South Sudan
2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding againstConsolidatedAppeal

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariatchfsouthsudan@un.org

This proposal shall be submitted by cluster partners in two stagesto the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested andit is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

SECTION I:

CAP Cluster	Nutrition

CHF Cluster Priorities for 2012 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

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

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

Requesting Organization	Project Location(s)(list State, County and if possiblePayam where CHF activities will be implemented)
Concern Worldwide	Northern Bahr el Ghazal State (100%) Aweil West County and Aweil North County Aweil West Payams:Ayat East, Ayat Centre, Ayat East, Gumjuer West, Gumjeur East, Gumjeur Centre, Mariam West, Mariam East and Achana Aweil North Payams: Malual North, Malual Centre, Malual West, Malual East and Ariath
Project CAP Code SSD-12/H/46231/8498	
CAP Project Title Integrated nutrition interventions for children under five years and P&LW in Aweil West and North Counties in NBeG State of South Sudan	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US$1,102,552	US$ 400,000	US$ 75,000*

* Approximate left over balance from January to April'12 carried forward from no cost extension grant of CHF 2011. This amount will be fully utilized by the end of CHF 2011 NCE.

Direct Beneficiaries	
Women:	3,925
Men:	575
Girls:	11,269
Boys	11,268
Total number of beneficiaries	27,037

Total Indirect Beneficiary

56,611 < 5 children and 14,153 PLW

Catchment Population (if applicable)

353,817 (2008 census +3% annual pop growth rate)

Beneficiary breakdown		
Women	P&LW	2.700
	Trainees	
	Beneficiaries of IYCF promotion	1,225
	Other vulnerable	
Men	Trainees	50
	Beneficiaries of IYCF promotion	525
	Other - vulnerable	
Children U5 Yrs	SAM	1,506
	MAM	7,688
	BSFP	13,343
	Micronutrient supplementation	2,700 (P&LW), 9,194 (U5)
	Deworming	6,794

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

There are no direct sub-grantees under this proposed project. However, the projectwill be implemented in close collaboration with the respective County Health Departments (CHDs) as well as other relevant stakeholders e.g. IAS & AAA in Aweil West County and HealthNet TPO in Aweil North County.

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

Start Date (mm/dd/yy): 04/01/12

End Date (mm/dd/yy): 09/30/12

Address of county Office

Overall In-charge:
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Finance Contact:
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Address of HQ

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SECTION II

A. Humanitarian Context Analysis

Briefly describe (inno more than500 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[1]

The results of recent nutrition surveys undertaken by Concern Worldwide in November-December of 2011 following SMART methodology suggest the GAM and SAM rates are 12.7% and 2.1% for Aweil West and 16.3% and 3% for Aweil North respectively[2].The retrospective mortality rates i.e. crude mortality and under 5 crude mortality rates were 0.37/10,000/day and 0.90/ 10,000/day in Aweil West whereas the rates for Aweil North were 0.54/10,000/day and 1.27/10,000/day. The results of these post-harvest surveys conducted in November/December 2011, which showed marginal decrease in under-nutrition rates in both Counties when compared with similar post-harvest assessments conducted in previous years. SMART surveys conducted in April of 2011[3]revealed a GAM of 24.5% and Severe Acute Malnutrition (SAM) of 3.8% and 6.3% respectively for Aweil West and Aweil North Counties. These results indicated that there was no significant improvement in the Nutrition status when compared to the previous survey results i.e. March 2010. The March 2010 survey revealed a GAM of 24.7% and a SAM of 5.8% in a survey that was carried out jointly for the two Counties. Therefore, it can be concluded that acute malnutrition has assumed a chronic proposition in these two Counties especially in Aweil North.

Low capacity of the CHDs and facility staff to manage and deliver nutrition services aggravates the problem. Poor health seeking behavior and feeding practices e.g. poor parenting skills, low exclusive breastfeeding coverage compound the problem.

In addition to the above, Aweil North County suffers from fragmentation of health and nutrition services provision and inadequate coverage due to lack of technically qualified stakeholders. This has led to in-equity in service provision leaving pockets of service black-out leaving thousands of children and women malnourished, which is evident from the SMART survey results cited above.

