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

SECTION I:

CAP Cluster	Nutrition

CHF Cluster Priorities for 2013 Second Round Standard Allocation

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities 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	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	
UNICEF	
Project CAP Code	**CAP Gender Code**
SSD-13/H/55041/R/124	1
Expanding Partnership for Addressing Emergency Nutrition Needs in Underserved Counties	

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	35	*Bor, Pochalla*
Upper Nile	35	Nasir and Jikmir
WBeG	30	Jur river, Raja and Wau

CAP amount	US$4,614,731
Total funding secured for the CAP project *(to date)*	US$ 1,489,400

CHF Funding	US$200,026
Are some activities in this project proposal co-funded (including in-kind)? Yes ☐ No ☒	

Direct Beneficiaries		
Trainees	**CHF beneficiaries**	**CAP beneficiaries**
Women:	**150**	8,000
Men:	150	8,000
Total:	300	16,000

Indirect Beneficiaries
6,800 mothers/caretaker of 6,800 SAM cases
1,000 fathers and grandmothers and 50 mothers support group, each group consists of 15 mothers(750 mothers)
Total:6,800+1000 +750= 8,550
Total direct and indirect beneficiaries = 600+8,550=9,150
Catchment Population (if applicable)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)
Ministry of Health/RSS, SMOHs in 6 states and various health NGOs partners

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Duration: **6 months (1 September 2013 – 28 February 2014)**

Contact details Organization's Country Office	
Organization's Address	UNICEF South Sudan Toto Chan Compound, P. O. Box 45, Juba, South Sudan
Project Focal Person	Name, Email, telephone Dr. Syeeda Begum sbegum@unicef.org +211 956 895 528
Country Director	Iyorlumun Uhaa, iuhaa@unicef.org +211912176444
Finance Officer	Name, Email, telephone Mable Ngandu mngandu@unicef.org

Contact details Organization's HQ	
Organization's Address	
Desk officer	*Name, Email, telephone*
Finance Officer	*Name, Email, telephone*

Nutrition activity beneficiary breakdown				
	Women	Men	Girls (under 5)	Boys (under 5)
SAM				
MAM				
BSFP				
IYCF promotion	8050	500		
Trainees	300	300		
Micronutrient supplementation*				
Deworming*				

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

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

Acute malnutrition levels in South Sudan are unacceptably high and continue to be a challenge to the survival of infants and young children. According to the 2010 SHHS, the infant and under five mortality rates are 84/1,000 and 106/1,000 respectively; only 25% of the population has access to health services; 34% have access to improved water sources (30 minutes round trip), and only 15.4% of the population use improved sanitation facilities. The food security situation has also remained fragile, with a hike in food and fuel prices in the post-independence period, whilst the overall performance of the 2013 agricultural season has been affected by late and erratic rainfall. Over 300,000 people have returned from the north, and about 300,000 have been displaced from the Abyei crisis and inter communal conflicts especially in Jonglei, Unity, Upper Nle, Lakes, Warrap and Eastern Equatoria states, areas already showing high malnutrition rates in children.

The projection in 2013 based on projection of the most likely scenario and deteriorating situation of severe acute malnutrition, food insecurity coupled with refugee caseload – as refugees continue to arrive in Unity and Upper Nile states.

Nineteen (19) Pre harvest nutrition surveys conducted by Nutrition Cluster partners in the high risk counties from January to June 2013, and 8 out 19 surveys are already validated by nutrition cluster in Jonglei (2),Upper Nile (1), Eastern Equatoria (1), Lakes(1) and Unity(1). The total 5 out of 6 states indicate high level of malnutrition with GAM ranging from 15.3-26 percent (15 percent emergency threshold) and SAM ranging from 2.8 to 7.1 percent (2 percent significant concern) with no significant difference between girls and boys. High U5 mortality rates in children were found in Koch county in Unity state, in Nyirol county in Jonglei state.

The Nutrition Cluster has succeeded in increasing the number of partners providing emergency nutrition services in the hot spots from 9 in 2009 to 25 in 2010 and 36 in 2011, 2012 and 2013 through a Capacity Enhancement Initiative targeting health cluster NGOs so the NGOs are able to integrate the services into the primary health care system. However there are still significant capacity gaps in many counties, where limited or no nutrition services are available although health facilities may be partially or fully functional. Identified partners for capacity enhancement include NGOs, SMoH, other FBOs and CBOs. .UNICEF will work with the above mentioned partners in underserved counties of six high risk states of Jonglei, Warrap, Unity, Upper Nile, Northern Bahr el Ghazal and Western Bahr el Ghazal and also strengthen the capacity state clusters in those six states.

UNICEF will assess the capacity of all existing and potential partners to deliver the services. Programme Cooperation Agreements will be signed with those partners fulfilling the minimum standards in order increase the coverage.

