

## 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](mailto: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

#### CHF Cluster Priorities for 2013 Second 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) Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups
- ii) Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education, supplementation, BSFP)
- iii) Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies)
- iv) Pipeline: Procurement and management of pipeline(s) from central to end user location
- v) Provision and strengthening of state-level coordination aimed at improving intervention outcomes

#### Cluster Geographic Priorities for this CHF Round

1. Jonglei-Pibor, Akobo, Nyirol, Ayod, Fangak, Pochalla, Urol, Duk
2. Upper Nile -Maban, Nasir and Ulang
3. Unity-Panyjar, Koch, Mayom, Abiemnhom, and Mayendit
4. NBeG- Aweil East and North
5. Warrap- Twic and Abyei area
6. WBeG-Raga

#### Project details

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

#### Requesting Organization:

Merlin

#### Project CAP Code      CAP Gender Code

SSD-13/H/55051/R/5195      0

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

Provision and expansion of nutrition services in selected Counties of Eastern Equatoria and Jonglei States

**Total Project Budget requested in the in South Sudan CAP**      US\$ 1,362,837

**Total funding secured for the CAP project (to date)**      US\$ 370,000

#### Direct Beneficiaries

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	9,864	35,492
Girls:	4,936	9,846
Men:	4,830	16,467
Boys:	5,572	10,667
<b>Total:</b>	<b>25,202</b>	<b>72,472</b>

**Project Location(s)** - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State	%	County/ies (include payam when possible)
Jonglei	80%	Pibor Boma sub county
EES	20%	Lopa Lafon County

**Funding requested from CHF for this project proposal**      US\$ 200,000

**Are some activities in this project proposal co-funded (including in-kind)?** Yes  No  (if yes, list the item and indicate the amount under column i of the budget sheet)

#### Indirect Beneficiaries

*Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived.*

#### Catchment Population (if applicable)

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM			495	537
MAM	2643		1651	1788
BSFP				
IYCF promotion	7153	4768		
Trainees	68	62		
Micronutrient supplementation*			2292	2483
Deworming*			2292	2483

\* Not counting beneficiaries treated according to protocols (e.g. SAM or MAM treatment)

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)
Proposed dates: November 1, 2013 to April 30, 2014
Number of months: 6 (six) months

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## SECTION II

A. Humanitarian Context Analysis
<p>Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population<sup>1</sup></p> <p>Since September 2012 hundreds of civilians have lost their lives and tens of thousands more have been forced to flee their homes due to indiscriminate violence and insecurity arising from armed conflict between the Government of South Sudan's Armed Forces and non-state armed actors in Pibor county, Jonglei State. Humanitarian agencies believe that of an estimated population of 149,000 in Pibor County, over 100,000 have been forced to flee their homes from six major population centres (Lekonguele, Gumuruk, Pibor, Manyabol, Boma, Muruwa Hills) in Pibor County. The interagency Initial needs assessment in Boma town indicated that approximately 50% of tukuls were burned down and destroyed, with every compound having at least one tukul burned. Civilians are currently without access to clean water, food, shelter and critical life saving medical services. With the onset of the rainy season, large groups of people may become trapped in flood-prone areas which may render them more vulnerable to communicable diseases and further exacerbate the current acute food shortage.</p> <p>Food security situation in Pibor County even prior to the recent conflicts was very poor. According to the Famine Early Warning System Network (FEWSNET) outlook reports the County was experiencing chronic levels of food insecurity, and it predicted that 39,000 people would be severely food insecure in early 2013 with food insecurity potentially reaching emergency thresholds by July-August. Though clear information about levels of current malnutrition rate is not available, taking in to account current FEWSNET outlook for the months of July and August which categorize it as crises level (IPC 3), civil security, and last year's pre-harvesting survey reports in Jonglei state, it is expected that the nutritional status of children and mothers will be very poor, and its unlikely that civilians have been able to recover from these multiple shocks. Nutrition surveys in 2012 shows poor nutrition situation in South Sudan in all states (except Western Equatoria State), having global acute malnutrition rates ranging from 17.5 percent to 30.2 percent, above the WHO emergency threshold (ANLA report, March 2013).</p> <p>In EES, the nutritional status of children in Lopa Lafon county is of very poor state. The most recent nutrition survey conducted in March 2013 by Merlin in the county revealed GAM rate of 15.3% (12.5-18.7 95%CI) and SAM rate of 3.6 % (2.5-5.1 95% C.I), this is above emergency threshold according to WHO classification. The survey also revealed precarious food security situation in the</p>

