

South Sudan

2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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 CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. 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:

CAP Cluster	Nutrition
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CHF Cluster Priorities for 2013 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 CAP 2013.

Cluster Priority Activities for this CHF Round

- i) Treatment and management of severe and moderate acute malnutrition
 - ii) Prevention of acute malnutrition
 - iii) Capacity Building
 - iv) Monitoring and evaluation/supervisory visits and mentorship
 - v) Provision of emergency preparedness and response services
- Pipeline: Procurement and management of pipeline(s) from central to end location

Cluster Geographic Priorities for this CHF Round

- vi) Jonglei (Pibor, Uror, Duk, Akobo);
- vii) Upper Nile (Renk, Maban);
- viii) Unity (Leer, Rubkona);
- ix) Abyei Administrative Area; Warrap (Twic);
- x) NBeG;
- xi) Unity;
- xii) High risk spot of WBeG, EES, and Lakes

Project details

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

Requesting Organization	Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)	
Medical Emergency Relief International (Merlin)	State	County
Project CAP Code	%	
SSD-13/H/55051/5195	Eastern Equatoria	85% Torit (Ngong, Bur, Himodonge, Kudo, Imurok, and Hiyala Payams); Magwi (Nimule and Pageri Payams); LopaLafon (Burgil and Imehejek Payams)
CAP Project Title (please write exact name as in the CAP)	Jonglei	15% Pibor (Boma, Mewun, Kesingor and Maruwo Payams)
Provision and expansion of nutrition services in selected Counties of Eastern Equatoria and Jonglei states.		

Total Project Budget requested in South Sudan CAP	US\$ 1,362,837	Funding requested from CHF for this project proposal	US\$ 370,000
Total funding secured for the CAP project (to date)	US\$ 0	Are some activities in this project proposal co-funded? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project 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 CAP
Women:	20,882	35,492
Girls:	4,388	9,846
Men:	9,610	16,467
Boys:	4,753	10,667
Total:	39,633	72,472

Indirect Beneficiaries

237,322 (population of specific project location – see above)

Catchment Population (if applicable)

557,769

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

N/A

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

Indicate number of months: 6 months (April – September)

Contact details Organization's Country Office

Contact details Organization's HQ

Organization's Address	Block 3K South, Plot No.491, Topping, Juba
Project Focal Person	<i>chd@merlin-southsudan.org</i>

Organization's Address	12 th Floor, 207 Old Street, London EC1V9NR
Desk officer	<i>Gareth.Hughes@merlin.org.uk</i>

Direct beneficiary breakdown (NB:- double counting avoided by in total direct beneficiary above-see section III for detailed calculation)

Women	P&LW MAM	1,698
	Trainees	48
	Beneficiaries of IYCF promotion	14,307
	PLW micronutrient	6,527
Men	Trainees	72
	Beneficiaries of IYCF promotion	9,538
Children U5	SAM	802
	MAM	3,208
	BSFP	1380
	Vitamin A	5,933
	Deworming	5,933
Country Director	<i>cd@merlin-southsudan.org</i>	
Finance Officer	<i>cfd@merlin-southsudan.org</i>	

Finance Officer	Shamila.Adam@merlin.org.uk
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SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

The FSMS report released on October 2012 states the food security situation showed little improvement across South Sudan compared to the report of July 2012. However, still 10% and 37 % of the household are severe and moderately food insecure respectively. There is major disparity across states in terms of food insecurity in the country, with highest food insecurity in Eastern Equatoria state, Western and Northern BEG, and Upper Nile states. The decline of the food security situation in these states is mainly due to low market integration and low agricultural output compared to the other states. Global acute malnutrition is high according to MUAC threshold ranging from a lowest rate of 8.6% to highest rate of 20%; the states with the highest malnutrition rate were Jonglei and Lakes compared to the other states. The decline in the nutrition situation in South Sudan as a whole, and in Jonglei and EES in particular, is partially due to continued food insecurity driven by droughts, floods, destruction of crops by insects and population displacement due to inter-tribal conflict and returnees. The crisis in Pibor county at the beginning of 2012

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.

displaced close to 140,000 people in total with more than 20,000 displaced towards Boma sub-county which can impact the food security status in Jonglei state¹.

In 2011 Merlin supported the Eastern Equatoria state pre-harvest SMART survey, conducting the survey in three counties and providing technical support to the Ministry of Health in data analysis and dissemination for the whole state. The survey found an average state GAM rate of 13.4% and SAM rate of 3.0%; however, with GAM rates as high as 18.3% and SAM rates of 4.8% in Lopa/Lafon – one of Merlin's project counties. Both GAM & SAM average rates were slightly higher in boys than in girls. Merlin also conducted a follow-up post-harvest SMART nutrition survey in the same counties as the pre-harvest survey, with the addition of Pibor county/Boma sub-county. Contrary to expectations of significant improvement in nutritional status during a post-harvest season, and despite continuous nutritional intervention, the findings were still critical given they were collected well into the post-harvest (November 2011) season. The average GAM rates across the project areas were 12% and SAM rate of 2.5%. The highest rates were recorded in Pibor/Boma County with a GAM rate of 14.7% and SAM rate of 3.2%. The nutrition survey also documented significant level of childhood illnesses in the two weeks preceding the data collection – more than half (56%) of children under the age of five were sick and 42% of them with an acute febrile illness. The Vitamin A coverage was encouraging at an average rate of 70% children under five having had a supplement dose of Vitamin A in the last 6 months preceding the survey.

