

Requesting Organization :	United Nations Children's Fund	
Allocation Type :	2018 – SHF 2nd Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100
Project Title :	Provision of RUTF for delivery of life saving treatment for children suffering from severe acute malnutrition in Sudan	
Allocation Type Category :	Core pipelines	

OPS Details

Project Code :		Fund Project Code :	SUD-18/HSD20/SA2/N/UN/8225
Cluster :		Project Budget in US\$:	1,299,981.09
Planned project duration :	12 months	Priority:	
Planned Start Date :	18/02/2018	Planned End Date :	17/02/2019
Actual Start Date:	18/02/2018	Actual End Date:	17/02/2019

Project Summary : In 2018, UNICEF, government of Sudan and NGO partners have planned to provide life-saving treatment for quarter of a million children suffering from Severe Acute Malnutrition (SAM) after treating over 90% of this target in the past two successive years (2017 & 2016). This project aims to ensure an effective, timely and sustainable pipeline of the essential commodity in the treatment of SAM, Ready to Use Therapeutic Foods (RUTF), including the support of supply of RUTF for partners who are recipients of the 2017 SHF for the nutrition sector. A strong and sustainable RUTF pipeline is essential for the timely treatment of SAM children, and is key to improve program coverage and performance. Wary of the limited wallet of the SHF allocation, UNICEF is requesting support for 16,579 cartons of RUTF, representing less than 10% of the annual RUTF needs.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
0	0	8,290	8,289	16,579

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	0	0	0
Internally Displaced People	0	0	0	0	0
Returnees	0	0	0	0	0

Indirect Beneficiaries :

Pregnant and lactating mothers and the general communities.

Catchment Population:

Across Sudan

Link with allocation strategy :

The core RUTF pipeline will contribute to all three outcome of the Humanitarian Response Plan 2018 through provision of life-saving treatment for children suffering from severe acute malnutrition as a result of natural or manmade disasters, displacements or nutritionally vulnerable residents or host communities. While the provision of services will be delivered by NGOs, UNICEF is leveraging the supply powerhouse to procure timely RUTF to support these life-saving services.

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
Food for Peace (2017 allocation which arrived late and is utilized for Q1)	3,702,230.00
	3,702,230.00

Organization focal point :

Name	Title	Email	Phone
Janneke Blomberg	Nutrition Manager	jblomberg@unicef.org	+249960053545
Rashid Abdulai	Health and Nutrition Specialist	rabdulai@unicef.org	+249912163182

BACKGROUND**1. Humanitarian context analysis**

With a GAM prevalence of 16%, Sudan shares the highest burden of acute malnutrition in the Middle East Region alongside Yemen (Global Nutrition Report, 2016). Within the African continent, 13% of all children suffering from SAM live in Sudan (WHO/UNICEF/World Bank 2016). This translates to more than one in every ten children suffering from SAM in Africa live in Sudan. In absolute terms, about 650,000 children under five years in Sudan suffer from SAM annually (S3M, 2013). Without treatment, more than 50% of these children stand the risk to die. Levels of malnutrition in 11 out of the 18 states in Sudan are above the WHO emergency threshold of 15 per cent. Some states have much higher rates, such as North Darfur where GAM reaches 28% (MICS 2014).

More children (almost 230,000) have been treated for severe acute malnutrition in 2016 and 2017 than previous years. The Darfur region where 2.6 million people have been displaced due to conflict continue to show high vulnerability with North Darfur, Central and West Darfur admitting more children than the state annual targets. The influx of South Sudanese refugees is changing the humanitarian landscape in Sudan. Nearly one million refugees are now estimated by UNHCR with over 78% of them living in host communities. Joint Assessment Mission (JAM) led by UNHCR and WFP in the Refugee camps in White Nile about a year ago reported GAM and SAM prevalence high above the emergency cut-off in all refugee camps (4.6% in Jouri and Kashafa, 5% in Umsangour and Alwarel, 3.5% in Alagaya and Dabalboisin, 2.6% in Alridise 1 and Alridise 2). Recent mass MUAC screening conducted in the camps and subsequent monitoring and reviews by UNICEF showed that the situation in the refugee camps has not changed in spite of regular nutrition screening. Incidentally, the most nutritionally vulnerable are not newly arrived refugees. The poor nutrition situation of refugees in the camps is associated with their inherent health seeking behaviour and the seasonal movement in search of farm labour. During the past six months, needs assessments have been conducted for refugees out of camp in East Darfur and White Nile and reported multiple vulnerabilities across all sectors. Based on the assessment, UNICEF has developed multisector response plan for East Darfur and working on similar plan for White Nile to address gaps on service delivery. 62 out of the planned 82 OTPs have been opened as part of scaling up the refugee response. Additional 10 OTPs outside the 82 were opened to increase access for SSR.