<sup>1</sup> 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.

county due to poor crop performance in the last harvesting season as a result of erratic rain fall and pest infestation. Around 31.9% of families visited were with poor consumption score and 37.9% were with borderline score. Childhood illness were very high in the county, around 66.1% of the children included in the survey reported sick in the past two weeks , and diarrhea was reported more than 50% of those children.

## **B. Grant Request Justification**

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The protracted conflict between SPLA and non State organized forces in Boma town and its' environs has heightened the humanitarian need of populations trapped in the conflict. Merlin was the sole provider of health and nutrition services in the aforementioned area, until it temporarily suspended operations after an escalation of the conflict. Almost all Merlin supported facilities in the County were vandalized and looted, which has severely limited the capacity of Merlin to respond to the humanitarian needs in the area. This funding will enable Merlin to regain the required capacity to resume its' vital life saving nutrition intervention in Boma town and its surrounding areas. Chronic food insecurity in Pibor county is further complicated by poor health situation, recurrent disease outbreaks; themselves related to inadequate and low quality water supply and poor sanitation conditions. This increases the likelihood of morbidity and mortality in the population, particularly among children and pregnant and lactating women.

Effective coordination, collaboration and partnership with the government, non-governmental organizations and the Community are very essential to the successful implementation of planned activities. With funding from CHF, Merlin's main endeavor is responding to the existing nutritional needs and the strengthening of the local health system, integrating the health and nutrition intervention through local health facilities. Merlin will continue to play its crucial role in nutrition cluster coordination meetings at state level and central level. Merlin will work in strengthening and building the capacity of the government counterpart.

## **C. Project Description (For CHF Component only)**

### **i) Contribution to Cluster Priorities**

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

Multiple causes of under-nutrition exist in South Sudan, including seasonality, in which acute malnutrition peaks every year between April and June during the pre-harvest lead period. Other contributing factors include inadequate dietary intake due to food insecurity, and inadequate use of available food resources. Nutritional status is a result of complex interactions between food consumption and the overall status of health and health-care practices. Socio-economic and cultural factors influence patterns of feeding children and the nutritional status of women and children. Improving overall nutritional status is crucial to maternal health. Women who become malnourished during pregnancy, and children who fail to develop normally, especially during fetal development, are at increased risk of prenatal problems, increased susceptibility to infections, slowed recovery from illness, and possibly death. Hence improving maternal nutrition is crucial for improving infant health. This project will focus on the following main activities.

#### **Management of Severe Acute Malnutrition (SAM)**

##### *Outpatient therapeutic program (OTP)*

There is currently no OTP service for SAM cases in Boma town and its' surrounding areas. Merlin suspended its' operations in the area following the escalation of conflict between the SPLA and non State organized forces. With funding from CHF, one OTP static site and 4 outreach sites will be re-established by rehabilitating Boma hospital and deploying mobile nutrition team. Community based nutritional screening will be strengthened for timely detection of SAM cases and treatment before being medically complicated by deploying CHWs or volunteers using colour MUAC tapes. Uncomplicated SAM cases will be treated in the community by receiving weekly RUTF until adequate weight is regained. In addition to the provision of RUTF, children will receive a short course of basic oral medication to treat infections and will be monitored on weekly bases for danger signs of deterioration by community workers. The child will receive medication according to the treatment of IMSAM 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. The child will return to the facility every week for follow-up regarding health and nutritional progress and replenishment of RUTF supplies. Experienced Nurses and nutrition Officers will be assigned to each county to assist and strengthen service delivery and quality.