Poor infant and young child feeding practices also contribute to malnutrition. According to the nutrition survey and a recent Merlin KPC survey in May 2011, IYCF practices were found to be poor with an average weaning age of 3.5 months and 41.3% of newborns exposed to drinks other than breast milk in the first 3 days of their life. In addition to a lack of exclusive breastfeeding survey data has also identified poor other weaning practices amongst target communities all of which contribute to malnutrition amongst infants. Other clearly identified contributing factors include poor sanitation, limited dietary diversification and lack of access to basic health care services. In addition to boys and girls under the age of five there are number of other vulnerable groups for whom nutritional support is critical namely – pregnant and lactating women, chronically ill people (HIV/AIDS and TB) and in-patients under intensive treatment. The change in strategy by WFP and the stock ruptures in the supply chain have left these identified vulnerable groups affected by erratic or no supplementary support.

B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The targeted project areas include remote rural Payams and villages of the Pibor (Boma), Lopa/Lafon, Torit and Magwi counties; and the IDPs in Labrup from the Pibor crisis. Merlin is the sole health and nutrition service provider in the aforementioned places and has been in the area since 2004 working through network of two hospitals, seven PHCCs, eight PHCUs and more than 200 home health promoters (HHPs). Integrated in these structures of service delivery are three SCs, 17 OTP/SFP and strong community screening and referral. In addition to these static services, Merlin is currently responding to more 20,000 Murle IDPs (due to the Pibor crisis) and more than 5,000 Jia IDPs (due to acute food shortage) in Pibor County. To support the agreed cluster priorities Merlin will implement the following:

Merlin will continue to play its key role as the Eastern Equatoria nutrition cluster focal point during 2013, and ensure, working with the SMOH, timely sharing and verification of nutritional data and encourage a coordinated nutritional programming in the states. Merlin will ensure capacity enhancement and transfer to the State MOH through continuous engagement and training. Merlin will also continue to play an active part in the nutrition cluster and sector coordination meetings at Juba/national level.

1. Treatment and Management of Severe and Moderate Acute Malnutrition

The proposed interventions will be critical in increasing coverage of TSFP and TFP to the most vulnerable groups, children under five and pregnant and lactating women (PLW), through the provision of the minimum package of continuum of nutrition care through the CMAM approach. Merlin will be integrating/strengthening nutrition services in its existing project sites that include SCs in Boma, Nimule and Torit hospitals and Primary Health Care Centres; OTPs in all health facilities; and treatment of children and PLW with MAM in all health facilities. To ensure the continuity of care among the components of the nutrition activity, referral among MAM treatment, OTP and SC will be strengthened, and linkages (internal referrals) with ANC and EPI departments will be implemented to minimize missed opportunities. Through a focus on maternal and child health (MCH) especially supplementation and micronutrients, obstetric care, and EPI – Merlin will help to ensure the promotion of mother and child survival in its supported healthcare facilities whilst continuing to provide services in line with the Basic Package of Health Services that emphasize nutrition as an integrated component.

1.1 Targeted Supplementary Feeding Programmes (TSFP) for MAM

TSFP will reduce morbidity and mortality rates related to malnutrition by catching children before they progress to increased risk of death from malnutrition, as well as reducing caseloads of therapeutic feeding programmes in OTP/SC sites.

Children 6-59 months with MUAC of >115mm to <125mm and weight for height < Z-2 , and those children discharged from the OTPs will be admitted to TSFP program. PLW with MUAC of <2 10 mm will also be admitted. The distributions will take place bi-weekly, and beneficiaries will receive standard rations supplied by WFP. The programme will address the needs of moderately malnourished children aged 6 - 59 months and pregnant and lactating women (PLW). This intervention will be implemented by

Merlin supported primary health care facilities, in collaboration with County Health Department./MoH.

1.2 Management of Severe Acute Malnutrition (SAM)

a. Community-based Management of SAM without complications, through outpatient care

In MERLIN supported health facilities, nutrition and medical assessments will be carried out by qualified health workers to determine if a child 6-59 months with SAM has good appetite (passed the appetite test) and no medical complications, and can thus be treated in outpatient care. The child will receive medication according to the treatment protocol, as well as a home ration of RUTF equivalent to about 175-200 kilocalories per kilogram of bodyweight per day (kcal/kg bodyweight/day) and 36.5 grams of protein on a weekly basis. Monitoring of the clinical condition of patients is managed at primary health care facility level, and treatment is continued at home. The child will return to the facility every week for follow-up regarding health and nutritional progress and replenishing of RUTF supplies. Nurses with experience in CMAM programmes will be assigned to each county to assist and strengthening service delivery and quality. A total of 17 OTP sites will be operational county.

b. Community-Based Management of SAM with Medical Complication, through inpatient care (SC)

SAM children with serious complications will be admitted to SC and receive treatment according to the RoSS MoH IMSAM for the treatment of severe acute malnutrition. Merlin will establish and support 3 SC in Boma, Nimule and Torit hospitals. It is expected that roughly 10-15% of all SAM cases will require admission to SC sites for inpatient treatment lasting 4-7 days.

