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**

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

- 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

Cluster Geographic Priorities for this CHF Round

1. Jonglei – all counties
2. Upper Nile – all counties
3. Unity – all counties
4. Central Equatoria – Juba (IDP camps)
5. 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
John Dau Foundation

Project CRP Code	**CRP Gender Code**
SSD-14/H/69576	0

CRP Project Title *(please write exact name as in the CRP)*
Nutrition response for Internally Displaced People and other vulnerable lactating/ anaemic mothers, children in need with specific focus on children 7 months and 5 years in Duk County

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/ies (include payam when possible)*
Jonglei	100	*Duk County, Twic East*

Total Project Budget requested in the in South Sudan CRP	US$70,000
Total funding secured for the CRP project *(to date)*	US$ 0

Funding requested from CHF for this project proposal	US$70,000

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 CRPproject 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:	1150	5,000
Girls:	1678 Children under 5	13,230
Men:	200	9000
Boys:	1119 Children under 5	13,770
Total:	4147	41,000

Indirect Beneficiaries / Catchment Population (if applicable)

41,000 (This represents a catchment population thus far identified by JDF Staff. This population consists of IDP from Duk County and Twic East Both within Duk Counties and Twic Easy Counties)

Targeted population:
IDPs, host communities

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 6 month

1 August 2014 – 31 January 2015

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

Contact details Organization's Country Office	
Organization's Address	
Project Focal Person	Daniel Pisegna, dpisegna@johndaufoundation.org +1 315 378 5290
Country Director	Joh Deng, johdengdlbc@gmail.com +211 912-741-408
Finance Officer	Daniel Pisegna, dpisegna@johndaufoundation.org +1 315 378 5290
Monitoring & Reporting focal person	Joh Deng, johdengdlbc@gmail.com +211 912-741-408

Contact details Organization's HQ	
Organization's Address	PO Box 503, Skaneateles NY, 13152 USA
Desk officer	*Joh Deng, johdengdlbc@gmail.com*
Finance Officer	*Daniel Pisegna,* *dpisegna@johndaufoundation.org* +1 315 378 5290

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]

The John Dau Foundation Built the Duk Lost Boys Clinic (DLBC) and opened it for patients in May of 2007 in the Village of Duk Payuel South Sudan. Since 2007, the DLBC has provided medical services to over 120,000 patients, and has grown to become the County Hospital for Duk County. Since 2012, JDF has had a working partnership with UNICEF and has been responsible for all nutrition programming within Duk County.

The violence with broke out in December of 2013, spread to Duk County in February of 2014. Duk County, which was divided between Nuer and Dinka, became a hotbed of violence. In late February, the staff of the DLBC was forced to evacuate South to Poktop where they continued to provide medical services to the growing number of IDPs. For two weeks in the beginning of March 2014, the staff could not travel north to the clinic due to ongoing insecurity. When staff did returned, they discovered the DLBC ransacked and looted, and the village of Duk Payuel (and other nearby villages) leveled and burned. Fortunately, the DLBC structures remain intact.

Despite this setback, JDF staff continued to provide medical services in Poktop to IDPs from Duk County. Then in April of 2014, violence once again struck, this time near Poktop. This violence displaced JDF staff and IPDs who had settled in the area. The IDP population from Duk County, and JDF staff, were forced South across the Duk County border into Twic East. A substantial portion of IDPs from Duk County (and various other locations) are now residing in Panyagor, Twic East, where JDF staff are hosting a medical clinic.

Additional populations of IDPs from Duk County (and Twic East) have settled in remote cattle camps, and in locations along the Nile in an attempt to harvest resources to cope with growing hunger. These settlement communities include locations within both Duk and Twic East Counties. The recent Duk County IDP Initial Rapid Assessment Report for June 2014 estimated that 18,000 IDPs from Duk County are now residing within Cattle camps within Duk and neighboring Twic East. An additional 30,000 are estimated to be in Duk and Torch (swamp) island settlements.

According the most recent OCHA Crisis Situation Map, Twic East and has a population of 58,000 IDPs and growing. There are also a significant number of IDPs within Duk County, although this number is unknown due to continued insecurity. This project will address a gap in nutrition services for a county which OCHA deems not accessible, and is a priority 3 county for the nutrition cluster.