##### *Inpatient Therapeutic Program/ITP (Stabilization Centre)*

The proposed project will increase the coverage of stabilization centers for the treatment of SAM children with Medical complication. Boma hospital stabilization center medical equipments were looted following the recent conflict in the area. Funding from this project will be used to have the stabilization center at the Boma Hospital rehabilitated to provide services to SAM cases with Medical complication by experienced Nurses trained on in-patient management of SAM cases on a 24 hourly basis. Merlin will ensure the

availability of routine medication for SC and OTP through direct purchase, and receiving supplies from UNICEF.

### **Management of Moderate Acute Malnutrition (MAM)**

This component will be centered along the OTP sites for moderately malnourished children and PLW. This intervention will be critical in preventing children under five as well as pregnant and lactating women with MAM condition from deteriorating further to becoming severely malnourished. TSFP will reduce morbidity and mortality rates related to malnutrition by identifying cases before the progress to increased risk of death from malnutrition as well as will contribute to the reduction in the caseloads of the therapeutic feeding programmes in OTP/SC sites. Merlin with assistance from WFP will provide supplementary food to implement this program. The programme will address the needs of moderately malnourished children aged 6 - 59 months as well as pregnant and lactating mothers. This intervention will be implemented by Merlin nutrition team and also in collaboration with the county health Department. Admitted children will be provided with plumpy nuts whereas PLW will be provided with supplementary food rations.

### **Prevention of acute malnutrition**

Management of acute malnutrition in children aged 6–59 months should include ENAs such as breastfeeding promotion and support, education and nutrition counseling for families, and other activities that identify and prevent the underlying causes of malnutrition, including nutrition insecurity. Training and refresher trainings will be conducted for community nutrition volunteers and home health promoters on key nutrition/health/hygiene messaging, community based nutrition screening and active case identification, and referral. Health education will be provided on regular basis to care takers participating in nutrition programs. Community and health facility based demonstration activities on nutrition, complementary feeding provision with locally available foods, sanitation and hygiene activities will be conducted on regular basis to increase the level of awareness of mothers/caretakers child care practices. Mother to mother support groups will be established and provided with trainings on key messages on optimal infant and young child feeding practices and counseling technique.

Providing vitamin A supplements to children 6–59 months of age from developing countries is associated with a reduced risk of mortality and diarrhea incidence. Vitamin A supplements may improve gut integrity and therefore decrease the severity of some cases of diarrhea. Merlin will provide a dose of vitamin A for children aged 6 to 59 months. In infants aged 6–11 months doses of 100 000 IU and in children 12–59 months of age 200 000 IU will be considered to provide adequate protection for 4 to 6 months. Deworming will be considered for children from 12 -59 months and will be integrated with vitamin A supplementations. Merlin will also provide Micronutrient supplementation for pregnant and lactating mothers in order to prevent deficiency. Children and mothers coming for nutrition services will be linked with other preventive and curative services in the facilities and every child admitted to the nutrition program's immunization status will be checked and referred for immunization program.

### **Capacity Building and training**

Merlin will build and empower the community on nutrition by providing on job training on specific topics on nutrition, as well as recruiting and on job training community nutrition volunteers and home health promoters on key messages and techniques of doing nutritional screening using MUAC tape. Mother to mother support groups will be established in new project sites and on job training on counseling and IYCF key messages will be provided for the promotion of optimal infant and young feeding practice. On job training will be provided to Merlin nutrition team and Ministry of Health workers in primary health care facilities on the management of cases of severe and moderate acute malnutrition as per national protocols. The on job training will provide the health workers the required knowledge and skills to implement and manage OTP and SC, SFP and mobilize the target communities as necessary. Furthermore, regular monitoring of the CMAM programme, coaching, and provision of technical assistance will be conducted to ensure quality of services. A total of 40 health staff (both male and female from Merlin and MoH) and 130 community volunteers (both male and female) will be given on job training to improve their capacity in nutrition service delivery.

### **Monitoring and evaluation/supervisory visits and mentor ship**

Supervision to the field will be undertaken by nutrition officers and nutrition coordinator using a structured checklist. The support supervision will include monitoring of nutrition screening, nutrition education, data compilation, food preparation and anthropometric measurements and further criteria deemed necessary. On job coaching and mentoring will be provided on continuous basis for identified gaps.