Children at the SCs will be provided with therapeutic food (F75 & F100) and the appropriate medical attention, until they fulfill the discharge criteria and are then transferred to OTP. Medical complications like hypoglycemia, hypothermia, dehydration and infection will be identified and managed promptly. Feeding will be given cautiously. Sensory stimulation and emotional support is also one of activities at SC. IYCF counselling and message will be provided to mothers of admitted children. One family member or caretaker per child admitted will be provided with the minimum daily required food for the duration of stay at SCs.

2. Prevention of Acute Malnutrition

Merlin believes that promoting key health and hygiene messages is critical to preventing new cases of malnutrition and managing those already affected. Often the care of children is closely linked to the situation of women in the community. Therefore Merlin will use and strengthen existing community structures and conduct extensive nutrition promotion with emphasis on IYCF, it will give greater emphasis to building capacity of HHPs (Home Health Promoters) to lead nutrition education and behavior change in line with the essential nutrition actions (ENA) approach, the use of locally available nutritious food stuff, maternal nutrition, hygienic preparation of child food, healthcare seeking counseling, and information on available nutrition services in health facilities. The nutrition education will be supported with IEC/BCC developed in the local language and adapted, as necessary, for gender specific groups and where possible will utilize MoH counterpart developed material. Key messages developed and incorporated in the national guideline for the management and prevention of malnutrition will be used in educating the community.

The existing Home Health promoters will be provided refresher training on nutritional screening using MUAC, and key nutritional education messages. Also women support groups will be established, and training will be provided on counseling and facilitation techniques, and key messages of essential nutrition action to optimize infant and young child feeding practices and nutritional status of pregnant and lactating women. The activities of the community education volunteer will be supported by trained health promoter, and their activities will be linked with health facility functions to ensure prompt and appropriate referral mechanism, and life-saving transfers from community and health facilities. Merlin will ensure the Home Health promoters and mother support groups have all necessary supplies for their activities.

Merlin will provide micronutrient supplementation and deworming for under-five children and lactating women, and iron supplementation for the pregnant mothers for the prevention of Micronutrient deficiency. Merlin will use blanket supplementary feeding (BSFP) strategy based on the result of rapid assessment and standard SMART nutrition survey for the vulnerable population, to prevent further deterioration of target community nutritional status.

3. Capacity Building

Merlin will ensure that nutrition services in all supported health facilities are staffed according to the Basic Package of Health Services protocol. This program will be strengthened through technical support and other capacity building inputs such as training and provision of basic supplies, to enable the CMAM program sites and staff to cope with a potential increase in admission rates, and manage complicated cases accordingly. Merlin has a strong organizational commitment to gender mainstreaming. Under this project, Merlin will work to ensure women's participation in aspects of capacity building & project participation.

Training will be conducted in collaboration with the CHDs on CMAM protocol, ENA and emergency preparedness and response. Merlin will work closely with the CHDs to provide technical and coordination support for nutrition program management team.

Merlin will also ensure provision of necessary equipment required for the OTP, SFP and SC. Merlin will empower targeted communities through training of Home Health Promoters and community support groups on ENA, nutritional screening techniques and key messages of prevention of nutritional related morbidity and mortality.

4. Monitoring and evaluation/supervisory visits and mentorship

Nutrition program monitoring and supervision will be carried on regular based according to the national nutrition protocol, and agreement mentioned between Merlin and CHF monitoring and evaluation logframe. There will three competent and experienced nutrition officers, one per each sites, and OTP/TSFP nurses. Merlin will supervise each 1 a week and make sure; the supervision will be guided by structured checklist to make sure that services in nationally and international acceptable standard. Monitoring supervision activities will also be carried out by the country health director and nutrition coordinator. The supervision activities will be supplemented with regular on job training and coaching. Merlin will also plan joint monitoring supervision with state minister of health and UNICEF nutrition program monitoring and evaluation officers.

Merlin will develop a Monitoring and Evaluation Framework and an Accountability Action Plan to facilitate and guide the monitoring, evaluation and accountability of the project. In addition Merlin will conduct Standard SMART nutrition survey in the project period.

5. Provision of emergency preparedness and response services

Merlin will have emergency mobile teams that will respond any health emergency. As per needs merlin will participate on the rapid assessment and conduct standard nutrition surveys. Training will be provide to Minster of health and Merlin staffs on emergency preparedness and respond. Surveillance system will be strengthened in all Merlin supported facilities and respond it immediately for any emergency situation.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

As per detail described in section A need analysis, the food insecurity situation in the context high level malnutrition with poor prospect of improving in the nearby future which will require coordinated, sustained and integrated response activities in Jonglei and the remote villages of Eastern Equatoria State. In addition, there are estimated more than 20,000 IDPs in Boma area as a result of the Pibor crisis who are still reluctant to return back to Pibor for fear of insecurity.

