

South Sudan 2013 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

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

SECTION I:

CAP Cluster	Nutrition
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CHF Cluster Priorities for 2013 Second Round Standard Allocation

Cluster Priority Activities	Cluster Geographic Activities
<p>Cluster objectives and activities as outlined in CAP</p> <p>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</p> <p>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</p> <p>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.</p>	<p>Hot spot areas in high priority states will be prioritized</p>

Project details

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

Requesting Organization	Project Location(s)
Upper Nile Kalazaar Eradication Association (UNKEA)	Nasir County, Upper Nile State
Project CAP Code	Payams. <ul style="list-style-type: none"> • Nasir • Dinkar, • Jikmir, • Kierwan, • Kuerengke
SSD-12/H/46242/R	
CAP Project Title	
Improving the health and nutrition status of children under 5 years and mothers of returnees, IDPs, Host Community and refugee in Nasir County	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resource Secured
US\$: 482,000.00	US\$: 150,000.00	US\$: 150,000 (CHF first round allocation)

Total Direct Beneficiaries	
Women:	2,250
Men:	721
Girls:	3,220
Boys	2,950
Total	8,499

Total Indirect Beneficiary
Catchment Population (if applicable)
Population per Payam
Nasir : 46,201
Dinkar: 18,360
Jikmir: 24,840
Kierwan: 20,360
Kuetrengke: 15,415
Total: 125,176

Beneficiary breakdown		
Women	P&LW	2,250
	Trainees	10
	Beneficiaries of IYCF promotion	75
	Other vulnerable	-
Men	Trainees	68
	Beneficiaries of IYCF promotion	15
	Other - vulnerable	-
U5 Yrs	SAM	4,600
	MAM	7,200
	BSFP	-
	Micronutrient supplementation	1200
	Deworming	-

Implementing partners
Upper Nile Kalazaar Eradication Association (UNKEA)

Project Duration 6 Months
Start Date: 1st January 2013
End Date: 30th April 2013

Address of county Office
Project focal person: Simon BhanChuol
Email & [Tel:0955295774](tel:0955295774)
e-mail country director:sbchuol@yahoo.com
e-mail finance officer:deng_dak@yahoo.co.uk
Address: Hai Tarawa MunukiPayam at ICCO along gudele road

Address of HQ
e-mail desk officer: unkea.sudan@yahoo.com
e-mail finance officer: deng_dak@yahoo.co.uk
Address: Hai Tarawa MunukiPayam at ICCO along gudele road

SECTION II

A. Humanitarian Context Analysis

The geographical areas covered by this project are amongst the most severely impacted by high levels of returnees from North Sudan and Ethiopia about **5,201** returnees has been registered in Nasir according to the IOM returnee's data base. In Nasir County, returnee's population has gone high plus **6,118** individual IDPs from Jonglei due to the recent clashes between the Lou Nuer and the Murle, according to SMART survey data shown that there are many malnourished children in the county especially returnees and IDPs and the malnourished children has 1.5%. Nasir can be accessed by road during dry season and by river throughout the year and by WFP flight in every Friday of the week. The security situation in the County is normal and yearly experience flood, CHF funding will help to address the humanitarian response on nutrition situation in the area.

B. Grant Request Justification

This action has relevance to the priorities of the Nutrition cluster and requirements of the call in a number of ways. It will help most marginalized households and displaced and returnee populations resume and recover. The action will support monthly treatment and prevention of SAM and MAM of children under 5 years, P & LW and disadvantage groups through UNKEA existing OTP, TSFC & SC and additional qualified nutrition staff will be recruited to ensure that the proposed nutrition intervention is achieved. The proposed one (1) year nutrition will be implemented in five selected Payams of Nasir County where the nutrition practices among the local community are very poor. This has culminated into problems of food insecurity and poverty. UNKEA is applying from CHF to ensure that the nutrition status of girls, boys under 5 and pregnant and lactating women is enhanced. The proposed one (6) months nutrition will be implemented in five selected Payams of Nasir County where the farming practices among the predominantly peasantry community are very poor. This has culminated into problems of food insecurity, poverty and environmental degradation. The direct beneficiaries of this project would be 75% of girls and boys under 5 and 65% pregnant and lactating women to be treated of SAM and MAM. The major cause of this precarious situation is limited modern and appropriate nutrition awareness and concern. The problem of food insecurity is further exacerbated by increased pressure on malnutrition in both urban and rural areas because of the rapid increase returnees and IDPs and need provision for nutrition services. As earlier mentioned, the government nutrition service mechanism is very weak and highly un-reliable and this leaves the children U 5 years and P & LW malnutrition with no alternative but rather to continue with the traditional food intake.