The outbreak of measles and diarrhoeal diseases significantly increase the risks of malnutrition in Sudan with large scale outbreaks during the rainy seasons (especially AWD). 2017 saw unprecedented outbreaks of acute watery diarrhoea which affected many states. Diarrhoeal diseases are related to inadequate access and poor primary health care, plus in addition to low coverage of WaSH services in Sudan. Among the OTP centres, only 35% have adequate WASH facilities. Multisector approaches can best address these underlying causalities of malnutrition but there are currently insufficient investments in this. The Humanitarian and Development Nexus (HDN) if effectively planned and implemented will strategically address these challenges and help contain malnutrition in the longer term.

2. Needs assessment

The HNO projects 647,000 children to suffer from severe acute malnutrition in 2018 in Sudan with 11 out of 18 states reporting malnutrition levels above the emergency threshold. Malnutrition in Sudan is driven by conflict and displacement where over 2 million people are currently displaced and many living in multiple vulnerabilities including limited access to health care, WASH and food. Additional 455,000 refugees fleeing conflict and hunger in neighboring South Sudan are currently seeking shelter and protection in Sudan with vulnerabilities similar or worse than even the Internally Displaced Population (IDP). Children constitute the biggest proportion of both IDPs and Refugees at respectively 61% and 88%. While conflict and displacement affect Darfur and to two Areas (Blue Nile and South Kordofan states), acute malnutrition in non-conflict affected areas are also reported at epic proportions. Red Sea and Kassala for example are among states with the highest burden of acute malnutrition in Sudan. Socio cultural factors, poor infant and young child feeding practices, poor coverage of WASH services and limited investment in Primary Health Care infrastructure contribute to the sustained acute malnutrition in Sudan for many years.

In 2018, UNICEF, government of Sudan and NGO partners have planned to provide life-saving treatment for quarter of a million children suffering from severe acute malnutrition after treating over 90% of this target in the past two successive years (2016 & 2017). In order to meet the target, same number of cartons of RUTF is estimated (i.e. 250,000 cartons). UNICEF currently has sufficient RUTF to cover the first quarter of 2018. This RUTF was carried over from 2017 in kind donations which arrived late in country. RUTF for Q2 is currently procured through a loan to ensure no break in the pipeline while funding is secured. Funding of the current window of SHF allocations prioritizes NGOs but without supplies. Wary of the limited wallet of the SHF allocation, UNICEF is requesting support for 21,500 cartons of RUTF, representing less than 10% of the annual RUTF needs.

3. Description Of Beneficiaries

Targeted beneficiaries will be children aged 6-59 months of age in SHF prioritized localities who are suffering from severe acute malnutrition (SAM).. SHF will contribute to cover about 20% of the needs in these areas, equivalent to less than 9% of the total number of SAM children which UNICEF is aiming to reach by the end of 2018 (250,000 severely malnourished children). Admission trends showed that about 50% of admissions were from conflict affected states.