Merlin with CHF funding support has contributed to advancing the capacity to deal with malnutrition, but the system is still fragile and under resource to deal with high malnutrition caseload, let alone the significant increased forecast. The CHF will be used to support addressing the nutritional needs in the geographic area specified and of the IDPs from Pibor settled in Boma Sub-County. The funds requested for the CHF component of the project will be essential to integrate nutrition within the ongoing health projects and enable to fully contribute to the priorities of the nutrition cluster in the year ahead. It is to fill the funding gaps to continue, improve and expand Merlin's nutrition work in the two states that were initiated with other funding.

ii) Project Objective

State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

Objective 1: Reduce morbidity and mortality through increased delivery of quality CMAM services and subsequent improved nutritional status of children under five, pregnant and lactating women in the target area in 2013;

Objective 2: Increase capacity of local stakeholders to provide CMAM services, through provision of training, supervision, coaching and mentoring of Ministry of Health personnel and community members in the target area in 2013.

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 (broken down by age and gender to the extent possible).

Exact locations of operations and services offered:

Jonglei State – Pibor County

- Boma Hospital – SC, OTP, MAM treatment (includes de-worming, vitamin A supplementation to children and LW, micronutrient to PLWs and treatment of malnourished vulnerable groups/in-patient), nutrition education
- PHCUs in Mewun, Koradep, Nyalongoro and Labrup – OTP and MAM treatment (includes deworming, vitamin A supplementation to children and LW, micronutrient to PLWs and facility/community screening and referrals), nutrition education
- Mobile clinic service to Pibor IDPs - OTP and MAM treatment (includes deworming, vitamin A supplementation to children and LW, micronutrient to PLWs and community screening and referrals), nutrition education
- Mobile clinic service to Jia IDPs – OTP and MAM treatment (includes dewoming, vitamin A supplementation to children and LW, micronutrient to PLWs and community screening and referrals), nutrition education

Eastern Equatoria State – Lopa/Lafon, Torit and Magwi Counties

- Nimule Hospital and Torit State Hospital – SC, OTP, MAM treatment (includes deworming, vitamin A supplementation to children and LW, micronutrient to PLWs and treatment of malnourished vulnerable groups/in-

patient)

- PHCCs in Pageri, Imehejek, Lafon, Hiyala, Hilleu, Hai Lotuko, Kudo and Loronyo – OTP and MAM treatment (includes deworming, vitamin A supplementation to children and LW, micronutrient to PLWs and facility/community screening and referrals), nutrition education
- PHCUs in Moli, Imurok and Khurmush – OTP and MAM treatment (includes de-worming, vitamin A supplementation to children and LW, micronutrient to PLWs and facility/community screening and referrals)

Mobile Team/clinic

- Pibor, Magwi, Torit and Lapa/Lafon Countries as required to ensure assessment and response to nutritional emergencies and mass population displacement

Direct beneficiaries: 39,633

- 802 SAM children under 5 (417 boys and 385 girls) treated (3% prevalence, incidence factor of 2 and 60% coverage)
- 3,208 MAM children under 5 (1,668 boys and 1,540 girls) treated (12% prevalence, incidence factor of 2 and 60% coverage)
- 1,698 malnourished PLWs treated (15% prevalence, incidence factor of 2 and 60% coverage)
- 5,131 non-malnourished children U5 supplemented with Vitamin A (with de-worming) (2,668 boys & 2,463 girls) (51% coverage)
- 4,829 non-malnourished PLWs supplemented with micronutrient (with de-worming) (42% ANC and 6% PNC coverage)
- 23,845 community members reached with key nutrition and IYCF messages (9,538 male and 14,307 females) (12% coverage)
- 120 community and facility based nutrition and health workers trained (72 male and 48 female)

Main activities:

1. Improve access to quality nutrition services for children under five and PLW through community based management of acute malnutrition (CMAM) in four counties across Jonglei and Eastern Equatoria States:

- Ensure that each Merlin supported health facility is staffed with CMAM trained and qualified health workers to provide nutrition services, in line with the Basic Package of Health Services
- Carry out nutrition screening and growth monitoring and promotion in all Merlin supported health care facilities
- Delivery of community based screening and referral of malnourished girls and boys to SFPs, OTPs, or TFC/SCs by trained home health promoters
- Ensure 3 functioning SCs provide quality inpatient service for SAM children with medical complication based on national protocol
- Ensure 17 functional OTP/SFP including response to IDPs as long as required, and treatment of malnourished vulnerable groups
- Supply nutrition foods, micronutrient supplements, and de-worming medicines to all Merlin's health care facilities in Southern Sudan (nutritional supplies provided by UNICEF/WFP)
- Supply necessary materials for nutrition screening and growth monitoring to Merlin's health facilities and community volunteers

2 Implement community based nutritional education/promotion for the prevention of malnutrition and promotion of optimal infant and young child feeding practice (IYCF).