### **ii) Project Objective**

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

Objective 1: Increase access to quality nutrition services and improve the nutritional status of children under five, pregnant and lactating women and reduce the morbidity and mortality in Pibor county;

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.

### **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).

**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
- Mobile nutrition teams will be deployed in and around Boma, Koradeb, Kesangari, Marua, Laprup, and any pockets of displaced in the catchment area- OTP and MAM treatment (includes deworming, vitamin A supplementation to children and PLW, micronutrient to PLWs and community screening and referrals), nutrition education

#### EES –Lopa Lafon

- PHCCs Imehejek, Lafon,– 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 Arhilo, Longiro, Kurumi, Marguna ,– OTP and MAM treatment (includes deworming, vitamin A supplementation to under 5 children, micronutrient supplementation to PLWs and community screening and referrals, nutrition education),

#### **Direct beneficiaries: 26,730**

- 1032 SAM children under 5 (537 boys and -495 girls) treated (3% prevalence, incidence factor of 2 and 60% coverage)
- 3439 MAM children under 5 (1788 boys and 1651 girls) treated (12% prevalence, incidence factor of 2 and 60% coverage)
- 2643 malnourished PLWs treated (15% prevalence, incidence factor of 2 and 60% coverage)
- 4775 non-malnourished children U5 supplemented with Vitamin A (with de-worming) (2483boys & 2292 girls) (51% coverage)
- 1321 non-malnourished PLWs supplemented with micronutrient (with de-worming)
- 11921 community members reached with key nutrition and IYCF messages (4768 male and 7153 females) (12% coverage)
- 130 community and facility based nutrition and health workers will be trained (62 male and 68 female)

#### **Main activities to be implemented**

##### *Management of Severe acute malnutrition*

- Provide OTP services in 12 sites by using mobile nutrition teams and within existing health facilities;
- Establish and rehabilitate Boma hospital stabilization center and admit and treat SAM cases with medical complication
- Train on job the health workers on the management of SAM cases including identification and referral of complicated cases
- Admission and treatment of uncomplicated cases of SAM and referral of complicated SAM children to stabilization center;
- Ensure the availability and delivery of RUTF and other project materials at each health facility
- Conduct active case finding and defaulter tracing in the community through regular community nutritional screening, social mobilization and home visits by trained community volunteers and home health promoters under the supervision of Merlin's nutrition and health promotion officers
- Train on job the community volunteers in nutritional screening and mobilization, and linking them with treatment facilities
- Conduct regular supportive supervisory and on the job coaching visits
- Conduct nutrition, hygiene and health education for patients and care-takers attending SCs and OTPs
- Ensure accurate data recording and timely reporting

##### *Management of Moderate acute malnutrition*

- Training on job the HWs, HEWs and community volunteers in the management of MAM
- Admission of under -5 children (discharges from OTP & MAM cases) and pregnant/lactating women as indicated by the cut-off points of WFH and Mid Upper Arm Circumference (MUAC), respectively
- Provision of supplementary food rations every 2 weeks and each beneficiary will receive food quantities in accordance with the standard WFP recommendation
- Linking nutrition program with ANC, PNC and immunization services at all health facilities serving as TSFP (incl. immunization for neonatal tetanus, vitamin A supplementation, Iron/folate supplementation, provision of Long Lasting Insecticide Treated Nets (LLITNs)
- Provision of routine medical treatment for all new admissions to the SFP (measles vaccination, vitamin A supplement, de-worming, and iron/folate supplement)
- Health education/demonstrations for provision of supplementary feeding, home care of malnourished children, breastfeeding, and weaning practice conducted for all admitted mothers and carers of children under-5

##### *Prevention of acute malnutrition*

- Training on job the community nutrition volunteers on Key messages of prevention and treatment of acute malnutrition
- Establishment of mother to mother support groups and provision of on job training on IYCF counseling and promotion of optimal infant feeding practices
- Conduct health education/demonstrations for the provision of supplementary feeding, home care of malnourished children, breastfeeding, and complimentary food preparation from locally available food stuff to mothers and carers of children under five
- Merlin will supplement micronutrient and deworming tablets to children from 6-59 months, and pregnant and lactating mothers

