Malnutrition among Boys and Girls under five, PLW and Building Community Resilience in EES, Jonglei States	Organisation: Kissito Healthcare International (KHI)

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	<i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i>	<i>What are the key indicators related to the achievement of</i>	<i>What are the sources of information on these indicators?</i>	
CHF project Objective	To prevent and treat acute malnutrition among children under 5 and PLW and build resilience of the targeted communities of Pibor County of Jonglei State	<ul style="list-style-type: none"> Global acute malnutrition rate 	<ul style="list-style-type: none"> SMART and/or other nutritional surveys 	<ul style="list-style-type: none"> Security situation remains stable during the project period Minimal population movement in and out of the project locations
Outcome 1	Increased availability and access to quality nutrition services for children under 5 and PLW	<ul style="list-style-type: none"> Number of children under-5 and PLW admitted for treatment of SAM and or MAM Overall SAM program cure rate, default rate, and death rate at or above Sphere standards Overall MAM program cure rate, default rate, and death rate at or above Sphere standards 	<ul style="list-style-type: none"> Attendance/ Treatment Registers at OTP and TSFP sites Monthly nutrition reports 	<ul style="list-style-type: none"> Conducive security allowing adequate accessibility to and by beneficiaries Weather conditions Continuous funding Logistical support is available to provide transport of staff and supplies
Output 1.1	Children under 5 and PLWs affected by emergencies are provided with quality curative nutrition services	<ul style="list-style-type: none"> # of Children under 5 admitted for the treatment of SAM # of Children under 5 admitted for the treatment of MAM # of PLW treated for MAM # of functional OTP/TSFP sites established 	<ul style="list-style-type: none"> Attendance/ Treatment Registers at OTP and TSFP sites Monthly reports 	<ul style="list-style-type: none"> RUTF and routine OTP drug supplies are available through UNICEF TSFP commodities are available through WFP Nutrition workers are available in local communities Ministry of Health and Government support are provided to allow activities to be carried out
Activity 1.1.1	Screen and enroll children under 5 for SAM			
Activity 1.1.2	Screen and enroll PLW in Supplementary Feeding Programs			
Activity 1.1.3	Screen and enroll children under 5 for MAM			

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.1.4	Maintain effective functions of 2 OTP and 2 TSFP sites and establish 2 additional OTPs and 2 additional TSFP sites		
Activity 1.1.5	Provide micronutrient supplementation including ferrous and folic acid to pregnant and lactating women		
Activity 1.1.6	Provide targeted supplementary feeding to pregnant-lactating women		
Outcome 2	Improved IYCF knowledge among communities and health workers	<ul style="list-style-type: none"> • # of IYCF community awareness campaigns conducted • # of community members sensitized on IYCF 	<ul style="list-style-type: none"> • Monthly community mobilization reports • Security will remain stable to allow mobilization and sensitization activities • There will be cooperation from the community
Output 2.1	Community members educated on IYCF	<ul style="list-style-type: none"> • # of HEWs educated on nutrition and IYCF • # of functional mother-to-mother support groups formed to promote IYCF • # of men and women from the community sensitized on IYCF practices 	<ul style="list-style-type: none"> • Monthly community mobilization reports • There will be cooperation from the community • Security will allow community-based activities
Activity 2.1.1	Sensitize community members on optimal IYCF, causes and prevention of malnutrition and healthy eating behavior		
Activity 2.1.2	Train mother-to-mother support groups on IYCF, for care of malnourished children while actively involving and engaging men from the community		
Activity 2.1.3	Sensitize community members through effective Behavioral Change Communication (BCC) messages on nutrition, particularly IYCF		
Output 2.2	Health and nutrition workers trained in IYCF	<ul style="list-style-type: none"> • Number of Health and nutrition workers trained in IYCF 	<ul style="list-style-type: none"> • Training reports/attendance registers • -There will be availability of qualified personnel to hire for program activities • -There will be conducive security to enable training
Activity 2.2.1	Train health and nutrition workers on IYCF		
Outcome 3	Increased utilization of therapeutic and preventive nutrition services	# of OTP/TSFP sites established	Monthly project reports Conducive security to allow setting up of OTP/TSFP sites
Output 3.1	OTP and TSFP treatment sites established for treatment of SAM/MAM	<ul style="list-style-type: none"> • # of OTP and TSFP sites established 	<ul style="list-style-type: none"> • Project reports • Conducive security to allow setting up of OTP/TSFP sites
Activity 3.1.1	Equip KHI supported treatment sites and HEWs with the necessary anthropometric equipment for nutrition screening		
Activity 3.1.2	Enhance effective functioning of OTP and TSFP centers at 8 operation sites		
Activity 3.1.2	Supply necessary materials for nutrition screening and growth monitoring to treatment sites and community-based HEWs		

