

Requesting Organization :	United Nations Children's Fund				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
NUTRITION		100.00			
		100			
Project Title :	Scaling up Life Saving SAM Nutrition Interventions in South Sudan				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA2/N/UN/3594		
Cluster :		Project Budget in US\$:	600,000.00		
Planned project duration :	4 months	Priority:			
Planned Start Date :	01/09/2016	Planned End Date :	31/12/2016		
Actual Start Date:	01/09/2016	Actual End Date:	31/12/2016		
Project Summary :	The planned nutrition interventions aim to treat 1200 Children with Severe Acute Malnutrition in the cluster priority counties over a period of four months while ensuring nutrition programme data is timely collected, analysed, and made available for proper monitoring of nutrition response in the cluster priority counties.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	0	0	588	612	1,200
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	588	612	1,200
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					
The project's main focus is to ensure treatment of severe acute malnutrition (SAM) among boys and girls under the age of 11 in conflict affected states and high burden locations with global acute malnutrition (GAM) prevalence > 23%, which include Aweil North, Aweil South, and Aweil East in NBeG; Tonj South, Tonj East, Gogrial East, and Gogrial West in Warrap; Abiemnhom and Mayom in Unity; Maiwut in Upper Nile; and Awerial in Lakes. UNICEF works with partners in the priority counties to deliver timely outpatient therapeutic programme (OTP) services to SAM children without complications and inpatient stabilisation centre (SC) services to SAM children with complications to reduce loss of life. Additionally, UNICEF as the nutrition cluster lead will strengthen the capacity of government and NGO partners to ensure quality SAM service delivery across the entire country. UNICEF will employ Rapid Response Mechanisms and the social mobilisation interventions mainly through national partners to support active case finding and early detection of SAM children.					
Sub-Grants to Implementing Partners :					
	Partner Name	Partner Type	Budget in US\$		
Other funding secured for the same project (to date) :					
	Other Funding Source	Other Funding Amount			

Organization focal point :

Name	Title	Email	Phone
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BACKGROUND**1. Humanitarian context analysis**

The recent outbreak of hostilities in the capital Juba on 8 July 2016, renewed fighting in other parts of the country, and the deepening economic crisis have led to a further deterioration of the existing humanitarian crisis which has left more than 1.69 million people internally displaced, and prompted over 748,250 South Sudanese to take refuge in neighbouring countries. In addition, South Sudan hosts around 260,000 refugees from neighbouring countries, mainly Sudan.

According to the Food Security and Nutrition Monitoring System (FSNMS) in June 2016, the global acute malnutrition (GAM) for South Sudan stands at 17.9 %. This represents a drastic increase in malnutrition since the last FSNMS conducted in November/December 2015 that registered a GAM of 13%. According to the assessment, over 50% of the counties recorded GAM levels above WHO emergency threshold (>15% GAM rate). Specific states like Northern Bahr el Ghazal have recorded catastrophic GAM levels of 33%, indicating that one in every three children 6 to 59 months in NBeG is acutely malnourished. In WBeG, where the acute malnutrition that was previously 8.5% in December 2015, the GAM was reported at 20.6% denoting a twofold increase in malnutrition in the last six months. Similarly, in Eastern Equatoria where GAM oscillated below 13% in previous rounds, the FSNMS registered a GAM of 15.2%. In Unity, a GAM of 26.2% was observed while GAM rates of 16.7% and 17.7% were reported in Upper Nile and Jonglei respectively. In all the historically high malnutrition burdened states, an increase in GAM was noted. UNICEF has therefore prioritised 11 counties with GAM rates above 23 %.