In addition, South Sudan and Sudan signed an agreementand declared 8th April, 2012 as the deadline for the ~500,000[4] South Sudanese living in Sudan to return to their place of origin. Majority of these are expected to return to NBeG state with a high proportion settling down in Aweil North and West Counties.

Further, the latest joint FAO/WFP crop and Food Security Assessment Mission (CFSAM) of November 2011 indicated that the food security situation in South Sudan is likely to worsen in 2012 with the expected below average cereals production for 2011 as compared to 2010 average cereals production at national level. The main States expected to be affected with the below average crops harvest, according to CFSAM preliminary result, are NBEG, WBEG, Lakes, Unity, Warrap, Jonglei and Upper Nile.The food security situation is likely to deteriorate after January 2012 due to the expected early depletion of food stocks leading to early initiation of and prolongation of 'Hunger Gap'. The trade restrictions between Sudan and South Sudan will also continue to constrain cross border trade flow and heighten pressure on the staple food commodity and fuel prices hike[5].

B. Grant Request Justification

Briefly describe (inno more than500 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**)

Concern Worldwide is currently engaged with the CHD of Aweil West County in health and nutrition services provision through 18 Ministry of Health (MoH) facilities deliveringBasic Package of Health and Nutrition Services. Concern Worldwide is supporting nutrition services provision through 16 OTP, 1 SC and 11 SFP sites in Aweil West in an effort to improve integration of service provision while building the capacity of facility staff as well as the CHD in nutrition MIS. Considering the high need, Concern Worldwide is supporting 16 OTP and SFP sites each in Aweil North County. Further, Concern Worldwide is supporting a 10 member mobile nutrition team through CHD to improve quality and monitoring of nutrition interventions in Aweil North County. The commodities are supported by WFP and UNICEF respectively for the SFP and TFP interventions. Concern Worldwide has been actively engaged with other stakeholders in Aweil North e.g. HelthNet TPO towards effective integration of nutrition services within the health system.Concern Worldwide will continue to invest in building the capacity of the CHDs while ensuring quality nutrition services are provided through the MoH facilities in both the Counties.

Further, Concern Worldwide is engaged with the community structures using an innovative 'community conversation' approach to improve their health seeking behavior as well as Infant and Young Child Feeding Practices (IYCF) targeting specific groups e.g. Peer Group of P&LWs, Men's Group. The proposed interventions within this proposal will help Concern Worldwide to expand the coverage of community engagement.Concern Worldwide aims to test the feasibility of promoting usage of local commodities e.g. groundnut paste in addressing the high and chronic GAM in a pilot assessment during this project period especially during the 'Hunger Gap'. Growth monitoring and promotion (GMP) will ensure proper referral through community screening.

Concern Worldwide is an active member of the various coordination mechanisms at the state as well as national levels. Concern Worldwide is a member of technical working group on MAM in South Sudan.

Concern Worldwide is currently implementing food and livelihoods security interventions in 105 villages of Aweil West County and is an active member of State-level food security cluster as well as technical team. This will help Concern Worldwide to both prepare and link the outcomes to address malnutrition.

Concern Worldwide is recognized globally as a technical leader in CMAM, which is supported by a technically qualified team of

[1] To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.
[2]Integrated SMART Nutritional Anthropometric Survey of Children under Five years, December'11, Concern Worldwide.
[3]Anthropometric and Retrospective Mortality Survey, 19-27 April, 2011, Concern World Wide.
[4]Weekly Humanitarian Bulletin, 16th February'12, UN-OCHA.
[5]South Sudan Food Security Update, 15th December'11, RoSS.

nutritionists at both Country and headquarters level. Further, Concern Worldwide has a qualified Community Health and Nutrition specialist to strengthen the community mobilization component of the CMAM as well as to improve IYCF outcomes.