The John Dau Foundation is currently operating in and around the Duk county to provide emergency relief to individuals in need. We have thus far identified 41,000 People (15,274 of which are confirmed IDPs from Duk County) in need of assistance. Of these 41,000 individuals, we have identified that 24% (or 9813) are children under 5. These individuals currently reside in a number of locations including Panyagor, Twic East County, Poktop, Duk County, and remote settlement communities which straddle the border between the two counties.

The beneficiary population of this nutrition project is particularly food insecure and in need of nutrition assistance. The May 2014 IPC report suggests that 45% of households in Duk County, and 42% of households in Twic East, are in acute or emergency phase of food insecurity. The Duk Rapid Assessment report claims food insecurity is likely to rise (specifically for those IDPs settling in cattle camps and in areas along the Nile) as the season for wild fruits comes to an end, and receding river makes fishing more difficult. Wild fruits and fish currently comprise the majority diet for IDPs from Duk, as Duk currently has no functioning markets. The supply chain for markets has been cut off due to insecurity.

JDF currently has a medical staff of 12 personnel stationed in Panyagor to provide care for IDPs from Duk County and patients in need from the host communities. Routine medical services include nutrition care (including outreach nutrition services), MCH, and trauma care.

Numbers of IPDs identified from Duk County

Location of Origin	Number if IDPs identified
Payuel	1300
Patuenoi	630
Poktap	4504
Padiet	4318
Mareng	836
Dongchak	273
Pajut	1457
Pagak	374
Gadiang	257
Ayueldit	1325
Total IDPs from Duk County identified to date	15,274

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.

JDF is the primary nutrition partner operating in Duk County, and now Twic East. We have had a functioning PCA agreement with UNICEF since 2012. Under this agreement, we are the sole nutrition provider for the entirety of Duk County. Currently we have a PCA agreement pending with UNICEF. This agreement will provide long-term nutritional support to IDPs from Duk County and their

[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.

host communities.

Nutrition programming for the population outlined in this proposal, has not been in effect since February 2014, when the Duk Lost Boys Clinic was looted and nutritional supplies were taken. With assistance from UNICEF, JDF will reestablish nutrition programming. CHF funding will be critical to bridge a humanitarian gap and provide nutritional relief for individuals in need in the interim period as we attempt to secure long term nutrition support for this population.

Funding for this proposal will provide nutrition support for IPDs currently residing in Panyagor and members of the host community, as well as identified populations of IDPs in remote regions not currently benefiting from nutrition services. JDF has a wide reach into remote locations and continues to identify various populations in need of assistance. As the security situation continues to improve, we are pushing further still into Duk County (and into IDP settlements within Twic East) to identify additional populations of IDPs. These people are not currently receiving adequate nutritional support and are severely food insecure.

The following is a proposed chart of potential patients Identified by JDF currently without nutritional assistance. These numbers include IDPs from Duk County and their members of host communities where applicable

Location	Population in the area	Number of children	Planned Frequency of Nutrition Programming
Ayueldit	11,000	3210	Once a week
Poktap	5,000	634	Once a week
Swamp area	10,000	2756	After two weeks
Twic East IDPs	15,000	3213	Twice a week
Payams under hot spot due to presence of rebels in those areas are inaccessible as a result of insecurity.			
Pajut	13000	4000	Rebel held, No Service Until further notice
Pagak	3000	542	Rebel held, No Service Until further notice

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.

The project is perfectly integrated with the following cluster priorities:

a) the integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups.

This project seeks to identify and provide integrated management of acute malnutrition services to vulnerable populations in need (children under five, pregnant and lactating women) while working in conjunction with nutrition partners at the state and local level. This will be accomplished by close collaboration with nutritional partners to identify and reach vulnerable populations in need of assistance, and the on-going provision of therapeutic and supplementary foods.

b) the prevention of malnutrition in vulnerable population (pregnant and lactating women and children under five) through micronutrient supplementation, the provision of supplementary foods, support of infant and young child feeding, and health and nutrition education;