- Recruitment of Home Health Promoters (HHP)
- HHP training on nutritional screening and key messages on the prevention and treatment malnutrition
- Promotion of IYCF practices by establishment of mother support groups, and training on counseling techniques and key message of essential nutrition actions
- In consultation with community, deliver nutrition education messages through group discussions, sensitization campaigns, school health (girls and boys), use of mass media, and workshops for key community members and opinion leaders, including women's groups, religious gatherings, youths, teachers, etc.
- Present strong Behavioral Change Communication (BCC) messages on nutrition, particularly IYCF (including the promotion of exclusive breast feeding for children below six months, appropriate weaning and complementary feeding practices, and appropriate feeding of sick children), but also promotion of hygiene practices and management of diarrheal and other common childhood diseases
- Increase the participation of women in community health committees

3)Work to support improvements in coordination and support for nutrition activities with all key stakeholders (including Nutrition

Cluster partners, the SMOH, and CHDs) within the target counties

- Merlin will act as focal point for the Nutrition Cluster in EES to take the lead in ensuring that coordination meetings (involving all key stakeholders) to discuss nutrition and health related activities are held at least once every quarter at the state level. Ensure the participation of CHDs in such coordination meetings
- Ensure effective reporting and information sharing among the partners and with the state and national health and nutrition authorities

4) Emergency preparedness and response

- Strengthening nutritional surveillance & early detection through Merlin supported health facilities
- Participate in integrated emergency assessment for rapid response in collaboration with other partners as required
- Ensure emergency preparedness through developing response plans and prepositioning of stockpiles, drugs and other materials in all targeted facilities to ensure rapid response at onset of nutritional emergency
- Provision of training to health workers in Merlin's health facilities including hospitals on emergency nutrition response, including the use of Integrated Rapid Assessment (IRA)
- Deployment of emergency mobile health and nutrition team that respond to any emergency situation within target area

5) Monitoring and supervision

- Conduct regular supervision at Merlin supported health facilities by Nutrition Officer, Senior Health Coordinator at project level, and nutrition coordinator and country health director at country level to ensure that the nutrition service to the national and international standard.
- Implementation of nutrition survey to assess and measure existing nutritional status with GAM and SAM rates, child morbidity and mortality, immunization coverage, Vitamin A and iron supplementation status, and the impact of the intervention on malnutrition caseloads, referrals, and treatment in target communities

iv). Cross Cutting Issues

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

Gender

Specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring and evaluation. For example, Merlin will ensure that female and male representation will be balanced in community health management committees, participation of home health promoters in health promotion and community mobilization, and during recruitment of health staff at various levels. Merlin will continue to encourage and proactively recruit female staff, especially in Boma where the level of literacy and tradition of females working outside the home is low.

Through an activity focus on maternal health, Merlin will work to empower female decision-making for treatment seeking by facilitating male involvement and increasing health promotion activities at the community level. Women will also be supported through the core activity of referring complicated deliveries and high risk pregnancies (women) to the hospital/higher health facilities. However, specific interventions will also ensure men receive essential services, for example surgical interventions to deal with the conflict-related trauma to which they are statistically more predisposed in South Sudan.

Merlin will provide training for staff on Sexual and Gender Based Violence (SGBV) targeted at identifying potential cases and referring survivors for appropriate treatment and 7 counseling. In light of the potential for increased incidence of SGBV related to potential conflict, insecurity, and mass population movements in 2012/13, Merlin will look to increase awareness amongst staff and communities regarding SGBV, with training targeted at appropriate and timely care seeking for rape victims.

Environment

The management of medical waste will be given due attention at all levels of its generation. Clinical and cleaning staff will be trained on universal precaution to ensure appropriate segregation, sorting and storage of medical waste. Merlin will ensure that burial and/or burning are the ultimate waste disposal mechanism in the health facilities through renovation of existing incinerators and decomposing pits. Merlin will also take into account packaging with regards to biodegradability and re-usability of medical items during procurement.

HIV/AIDS

HIV/AIDS prevention activities will be mainstreamed into all community, primary, and secondary health care activities. Nutritional support to HIV/AIDS patients enrolled on ART is currently supported by WFP and it is hoped that this will continue in 2012 and 2013. Merlin provides HIV/AIDS awareness training for staff to reduce stigma in the health facilities and ensure equal access to services.

Early Recovery

Merlin is committed to staying beyond the crisis situation to help rebuild sustainable health services and has considerable

experience from other countries in developing programmatic interventions and strategies designed to promote early recovery and target the transitional period from relief to development. It is a strategic objective of Merlin in Southern Sudan to develop an early recovery strategy with milestones and reference points for the gradual transition of our health facilities, or components of them, to the MOH, ensuring consideration is given to the six health-system building blocks in coordination with the activities of other partners.