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

Continuation and expansion of nutrition services coverage and quality through 34 MoH health facilities will address the immediate needs of the affected population especially the children and P&LWs. Community engagement to improve health seeking behavior will improve utilization of services, while addressing some of the preventive aspects of malnutrition i.e. through IYCF. GMP at community level through community screening, which will result in better referral and prevention of malnutrition among children. Building the capacity and retaining the motivation of the different cadres e.g. Community Health & Nutrition Volunteers, Facility Staff and CHD staff will ensure programme coverage and quality in the immediate terms and will increase institutional sustainability in the longer-term. Supporting County and State-level coordination along with the standard SMART nutrition surveys will enhance preparedness and response capacity.

ii) Objective

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

- 9,194 children under five years' of age have received relevant nutritional and health care through MoH facilities in Aweil West and North Counties.
- 2,700 P&LWs have received relevant nutritional services at the 34 MoH health facilities in Aweil West and North Counties.
- 13,343 children between 6 to 36 months of age are provided with preventive blanket supplementary food ration in Aweil West and North Counties during 'Hunger Gap'.
- Pre-harvest Nutrition status assessed through two Surveys conducted following SMART methodology.
- Awareness among 25 'peer groups' increased towards better IYCF practices.
- Capacity of both the CHDs improved to respond to future nutritional needs of the communities.

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.**

- Facilitate provision of SFP and TFP services through 34 MoH facilities in Aweil West and North Counties through
  - Establishment of 2 new SCs
  - Improving storage facilities at 10 MoH facilities
  - Transportation and placement of food commodities and medicines
  - Provision of Incentives to the MoH staff
- PlumpyDoz distribution as a response to MAM during hunger gap.
- Strengthen the community mobilization for early case identification and referral through
  - Establishing community conversation in 25 'peer groups'.
  - Training of 120 Community Health and Nutrition Volunteers with provision of motivation kits
- SMART Pre-Harvest Nutrition surveys in two Counties.
- Capacity building of Concern and CHD staff on community conversation.
- Printing of stationeries for registration and IEC materials
- Facilitate monthly supportive supervision and evaluation of activities.
- Facilitate regular Growth Monitoring takes place at community level by the HHPs/CDDs.
- Ensuring regular coordination meetings with MoH and other implementing partners.
- Provide Technical, Logistical and Resource support to CHD and Facilities for effective management and integration of CMAM.

iv). Cross Cutting Issues

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

Improved knowledge and awareness on IYCF, Health and Hygiene through Nutrition Education sessions which will help parents to understand causes of malnutrition to prevent malnourishment among children. This will reduce the workload of women. The expected improvement in nutritional status of the women especially the P&LWs will improve women's wellbeing and will result in better participation at family and community level institutions. Health promotion activities will target men to get them involved in assuming responsibility to improve family level health and nutrition situation. Improved health seeking behavior will contribute towards the achievement of MDGs especially 4&5. The project will work closely with other partners i.e., AAA, malaria consortium, German Agro Action and Health Net TPO in the area of intervention.

The last but not the least HIV and AIDS will be addressed at the community and facility levels during preventive and curative services. Awareness campaigns and PMTCT will be the main focus on this cross-cutting component.

v) Expected Result/s

Listbelow the results you expect to have at the end of the CHFgrant 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.

- Improved nutritional status of all malnourished children aged between 6 to 59 months, pregnant and lactating women from targeted population (including recovery rate of >75%, defaulter rate of <15%, mortality rate of <10% in therapeutic care and <3% in supplementary care, and a coverage of >70%).
- 90% of the children between the age of 6-35 months in both the Counties screened using MUAC.
- Provision of nutrition and health services in line with the 'RoSS Basic Package of Health and Nutritional Services' through 34 PHCUs/PHCCs

	Indicator	Target (indicate numbers or percentages)

1	Improved nutritional status of moderate acute malnourished children (under 5 years old) and P&LW	U5 Children = 7,688 P&LW = 2,700
2	Improved nutritional status of severely acute malnourished children (under 5 years old)	U5 Children=1,506
3	Early identification of malnourished cases (PLW &<5 children), referral for appropriate curative services, micronutrient supplementationand promotion of IYCF practices.	U5 Children Screening= 9,194 PLW Screening =2,700
4	Improved MoH staff capacity in managing CMAM& health related issues through trainings.	50
5	Community health promoters (HHPs/ CDDs/ VHCs/ TBAs) are successfully engaged in preventive and curative nutritional interventions in their respective communities.	60