Prevention of malnutrition through this project will be achieved through nutrition education sessions, micronutrient supplementation and community screenings . This will also include regular screening at the JDF clinic facility within Panyagor, and regular outreach activities to remote population of IDPs within Duk and Twic East Counties.

c) strengthening of state and county-level coordination aimed at improving emergency nutrition response and preventive services

The project seeks to achieve close collaboration and support from nutrition and health partners operating within the region. These partners include, the Nutrition cluster, the MoH, the CHD, Sudan Medical Care (operating in and around Duk) and CARE (operating in Panyagor). JDF communicates on a regular basis with these partners to ensure the efficient provision of nutrition programs, and comprehensive coverage of nutrition screening for vulnerable 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 kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To provide services for the prevention, screening, and treatment of moderate and severe acute malnutrition in children aged 6- 59 months, and pregnant and lactating women in host and IDP communities in Twic East and Duk counties. In doing so, this project seeks to reduce morbidity and mortality due to acute malnutrition in vulnerable populations in Duk and Twic East counties.

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).

This project seeks to provide services for the prevention, screening, and treatment of moderate and severe acute malnutrition in children aged 6- 59 months, and pregnant and lactating women in IDP communities in Duk and Twic East counties through the following proposed activities:

1. Treatment of SAM/MAM in accordance to the national protocols and guidelines;
2. The provision of community-based services (including outreach) in order to increase the accessibility of nutrition services to host communities, remote communities, IDPs, and other vulnerable groups;
3. Continued collaboration with CHD and other relevant partners to formulate contingency plans to efficiently face nutrition-related emergencies;
4. Continue long term sustainable support for out-patient therapeutic feeding, targeted supplementary feeding, and distribution of micronutrients and de-worming services to vulnerable population.

Lack of local partners operating on a grassroots level means that successful implementation of this nutrition project will be reliant on JDFs ability to continue outreach to populations outlined in this proposal. In order to reduce potential gaps in outreach to remote patient populations, JDF will work closely with partners to share resources and information. This will include collaboration for logistical support, as well as data collection and analysis.

Output 1: Quality life-saving management of acute malnutrition for SAM cases and MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) in Duk and Twic East Counties, at both health facility and IDP camp level

- Maintaining of integrated ANC/PNC and nutrition services for P&LW (MUAC screening at the Clinic and IDP locations);
- Treatment of SAM cases in children U5 and vulnerable groups in OTP and SC (if necessary);
- Enhancing the emergency referral system through improved coordination among stakeholders;
- Training of health workers on Integrated Management of Acute Malnutrition (IMAM) feeding for inpatient care and outpatient care;
- Training on identification and detection of Severe Acute malnutrition for CHWs and community volunteers. Focus will be on the importance of referral to JDF staff for follow up care and admission into the therapeutic feeding program.

Output 2: Promote access to interventions aimed at preventing malnutrition through the support of safe and appropriate infant and young child feeding practices, and control of micronutrient deficiencies, at both health facility and camp level in Duk and Twic East Counties

- Weekly nutrition education/screening outreaches, covering targeted counties, underserved areas, cattle camps, IDP/returnees camps;
- Micronutrients supplementation and de worming to P&LWs and U5 during ANC, EPI and consultation;
- Integrate U5 growth monitoring within EPI/OPD service provision;
- Weekly nutrition education sessions at facility/community level, targeting caretakers and women in childbearing age.
- Targeted education sessions on safe nutrition practices for opinion leaders, Village Health Committees, religious leaders, community/cattle camp leaders.

Output 3: Ensure enhanced needs analysis of nutrition situation, and coordination and monitoring of the nutrition response, through improved nutrition surveillance, reinforced monthly nutrition programme data collection, and analysis and optimal nutrition cluster coordination

- Training and supervision of health staff responsible for nutrition data recording and drug administration;
- Coordination with partners on a county level on the application of national guidelines for the integrated management of acute malnutrition
- Train health staff on MoH and Nutrition Cluster reporting;
- Effective participation to the Nutrition Cluster at state and national level to ensure that the nutritional needs of vulnerable populations in Duk and Twic East counties are adequately reflected and addressed at state and national level
- Coordinate with other partners operating in other sectors (WASH, FSL, protection) in Duk and Twic East counties to promote a cohesive approach to tackling the underlying causes of malnutrition