As we move into a period of economic and political difficulty in South Sudan and unregulated transition to developmental responses in the face of persistent humanitarian context, it is challenging for partners to really move towards a recovery or development approach. However, through improving information and data management, for example using the MOH-approved District Health Information Software (DHIS) in its facilities, and working closely with the target communities, Merlin will continue to monitor the situation and the root causes of health problems to adjust programmatic interventions with a view to longer term development objectives.

v) Expected Result/s

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

Result 1 – Increased access to and quality of community- and facility-based therapeutic and supplementary nutrition services with enhanced referral system.

Result 2 – Increased coverage of targeted population with key nutrition and IYCF messages, and community screening.

Result 3 – Increased institutional capacity to conduct nutritional assessments and design/implement full range of nutrition interventions.

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be 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.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
(X)	1.	Number of Out Patient Therapeutic Program (OTP) sites for the treatment of Severe Acute malnourished (SAM) children	17 (all existing sites)
(X)	2.	Number of Stabilization Centers (SC)	3
		Total Sites	3
		New Sites	1
(X)	3.	Number of children admitted/treated for SAM	802
		Girls	385
		Boys	417
(X)	4.	Quality of SAM treatment (cure, defaulter, death rate)	> 75%, < 15% and <10% respectively
(X)	5.	Number of children admitted/treated for MAM	3,208
		Girls	1,540
		Boys	1,668
(X)	6.	Number of PLW admitted/treated for MAM	1,698

vi) Implementation Mechanism

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

The project will be implemented integrated with the health activities that Merlin is providing in the different health facilities listed in section C.II above. The range of nutrition components that will be implemented includes:

- Stabilization Centers (SC): - In Boma, Torit and Nimule hospitals
- Outpatient Therapeutic Program (OTP): - In all health facilities and mobile clinics
- Treatment of MAM in Children: - In all health facilities and mobile clinics
- Treatment of MAM in PLWs: - In all health facilities and health delivery points
- Micronutrient supplementation for children and PLWs: - In all health facilities and health delivery points
- Growth monitoring and promotion: - In all health facilities and mobile clinics
- Nutrition education and IYCF promotion: - In all target communities
- Training of community- and facility-based health and nutrition workers

Building on seven years programming experience in Eastern Equatoria and Jonglei states, Merlin will continue to strengthen the accessible, equitable, and enduring health and nutrition care delivery structure it has helped to develop in the proposed project areas. As indicated above, Merlin currently operates one hospital in Nimule, Magwi County, EES in addition to eleven further health facilities including eight PHCCs, and three PHCUs in Torit, Lopa/Lafon, and Magwi counties of EES, each of which implements the BPHS; Merlin plans to further support the nutrition component at the state hospital in Torit through this project. Merlin also operates a hospital and four PHCUs in Boma, Pibor County, Jonglei State. This proposed project will be run through these vital healthcare facilities and linked with intensified community component. Merlin Senior Health Coordinators and Country Health Director will be responsible to ensure the technical implementation of the project in line with national and international standards.

Merlin will manage this project as the sole implementing agency. Through its well-established offices in Nimule and Torit, EES, and Boma, Jonglei State, Merlin will continue working in partnership with the State Ministries of Health and County Health Departments, particularly in facilitating health and nutrition system coordination, health information management systems, and transition strategies. At project-site-level, Merlin has project coordinators, senior health coordinators and finance and logistics officers and the strong internal standards of Merlin global policies and guidelines, based on international best-practice, for drugs management, procurement, supply chain management, finance, and grants management are in place. Merlin also has both internal and external audits conducted every year to ensure compliance with financial and grants management procedures, as well as with our own policies on procurement and assets management.

vii) 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 monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)2.

Merlin will monitor project performance and achievements at all levels of project implementation to determine whether the project objectives and expected outcomes have been met (in terms of scope, timeliness, quality, equity, and cost). This will be achieved in part through the monitoring of progress against the three key outcome indicators outlined above. Here rapid assessments will be used to ascertain changes and improvements in the three outcome indicators.

A number of tools and methods will be used to monitor the delivery of health services at supported facilities and within target communities. Formal monthly supervision of health facilities will be done (using the MoH supervision checklists) to ensure good quality services are provided at all levels. The MoH will be invited, encouraged, and facilitated to participate in these monitoring visits. In each of the secondary health care facilities, monthly mortality audits will be conducted in a participatory manner to review cases and identify best practice. Quarterly comprehensive audits of treatment and prescribing practices will be conducted in all facilities. These will be conducted through register review, consumption data analysis, and linked to exit interviews. Quarterly exit interviews will be conducted to assess demand-supply gaps, beneficiary satisfaction levels, and to improve service quality standards in general. In addition, to strengthen quality of care through accountability, Merlin will introduce policies and procedures related to transparency, community participation and complaint/response management.

Regular progress reports will be submitted as per the CHF requirements. Monthly nutrition statistics and quarterly progress reports will be submitted to the respective State MoH and CHDs, and the Cluster Information Manager.