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

The project will be implemented directly by Concern Worldwide in close collaboration with the respective CHDs. Curative services e.g. SFP, OTP, SC will be provided in 34 targeted health facilities. Community mobilization will be facilitated through targeted community groups e.g. 'peer group' of P&LWs. Capacity building of the CHD and community volunteers will be an approach of the project. Other stakeholders will be supported based on the identified need and capacity e.g. HealthNet TPO in Aweil North County.

vii) Monitoring Plan

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

Community screening through GMP will be conducted to understand proxy acute malnutrition rates especially during 'hunger gap'. Data from the facilities providing services will be collated and analysedon a monthly basis involving the CHD and Concern nutrition staff to monitor the progress. Supportive supervision will be undertaken to ensure service quality as well as on-the-job capacity building of the staff.

Nutrition survey will be conducted to understand the overall 'nutrition' situation and progress against the planned nutritional outcomes.

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)
UNCHF- Round 2 of 2011 (NCE)	75,000

	NOTES
1. SUPPLIES, COMMODITIES, EQUIPMENT, TRANSPORT	
1.1 Transport cost for programme supplies -(e.g. plumpynuts from UNICEF and distribution to facilities) 1.2 Other Nutrition Equipment/Supplies (measuring jugs, mixing bowls, etc.) 1.3 Registration Items (Stationeries, Forms, Registers etc.) 1.4 Extension/Rehabilitation of Feeding Centre stores. 1.5 Local transport items -34 Bicycles for health facilities' staff(including spares) 1.6 Programme operation and supervision support to CHDs- fuel and maintenance of vehicles and motorbikes 1.7 Health and nutrition centre visibility sign posts 1.8 Desktop with UPS- 2 for the CHDs	1.1 Anticipated two (2) trips @ US$ 7,500 per trip. 1.2 34 sets of nutrition programme equipment @ US$ 250 per facility for every MoH facility providing the nutrition services. 1.3 Bulk printing of registration forms and identity tags for different nutrition interventions @ US$ 5,000 lumpsum. 1.4 Extension of MoH facilities to accommodate the food commodities in two (2) locations @ US$ 5,000 per location. 1.5 Thirty four (34) bicycles @ US$ 200 for the MoH facility staff involved in nutrition service provision. 1.6 Monthly supervision and operations support to the two (2) CHDs @ US$ 1,000 per month per CHD. 1.7 16 sign boards @ US$ 300 per sign board to ensure visibility of the facilities providing the nutrition services to increase access. 1.8 Two desktops with UPS @ US$ 1,600 per set will be provided to each CHDs for effective recording and reporting.
2. STAFF COSTS - PROGRAMME PERSONNEL	
2.1 Expatriate staff 2.1.1 Nutritionist (75%) 2.1.2 Community Nutrition and Health Coordinator (25%) 2.1.3 Programme Manager (H&N) (20%) 2.1.4 MNCH and RH Coordinator (25%) 2.1.5 Country Director (10%) 2.1.6 Assistant Country Director (15%) 2.1.7 Country Accountant (10%) 2.1.8 General System Manager (10%) 2.1.9 Programme Support Officer (15%)	Expatriate Staff: 2.1.1 One (1) Nutritionist will provide 75% of his time in the project through this funding support to ensure technical quality. 2.1.2 One (1) Community Health & Nutrition Coordinator will provide 25% of her time in the project through this funding support to strengthen the community mobilization component. 2.1.3 One (1) Programme Manager will provide 20% of his time in the project through this funding support for managerial steer. 2.1.4 One (1) Maternal, Child and Reproductive Health Coordinator will provide 25% of her time in the project through this funding support to improve P&LWs' access to services. 2.1.5 One (1) Country Director will provide 10% of his time as the overall manager of the project. 2.1.6 One (1) Assistant Country Director will provide 15% of his time in the project through this funding support to provide strategic programme oversight. 2.1.7 One (1) Country Accountant will provide 10% of his time in the project through this funding support to ensure accountability and compliance. 2.1.8 One (1) General Systems Manager will provide 10% of his time in the project through this funding support to ensure programme delivery through effective logistics. 2.1.9 One (1) Programme Support Officer will provide 15% of her time in the project through this funding support to ensure proper & quality monitoring and reporting.
2.2 National Staff 2.2.1 Nutrition Project Officers (50%) 2.2.2 Nutrition Supervisors (50%) 2.2.3 Finance Officers (15%) 2.2.4 Office Administrator (15%) 2.2.5 HR Officers (15%) 2.2.6 Transport Officer (15%) 2.2.7 Field Drivers (100%) 2.2.8 Warehouse/ Store Keeper (100%) 2.2.9 Guards (100%) 2.2.10 National Staff Medical costs 2.2.11 National Staff Insurances 2.2.12 National Staff Pension costs 2.2.13 Staff food, perdiem and other costs	National Staff: 2.2.1 Two (2) Nutrition Project Officers (1 each for each County) will provide 50% of their time in the project through this funding support to ensure effective programme implementation. 2.2.2 Four (4) Nutrition Supervisors (2 each for each County) will provide 50% of their time in the project through this funding support to support direct programme delivery. 2.2.3 Two (2) Finance Officers will provide 15% of their time in the project through this funding support to ensure financial compliance of the project activities. 2.2.4 One (1) Office Administrator will provide 15% of his time in the project through this funding support to ensure effective programmeadministration. 2.2.5 Two (2) HR Officers will provide 15% of their time in the project through this funding support to ensure effective human resources management in the project. 2.2.6 One (1) Transport Officer will provide 15% of his time in the project through this funding support to provide adequate logistics support in terms of movement and transportation of staff and supplies & commodities. 2.2.7 Two (2) Drivers will provide 100% dedicated time to the project through this funding support to ensure efficient movement. 2.2.8 One (1) Warehouse/Store Keeper will provide 100% dedicated time to the project through this funding support to ensure