It is critical that the populations of the areas affected by the man-made disaster are empowered to meet their own food, nutrition, and livelihoods needs in a sustainable manner. This particular disaster has caused many displaced families and returnees to lose their agricultural assets, social capital and the human capacity (knowhow and manpower). There are significant changes in family dynamics. More households are now headed by women and children. These households lack the agricultural capital to ensure their food and livelihood security. Neither do they have sufficient knowhow in the spectrum of activities from land / cattle husbandry crop cultivation and management, product use, transformation or conversion to income (through trading). The action proposed here will enable and empower the vulnerable and marginalized populations to gain back basic nutritional status and ensure their food and livelihood security in the immediate and long-term path. The needs of the population are many but there are few NGOs to address them as most of them have limited resources. The effective cluster coordination and cooperation among the NGOs, Government, UN agencies, would overcome duplication and address critical gaps to optimize the use of meager resources.

UNKEA has request to implement TSFP in Nasir County because we are receiving a high number of children in our SC/OTP in this regards UNKEA is having some projects with WFP like school feeding program/incentive for girls, food for recovery, food for work, food for in patience and general food distribution and at the same time UNKEA is managing five rub hall in the county, four in Nasir town and one in KierwanPayam north of Nasir. The only NGO implementing TSFP is MSF-Holland having one centre in their hospital in Nasir town. No any other agencies implement the same service in the county and that was the reason why UNKEA apply for TSFP services to the needy children and mothers.

C. Project Description		
i) Purpose of the grant		
This funding will be used to support essential nutrition emergency services treatment and prevention of SAM and MAM of children under 5 years and P & LW and Training of community nutrition worker/Volunteers and County health department to ensure that the nutrition situation is addressed in the areas.		
ii) Objective		
<ul style="list-style-type: none"> • Increase access and utilization of integrated community based nutrition services treatment and preventive for children U 5 years and P & LW • Reduce mortality and morbidity associated with acute malnutrition for children U 5 and P & LW. 		
iii) Proposed Activities		
<ul style="list-style-type: none"> • Conduct ongoing nutrition screening (MAUC screening) of children 6-59 months • Conduct meetings with community leaders and key stakeholders • Provide treatment for SAM and MAM for children U 5 years according to MOH/RSS guideline in Jikmir (OTP, TSFC & SC) Nasir hospital (OTP, TSFC & SC) Kierwan (OTP), Mandeng (OTP) and Torpuot (OTP) • Provide treatment of MAM and SAM for P & LW • Conduct regular nutrition awareness to the communities • Train (25) nutrition workers on SAM and MAM management and prevention of malnutrition • Train (35) nutrition staff, community nutrition volunteers and village health committee members on community mobilization including identification and referral malnourished children • Strengthening the County Health Department capacity on nutrition MOH/RSS treatment guideline 		
iv). Cross Cutting Issues		
P&LWs, boys, girls will benefit and participate equally in the project. P&LWs, boys and girls will benefit from the ready to use therapeutic foods (RUFT), Awareness on the negative consequences of deforestation to the environment and especially on climate will be highlighted during discussions which will be organized for the community members including women, boys and girls. HIV/AIDS issues prevention, control and care of the victims will be addressed during health education sessions in all the nutrition treatment centers of UNKEA South Sudan.		
v) Expected Result/s		
<ul style="list-style-type: none"> • Increased availability and access quality nutrition services in five Payams • Increased nutrition awareness and behavioral change practices • Increased utilization of therapeutics and preventive of nutrition services • Malnutrition of children U 5 years and P & LW is reduced 		
	Indicator	Target (indicate numbers or percentages)
1	Children 5-59 months screened in the communities	75% of children U 5 screened
2	Communities leaders and members made aware through meetings and education session	65% community members made aware
3	Children admitted/treat with SAM	75 % of children U5 admitted/treated
4	Children admitted/treat with MAM	75 % of children U5 admitted/treated
5	25 Nutrition workers trained	(95% nutrition trained)
6	P & LW admitted/treat with MAM	65% of P & LW admitted/treated
7	CHD staffs train	95% of CHD trained
vi) Implementation Mechanism		
UNKEA South Sudan will implement the project in collaboration with the Nutrition cluster, SMOH, State Cluster, County Health departments, community representatives, International NGOs, local NGOs and Community based organizations. There will be a committee of community nutrition volunteers inclusive the TBAs, Traditional healers and community elders together with the community mobilizers will carry out community screening and referral of malnourished children and P&LWs to the treatment sites i.e. OTPs and SC plus community mobilization and sensitization of the community on the implementation of the nutrition program. The community nutrition workers will on daily basis distribute weekly ready to use therapeutic food (RUFT) to the beneficiaries and this committee will on monthly basis review project implementation and suggests ways of overcoming challenges. The field Project Supervisors will write monthly reports which will be sent to the Nutrition program Officer/Manager for review before it is forwarded to the Director and then to UNICEF. The monthly Narrative report will be accompanied by monthly financial report which will be scrutinized by the Director.		
vii) Monitoring Plan		
The field staff and the communities will be involved in implementation and monitoring of the project. Monthly, quarterly and annual reports will be produced. Annual project progress review will be done involving the key stakeholders. The indicators used in the logical frame work will be used in the monthly preparation of the project work plan and will be reported on monthly progress reports. Regular visits and supervision by the program management will be done to the communities to check on the progress and		