### *Capacity building:*

On job training will be conducted for 95 community volunteers and home health promoters for one day on key messages and nutritional screening using MUAC

- Merlin nutrition team and health facility staffs will provide 4 day training on community management of acute malnutrition. espials emphasis will be give CMAM: principles and modalities of intervention, Inpatient management of severe acute malnutrition, Outpatient management of severe acute malnutrition Management of moderate acute malnutrition: SFP, Infant and young child feeding practices, Nutrition in pregnancy and lactation, Food diversification, preparation and safety, Monitoring and evaluation of nutrition programme, Community assessment, participation and mobilization, Early warning and nutrition surveillance
- On job training on rapid and standard nutritional assessment will be provided to Merlin nutrition teams and state ministry of health

### *Emergency preparedness and response*

- Supplies repositioning will be put in place in all merlin operational area to avoid rupture, and for quick response in case of protracted emergency situation in the operational areas. Merlin's emergency response will be initiated in case of any emergency situation
- Nutritional surveillance will be strengthened in Merlin supported health facilities to monitor any change in the nutritional status of the community
- Merlin will participate in bi-annual food security monitoring assessment exercise at state level to increase understanding and appreciation of the early warning evidence available from nutritional monitoring as well as forecast changes in the nutrition case load based on agriculture and food security analysis

### *Monitoring and supervision*

- Nutrition officers and Coordinator will conduct regular support supervision on nutrition sites. Nutrition officers will visit all sites at least once in each month using structured supervision check list. Any supervision finding will be properly documented by facilities to monitor its' progressive performance for improvement at each facility. On site coaching and support will be provided on identified gaps to ensure progressive improvement in nutrition services

## **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 issues to ensure its mainstreaming into project activities during project implementation, monitoring and evaluation. 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.

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 counseling. In light of the potential for increased incidence of SGBV related cases in relation to potential conflict, insecurity, and mass population movements in 2012/13, Merlin will look to increase awareness amongst staff and communities regarding SGBV, with trainings targeting 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**

Continuous sensitizations, aware raising campaigns and health education sessions on HIV/AIDS will be integrated with nutritional education. Merlin will ensure that HIV/AIDS patients are equally utilizing services without any discrimination. Merlin will also support institutional feeding program targeting HIV/AIDS, TB and Kalazar patients.

### **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 South Sudan to develop an early recovery strategy with milestones and reference points for the gradual transition of supported 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 and nutrition problems to adjust programmatic interventions with a view to longer term development objectives.

**v) Expected Result/**

Briefly describe (in no more than 100 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.

<b>SOI (X)</b>	<b>#</b>	<b>Output Indicators</b> (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	<b>Target (indicate numbers or percentages)</b> (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)
	1.	Number of Out Patient Therapeutic Program (OTP) sites for the treatment of Severe Acute malnourished (SAM) children	5
	2.	Number of Stabilization Centers (SC)	1
	3.	Total Sites	6
	4.	New Sites	1
	5.	Number of children admitted/treated for SAM	1,032
	6.	Girls	- 495
	7.	Boys	- 537
	8.	Quality of SAM treatment (cure, defaulter, death rate)	> 75%, < 15% and <10% respectively
	9.	Number of children admitted/treated for MAM	3439
	10.	Girls	- 1651
	11.	Boys	- 1788
	12.	Number of PLW admitted/treated for MAM	2643

**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.

Building on eight years programming experience in Jonglei state, Merlin will continue to strengthen the accessible, equitable, and enduring health care delivery structure it has helped to develop in Boma sub-county. Merlin operated one hospital and four primary health care units in Pibor County. This ongoing project will be run through these vital healthcare facilities. The Merlin Senior Health Coordinator and Nutrition coordinator supported by the Country Health Director will ensure the technical implementation of the project is in line with national and international standards.