	effective supply chain within the project. 2.2.9 Two (2) Security Guards will provide 100% dedicated time to the project through this funding support to ensure security of assets, properties and human resources. 2.2.10 15% of the total national staff salary will be utilized to provide medical insurance cover. 2.2.11 4% of the total national staff salary will be utilized to provide general insurance cover. 2.2.12 17% of the total national staff salary will be utilized to provide national staff pension cover. 2.2.13 18 staff members (both national relocatable& expatriates) located in the field office compound assigned to this project will be provided with food amounting to US$ 500 per month per person. This project will bear 50% of the food costs.
3. STAFF TRAVEL	
3.1 International Travel 3.1.1 Induction, Training & Workshops (1 trip) ***3.2 Local Travel*** 3.2.1 Aweil to Juba (8 trips)	3.1.1 Global induction costs of the Nutritionist will be covered from this project support. The cost of US$ 350 per day includes airfare and accommodation & food. 3.2.1 A total of 8 trips between Aweil and Juba is expected to be carried out by the project staff during the project period. Every trip costing US$ 200 including airfare and accommodation and food expenses for 4 days for each trip.
4. TRAINING WORKSHOPS/SEMINARS/CAMPAIGNS	
4.1 CMAM (IMSAM and IMMAM) refresher training 4.2 Community Conversation Approach Training for Staff & CHD Members 4.3 State stakeholder workshop - addressing malnutrition	4.1 Two (2) refresher and new trainings on IMSAM and IMMAM will be conducted for MoH health facility based staff. It is anticipated that each training event will cost US$ 2,500 per including training allowance, travel cost and training materials. 4.2 Community conversation training will be facilitated by an expert. The cost will include stationeries and training materials and airfare etc. 4.3 Stakeholder workshop for state wide nutrition intervention will be supported by Concern at the cost of US$ 5,000. The cost includes participants' costs for allowances, hall rent and accommodation on Aweil town.
5. CONTRACTS	
5.1 Community nutrition & health educators (volunteers) incentive (60 HHP) 5.2 Casual Labour/Porters (40) 5.3 Consultancy for Pre - Harvest Nutrition Survey-Aweil W &N 5.4 Support to run OTP/SFP, SC and County Health Department (Aweil North &West) 5.5 Support to EPI/Vitamin A and Micronutrient Supplementation Campaigns 5.6 Stakeholders' Coordination Meeting (Monthly)	5.1 60 HHPs will be engaged in community nutrition and health activities at the incentive cost of US$ 30 per person for six (6) months. 5.2 40 casual laborers will be engaged into the programme for project duration. Labourwill be involved in activities such as mass screening for malnutrition, outreach campaign in health and nutrition as well as portage of commodities. The cost will be approximately US$ 40 per person per month. 5.3 Pre-harvest nutrition survey for tw counties will be conducted at the cost of US$ 25,000 for the total set of survey. 5.4 Support to the county health department to run nutrition activities will be provided interms of incentive amounting to US$1,500 per county per month for six (6) months. 5.5 Micronutrients nutrition campaign support for 2 counties will be organized at the cost of US$ 2,000 for each county. 5.6 Monthly county health and nutrition coordination meeting will be organized for all stakeholders and a contribution of US$ 200 will be made towards the same.
7. VEHICLE OPERATING AND MAINTENANCE COSTS	
6.1 Vehicle Fuel (2 cars, 1 pick-up & 1 truck-25%) 6.2 Vehicle Maintenance (2 cars, 1 pick-up & 1 truck-25%) 6.3 Vehicle Insurance (2 cars, 1 pick-up & 1 truck)	6.1 Four (4) vehicles will be directly engaged in the project contributing 25% of their time. Fuel @ US$ 1,250 per vehicle per month will be utilized based the current running average of the vehicles. 6.2 Four (4) vehicles will be directly engaged in the project contributing 25% of their time. Maintenance and Spares costs @ US$ 1,000 per vehicle per month will be utilized based the current average costs for the vehicles. 6.3 Four (4) vehicles will be directly engaged in the project contributing 25% of their time. This project will contribute to insurance cost @ US$ 200 per vehicle.
8. OFFICE EQUIPMENT AND COMMUNICATION	
7.1 IT Equipment (1 Desktop and 1 digital camera for Health & Nutrition team) 7.2 Office Furniture/Other Equipment (3 sets of Tables and Chairs, 3 White Boards and 2 Shelves &2 Cupboards each)	7.1 One (1) Desktop with UPS and one (1) Digital Camera will be procured from this budget. The Desktop will be used by the Nutrition Supervisors and the Camera will be used by the M&E team as well as the programme team for better documentation. An amount of US$ 4,000 will be spent on these items. 7.2 Three (3) sets of tables and chairs will be procured to accommodate the new team members. Two (2) shelves and cupboards each will be