beneficiaries feedback on the implementation of the program. This process will examine the benefits and challenges of the project as well as how well the project has been implemented. Final evaluation by external evaluator will be carried out so as to measure the impact and draw the lessons learned. Progress and liquidation reports will be prepared during the implementation and after the completion of the project - on quarterly and end of project as appropriate. Reports will be shared and discussed with CHF Technical Teams and a copy to UNDP and nutrition specialist and M&E officer to determine any further needs. This will ensure that the continuation of the project meets the needs and have really improved the nutrition status of children and mothers in Nasir County.

Reporting Schedule

Responsible Persons	Implementing period	Reporting period
Nutrition Officer	<ul style="list-style-type: none"> October-Dec 2012 Jan-March 2013 	<ul style="list-style-type: none"> 15th Dec 2012 15th April 2013
Executive Director field visit	<ul style="list-style-type: none"> November 2012 February 2013 	<ul style="list-style-type: none"> Quarter one visit Quarter two visit
External Evaluator (UNKEA/UNDP)	<ul style="list-style-type: none"> April 2013 	<ul style="list-style-type: none"> 15th May 2013 External Evaluation and compiling of evaluation report

E. Committed funding

Source/donor and date (month, year)	Amount (USD)
CHF first round April-December 2012	150,000 (CHF first round allocation)

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/46242/R	Project title: Improving the health and nutrition status of children under 5 years and mothers of returnees, IDP's, Host Community and refugee in Nasir County	Organisation: UNKEA.	
Overall Objective: <ul style="list-style-type: none"> Reduce mortality and morbidity associated with acute malnutrition for children under five years and pregnant and lactating mothers in Nasir County of Upper Nile State 	Indicators of progress: <ul style="list-style-type: none"> Morbidity, mortality and GAM, SAM rates of children under five years reduced 	How indicators will be measured: <ul style="list-style-type: none"> SMART surveys and assessments Report 	 <ul style="list-style-type: none"> Availability of funds Security will permit access Supplies will be available
Specific Project Objective/s: <ul style="list-style-type: none"> Increase access and utilization of integrated community based nutrition services treatment and preventive for children U 5 years and P & LW Reduce mortality and morbidity associated with acute malnutrition for children U 5 and P & LW. 	Indicators of progress: <ul style="list-style-type: none"> Number and percentage of children accessing the quality services in line with SPHERE standards Number of PLWs accessing the quality services for the MAM treatment 	How indicators will be measured: <ul style="list-style-type: none"> Monthly Reports Register records 	Assumptions & risks: <ul style="list-style-type: none"> Mothers will come to the OTP sites and the caretakers will bring the children for the nutrition services
Results - Outputs (tangible) and Outcomes (intangible): <ul style="list-style-type: none"> 19,500 children 6-59 months screened in the community covered by the UNKEA nutrition project 	Indicators of progress: <ul style="list-style-type: none"> Number and percentages of children screened 	How indicators will be measured: <ul style="list-style-type: none"> Screening reports Monthly reports 	Assumptions & risks: <ul style="list-style-type: none"> Caretakers will bring the children to the screening venues
 <ul style="list-style-type: none"> 30 Communities leaders and 45 members made aware through meetings and Health education sessions 	Indicators of progress: <ul style="list-style-type: none"> Number of community leaders and elders made aware 	How indicators will be measured: <ul style="list-style-type: none"> Attendance list Community mobilisation reports 	 <ul style="list-style-type: none"> Community leaders and elders will be willing to attend the health education sessions