E. Total funding secured for the CAP project
Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	Amount (USD)
	\$0

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.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/H/46263/55051		Project title: Provision and Expansion of Nutrition services in selected counties in Jonglei and Eastern Equatoria States		Organisation: MERLIN
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <p>Ensure provision of emergency nutrition services in priority states, focusing on high-risk underserved communities and areas where there is food insecurity, high malnutrition, and/or high numbers of displaced people and returnees</p>	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <p>SAM 60% needs coverage MAM 60% needs coverage</p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <p>SMART survey (needs) Monthly reports from treatment records (coverage)</p>	
Purpose	<p>CHF Project Objective:</p> <p>To increase access to comprehensive and quality response to the nutrition emergency in three Counties in Jongolei and EES by providing quality services for the prevention of acute malnutrition and treatment of severe acute malnutrition.</p>	<p>Indicators of progress:</p> <p>SAM rates in the county stay below emergency threshold levels (<2%)</p>	<p>How indicators will be measured:</p> <p>SMART survey</p>	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> • Services for the treatment of MAM remain available • No emergency health outbreaks • Improved food security situation • No large population movements or displacement • On-going funding

Results	<p>Results - Outcomes (intangible):</p> <ul style="list-style-type: none"> Increased access to quality community based therapeutic feed program of acute malnutrition. Improve child feeding practices and prevention of malnutrition through community based nutritional education and improved support to mothers. Increased institutional capacity in providing quality nutrition services nutritional. 	<p>Indicators of progress:</p> <ul style="list-style-type: none"> SAM treatment achieves SPHERE standards <p>Cure rate > 75% Death rate < 10% Defaulter rate < 15</p> <ul style="list-style-type: none"> Access to therapeutic program > 60% Number of targeted population who listed at least 3 good IYCF practices. Number of nutrition assessments conducted against expected standard. <p>Percentage of targeted caregivers practicing exclusive breastfeeding at 6 months (50%)</p>	<p>How indicators will be measured:</p> <p>Monthly t facility OTP , SC, SFP reports , facility registration book and records</p> <p>SMART survey estimations</p>	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> Sufficient and adequately qualified staff is available to ensure quality and smooth implementation of the project. No large population movements or displacement On-going funding Natural disasters (e.g. flooding) do not take place
	<p>Immediate-Results - Outputs (tangible):</p> <p>1. Treatment</p> <ul style="list-style-type: none"> 535 SAM children will be treated 2137 under 5 children and 1698 PLW with MAM will be treated 17 OTP, 17 SFP and 3 SC sites will be operational <p>2. Prevention of acute malnutrition</p> <ul style="list-style-type: none"> 4,829 non-malnourished PLWs supplemented with micronutrient 5,131 non-malnourished children U5 supplemented with Vitamin A with de-warming 14,307 mothers receive health education and support through mother support group <p>3. Improved capacity building</p>	<p>Indicators of progress:</p> <ul style="list-style-type: none"> Number of children U5 treated for SAM (278 boys and 256 girls) Number of OTP sites (17) Number of new stabilization center (1) Total number of stabilization centres (3) <p>Number of PLW (4,829 PLW)</p> <ul style="list-style-type: none"> Number of children U5 receiving vitamin A (2,668 boys & 2,463 girls) Number of mothers support groups (17); number of mothers (85) 	<p>How indicators will be measured:</p> <p>Feeding centre records Monthly reports Monthly reports</p> <p>Distribution reports Health facility Registration and recording PHCU/PHCC and hospital monthly and EPI records Monthly reports</p> <p>Training attendance sheets and monthly training report</p>	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> Political and social stability Absence of large scale humanitarian crisis or disasters Normal climatic conditions Security in the target areas remains sufficiently stable to allow access to conduct humanitarian activities On-going support and willing participation of South Sudan Relief and Rehabilitation Commission (SSRRC) counterpart, local authorities, MoH and beneficiaries Absence of extreme price or exchange rate

