

South Sudan 2012 CHF Standard Allocation Project Proposal

Prepared for CHF funding against Consolidated Appeal
For further CHF information please visit <http://sudan.chf.org/sudan-subsar/propose-common-humanitarian-appeal>
or contact the CHF Technical Secretariat at chf@unicef.org

SECTION I:

CAP Cluster

Nutrition

CHF Cluster Priorities for 2012 Second 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 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 US & P&LW, community screening (MIJAC) and referral of U5, blanket supplementary feeding in hunger gap and in acute emergency 3-6months, promotion and support of IVCF, 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.

Cluster Geographic Priorities

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

UNICEF

Project CAP Code

SSD-12/H/46207/R/124

CAP Project Title (please write exact name as in the CAP)

Expanding Partnership for Addressing Emergency Nutrition Needs in Underserved Counties

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

Lakes, Unity, Upper Nile, Jonglei, WBEG, WES, CES and EES

Total Project Budget in South Sudan CAP

US\$ 9,572,794

Amount Requested from CHF

US\$ 567,491

Other Secured Funding

US\$

Direct Beneficiaries (scaled appropriately to CHF request)

Women:	201,700
Men:	1,600
Girls:	57,000
Boys:	57,000
Total:	317,300

Indirect Beneficiaries (scaled appropriately to the CHF)

Catchment Population (if applicable)

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

CHF Project Duration (max. of 12 months; starting date will be Allocation approval date).
Indicate number of months: 12

Address of Country Office

Project Focal Person: Priscilla Bayo
 Email & Tel: prbayo@unicef.org +211 956389555
 e-mail country director: Yasmin Ali Haque
yhaques@unicef.org

Address of HQ

e-mail desk officer
 e-mail finance officer
 Address:

e-mail finance officer: Iona Milner imilner@unicef.org
 Address: UNICEF Tolo CH
 Juba, Republic of South Su

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 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.

Acute malnutrition levels in South Sudan are unacceptably high and continue to be a challenge to the survival of infants and young children. According to the 2010 SHHS, the infant and under-five mortality rates are 84/1,000 and 106/1,000 respectively; only 25% of the population has access to health services; 34% have access to improved water sources (30 minutes round trip), and only 15.4% of the population use improved sanitation facilities. The food security situation has also remained fragile, with a hike in food and fuel prices in the post-independence period, whilst the overall performance of the 2011 agricultural season has been affected by late and erratic rainfall (South Sudan Food Security Outlook, July-August 2011). Over 300,000 people have returned from the north, and about 300,000 have been displaced from the Abyei crisis and inter-communal conflicts especially in Jonglei, Unity, Upper Nile, Lakes, Warrap and Eastern Equatoria states, areas already showing high malnutrition rates in children. Twenty five (25) Pre-harvest nutrition surveys conducted by Nutrition Cluster partners in the high risk counties in March and April 2011, found an average of 17.4% and 3.4% Global- and Severe Acute Malnutrition rates in children under five years respectively, with no significant difference between girls and boys. Excessive mortality rates in children were found in Lopa Laton, Kapoeta North and Kapoeta South counties in Eastern Equatoria states, in Akobo East, Akobo West and Nyiroi counties in Jonglei state, in Tonj North and Gogrial East and Twic counties in Warrap state, and in Cuelbet County in Lakes state.

The Nutrition Cluster has succeeded in increasing the number of partners providing emergency nutrition services in the hot spots from 9 in 2009 to 25 in 2010 and 36 in 2011 through a Capacity Enhancement Initiative targeting health cluster NGOs so they can integrate the services into the primary health care system. Never the less there are still significant capacity gaps in many counties, where limited or no nutrition services are available - although health facilities may be partially or fully functional. Identified partners for capacity enhancement include AAA, ARC, BRAC, CECDAG, COSV, CRADA, DoR, DoW, JDF, MC, UNKEA, WR, SMOH CES, SMOH EES, SMOH WES, SMOH Jonglei, SMOH Unity, SMOH Upper Nile, SMOH WBeG, other FBOs and CBOs. UNICEF will work with the above mentioned partners in underserved counties. The Nutrition Cluster was established in 2010 at National level and State clusters were established in 8 priority states in March 2011 - with appointment of SMOH and NGO focal persons. The capacity of the state clusters to provide support and direction for emergency response is not optimal - due to multiple factors - including size of states, inaccessibility, poor communication networks, commitment of NGO focal points vis a vis other organizational responsibility, capacity of state MOH