Merlin will manage this project as the sole implementing agency. With an emergency team based in Boma hospital, outreach teams will be organized for provision of emergency nutrition response in different areas. This team will be transported with the assistance of UNHAS. Merlin will continue working in partnership with the State Ministries of Health and CHDs, particularly in facilitating nutrition coordination, health information management systems, and transition strategies. The strong internal standards of Merlin global policies and guidelines which are based on international best-practices for drugs management, procurement, supply chain management, finance, and grants management are in place both at country and field level. 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 asset 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 workplan (Section III)<sup>2</sup>.

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 key indicators outlined above.

<sup>2</sup> 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.

A number of tools and methods will be used to monitor the delivery of Nutrition services at supported facilities and within target communities. Formal monthly supervision of health facilities will be done (using the MoH supervision checklists) to ensure quality services are provided at all levels. The MoH in will be invited, encouraged, and facilitated to participate in these monitoring visits. In Boma hospital, 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 further strengthen quality of care, Merlin has introduced Accountability Framework to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. This process links quality assessment and improvement with community mobilization.

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

**D. 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)
N/A	N/A
<b>Pledges for the CAP project</b>	

## SECTION III:

### LOGICAL FRAMEWORK

<b>CHF ref./CAP Code:</b> SSD-13/H/46263/55051	<b>Project title:</b> Provision and expansion of nutrition services in selected Counties of Jonglei States and Eastern Equatoria State	<b>Organisation:</b> Merlin
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Overall Objective	<p><b>Cluster Priority Activities for this CHF Allocation:</b></p> <ul style="list-style-type: none"> <li>i) Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&amp;LW and other vulnerable groups</li> <li>ii) Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education, supplementation, BSFP)</li> <li>iii) Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies)</li> <li>iv) Procurement and management of pipeline(s) from central to end user location</li> <li>v) Provision &amp; strengthening of state-level coordination aimed at improving intervention outcomes</li> </ul>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>• Global Acute malnutrition rate.</li> <li>• Severe acute malnutrition rate</li> <li>• Moderate acute malnutrition rate</li> </ul>	<p><b>How indicators will be measured:</b></p> <ul style="list-style-type: none"> <li>• Nutrition Smart survey</li> <li>• Merlin Health technical reports</li> </ul>	
	Purpose	<p><b>CHF Project Objective:</b></p> <ul style="list-style-type: none"> <li>• Increase access to quality nutrition services and improve the nutritional status of children under five, pregnant and lactating women and reduce the morbidity and mortality in Pibor county</li> <li>• 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.</li> </ul>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>• Proportion of malnourished children who are receiving treatment (coverage of nutrition services).</li> <li>• Percentage of eligible PLW receiving micronutrient supplements</li> </ul>	<p><b>How indicators will be measured:</b></p> <ul style="list-style-type: none"> <li>• Merlin monthly Health technical report.</li> <li>• DHIS reports</li> </ul>
Results	<p><b>Results - Outcomes (intangible):</b></p> <ul style="list-style-type: none"> <li>• Increased access to and quality of community- and facility-based therapeutic and supplementary nutrition services with enhanced referral system.</li> <li>• Increased coverage of targeted population with key nutrition and IYCF messages, and community screening.</li> <li>• Increased institutional capacity to conduct nutritional assessments and design/implement full range of nutrition interventions.</li> </ul>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>• Overall SAM &amp; MAM program cure rate (disaggregated separately)</li> <li>• Overall SAM and MAM program default rate (disaggregated)</li> <li>• Overall SAM and MAM program death rate (disaggregated)</li> <li>• Proportion of community members reached through education sessions on nutrition and IYCF</li> </ul>	<p><b>How indicators will be measured:</b></p> <ul style="list-style-type: none"> <li>• DHIS reports</li> <li>• Outreach reports.</li> <li>• Merlin Health technical reports</li> </ul>	<p><b>Assumptions &amp; risks:</b></p> <ul style="list-style-type: none"> <li>• Pipeline breaks will not significantly affect project delivery.</li> <li>• Merlin will be able to preposition adequate stocks to counter challenges of access during the rain season</li> </ul>
	<p><b>Immediate-Results - Outputs (tangible):</b></p> <ul style="list-style-type: none"> <li>• 1032 SAM children under 5 treated</li> <li>• 3439 MAM children under 5 treated</li> <li>• 2643 malnourished PLWs treated</li> <li>• 4775 non-malnourished children U5 supplemented with Vitamin A</li> <li>• 1321 non-malnourished PLWs supplemented with micronutrient (with de-worming)</li> <li>• 11921 community members reached with key nutrition and IYCF messages.</li> <li>• 130 community and facility based nutrition and health workers</li> </ul>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>• Number of Out Patient Therapeutic Program (OTP) sites for the treatment of Severe Acute malnourished (SAM) children.</li> <li>• Number of Stabilization Centers (SC)</li> <li>• Number of children admitted/treated for SAM</li> <li>• Number of children admitted/treated for MAM</li> <li>• Number of PLW admitted/treated for MAM</li> </ul>	<p><b>How indicators will be measured:</b></p> <ul style="list-style-type: none"> <li>• DHIS reports</li> <li>• Nutrition SMART survey.</li> <li>• Health facility assessment reports.</li> </ul>	<p><b>Assumptions &amp; risks:</b></p> <ul style="list-style-type: none"> <li>• Conducive security situation in target communities allowing access to and by beneficiaries.</li> </ul>