	procured; one each set for the H&N programme and ACDP office. Three(3) whiteboards will be procured; 1 each for programme, ACDP and M&E team. The total cost is anticipated to be US$ 4,000.
9. OTHER ADMINISTRATIVE COSTS	
8.1 Office Running Costs 8.2 Field Office &Compound Rehabilitation 8.3 Bank Charges	8.4 Office running costs for two (2) offices include office rent, utilities, insurance, stationeries/consumables, and repair& maintenance costs. This project will contribute 25% of the costs, which is US$ 7,500 per month per office. 8.5 Field office & compound rehabilitation costs include renovation and extension of space. A lumpsum of US$ 15,000 has been estimated towards this from this budget. 8.6 Monthly Bank charges of approximately US$ 71 has been charged to this project.
OVERHEAD/PROGRAMME SUPPORT COSTS (PSC)	
9.1 Overhead Administration Cost (7%)	9.1 7% of the total project cost will be charged as Overhead Administration Cost. This amount is US$ 25,926.
AUDIT Costs	
10 NGOs are required to budget at least 1% of total project cost for audit, UNDP/TS will contract external audit	10 An amount of US$ 3,704 has been budgeted towards the Audit fees.
11. GRAND TOTAL COSTS	
11 The total of project Direct costs, Overhead costs and Audit cost	11 The Total Cost of the Project is **US$ 400,000**

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: SSD-12//H/46231/8498	**Project title: Integrated nutrition interventions for children under five years and P&LW in Aweil West and North Counties in NBeG State of South Sudan**	**Organisation: Concern Worldwide**