Beneficiary breakdown indicate where applicable	
Women	
P&LW MAM	
P&LW	200,000
Macronutrient- supplementation & deworming	
Trainees hwworkers, community volunteers, etc	700
Beneficiaries of IYCF promotion	1000
Other - vulnerable	
Men	
Trainees hwworkers and community volunteers etc	600
Beneficiaries of IYCF promotion	1000
Other - vulnerable	
Children US Yrs	114,000
MAM	
BSFP	
Micronutrient supplementation & deworming	

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/indicators to national and/or global standards.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

The Government policy is integrating nutrition services into the primary health care system is taking shape through advocacy and monitoring the Nutrition Cluster has succeeded in increasing and expanding partnership from 9 in 2009 to 42 in 2012. More health partners have realized that health service delivery is not proper without looking into nutrition issues as the underlying causes of health problems are nutrition related. Based on the increasing malnutrition rates as indicated by the recent SMART nutrition surveys, efforts are needed to be put in place to address the increasing nutrition emergencies taking into consideration the current returns, Refugees, IDPs, flooding that will directly affect nutrition. Another cluster priority that this project will support is build capacity and support coordination of emergency nutrition response at central level, in 10 states and with particular focus on underserved counties, through emergency assessment and response teams. The cluster has identified focal point in all the 10 states, but there is still gap in responding to nutrition emergencies due to technical capacity. This project will allow training of emergency teams that will be able to respond to nutrition emergencies within 24 hours on the onset of the emergency.

C. Project Description (For CHF Component only)**i) Purpose of the grant**

Briefly describe how CHF funding will be used to support core cluster priorities

Partner capacity enhancement is one of the core cluster priorities, and this project will support partners with limited nutrition expertise to enhance their capacity and be able to respond to nutrition emergencies.

ii) Objective

State the objectives of the project. Objectives should be specific, measurable, achievable, relevant and time-bound (SMART).

Enhance the capacity of SMOH, Health partners and Mother Support Groups to assess and respond to the nutrition needs of boys, girls, pregnant and lactating women in 60% of health facilities in Counties affected by humanitarian crisis (acute malnutrition rates above 15%), and provide technical support for Emergency Assessment and Response.

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.

1. Recruit nutritionists to support State and County Health Departments mentoring the new cluster partners in underserved counties with weak capacity
2. Build capacity and support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis
3. Develop and monitor implementation of Programme Cooperation Agreements with new partners (national and health NGOs, CBOs, FBOs and Mother Support Groups)
4. Build capacity and support community based MIUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs.
5. Train staff of new NGO partners and SMOH staff (600) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls, boys and pregnant and lactating women
6. Train and support Community Nutrition Promoters and Mother Support Groups (1,700) in community based MIUAC screening and promotion of appropriate infant and young child feeding especially in emergencies
7. Support de-worming and micronutrient supplementation in all children 6-59 months and pregnant and lactating women
8. Provide supportive supervision and monitor performance of new stabilisation centres and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions
9. Build capacity and support coordination of emergency nutrition response at central level, in 10 states and with particular focus on underserved counties, through emergency assessment and response teams.
10. Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels
11. Support the Nutrition Cluster at state and national level in adapting nutrition guidelines and training cluster partners in implementation of those guidelines and tools.
- 12 Support National and state level coordination activities through Cluster meetings, Technical Working Groups, Streamlining information processes and reporting, information sharing and support to partners.
- 13 Provision of surge capacity for cluster to support above activities

iv) Cross Cutting Issues

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

Both males and females will attend the training, and specifically in Unity, WBEG, Lakes, and Warrap where there are limited INGOs and weak/no SMOH capacity to respond to nutrition emergencies.

v) Expected Results

Briefly describe (in no more than 300 words) the results you expect to have at the end of the CHF grant period.