2. Needs assessment

According to the Food Security and Nutrition Monitoring System (FSNMS) in June 2016, the global acute malnutrition (GAM) for South Sudan stands at 17.9 %. This represents a drastic increase in malnutrition since the last FSNMS conducted in November/December 2015 that registered a GAM of 13%. According to the assessment, over 50% of the counties recorded GAM levels above WHO emergency threshold (>15% GAM rate). Specific states like Northern Bahr el Ghazal have recorded catastrophic GAM levels of 33%, indicating that one in every three children 6 to 59 months in NBeG is acutely malnourished. In WBeG, where the acute malnutrition that was previously 8.5% in December 2015, the GAM was reported at 20.6% denoting a twofold increase in malnutrition in the last six months. Similarly, in Eastern Equatoria where GAM oscillated below 13% in previous rounds, the FSNMS registered a GAM of 15.2%. In Unity, a GAM of 26.2% was observed while GAM rates of 16.7% and 17.7% were reported in Upper Nile and Jonglei respectively. In all the historically high malnutrition burdened states, an increase in GAM was noted. UNICEF has therefore prioritised 11 counties with GAM rates above 23 %.

3. Description Of Beneficiaries

With CHF funding, UNICEF and partners plan to treat 1200 (F-612, M- 588) SAM children under five (6-59 months). SAM children will be identified through passive case finding and active case identification during community mobilisation and mass screening efforts.

4. Grant Request Justification

The project's main focus is to ensure that malnutrition and especially severe acute malnutrition is addressed among boys, girls, and women in conflict-affected states and high burden areas, specifically Aweil North, Aweil South, and Aweil East in NBeG; Tonj South, Tonj East, Gogril East, and Gogril West in Warrap; Abiemnhom and Mayom in Unity; Maiwut in Upper Nile; and Awerial in Lakes through UNICEF RRM teams. However, given the reported high caseload/admissions in TFP, priority will be given to NBeG counties.

During the 1st allocation, CRC recommended UNICEF Nutrition to be the Custodian for SMART surveys, a role that UNICEF South Sudan has performed in the past. UNICEF is therefore proposing to be awarded the CHF funds to manage the 8 planned SMART surveys over the funding period. CRC further recommended UNICEF to continue being the custodian of SMART surveys during the 2nd CHF standard allocation. In addition UNICEF will employ the RRM model designed to address critical gaps in provision of lifesaving humanitarian coverage and to meet the needs of those otherwise inaccessible by responding to the rapidly changing environment on the ground. As part of the multi-sectoral RRM package – which includes food security, WASH, education and protection interventions – nutrition interventions are provided in select missions dependent on partner presence, availability of technical nutritionists and the modality of the RRM. When required nutrition standalone RRM are also being conducted in selected location including follow up missions. The duration of RRM be extended from two weeks up to three months as per need until a partner is on board to run the project. A qualified nutritionist oversees the implementation of the emergency nutrition intervention package that includes: nutrition screening of pregnant and lactating women and children between six and 59 months; referral or direct provision of treatment for those identified as malnourished; deworming and vitamin A supplementation; IYCF-E messaging to promote important infant and young children feeding practices.

5. Complementarity

CHF funding will complement other UNICEF funds already channeled to partners in the priority counties.

LOGICAL FRAMEWORK**Overall project objective**

The overall objective of the project is to prevent excess morbidity and mortality in children due to severe acute malnutrition.

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity			70		
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses		HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats			30		
Contribution to Cluster/Sector Objectives : Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk at least 70% of SAM and 78.6% of MAM in girls and boys 6-59 months, 60% PLW and 60% elderly in the POC's.							
Outcome 1							
SAM children 6-59 months have access to timely and quality life-saving treatment.							
Output 1.1							
Description							
1,200 SAM children age 6-59 months (588 boys and 612 girls) treated at the outpatient therapeutic feeding centres and inpatient stabilisation centres.							
Assumptions & Risks							
Assumption: Security enabling access to beneficiaries; Risks: Insecurity leading to continued population movement; seasonal logistical issues in regards to movement; unwillingness of partners to operate in high risk environments.							
Activities							
Activity 1.1.2							
Prepositioning nutrition supplies (RUTF) to partners in priority intervention locations							
Activity 1.1.3							
Conduct monitoring and supportive supervision missions to the OTP sites							
Activity 1.1.1							
Provide nutrition treatment for children with Severe Acute Malnutrition at the OTP and SC							
Activity 1.1.4							
Facilitate information sharing on progress of SAM treatment during field nutrition coordination meeting.							
Activity 1.1.5							
Provide refresher training to health workers and nutrition workers on MUAC screening, oedema detection and treatment of severe acute malnutrition cases.							
Activity 1.1.6							
Conduct community mobilisation and MUAC Screening for children 6-59 months age							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			588	612	1,200
Means of Verification : Monthly RMM Nutrition reports							
Indicator 1.1.2	NUTRITION	Core pipeline # of cartons of RUTF procured and distributed to partners					1,200
Means of Verification : Monthly Supply distribution reports							
Indicator 1.1.3	NUTRITION	Core pipeline # of joint monitoring missions to the implementation sites					12
Means of Verification : Joint monitoring and supportive supervision reports							
Outcome 2							
Timely and reliable nutrition data is provided in priority counties for evidence based nutrition interventions							
Output 2.1							
Description							
8 SMART surveys are conducted in 11 priority counties							
Assumptions & Risks							
Assumptions: Enabling security and access to provide representative sampling, Availability of partners to stay and deliver. Risk: Insecurity and poor access in many counties remain the key challenges to nutrition surveillance and assessments							