Overall Objective: *What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.*	**Indicators of progress:** *What are the key indicators related to the overall objective?*	**How indicators will be measured:** *What are the sources of information on these indicators?*	**Assumptions & risks:**
• To reduce malnutrition related morbidity and mortality in children under five years of age and P&LW through integrated health and nutrition services in Aweil West and Aweil North Counties of NBeG	• CMR < 1/10,000/day • U5MR < 2/10,000/day • GAM<15% • SAM<3%	• SMART Nutrition Surveys • Monthly Nutrition reports • Monthly HMIS reports • Quarterly Nutrition Reports	• The political and security conditions in the country remains stable without affecting the population e.g. death & displacement and service provision
Specific Project Objective/s: *What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.*	**Indicators of progress:** *What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?*	**How indicators will be measured:** *What are the sources of information that exist and can be collected? What are the methods required to get this information?*	**Assumptions & risks:** *What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?*
• Children under five years' of age have received nutritional and health care through MoH facilities in Aweil West and North Counties	• 9,194 children treated for moderate and severe acute malnutrition	• Nutrition monthly and quarterly reports	• Availability of uninterrupted supply of nutrition food commodities from UNICEF and WFP. • Un-interrupted accessiblity and functionality of all facilities delivering nutrition services
• P&LWs have received relevant nutritional services at the 34 MoH health facilities in Aweil West and North Counties	• 2,700 P&LWs	• Nutriton monthly and quarterly reports	• Availability of uninterrupted supply of nutrition food commodities from UNICEF and WFP. • Un-interrupted accessiblity and functionality of all facilities delivering nutrition services
• Children between 6 to 36 months of age are provided with preventive blanket supplementary food ration in Aweil West and North Counties during 'Hunger Gap'	• 13,343Children under age of three	• Nutriton monthly and quarterly reports	• Availability of uninterrupted supply of food from WFP.
• Pre-harvest Nutrition status assessed through two Surveys conducted following SMART methodology.	• SMART Pre-Harvest Nutrition surveys in two Counties.	• Nutriton survey reports	• The SMART nutrition consultant is available to undertake the sutvey in specified time.

			• Security in the locations remain stable.
• Awareness among 25 'peer groups' increased towards better IYCF practices.	• 1,750 beneficiaries participating in IYCF sessions	• Monthly and quarterly reports	• Accessibility to all the catchment population in the targeted villages.
• Capacity of both the CHDs improved to respond to future nutritional needs of the communities.	• 50 adequately capacitated MoH facility based and CHD staff from the targeted programme locations	• Training reports	• Training is well arranged as such that absence of staff from facilities does not substaintially obstruct the service provision
Results - Outputs (tangible) and Outcomes (intangible): • *Please provide the list of concrete DELIVERABLES - outputs/outcomes (**grouped in Workpackages**), leading to the specific objective/s:* 1.Improved nutritional status of all malnourished children aged between 6 to 59 months and pregnant and lactating women from targeted population.	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?* • recovery rate of >75% • defaulter rate of <15% • mortality rate of <10% in therapeutic care and <3% in supplementary care • coverage of >70%	**How indicators will be measured:** *What are the sources of information on these indicators?* • Nutrition reports i.e. SFP and OTP reports • Nutrition survey report • Coverage survey report	**Assumptions & risks:** *What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?* • Inter-sectoral coordiation improves to address the root causes of continued acute malnutrition.
2.Eligible girls and boys of 6-59 months supplemented with Vitamin A.	• Number of children receiving Vitamin A.	• Nutrition survey report • Immunization campaign reports	• Access to awareness among the communities and children remain unhindered.
3.Eligible pregnant mothers supplemented with iron foliate	• Number of pregnant mothers received iron folate.	• Monthly reports from PHCUs and PHCCs • Nutrition survey report	• Pregnant women continue to access the ANC services in the facilities.
4.Increased awareness and improved practice of appropriate infant and young child feeding among women	• 50% of under 5 children are exclusively breast-fed. • 60% of PLWs receiving information on good IYCF practices.	• Nutrition survey report • KAP survey report • Health facilities through ANC/PNC data	• Communities remain receptive to the BCC interventions.
5.Provision of nutrition and health services in line with the 'RoSS Basic Package of Health and Nutritional Services' through PHCUs/ PHCCs	• 34 PHCCs and PHCUs providing regular BPHNS	• Monthly reports from PHCUs and PHCCs	• CHD is actively engaged in BPHNS delivery with adequate supprt from the SMoH, other resource partners and stakeholders.