<p>trained</p> <p><b>Activities:</b></p> <p><i>Management of Severe acute malnutrition</i></p> <ul style="list-style-type: none"> <li>• Provide OTP services in 12 sites by using mobile nutrition teams and existing health facilities</li> <li>• Establish one new stabilization centre and rehabilitate Boma hospital stabilization center and admit and treat SAM cases with medical complication</li> <li>• Train Health workers on the management of SAM cases including identification and referral complicated cases</li> <li>• Admission and treatment of uncomplicated cases of SAM and referral of complicated SAM children to stabilization centers</li> <li>• Ensure the availability and delivery of RUTF and other project materials at each health facilities</li> <li>• Conduct active case finding and defaulter tracing in the community through regular community nutritional screening, social mobilization and home visits by trained community volunteers and home health promoters under the supervision of Merlin's nutrition and health promotion officers</li> <li>• Train community volunteers in nutritional screening and mobilization, and linking them with treatment facilities</li> <li>• Conduct regular supportive supervisory and on the job coaching visits</li> <li>• Conduct nutrition, hygiene &amp; health education for patients &amp; care-takers attending SCs &amp; OTPs</li> <li>• Ensure accurate data recording and timely reporting</li> </ul> <p><i>Management of Moderate acute malnutrition</i></p> <ul style="list-style-type: none"> <li>• Training of HWs, HEWs and community volunteers in the management of MAM</li> <li>• Admission of under -5 children (discharges from OTP &amp; MAM cases) and pregnant/lactating women as indicated by the cut-off points of WFH and Mid Upper Arm Circumference (MUAC), respectively</li> <li>• Provision of supplementary food rations every 2 weeks and each beneficiary will receive food quantities in accordance with the standard WFP recommendation</li> <li>• Linking nutrition program with ANC, PNC and immunization services at all health facilities serving as TSFP (incl. immunization for neonatal tetanus, vitamin A supplementation, Iron/folate supplementation, provision of Long Lasting Insecticide Treated Nets (LLITNs)</li> <li>• Provision of routine medical treatment for all new admissions to the SFP (measles vaccination, vitamin A supplement, de-worming, and iron/folate supplement)</li> <li>• Health education/demonstrations for provision of supplementary feeding, home care of malnourished children, breastfeeding, and</li> </ul>	<p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>• Qualified staff</li> <li>• Nutritional supplies</li> <li>• Food supplies</li> <li>• Drug and medical supplies</li> <li>• Micronutrient supplements</li> <li>• Transport – vehicle, fuel, maintenance</li> <li>• Nutrition registers</li> <li>• Trainers and associated items</li> <li>• Computers and accessories</li> <li>• Security staff</li> <li>• Support staff</li> <li>• Renovated health facilities with in-patient</li> <li>• Communication equipment</li> <li>• Survey questionnaires</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b></p> <ul style="list-style-type: none"> <li>• Merlin will secure additional funding to conduct end-line (post-hunger) nutrition survey</li> <li>• Sufficient and adequately qualified staff are available to run the project.</li> <li>• Insecurity does not limit possibility to conduct regular monitoring and supervision of home health promoters and CHCs.</li> <li>• Adequate community participation.</li> </ul>
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<p>weaning practice conducted for all admitted mothers and carers of children under-5</p> <p><i>Prevention of acute malnutrition</i></p> <ul style="list-style-type: none"> <li>• Training community nutrition volunteers on prevention and treatment of acute malnutrition</li> <li>• Establishment of mother to mother support groups and provision of training on IYCF counseling and promotion of optimal infant feeding practices</li> <li>• Conduct health education/demonstrations for the provision of supplementary feeding, home care of malnourished children, breastfeeding, and complimentary food preparation from locally available food stuff to mothers and carers of children under five</li> <li>• Supplement micronutrient and deworming tablets to children from 6-59 months, and pregnant and lactating mothers</li> </ul> <p><i>Capacity building:</i></p> <ul style="list-style-type: none"> <li>• Train on job 95 community volunteers and home health promoters for one day on key messages and nutritional screening using MUAC</li> <li>• Provide on job training on community management of acute malnutrition. Special emphasis will be given to CMAM.</li> <li>• On job training of Merlin Nutrition team and Ministry of health on rapid and standard nutritional assessment.</li> </ul> <p><i>Emergency preparedness and response</i></p> <ul style="list-style-type: none"> <li>• Supplies prepositioning will be put in place in all merlin operational area to ovoid rupture, and for quick response in case of protracted emergency situation in the operational areas.</li> <li>• Nutritional surveillance will be strengthened in Merlin supported health facilities to monitor any change in the nutritional status of the community</li> <li>• Participate in bi-annual food security monitoring assessment exercise at state level to increase understanding and appreciation of the early warning evidence available from nutritional monitoring as well as forecast changes in the nutrition case load based on agriculture and food security analysis</li> </ul> <p><i>Monitoring and supervision</i></p> <ul style="list-style-type: none"> <li>• Conduct regular support supervision on nutrition sites. Nutrition officers will visit all sites at least once in each month using structured supervision check list.</li> <li>• Provide On site coaching and support on identified gaps to ensure progressive improvement in nutrition services</li> </ul>			
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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.