Increased capacity of SMOH and health partners (NGO and FBO) in assessment, planning and implementation of emergency nutrition response in line with national guidelines. Increased capacity of CBO and MSG to identify and refer children with nutritional need and to promote optimal YCF. Strengthened and well-functioning nutrition cluster coordination mechanisms at national and state level with particular focus on 8 high risk states. Strengthened emergency nutrition reporting in states.

especially in the 8 high risk states

This project will contribute to increased coverage of emergency nutrition services and will enable the nutrition cluster to reach its target 70% (114,000) of children with severe acute malnutrition treated in South Sudan

List below 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. (Annexed).

Indicator	Target (Indicate numbers or percentages)
1 Number of Health & Nutrition workers trained on IMSAM/CMMAM	100
2 Number of Health & Nutrition workers trained on SMART	25
3 Number of Health & Nutrition workers/MSG trained on Rapid assessment	1,700
4 Number of Technical assistant for surge capacity(Emergency Nutrition Consultants)	3
5 Number of PCAs developed with implementing partners	3

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.

This project will be implemented through UNICEF Emergency Nutrition consultants where the consultants will be recruited and placed in the SMoH in the states where there are limited partners and the SMoH capacity is weak. The consultants will work with the SMOH/CBOs/FBOs and other health partners to build their capacity to assess, refer and manage children with Severe Acute malnutrition and also to conduct rapid nutrition assessment and SMART surveys. Also PCAs/SSFAs will be signed with potential nutrition partners to build capacity of other weak partners.

vii) Monitoring Plan

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

The progress and achievement will be monitored through training reports where number of people and cadres trained are recorded and improvement in admission numbers to reached the indicated target of 114,000 children with SAM. Monitoring missions will be conducted to the project sites to ensure correct guidelines are followed and children recovering well from the program and the cluster indicators for cure, defaulter and death rates are met.

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms

Source/donor and date (month, year)	Amount (USD)
ECHO	
OFDA	



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./CAP Code: SSD-12/H/46207	Project title: Expanding Partnership for Addressing Emergency Nutrition Needs in Underserved Counties	Organisation: UNICEF	
<p>Overall Objective: <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i></p> <ul style="list-style-type: none"> Enhance the capacity of SMOH, Health partners and Mother Support Groups to assess and respond to the nutrition needs of boys, girls, pregnant and lactating women in 60% of health facilities in Counties affected by humanitarian crisis (acute malnutrition rates above 15%), and provide technical support for Emergency Assessment and Response. 	<p>Indicators of progress: <i>What are the key indicators related to the overall objective?</i></p> <ul style="list-style-type: none"> Number of health partners (NGO and FBO) including SMOH increased capacity in assessment, planning and implementation of emergency nutrition response in line with national guidelines 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Partners reports Field visit reports 	
<p>Specific Project Objectives: <i>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.</i></p> <ul style="list-style-type: none"> 	<p>Indicators of progress: <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i></p> <ul style="list-style-type: none"> 	<p>How indicators will be measured: <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i></p> <ul style="list-style-type: none"> 	<p>Assumptions & risks: <i>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?</i></p> <ul style="list-style-type: none"> Security remains stable to allow activity implementation
<p>Results - Outputs (tangible) and Outcomes (intangible): <ul style="list-style-type: none"> Please provide the list of concrete DELIVERABLES - outputs/outcomes, leading to the specific objective/s: Increased capacity of SMOH and health partners (NGO and FBO) in assessment, planning and implementation of emergency nutrition response in line with national guidelines, increased capacity of CBO and MSG to identify and refer children with nutritional need and to promote optimal IYCF. Strengthened and well-functioning nutrition cluster coordination mechanisms at national and state level with particular focus on 8 high risk states. Strengthened emergency nutrition reporting in states, especially in the 8 high risk states <ul style="list-style-type: none"> increased coverage of emergency nutrition services and will enable the nutrition cluster to reach its target 70% (114,000) of children with severe acute malnutrition treated in South Sudan </p>	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i></p> <ul style="list-style-type: none"> Number of health partners (NGO and FBO) including SMOH increased capacity in assessment, planning and implementation of emergency nutrition response in line with national guidelines Number nutrition cluster coordination meeting at national level Number of partners send reports regularly to cluster Number of children reached by nutrition Cluster 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Partners reports Field visit reports 	<p>Assumptions & risks: <i>What external factors and conditions must be realized to obtain the expected outcomes and results on schedule?</i></p> <ul style="list-style-type: none"> Security remains stable to allow activity implementation