<ul style="list-style-type: none"> • 30 Improved capacity for health workers on management of SAM • Improved capacity for community workers and volunteers (including lead mothers) on IYCF <p>4. Assessment and coordination</p> <ul style="list-style-type: none"> • Conducting Standard Nutrition survey using SMART protocol • Active coordination with other nutrition actors • Conduct rapid assessment based on need for emergency situation assessment <p>5. Monitoring and supervision</p> <ul style="list-style-type: none"> • Conduct regular supervision at Merlin supported health facilities to ensure that the nutrition project is implemented to expected quality standards. 	<ul style="list-style-type: none"> • Number of health workers receiving training on SAM (30) • Number of community workers and volunteers receiving training on IYCF (85) • Number of SMART surveys conducted (1) • Number of national nutrition cluster meetings attended (12) 	<p>SMART survey conducted and report Nutrition cluster meeting minutes</p>	<p>shifts.</p> <ul style="list-style-type: none"> • Localised conflict or emergencies do not result in inability to remotely monitor programme • Appropriate funding is received
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<p>Activities:</p> <p>1. Treatment</p> <ul style="list-style-type: none"> • Ensure that supported health facilities are staffed with CMAM trained and qualified health workers. • Repair and furnish torit Hospital stabilization center • Screen children in the community and health facility for 6- 59 m months children • Admit and treat PLW, and children under 5 experiencing severe acute malnutrition • Ensure functioning 3 SCs, 17 OTP/SFP that provide quality nutrition service for based on national protocol • Strengthening referral between the community to facilities and facility to facility • Distribution of Nutritional supplies and job aids to the facilities <p>2. Prevention</p> <ul style="list-style-type: none"> • Micronutrient supplementation of PLW • Administer Vitamin A to all children screened aged 6-59m • Administer deworming tablets to all children screened aged 12- 59m • Administer micronutrient sprinkles to all pregnant women attending for antenatal care • Encourage mothers receiving antenatal care to form mothers support groups • Community and facility based Nutritional education and promotion of IYCF based on key messages • Support mothers support groups with job aids , 	<p>Inputs:</p> <ul style="list-style-type: none"> • Staff time • Mats • Weighing scale • Height board • Table and chairs • Flip charts • Water dispenser • MUAC Tapes • Plumpy nut, deworming tablets, antibiotics • Non Consumable medical supplies • CSB, Plumpy Doze • Buckets for beneficiaries • Recording cards, registration books • Reporting formats • Guidelines and Other job Aids • Water • Staff time • Vitamin A • Deworming tablets • Iron tablets • IYCF counseling cards 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Stable security situation • Accessibility, rainy season does not start earlier than the usual pattern • Localised conflict and emergency • Peaceful disarmament • Mothers willing to engage in groups and be trained on IYCF • Access to UNICEF pipeline for nutrition supplies • Funding secured • Absence of large scale humanitarian crisis or disasters
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	<p>space and resources</p> <p>3. Improved capacity building:</p> <ul style="list-style-type: none"> • Training of health worker on CMAM based on the national protocol and guideline • Establish and train Mother-to-Mother support groups on IYCF • Training of Home Health Promoters on key nutritional messages, screening of malnutrition using MUAC • Provide technical support for the County Health Department in management of nutrition program <p>4. Assessment and coordination</p> <ul style="list-style-type: none"> • Recruit and train team in SMART methodology • Conduct pre-harvest SMART surveys in targeted payams in-line with South Sudan country guidelines • Present results to nutrition team and relevant stakeholders • Attending monthly nutrition cluster coordination meetings <p>5. Monitoring and supervision</p> <ul style="list-style-type: none"> • Conduct regular supervision at Merlin supported health facilities to ensure that the nutrition project is implemented to expected quality standards. 	<ul style="list-style-type: none"> • Mats • Space in the hall • IMSAM training curriculum • Travel expenses for staff • Staff time • Refreshments for training sessions • Staff time • Questionnaires and record sheets • Height boards • Scales • MUAC tapes • Computer equipment for input 		
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PROJECT WORK PLAN														
This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).														
Activities	Q1/2013		Q2/2013			Q3/2013			Q4/2013			Q1/2014		
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Increased access to and quality of community- and facility-based therapeutic and supplementary nutrition services with enhanced referral system.														
• Ensure that supported health facilities are staffed with CMAM trained and qualified health workers				x	x									
• Repair and furnish Torit Hospital stabilization center				x	x									
• Screen children in the community and health facility for children 6- 59m				x	x	x	x	x	x					
• Admit and treat PLW, and children under 5 experiencing severe acute malnutrition				x	x	x	x	x	x					
• Ensure 3 functioning SCs, 17 OTP/SFP that provide quality nutrition services based on national protocol				x	x	x	x	x	x					
• Distribution of nutritional supplies and job aids to health facilities				x		x		x	x					
• Strengthen referral between the community & health facilities, and facility to facility					x	x	x	x	x					
Prevention of Acute Malnutrition														
• Micronutrient supplementation of PLW				x	x	x	x	x	x					
• Administer Vitamin A to all children screened aged 6-59m				x	x	x	x	x	x					
• Administer deworming tablets to all children screened aged 12- 59 m				x	x	x	x	x	x					
• Administer micronutrient to all pregnant women attending antenatal care				x	x	x	x	x	x					
• Encourage mothers receiving antenatal care to form mothers support groups				x	x	x	x	x	x					
• Community and facility based nutritional education and promotion of IYCF				x	x	x	x	x	x					
• Distribution of IEC/BCC materials, and job aids to HHPs, mother support groups and health facilities				x			x							
Improved capacity building:														
• Training of health worker on CMAM based on the national protocol and guideline				x	x									
• Recruitment of HHP for each health facility				x	x									
• Training of home health promoters on key nutritional messages, screening of malnutrition using MUAC					x	x								
• Recruit/establish mother support groups				x	x									
• Train mother to mother support groups On IYCF and basic counseling skills on IYCF					x	x								
• Provide technical support for the County Health Department in management of nutrition program				x	x	x	x	x	x					
Assessment and coordination														
• Conducting pre harvest SMART nutrition survey					x	x								
• Attending monthly nutrition cluster coordination meetings				x	x	x	x	x	x					
Monitoring and supervision														
Conduct regular supervision to the health facilities to ensure the nutrition project is implemented to expected quality standards				x	x	x	x	x	x					