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 3.2	Children de-wormed and supplemented with vitamin A and micronutrients PLW supplemented with iron foliate	<ul style="list-style-type: none"> • # of children under-5 dewormed and supplemented with vitamin A • # of PLW supplemented with iron foliate 	<ul style="list-style-type: none"> • Monthly /supplementation records 	<ul style="list-style-type: none"> • Conducive security to allow accessibility and utilization of services
Activity 3.2.1	Provide de-worming and Vitamin A supplementation to children under 5 and iron foliate to PLW			
Outcome 4	Improved capacity of facility and community based health and nutrition workers and	<ul style="list-style-type: none"> • # of health and nutrition workers and HEWs trained on CMAM 	<ul style="list-style-type: none"> • Training reports 	Availability of health and nutrition workers to serve in the project
Output 4.1	Health and nutrition workers trained on CMAM Health Extension Workers trained on CMAM	<ul style="list-style-type: none"> • # of Health and nutrition workers trained on CMAM • # of Health extension workers trained on CMAM 	<ul style="list-style-type: none"> • Training reports 	<ul style="list-style-type: none"> • Availability of health and nutrition workers to serve in the project
Activity 4.1.1	Train health and nutrition workers that will be involved in managing moderate and severe acute malnutrition, growth monitoring and promotion			
Activity 4.1.2	Train HEWs to carry out community based nutrition screening and referral of malnourished children, MUAC screening, defaulter tracing, conduction of nutrition and health education in the intervention areas			
Activity 4.1.3	Train health and nutrition workers on IYCF and provision of minimum health and nutrition package			
Outcome 5	Improved coordination and support for nutrition activities with key stakeholders	# of joint coordination meetings/activities conducted with stakeholders	<ul style="list-style-type: none"> • Activity reports, meeting minutes 	Continuous cooperation with key stakeholders
Output 5.1	Cluster coordination meetings attended	<ul style="list-style-type: none"> • # of cluster coordination meetings attended both at the national and state levels 	<ul style="list-style-type: none"> • meeting minutes/attendance registers 	<ul style="list-style-type: none"> • Continued cooperation from cluster members
Activity 5.1.1	Participate actively in Nutrition Cluster and sector coordination meetings both at the national and the state level to discuss nutrition and health related activities to improve outcomes in targeted counties			
Activity 5.1.2	Support improvements in coordination and support for nutrition activities with key stakeholders			

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. 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
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Activities	Q3/2014			Q4/2014		
	Jul	Aug	Sep	Oct	Nov	Dec
• Screen and enroll children under 5 and PLW for SAM and MAM programs	X	X	X	X	X	X
• Enhance effective functioning of both static and mobile OTP/TSFP sites	X	X	X	X	X	X
• Conduct facility-based nutrition screening and growth monitoring and promotion	X	X	X	X	X	X
• Community-based screening and referral of malnourished girls and boys under 5 and PLW to TSFPs and OTPs	X	X	X	X	X	X
• Equip KHI supported treatment sites and HEWs with the necessary anthropometric equipment for nutrition screening	X	X	X	X	X	x
• Provide therapeutic foods, micronutrient supplements to children under 5 and iron foliate to PLW	X	X	X	X	X	X
• Provide de-worming tablets and vitamin A to children under 5	X	X	X	X	X	X
• Sensitize community members on IYCF, causes and prevention of malnutrition, healthy eating, breastfeeding and complementary foods through BCC	X	X	X	X	X	X
• Educate PLW about EBF, complementary food, proper WASH practices and management of diarrhea, pneumonia, malaria and other common childhood diseases	X	X	X	X	X	X
• Sensitize community members through effective Behavioral Change Communication (BCC) messages on nutrition, particularly IYCF	X	X	X	X	X	X
• Capacity building of Health and Nutrition staff and community members	X	X	X	X	X	x
• On the job training health and nutrition workers on IMAM	X	X	X	X	X	X
• On the job training of HEWs on IMAM and IYCF	X	X	X	X	X	X
• On the job training of health and nutrition workers on IYCF	X	X	X	X	X	X
• Reporting and information sharing with other partners at the state and national levels	X	X	X	X	X	X
• Data collection at OTP and SFP sites	X	X	X	X	X	X
• Participate actively in Nutrition Cluster and sector coordination meetings both at National and State levels	X	X	X	X	X	X
• Conduct monitoring and supervisory visits to project sites	x	X	x	x	X	X

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