<p>Activities: <i>What are the key activities to be carried out and in what sequence in order to produce the expected results?</i></p> <ol style="list-style-type: none"> 1. Recruit nutritionists to support State and County Health Departments mentoring the new cluster partners in underserved counties with weak capacity 2. Build capacity and support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis 3. Develop and monitor implementation of Programme Cooperation Agreements with new partners (national and health NGOs, CBOs, FBOs and Mother Support Groups) 4. Build capacity and support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs. 5. Train staff of new NGO partners and SMOH staff (600) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls, boys and pregnant and lactating women 6. Train and support Community Nutrition Promoters and Mother Support Groups (1,700) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies 7. Support de-worming and micronutrient supplementation in all children 6-59 months and pregnant and lactating women 8. Provide supportive supervision and monitor performance of new stabilisation centres and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions 9. Build capacity and support coordination of emergency nutrition response at central level, in 10 states and with particular focus on underserved counties, through emergency assessment and response teams. 10. Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels 11. Support the Nutrition Cluster at state and national level in adapting nutrition guidelines and training cluster partners in implementation of those guidelines and tools. 12 Support National and state level coordination activities through Cluster meetings, Technical Working Groups, Streamlining information processes and reporting, Information sharing and support to partners. 13 Provision of surge capacity for cluster to support above activities. 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <ul style="list-style-type: none"> • Presence of Nutrition Specialists in UNICEF Country Office and Nutrition Officers at UNICEF Zonal offices • Partners conduct SMART surveys in the underserved counties affected by humanitarian crisis • Signed Programme Cooperation Agreements with new NGO partners • Training (basic, refresher and on-site training) NGO partners and SMOH staff (600) • Recording and reporting tools on CMAM available in intervention areas • Monitoring and supervision nutrition programme of NGO partners and SMOH 	<ul style="list-style-type: none"> • Partners reports • Field visit reports 	<p>Assumptions, risks and pre-conditions: <i>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?</i></p> <ul style="list-style-type: none"> • Security remains stable to allow activity implementation
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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.

Activities	Q3/2012			Q4/2012				Q1/2013			Q2/2013			Q3/2013		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
Activity 1: Recruit nutritionists to support State and County Health Departments mentoring the new cluster partners in underserved counties with weak capacity				x	x	x										
Activity 2: Build capacity and support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis				x	x				x	x	x					
Activity 3: Develop and monitor implementation of Programme Cooperation Agreements with new partners (national and health NGOs, CBOs, FBOs and Mother Support Groups)				x	x	x	x	x	x	x	x	x	x			
Activity 4: Build capacity and support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs.				x	x	x	x	x	x	x	x	x	x			
Activity 5: Train staff of new NGO partners and SMOH staff (600) and provide technical and logistic support for establishment of Stabilization Centers and Outpatient Treatment Programmes in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls, boys and pregnant and lactating women				x	x	x	x	x								
Activity 6: Train and support Community Nutrition Promoters and Mother Support Groups (1,700) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies				x	x	x	x	x								
Activity 7: Support de-worming and micronutrient supplementation in all children 6-59 months and pregnant and lactating women				x	x	x	x	x	x	x	x	x	x			
Activity 8: Provide supportive supervision and monitor performance of new stabilisation centres and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions				x	x	x	x	x	x	x	x	x	x			
Activity 9: Build capacity and support coordination of emergency nutrition response at central level, in 10 states and with particular focus on underserved counties, through emergency assessment and response teams,				x	x	x	x	x	x	x						