Activities
Activity 2.1.1
Conduct Nutrition SMART surveys in priority counties
Activity 2.1.2
Submit Survey proposal and results for NIWG validation
Activity 2.1.3
Disseminate survey results to nutrition cluster members and partners for programme interventions

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Frontline services # SMART surveys undertaken - Post-harvest					8

Means of Verification : Validated Nutrition survey reports

Additional Targets :

M & R

Monitoring & Reporting plan

Treatment of SAM cases: UNICEF field-based staff will develop travel plans which will include site visits to monitor project progress of RRM team. Reports expected on a weekly basis, will be compiled in Juba and then circulated to field-based staff. Verification of reports submitted will be done based on observations in sites visited. Tools that will be used in monitoring partner performance will be harmonised and feedback will be provided to RRM team.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide nutrition treatment for children with Severe Acute Malnutrition at the OTP and SC	2016									X	X	X	X
Activity 1.1.2: Prepositioning nutrition supplies (RUTF) to partners in priority intervention locations	2016									X	X		
Activity 1.1.3: Conduct monitoring and supportive supervision missions to the OTP sites	2016									X	X	X	X
Activity 1.1.4: Facilitate information sharing on progress of SAM treatment during field nutrition coordination meeting.	2016									X	X	X	X
Activity 1.1.5: Provide refresher training to health workers and nutrition workers on MUAC screening, oedema detection and treatment of severe acute malnutrition cases.	2016									X	X		
Activity 1.1.6: Conduct community mobilisation and MUAC Screening for children 6 -59 months age	2016									X	X	X	X
Activity 2.1.1: Conduct Nutrition SMART surveys in priority counties	2016									X	X	X	
Activity 2.1.2: Submit Survey proposal and results for NIWG validation	2016									X	X	X	
Activity 2.1.3: Disseminate survey results to nutrition cluster members and partners for programme interventions	2016										X	X	X

OTHER INFO

Accountability to Affected Populations

UNICEF nutrition programme will be accountable to the project beneficiaries by working closely with communities from project initiation through implementation and monitoring of results. UNICEF will ensure active community consultations are conducted in project planning and implementation of the planned activities. Regular field and onsite monitoring and coaching will be provided. During the direct implementation, the project will engage beneficiaries in project implementation. All Community Nutrition Volunteers will be selected and serve their community where the rapid response intervene.

Implementation Plan

Nutrition services are mainly provided by NGOs partners in South Sudan, while UNICEF providing direct implementation through the RRM. To determine a nutrition response a situation assessment (a desk review assessment) of the location is conducted to better inform the type of rapid response nutrition intervention needed. The information needed for desk review to determine nutrition interventions for nutrition response are Site specific assessments, Global Acute Malnutrition (GAM) rate, nutrition partner presence & capacity, population, projected caseload and Food Security response modality.