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 Government policy is integrating nutrition services into the primary health care system is taking shape through advocacy and monitoring the Nutrition Cluster has succeeded in increasing and expanding partnership from 9 in 2009 to 42 in 2012. More health partners have realized that health service delivery is not proper without looking into nutrition issues as the underlying causes of health problems are nutrition related. Based on the increasing malnutrition rates as indicated by the recent SMART nutrition surveys, efforts are needed to be put in place to address the increasing

[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.

nutrition emergencies taking into consideration the current returnees, Refuges, IDPS, flooding that will directly affect nutrition. Another cluster priority that this project will support is build capacity and support coordination of emergency nutrition response at central level, in 10 states and with particular focus on underserved counties, through emergency assessment and response teams. The cluster has identified focal point in all the 10 states, but there is still gap in responding to nutrition emergencies due to technical capacity. This project will identify the capacity gaps and allow training of emergency teams and partners in 6 focus states of round 2 CHF that will be able to respond to nutrition emergencies within 24 hours on the onset of the emergency.

C. Project Description (For CHF Component only)

i) 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.

Partner capacity enhancement is one of the core cluster priorities, and this project will support partners with limited nutrition expertise to enhance their capacity and be able to respond to nutrition emergencies in selected counties of 6 focus states.

ii) Project Objective

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

Enhance the capacity of SMoH, Health partners and Mother Support Groups to assess and respond to the nutrition needs of boys, girls, pregnant and lactating women in 10% of health facilities in Counties affected by humanitarian crisis in 6 focus states, and provide technical support for Emergency Assessment and Response.

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

1. Development of Programme Cooperation Agreements with NGO partners for management of acute malnutrition among children under the age of five years (national and health NGOs, CBOs, and FBOs)
2. Capacity building of new NGO partners and SMOH staff for establishment of Stabilization Centres and Outpatient Treatment Programmes including community based MUAC screening and referral and promotion of Infant and young child feeding in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls and boys
3. Support de-worming and micronutrient supplementation in all children 6 59 months and pregnant and lactating women
4. Support National and state level coordination activities through Cluster meetings, Technical Working Groups, Streamlining information processes and reporting, Information sharing and support to partners.
5. Provision of surge capacity for cluster to support above activities
6. Provide supportive supervision and monitor performance of new stabilization centers and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions including IYCF

iv). Cross Cutting Issues

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

Addressing Gender issues

This proposal is addressing the most vulnerable children both boys and girls below 5 years of age exposed to the risk of malnutrition. This proposal will contribute in raising awareness among caregivers and services to ensure that rights of boys and girls to nutrition care specifically to nutrition services are realized. During implementation of the project, more female health workers will be enrolled, trained and encouraged to participate in nutrition service provision. The project will also mobilize and advocate for increased female involvement in I nutrition service provision.

UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in South Sudan. The analysis of various reports and surveys indicated data disaggregated by sex of children does not show major worrying discrepancies in terms of access and utilization of nutrition services. However, children born to women who are illiterate or those with low level of education and those residing in rural poor communities have inadequate access compared to literate and urban communities. Prevention of malnutrition e.g. optimal IYCF is still low t in South Sudan, and this project will advocate for increased IYCF promotion in health facilities especially in high risk states to ensure that children and women are received information and also all nutrition related trainings and other community events will promote equal participation of women and men

Environment issues

In addressing the environmental issues, the project will ensure safe disposal of used medical supplies to minimize any environmental adverse effect on the environment and measures will be taken to ensure safe handling and disposal of empty RUTF/RUSF and other therapeutic sachets.

HIV/AIDS issues

UNICEF in all of the programmes advocates for multi and inter sectoral collaboration. Efforts are currently being made to ensure that HIV/AIDS message are integrated in to all nutrition communication materials.

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

Increased capacity of SMOH and health partners (NGO and FBO) in assessment, planning and implementation of emergency nutrition response in line with national guidelines, Increased capacity of CBO to identify and refer children with nutritional need and to promote optimal IYCF. Strengthened and well-functioning nutrition cluster coordination mechanisms at national and state level with particular focus on 6 high risk states. Strengthened emergency nutrition reporting in states, especially in the 6 high risk states This project will contribute to increased coverage of emergency nutrition services.

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.	Health and nutrition workers trained includes facility and community level health and nutrition workers *in inpatient treatment of SAM/SC protocols*	40
X	2.	Health and nutrition workers from facility and community level health and nutrition workers *Trained in screening and referral*	20
X	3.	Community members made aware through education sessions on nutrition and IYCF	100
	4.	Number of Technical assistant for surge capacity(Emergency Nutrition Consultants)	1

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 implementation of planned activities will be based on the agreed work plan between UNICEF and the government at central and state level and is accordance with the UNICEF and Republic of South Sudan joint programme of cooperation 2012 -2013.

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

UNICEF will also assess the capacity of all existing and potential partners to deliver the services through developing and signing of (PCA) Programme Cooperation Agreements or SSFA (Small Scale Funding Agreements) with NGOs/CBOs/FBOs. In addition Infant and young child feeding activities will be important component of management of severe acute malnutrition.

Training of health workers will be done in line with MOH and international guidelines and will be done jointly by UNICEF and the MOH at central and state levels and also by partner NGOs at state and county level.

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)[2].