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

Total Estimated Budget USD

587,491

Item ID	Items Description (insert more budget line rows as needed)	Cost Type	Unit of measurement	Quantity	Unit Cost	Total Cost (USD)	Other secured funding
1	SUPPLIER/COMMODITIES/EQUIPMENT/TRANSPORT (please itemize expendable operational inputs including asset purchases)					0	-
1.1	Sub-total SUPPLIES, COMMODITIES ...					0	-
2	PERSONNEL (provide detailed information on responsibility/title, post location and the percentage dedicated to the CHF project)						
2.1	To recruit Emergency Nutrition Consultants support State and County Health Departments mentioning the new cluster partners in underserved counties with weak capacity	D	months	6.0	6,500.00	39,000	
2.2	Provision of surge capacity for driver to support above activities	D	months	6.0	6,500.00	39,000	
2.3	Zonal Office Operations Staff to Facilitate Trainings	D	months	5.0	3,000.00	15,000	
	Sub-total PERSONNEL COSTS					93,000	
3	STAFF TRAVEL (flights, OSA, Pendium, Terminals - Provide detailed description of staff members (title, post location ...)						
3.1	Monitoring missions to the project sites	D	Trip	10.0	1,000.00	10,000	
	Sub-total STAFF TRAVEL					10,000	
4	TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS - (Describe type of training, number of participants, location, duration)						
4.1	Train Health & Nutrition workers on IMSSAWCAM	D	1	400.0	100.00	40,000	
4.2	Train Health & Nutrition workers on SMART	D	2	80.0	500.00	80,000	
4.3	Train Health & Nutrition workers on MGS trained Rapid assessment and referrals	D	2	100.0	100.00	20,000	
4.4	Build capacity & support coordination of emergency response at central level in 10 states with particular focus at the underserved counties through emergency response & assessment teams	D	2	50.0	500.00	50,000	
4.5	Training for Partners on Pipeline Forecasting, Management and Reporting	D	Training	1.0	50,000.00	50,000	
	Sub-total TRAINING, WORKSHOPS ...					240,000	
5	CONTRACTS (specialized services for the project provided by outside contractors or partners/NGOs)						
5.1	Develop POAs with partners for support in specific states (Jesse, Uruy, Upper Nio, Lengle, CES, WESI)	D	months	3.0	50,000.00	150,000	
	Sub-total CONTRACTS					150,000	
6	VEHICLE OPERATING & MAINTENANCE COSTS (provide detailed information on item/activity, location)						
6.1	Vehicle Fuel, Maintenance and Insurance	D	Lumpsum			20,000	
6.2						0	
	Sub-total VEHICLE OPERATING & MAINTENANCE COSTS					20,000	
7	OFFICE EQUIPMENT & COMMUNICATIONS (provide detailed information on item/activity, location)						
7.1	ICT Support to telecommunication in the Field	D	Lumpsum			17,379	
7.2						0	
	Sub-total OFFICE EQUIP. & COMMUNICATIONS					17,379	
8	OTHER COSTS (e.g. bank charges) - provide itemized description of costs.						
8.1							
	Sub-total OTHER COSTS					0	
	(A) SUBTOTAL Project Costs					530,379	
	(B) Programme Support costs Not to exceed 7% of Project requirements(A)	I	% PSC rate<>			37,112	
	(C) AUDIT COSTS for NGO implemented projects NOT LESS THAN 1% of the Project Costs(A) and PSC(B)						
	GRAND TOTAL (A+B+C)					587,491	