<b>Project start date:</b>	<b>Nov 1, 2013</b>	<b>Project end date:</b>	<b>Apr 30, 2013</b>
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Activities	Q-3 2013		Q 4-2014			
	Nov	Dec	Jan	Feb	Mar	Apr
Ensure that supported health facilities are staffed with CMAM trained and qualified health workers	X	X		X	X	X
Repair and furnish Boma and Lafon stabilization centers	X	X				
Screen children in the community and health facility for children 6- 59m	X	X		X	X	X
Admit and treat PLW, and children under 5 experiencing severe acute malnutrition	X	X		X	X	X
Distribution of nutritional supplies and job aids to health facilities	X	X		X	X	X
Strengthen referral between the community & health facilities, and facility to facilities	X	X		X	X	X
Micronutrient supplementation of PLW	X	X		X	X	X
Administer Vitamin A to all children screened aged 6-59m	X	X		X	X	X
Administer de-worming tablets to children of aged 12- 59 m	X	X		X	X	X
Administer micronutrient to all pregnant women attending antenatal care	X	X		X	X	X
Community and facility based nutritional education and promotion of IYCF	X	X		X	X	X
Distribution of IEC/BCC materials, and job aids to HHPs, mother support groups and health facilities	X	X				
On job training of health worker on CMAM based on the national protocol and guideline	X					
Recruitment of HHP for each health facility		X	X			
On job training of home health promoters on key nutritional messages, screening of malnutrition using MUAC	X	X				
Recruit/establish mother support groups		X	X			
On job train mother to mother support groups 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
Conducting rapid nutrition assessment in Boma sub county		X	X			
Attending monthly nutrition cluster coordination meetings	X	X	X	X	X	X
Conduct regular supervision to the health facilities to ensure that the nutrition project is implemented to expected quality standards	X	X	X	X	X	X

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