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

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)
Government of Japan	600,000
ECHO	100,000
CHF 1	400,000
USA(USAID) OFDA	389,400
Pledges for the CAP project	

[2] CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SD-13/H/55041	**Project title:** Expanding Partnership for Addressing Emergency Nutrition Needs in Underserved Counties	**Organisation:** UNICEF

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* • Partner capacity enhancement is one of the core cluster priorities, and this project will support partners with limited nutrition expertise to enhance their capacity and be able to respond to nutrition emergencies.	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • Number of health and nutrition partners (NGO and FBO) including SMOH increased capacity in assessment, planning and implementation of emergency nutrition response in line with national guidelines	**How indicators will be measured:** *What are the sources of information on these indicators?* • Partners reports • Field visit reports	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • Enhance the capacity of SMoH, Health partners and Mother Support Groups to assess and respond to the nutrition needs of boys, girls, pregnant and lactating women in 20% of health facilities in Counties affected by humanitarian crisis (acute malnutrition rates above 15%), and provide technical support for Emergency Assessment and Response.	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • Number of health and nutrition partners (NGO and FBO) including SMOH increased capacity to assess and respond to the nutrition needs of boys, girls, pregnant and lactating women.	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • Partners reports • Field visit reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Security remains stable to allow activity implementation
Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*. Increased capacity of SMOH and health partners (NGO and FBO) in assessment, planning and implementation of emergency nutrition response in line with national guidelines, Increased capacity of CBO to identify and refer children with nutritional need and to promote optimal IYCF. Strengthened and well-functioning nutrition cluster coordination mechanisms at national and state level with particular focus on 8 high risk states. Strengthened emergency nutrition reporting in states, especially in the 8 high risk states	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Number of health and nutrition partners (NGO and FBO) including SMOH increased capacity to assess and respond to the nutrition needs of boys, girls, pregnant and lactating women.	**How indicators will be measured:** *What are the sources of information on these indicators?* • Partners reports • Field visit reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Security remains stable to allow activity implementation
	Immediate-Results - Outputs (tangible): *List the products, goods and services **(grouped per areas of work)** that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.* • Health & Nutrition workers trained on IMSAM/CMAM/IYCF • Health & Nutrition workers trained on SMART • Community Health & Nutrition workers/volunteers trained on Rapid assessment (Basic and on-job training)	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • Number of Health & Nutrition workers trained on IMSAM/CMAM/IYCF • Number of Health & Nutrition workers	**How indicators will be measured:** *What are the sources of information on these indicators?* • Partners reports • Field visit reports	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Security remains stable to allow activity implementation

	• Technical assistant for surge capacity (Emergency Nutrition Consultants) • PCAs developed with implementing partners	trained on SMART • Number of Community Health & Nutrition workers/volunteers trained on Rapid assessment (Basic and on-job training) • Number of Technical assistant for surge capacity(Emergency Nutrition Consultants) • Number of PCAs developed with implementing partners		
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* 1. Provision of surge capacity for cluster to support above activities partners in underserved counties with weak capacity 2. Develop and monitor implementation of Programme Cooperation Agreements with new partners (national and health NGOs, CBOs, and FBOs) 3. Train staff of new NGO partners and SMOH staff (100) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes including Infant and young child feeding in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls and boys 4. Train and support Community Nutrition workers /volunteers (600) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies 5. Build capacity and support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis 6. Build capacity and support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs. 7. Build capacity and support coordination of emergency nutrition response at central level, in 10 states and with particular focus on underserved counties, through emergency assessment and response teams, 8. Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels 9. Provide supportive supervision and monitor performance of new stabilization centers and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions including IYCF. 10. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partners	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Presence of Nutrition Specialists in UNICEF Country Office and Nutrition Officers at UNICEF Zonal offices • Partners conduct SMART surveys in the underserved counties affected by humanitarian crisis • Signed Programme Cooperation Agreements with new NGO partners • Training (basic, refresher and on-site training) NGO partners and SMOH staff (1000) • Recording and reporting tools on CMAM available in intervention areas • Monitoring and supervision nutrition programme of NGO partners and SMoH	**How indicators will be measured:** *What are the sources of information on these indicators?* • Partners reports • Field visit *reports*	**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* • Security remains stable to allow activity implementation

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.

Project start date:	**1 September 2013**	**Project end date:**	**28 February 2014**

	Q4/2013			**Q1/2014**			**Q2/2014**			**Q3/2014**			
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Activity 1. Recruit nutritionists to support State and County Health Departments mentoring the new cluster partners in underserved counties with weak capacity													
Activity 2. Develop and monitor implementation of Programme Cooperation Agreements with new partners (national and health NGOs, CBOs, and FBOs)													
Activity 3. Train staff of new NGO partners and SMOH staff (40) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes including Infant and young child feeding in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls and boys													
Activity 4. Train and support Community Nutrition workers /volunteers (50) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies													
Activity 5. Build capacity and support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis													
Activity 6. Build capacity and support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs.													
Activity 7. Support de worming and micronutrient supplementation in all children 6 59 months and pregnant and lactating women													
Activity 8. Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels													
Activity 9. Provide supportive supervision and monitor performance of new stabilization centers and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions including IYCF.													
Activity 10. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partners													

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