Output 4: Enhance capacity-building , including training and development of local partners, to ensure the sustainability of out-patient therapeutic feeding, targeted supplementary feeding, distribution of micronutrients and de-worming services to vulnerable population

- Train Local Volunteers and CHW in the early detection of SAM/MAM
- Emphasis the importance of referral of patients presenting with nutrition deficiencies
- Continue to work with local partners to develop resources, and reporting and monitoring techniques in addressing malnutrition

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

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

Excepted results of Output 1:

- Screen and treat 663 cases of Under 5 SAM (324 girls; 339 boys);
- Screen and treat 2134 cases of Under 5 MAM (1045 girls; 1089 boys);
- Screen and treat 1150 P&LW in need of nutritional assistance
- Screen and supplement 9813 cases under 5 with Vitamin A and deworming: at least (4,808 girls; 5,005 boys).

Excepted results of Output 2:

- Screen 9813 Children Under 5 using MUAC: (4,808 girls; 5,005 boys);
- Provide 1150 Pregnant women with iron-folate;
- Provide 1150 Lactating woman with Vitamin A:

- Train 200 Community volunteers to provide nutrition screening, follow-up of cases, defaulter tracing and promotion of essential nutrition actions

Expected results Of Output 3 and 4:

- In conjunction with CHD, conduct at least 6 nutrition outreach programs
- Conduct Joint operations with Local partners during at least 50% of outreach activities.
- Work in conjunction with CHD to develop nutrition surveillance and early warning system

Final Result of the Emergency Nutrition Relief for Duk and Twic East County Project: Provide Nutrition assistance to no less than 41,000 people (including 15,274 IDPs from Duk county and 25,726 residents from the host community) over the project implementation period.

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	663 children admitted (49 % Girls 51 % Boys)
	2.	Outpatient Therapeutic Program meet acceptable Sphere standards; i. Cure Rate (%) ii. Default Rate (%) iii. Death Rate (%)	i. Cure rate >75% ii. Default rate <15% iii. Death rate <5%
X	3.	# Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	2134 children admitted (49% girls, 51% boys)
	4.	Targeted Supplementary Feeding Program meet acceptable SPHERE standards; i. Cure Rate (%) ii. Default Rate (%) iii. Death Rate (%)	i. Cure rate >75% ii. Default rate <15% iii. Death rate <3%
X	5.	# pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	1150 women admitted
	6.	# of health workers trained in Infant and Young Child Feeding	4 Qualified personnel Employed by JDF

vi). Cross Cutting Issues

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

Gender:

JDF personnel understand the specific needs of woman and take these needs into account in the provision of all medical and nutrition services. JDF staff are extremely well qualified professional and are sensitive to gender specific health needs. JDF is experienced in engaging men, especially traditional leaders, in working together with women to identify and manage malnutrition in the community. Project design is undertaken to ensure men and women and boys and girls receive equal attention and benefits from project activities. This approach promotes community awareness on equality, sensitivity and participation. Activities will directly impact boys and girls, pregnant and lactating mothers (through the nutrition interventions), and caregivers through community education, IYCF and support in caring for and preventing malnutrition

HIV:

JDF has incorporated HIV awareness campaigns and education into all outreach programming since 2011. This programming includes Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission (PMTCT) programs, and ARV therapy programmes. Since the clinic was looted in February of 2014 some of these services have been limited. However, JDF still employees a full time HIV/AIDS counselor who accomplices all outreach missions and provides education.

When conflict hit Duk County, all patients receiving ARVs were displaced. Since we have been conducting outreach, we have been working to identify these patients so that we may continue their course of medicine. Should the supplies be made available, we will resume medication for these individuals immediately.

Environment:

The environment is always at the forefront of all JDF activities. The Duk Lost Boys Clinic was completely powered by solar units (including cold chain) before conflict struck. In total, JDF had 5 medical buildings and 5 staff housing facilities which were completely powered by solar. The only generator which was in use was a generator to power the water pump. Before conflict struck, JDF was making plans to replace this electric water pump with a solar pump which would have seen our facility become completely energy independent without the use of generators.

Unfortunately, all solar units were looted when the Duk Lost Boys Clinic was ransacked. We are currently making plans to replace these units when it is deemed safe to return to the clinic.