Activities:
*What are the key activities to be carried out (**grouped in Workpackages**) and in what sequence in order to produce the expected results?*
• Facilitate provision of SFP and OTP services through 34 MoH facilities in Aweil West and North Counties through:
  • Establishment of 2 new SCs
  • Improving storage facilities at 10 MoH facilities
  • Transportation and placement of food commodities and medicines
  • Provision of Incentives to the MoH staff
• Plumpy Doz distribution as a response to MAM during hunger gap
• Strengthen the community mobilization for early case identification and referral through
  • Establishing community conversation in 25 'peer groups'
  • Training of 120 Community Health and Nutrition Volunteers with provision of motivation kits
• SMART Nutrition survey
• Capacity building of Concern and CHD staff on community conversation.
• Printing of IEC materials
• Facilitate monthly supportive supervision and evaluation of activities.
• Facilitate regular Growth Monitoring takes place at community level by the HHPs/CDDs.
• Ensuring regular coordination meetings with MoH and other implementing partners.
• Provide Technical, Logistical and Resource support to CHD and Facilities for effective management and integration of CMAM.
• Gender mainstreaming & HIV/AIDS Risk Reduction through provision of PMTCT services.
	Inputs:
	What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?
	• Staff time (direct and indirect staff)
	• Food supplies
	• Nutrition equipments
	• Office equipments
	• Transport items (bicycles) for health facilities staff
	• Vehicles and related costs (fuel and maintenance)
	• Stationeries and IEC materials
	• Survey Consultant
	• Training for Community level representatives, facility staff & CHD staff
	• Community Conversation Training
	• CHD inputs support e.g. incentives, fuel, stationeries for improved operation and supervision.
			Assumptions, risks and pre-conditions:
			What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?
			• Required food commodities/supplies are in place.
			• Staff in the health facilities providing nutrition services are identified and aware of their roles & responsibilities.
			• Population remain accessible in their locations and also keep accessing the services from the facilities.

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activity	**Q1 / 2012**			**Q2 / 2012**			**Q3 / 2012**			**Q4 / 2012**			**Q1 / 2013**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1Improved nutritional status of all malnourished children aged between 6 to 59 months, pregnant and lactating women from targeted population															
Activity (1.1) Provision of CMAM services to 6-59 months malnourished children and P&LWs.				X	X	X	X	X	X						
Activity (1.2) Distribution of nutritional supplements for malnourished cases				X	X	X	X	X	X						
Activity (1.3) Active case finding through community and facility based screening and referral for appropriate care.				X	X	X	X	X	X						
Activity (1.4) Conduct pre-harvest nutrition SMART survey.				X	X										
Result 2Eligible girls and boys of 6-59 months supplemented with Vitamin A.															
Activity (2.1) Vitamin A supplementation for children above 6 months with 6 months interval.				X	X	X	X	X	X						
Result 3 Eligible Pregnant mothers supplemented with iron foliate.															
Activity (3.1) Iron foliate tablets supplementation to pregnant mothers through routine ANC visits.				X	X	X	X	X	X						
Result 4 Increased awareness and improved practice of appropriate infant and young child feeding among women															
Activity (4.1) Improved IYCF practices through health facility and community based sessions, cooking demonstrations and Health & Hygiene awareness sessions.				X	X	X	X	X	X						
Activity (4.2) Conduct community conversation training/campaign for improved IYCF practices.								X							
Result 5 Provision of nutrition and health services in line with the 'RoSS Basic Package of Health and Nutritional Services' through PHCUs/PHCCs															
Activity (5.1) Operationalization of 34 Health & Nutrition sites.				X	X	X	X	X	X						
Activity (5.2) Conduct trainings according to MoHRoSS CMAM and IMSAM guidelines						X			X						
Activity (5.3) Support supervision of Nutrition & Health services through regular field visits and on job mentoring.															
Activity (5.4) Support MoH to conduct state stakeholder workshop addressing malnutrition.						X									

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