Once the location identified, RRM team are deployed jointly with potential partners to continue the services after the mission. Supplies are also transported. Training of health workers and nutrition community volunteers will be done in line with MOH and international guidelines. Partner capacity building activities are CMAM trainings, on the job training, provision of key tools and job aids, Reporting trainings, on the job training, provision of key tools and job aids and monitoring of existing activities

UNICEF Nutrition experts will be based in all critical states (NBEG – based in Aweil , Upper Nile – based in Malakal, Unity – based in Bentiu, Warrap – based in Rumbek) who will support with monitoring of programmes and developing capacity of MoH and NGO partners who are continuing to provide nutrition services following after RRM. As required, Rapid Response Missions follow up will be organised to address gaps in services where there is no partners engaged during initial RRM period.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	WFP and nutrition partners: Both severely and moderately malnourished children treated in OTP and TSFP in the same location by the same nutrition workers. Hence, we collaborate in the prioritization of locations and implementation. UNICEF and WFP also work hand in hand with partners that are operational on the ground. eg referral of SAM with complications and follow up visits to the RRM locations.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

All boys and girls are equally enrolled in the nutrition program regardless of their sex as long as they meet the admission criteria.

Protection Mainstreaming

In collaboration with the child protection section, UNICEF will ensure that children and their mothers are provided with psychosocial counselling to ensure that women are able to continue to care for their children. Children undergoing nutrition treatment at the inpatient SC will be provided with toys and play materials for stimulation as part of SC treatment.

Country Specific Information

Safety and Security

Women and children will be provided with safe and child friendly spaces so they can play and care for their children.

Access

Nutrition services will be set up in close proximity to beneficiaries to ensure safe access by the beneficiaries. The nutrition programme as designed has an outreach component which will ensure OTP services are taken closer to the beneficiaries as much as possible.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nutrition officer	D	3	3,000.00	4	30.00	10,800.00
	<i>This cost includes salary and fringe benefits for the program staff</i>						
1.2	Nutrition Specialist (P-3)	D	2	18,500.00	4	30.00	44,400.00
	<i>This cost includes salary and fringe benefits for the program staff</i>						
1.3	Nutrition Information Specialist	D	1	18,500.00	4	30.00	22,200.00
	<i>This cost includes salary and fringe benefits for the program staff</i>						
1.4	Cross cutting staff (field operations and operations/supply)	S	2	20,500.00	4	30.00	49,200.00
	<i>This cost includes salary and fringe benefits for the operation staff</i>						
	Section Total						126,600.00

Travel							
5.1	Local travel (flight cost) for six National /international staff for Rapid Response Missions: two mission /month for each staff September 2016 – December 2016 Rapid Response Missions: one mission /month for each staff September -December 2016	D	12	1,000.00	4	100.00	48,000.00
<i>This cost includes local flights for Response Missions: 1 missions /month for each staff September -December 2016</i>							
5.2	DSA for Nutrition staff and RRM team missions at a rate of USD 91/day for an average of 14 days/mission. Estimated one missions/month for each staff during period September 2016 – December 2016	D	12	1,274.00	4	100.00	61,152.00
<i>This cost includes DSA for RRM missions at a rate of USD 91/day for an average 14 days/mission. Estimated 1 missions/month for each staff during period September -December 2016</i>							
Section Total							109,152.00

General Operating and Other Direct Costs							
7.1	Office maintenance and security costs	s	1	12,500.00	4	100.00	50,000.00
7.2	Operational cost (Cash in Hand for CNV)	D	1	27,345.66	1	100.00	27,345.66
7.3	Nutrition surveys (SMART surveys)	D	8	25,000.00	1	100.00	200,000.00
7.4	Prepositioning/transportation of Nutrition Supplies to partners	D	1	47,650.00	1	100.00	47,650.00
Section Total							324,995.66

SubTotal			43.00				560,747.66
Direct							461,547.66
Support							99,200.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							39,252.34
Total Cost							600,000.00
Grand Total CHF Cost							600,000.00

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Northern Bahr el Ghazal -> Aweil East	54			315	328	643	
Northern Bahr el Ghazal -> Aweil North	16			96	100	196	
Northern Bahr el Ghazal -> Aweil South	30			177	184	361	

Documents	
Category Name	Document Description
Project Supporting Documents	Final_Report_SMART Survey Aweil South_2016.pdf