JDF takes care to dispose of all clinic supplies, including drugs, appropriately and safely. JDF will provide sensitization on proper disposal of empty Plumpy Nut sachets at its static health facilities and mobile outreach sites.

vii) Implementation Mechanism

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

This is a project which will be undertaken by the John Dau Foundation, in partnership with UNICEF, the Nutrition Cluster, the WASH cluster, the health cluster and the logistics cluster. Administrative support and record keeping will be completed by the John Dau Foundation. Staff will be employed and managed by the John Dau Foundation.

CHF funding will be used to support extra logistical capacity to enable JDF staff to reach remote communities in need of nutritional assistance, particularly during the rainy season.

This project is already under way. JDF has been conducting outreach and screening individuals for SAM/MAM in remote cattle camps, in IDP communities along the Nile, and within our host community in Panyagor. We have undertaken these activities in conjunction with the CHD and Sudan Medical Care who have been providing logistical and administrative support.

JDF staff are highly trained and have been managing similar nutrition programs since 2012. We are now training members of the CHD, and SMC to assist in the provision of nutrition services.

SAM cases presenting medical complications will be referred to the JDF health facility in Panyagor for in-patient stabilization.

JDF is currently finalizing a PCA agreement with UNICEF to ensure provision of Ready-to-Use Therapeutic Foods for the treatment of severe acute malnutrition cases.

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].

JDF employees a full time nutrition staff and an outreach data manager. All nutrition programs anr systematically managed by nutrition staff and supervised by the data manager who records all data. All nutrition data is diligently recorded and reported weekly to the CHD/ MoH and monthly to UNICF. Data is collected onsite by our full time data manager. This data manager travels with our nutrition team to track program activities on site.

During each nutrition screening, the following initial data is recorded; Number of patients screened, Number of patients identified as MAM, and Number of patients identified as SAM. This data includes age, weight, and MUAC of each patient. During follow up visits, this data is again recorded in addition to number of patients who have graduated from SAM to MAM, and number of patients who have graduated from MAM to healthy. We then compare this data, which allows JDF to analyze the initial prevalence of MAM/SAM, and the overall effect of the nutrition program over time.

In addition to the Nutrition staff and data managers, JDF employs project manager who oversees collection of all data and reporting. Using data analysis, JDF continuously monitors the progress of the programme and assess its effectiveness. Because the data is collected by the same team of Nutritionists and data managers at a different site each day of the week, there are few discrepancies in the methodology of data collection.

JDF collects and records data on all nutrition activities on a daily basis. This information is the basis for weekly and monthly reports to the MoH, the Nutrition Cluster, and to UNICEF. JDF will provide all necessary reports to CHF as required.

Where access and security permits, follow-up nutrition and coverage surveys will be planned to determine the post-harvest prevalence of global acute malnutrition and the coverage of nutrition services with regards to the population in need. These surveillance activities are not covered under this CHF funding request. .

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)
Pledges for the CRP project	

[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.

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./CRP Code: SSD-14/H/69576	**Project title:** Nutrition response for Internally Displaced People and other vulnerable lactating/ anaemic mothers, children in need with specific focus on children 7 months and 5 years in Duk County	**Organisation:** John Dau Foundation

Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
Goal/Impact (cluster priorities)	*To contribute towards the reduction of morbidity and mortality associated with acute malnutrition among vulnerable populations in South Sudan through integrated nutrition interventions.*	*1) Under five mortality rate by state and/or by county* *2) Global acute malnutrition rate by state and/or by county*	• Morbidity and mortality surveys • Cross-sectional nutrition surveys, based on SMART methodology	- There is need for nutrition emergency interventions in South Sudan - The security situation allows for emergency response
CHF project Objective	To provide quality services for the prevention, screening, and treatment of moderate and severe acute malnutrition in children aged 6- 59 months, and pregnant and lactating women (PLWs) in host and IDP communities in Twic East and Duk counties.	*1) At least 75% of children aged 6 to 59 months and PLWs in targeted areas of intervention in Duk and Twic East counties have access to nutrition services* *2) Treatment performance indicators meet Sphere minimum standards*	• Coverage survey • Weekly and monthly nutrition reports detailing number of children admitted versus target • Weekly and monthly nutrition reports detailing nutrition performance indicators	1) Consistent availability of supplies. 2) Access to services is not hampered by insecurity or flooding in Duk and Twic East 3) Positive attitude and willingness of the beneficiaries in Duk and Twic East towards treatment.
Outcome 1	Quality management of acute malnutrition (SAM and MAM) is provided for targeted areas of intervention in Duk and Twic East counties for the period July through December 2014.	A). Outpatient Therapeutic Program meets acceptable Sphere standards; i). Cure rate of >75% ii). Defaulter rate <15% iii) Death rate < 5% B). Targeted Supplementary Feeding Program meet acceptable SPHERE standards; i). Cure Rate >75% ii). Default Rate <15% iii). Death Rate <3%	• Daily internal screening data • Community nutrition screening and referral reports • Weekly & monthly Nutrition Cluster reports and CHF reports • JDF analysis of nutrition programme data	1) Consistent availability of supplies. 2) Access to services is not hampered by insecurity or flooding in Duk and Twic East 3) Positive attitude and willingness of the beneficiaries in Duk and Twic East towards treatment.
Output 1.1	9813 children 6-59 months and 5000 PLWs are screened for malnutrition during community out-reach activities	1) #/% of children screened at community level 2) #/% of children 6-59 months and PLW identified as acutely malnourished and referred to the appropriate CMAM service (OTP,	• Daily internal screening data. • Community nutrition screening and referral reports • Weekly & monthly Nutrition Cluster reports and CHF reports. • Community health worker training	1) Access to communities in Duk and Twic East is not hampered by insecurity or flooding 3) Communities demonstrate positive attitude and willingness to engage in community-level screening activities

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		TSFP or SC) 3) # of community health workers trained on detection of acute malnutrition through MUAC	reports	in Duk and Twic East
Activity 1.1.1	Train community health workers on the detection of acute malnutrition through MUAC			
Activity 1.1.2	Conduct weekly community outreach sessions			
Output 1.2	2797 children of 6-59 months and 1150 PLWs are admitted for management of acute malnutrition	1) # of Children U5 admitted for the treatment of SAM 2) # of Children U5 and PLW admitted for the treatment of MAM 3) # of OTP sites providing standard services 4) # of TSFP sites providing standard services 5) # of health staff trained on the management of acute malnutrition .	• Weekly & monthly Nutrition Cluster reports and CHF reports (detailing treatment indicators). • JDF analysis of nutrition programme data • CMAM health staff training reports	1) Consistent availability of supplies. 2) Access to services is not hampered by insecurity or flooding in Duk and Twic East 3) Positive attitude and willingness of the beneficiaries in Duk and Twic East towards treatment. 4) Caretakers seek out treatment once referred
Activity 1.2.1	Establish 1 OTP sites in 1 location			
Activity 1.2.2	Establish 4 TSFP sites in 4 locations			
Activity 1.2.3	Train JDF health staff on the management of acute malnutrition			
Activity 1.2.4	Equip OTP and TSFP sites with equipment and therapeutic and supplementary supplies to run quality nutrition services			
Outcome 2	To prevent acute malnutrition through an integrated and community-based approach (optimal IYCF-E, nutrition education, supplementation)	1) # and % of caretakers who know the importance of exclusive breastfeeding. 2) # and % of caretakers who know at least 2 of the 5 critical times of hand washing. 3) # and % of children supplemented with Vitamin A 4) # and % of women supplemented with iron-folic acid	• Knowledge, attitude, practice (KAP) survey • Focus group discussion reports • Vitamin A and iron-folic acid supplementation coverage assessment • JDF analysis of nutrition programme data	1). Community willingness to participate in program activities and play their role. 2) Availability of adequate and skilled community health workers/mobilizers. 3) Adequate supply of micronutrients 4) Access to communities is not hampered by insecurity or flooding.
Output 2.1	Caregivers (including men) have improved knowledge and awareness on nutrition, IYCF, hygiene and sanitation.	1) # of women and men reached with preventative nutrition messages and activities. 2) # of staff (health staff and community volunteers) trained on appropriate IYCF , nutrition education and hygiene and sanitation	• Community sensitization activity tally sheets • Community feedback • IYCF session reports • Training reports	1). Community willingness to participate in program activities and play their role. 2) Availability of adequate and skilled community health workers/mobilizers. 4) Access to communities not hampered by insecurity or flooding in Duk and Twic East
Activity 2.1.1	Deliver IYCF, nutrition education and WASH training to nutrition staff and community mobilizers/volunteers			
Activity 2.1.2	Deliver IYCF, nutrition education and hygiene sensitization to mothers and children benefiting from OTP/TSFP nutrition programmes through group discussions at health facility level			
Activity 2.1.3	Deliver sensitization sessions on IYCF, nutrition education and hygiene at community level to both women and men			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 2.2	Children 6-59 months and pregnant and lactating women receive micronutrient supplementation to prevent deterioration of micronutrient status	5) # of children 6-59 months who have received vitamin A supplementation. 6) # of pregnant women who have received iron & folate supplementation	• Weekly & monthly Nutrition Cluster reports and CHF reports (detailing supplementation activities) • JDF analysis of programme data	1) Caretakers accept micronutrient supplementation activities 2) Adequate supply of micronutrients 3) Access to services is not hampered by insecurity or flooding in Duk or Twic East
Activity 2.2.1	Ensure that children under five receive Vitamin A supplementation			
Activity 2.2.2	Ensure that pregnant women receive iron & foliate supplementation			
Outcome 3	To ensure an effective response, engage with all coordination mechanisms and monitor and report on activities to inform programming	1) # of health staff trained on nutrition reporting 2) # of nutrition cluster meetings attended 3) # of county level coordination meetings attended 4) # of monthly programme data analyses conducted	• Training reports • Nutrition cluster meeting minutes • County level meeting minutes • Monthly internal tracking of programme activities and data • External reporting on programme	1) Good coordination with nutrition cluster meeting and other actors 2) Security allows for participation to coordination meetings 3) Health staff have the capacity to conduct reporting activities
Activity 3.1.1	Attendance at national level nutrition cluster meetings			
Activity 3.1.2	Attendance at county level coordination meetings			
Activity 3.1.3	Coordination with other nutrition actors providing Emergency response in Duk and Twic East			
Activity 3.1.4	Train health staff on nutrition reporting			
Activity 3.1.5	On-going monitoring and reporting of activities on a weekly and monthly basis			