<ul style="list-style-type: none"> • 4,500 Children admitted/treat with SAM 	<ul style="list-style-type: none"> • Number and percentages of children treated for SAM at the SC/OTP sites • Cure rate > 75% • Death rate < 10 % • Defaulter rate < 15% • Criteria not reached < 15% 	<ul style="list-style-type: none"> • Monthly reports 	<ul style="list-style-type: none"> • Supplies will be available
<ul style="list-style-type: none"> • 7,500 Children admitted/treat with MAM 	<ul style="list-style-type: none"> • Number and percentages of children treated for MAM at the TSFP • Cure rate > 75% • Defaulter rate < 15% 	<ul style="list-style-type: none"> • Monthly reports 	<ul style="list-style-type: none"> • Supplies will be available
<ul style="list-style-type: none"> • 25 Nutrition workers trained 	<ul style="list-style-type: none"> • Number of community nutrition workers trained on management of malnutrition at the community level 	<ul style="list-style-type: none"> • Attendance list • Training reports 	<ul style="list-style-type: none"> • The community nutrition workers will be available for the training
<ul style="list-style-type: none"> • 5,400 P & LW admitted/treated with MAM 	<ul style="list-style-type: none"> • Number and Percentages of P& LW treated for MAM at the TSFP 	<ul style="list-style-type: none"> • Monthly reports 	<ul style="list-style-type: none"> • The P&LW will continue coming to attend the services
<ul style="list-style-type: none"> • 10 CHD staffs trained 	<ul style="list-style-type: none"> • Number of CHD staff trained 	<ul style="list-style-type: none"> • Attendance list • Training reports 	<ul style="list-style-type: none"> • The CHD will allow its staff to come for the training

<p>Activities:</p> <ul style="list-style-type: none"> • Conduct ongoing nutrition screening (MAUC screening) of children 6-59 months • Conduct meetings with community leaders and keys stakeholders • Provide treatment for SAM and MAM for children U 5 years according to MOH/RSS guideline in Jikmir (OTP,TSFC & SC) Nasir hospital (OTP,TSFC & SC) Kierwan (OTP), Mandeng (OTP) and Torpuot (OTP) • Provide treatment of MAM and SAM for P & LW • Conduct regular nutrition awareness to the communities • Train (25) nutrition workers on SAM and MAM management and prevention of malnutrition • Train (35) nutrition staff, community nutrition volunteers and village health committee members on community mobilization including identification and referral malnourished children • Strengthening the County Health Department capacity on nutrition MOH/RSS treatment guideline 	<p>Inputs:</p> <ul style="list-style-type: none"> • Nutrition Manager • Community nutrition workers and Community nutrition volunteers • MUAC, salter weighing scale, Height board, Note books, pens guidelines, • Plumpy nut, F100, F75, CSB and soap • T-Shirts, Posters 	<ul style="list-style-type: none"> • Number of children screened on the records • Attendance reports • Training reports • Consumption reports/register • Number of health education sessions held and the number of T-Shirts distributed. 	<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • The community will fully participate • Security will permit access • Supplies will be available • Community leaders and stakeholders will be willing for the sessions • The caretakers will bring the children to the feeding sites.
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PROJECT WORK PLAN															
• Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
										Oct	Nov	Dec	Jan	Feb	Mar
Result 1: Increased availability and access quality nutrition services in five Payams															
Activity 1.1															
• Conduct ongoing nutrition screening (MAUC screening) of children 6-59 months										X	X	X	X	X	X
Activity 1.2															
• Train (25) nutrition staff, 10 CHD, community volunteers and village health committee members on community mobilization including identification and referral malnourished children												X			X
Result 2: Increased nutrition awareness and behavioral change practices															
Activity 2.1															
• Conduct meetings with community leaders and keys stakeholders											X			X	
Activity 2.2															
• Conduct regular nutrition awareness to the communities										X	X	X	X	X	X
Result 3: Increased utilization of therapeutics and preventive of nutrition services															
Activity 3.1															
• Train(25) nutrition workers on SAM and MAM management and prevention of malnutrition											X			X	
Activity 3.2															
• Provide treatment for SAM and MAM for children U 5 years according to MOH/RSS guideline in Jikmir (OTP,TSFC & SC) Nasir hospital (OTP,TSFC & SC) Kierwan (OTP), Mandeng (OTP) and Torpuot (OTP)										X	X	X	X	X	X
Result 4: Malnutrition of children U 5 years and P & LW is reduced															
Activity4.1															
• Provide treatment of MAM and SAM for P & LW										X	X	X	X	X	X
• Provision of nutrition supply from UNICEF to Nasir										X	X	X	X	X	X
Result (.)															
Activity (.)															

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