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 August 2014**	**Project end date:**	**31 January 2015**

Activities	**Q2**	**Q3/2014**			**Q4/2014**			**Q1/2015**			**Q2/2015**	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Train community health workers on the detection of acute malnutrition through MUAC			x	x	x	x	x	x				
Conduct weekly community outreach sessions			x	x	x	x	x	x				
Establish 1 OTP sites in 1 location			x	x	x	x	x	x				
Establish 4 TSFP sites in 4 locations			x	x	x	x	x	x				
Train JDF health staff on the management of acute malnutrition for both children under five and pregnant and lactating women			x	x	x	x	x	x				
Equip OTP and TSFP sites with equipment, therapeutic and supplementary supplies and personnel to run quality nutrition services			x	x	x	x	x	x				
Deliver IYCF, nutrition education and WASH training to nutrition staff and community mobilizers/volunteers			x	x	x	x	x	x				
Deliver IYCF, nutrition education and hygiene sensitization to mothers and children benefiting from OTP/TSFP nutrition programmes through group discussions at health facility level			x	x	x	x	x	x				
Deliver sensitization sessions on IYCF, nutrition education and hygiene at community level to both women and men			x	x	x	x	x	x				
Ensure that children under five receive Vitamin A supplementation			x	x	x	x	x	x				
Ensure that pregnant women receive iron & foliate supplementation			x	x	x	x	x	x				
Attendance at national level nutrition cluster meetings			x	x	x	x	x	x				
Attendance at county level coordination meetings			x	x	x	x	x	x				
Coordination with other nutrition actors providing emergency response in Duk and Twic East			x	x	x	x	x	x				
Train health staff on nutrition reporting			x	x	x	x	x	x				
On-going monitoring and reporting of activities on a weekly and monthly basis			x	x	x	x	x	x				

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