4. Grant Request Justification

arrived late in country. RUTF for Q2 is currently procured through a loan to ensure no break in the pipeline while funding is secured while funding for Q3 and Q4 is also still needed. Hence in order to reach the 250,000 target of 2018 funding for about an additional 190,00 cartons is needed. Support from the SHF will ensure that UNICEF can provide RUTF for the SHF partners for the time being, while more resources are being mobilized from other donors, including ECHO and USAID. The SHF funding of the core pipeline is very important to UNICEF and partners as it helps to prevent an otherwise imminent supply pipeline ruptures and hence disruptions in provision of CMAM services. Consequences of this will be dire, including deaths among children suffering from severe acute malnutrition, high defaulter rates and loss of confidence in the programme by affected communities.

5. Complementarity

The SHF core pipeline funding help to about 20% of the supply needs in the HNO prioritized localities and 8.6% nationally. Other funding resources for the RUTF pipeline will include ECHO, Food for Peace 2018 allocation, and the Government of Sudan.

LOGICAL FRAMEWORK

Overall project objective

To provide lifesaving treatment for children suffering from severe acute malnutrition.

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide life-saving nutrition interventions to those affected by new emergencies, or living in newly accessible areas	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	100

Contribution to Cluster/Sector Objectives : The project will ensure strong and sustainable core pipeline needed to treat 16,579 children (boys and girls age 6-59 months) suffering from severe acute malnutrition (SAM) thereby contribute to the reduction in risk of morbidity and mortality amongst this target group. Hence this project addresses the needs of the children most disadvantaged by natural or manmade disasters and emergencies.

Outcome 1

16,579 children aged 6-59 months suffering from Severe Acute Malnutrition (SAM) and living in high vulnerable localities, as identified by the nutrition sector and prioritized by SHF, have been treated

Output 1.1

Description

Boys and girls under five years suffering from SAM receive timely life-saving treatment.

Assumptions & Risks

There is no heightened insecurity

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of at risk malnourished girls, boys (6-23 months) admitted to acute malnutrition prevention program. (HRP 2018)			8,290	8,289	16,579

Means of Verification : CMAM database

Activities

Activity 1.1.1

Standard Activity : Procurement of RUTF

Procure and distribute 16,579 cartons of Ready to Use Therapeutic Food (RUTF) to effectively treat 16,579 Severely Acutely Malnourished (SAM) children aged 6-59 months living in high vulnerable localities identified by the nutrition sector and prioritized by SHF

Activity 1.1.2

Standard Activity : Not Selected

Monitoring the treatment of SAM children living in high vulnerable localities identified by the nutrition sector and prioritized by SHF

Additional Targets :

M & R

Monitoring & Reporting plan

UNICEF has 12 Field Offices and Outposts with Nutrition Officers deployed across Sudan. In addition, UNICEF recruited and deployed 12 Nutrition Consultants in the States who conduct monitoring. UNICEF will support improved monitoring to enhance quality of care and efficiency of services at OTPs. This will be done through regular visits by Nutrition Consultants, UNICEF Staff at Khartoum and Field Office level, and a Roving Nutrition Specialist dedicated to field support with 80% of time spent in the field. Purpose of monitoring and mentoring is to provide on the job training, identification of bottlenecks and taking timely corrective actions. Monitoring visits will be enhanced by the Smartphone technology, Kobo (<https://kf.kobotoolbox.org/accounts/login>), which allows real-time transmission of monitoring findings, analysis, response and feedback.

Quality and utilization of administrative data will be improved. UNICEF supports the collection and use of administrative nutrition data. Implementing partners collect and generate CMAM performance indicators on monthly basis. UNICEF will support analysis of data and generate trends to show progress towards the results.

UNICEF is committed to provision of quality progress reports on this project as agreed..

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procure and distribute 16,579 cartons of Ready to Use Therapeutic Food (RUTF) to effectively treat 16,579 Severely Acutely Malnourished (SAM) children aged 6-59 months living in high vulnerable localities identified by the nutrition sector and prioritized by SHF	2018		X	X	X	X							
	2019												
Activity 1.1.2: Monitoring the treatment of SAM children living in high vulnerable localities identified by the nutrition sector and prioritized by SHF	2018		X	X	X	X	X	X	X	X	X	X	X
	2019	X											

OTHER INFO

Accountability to Affected Populations

The national scale up plan for community based management of acute malnutrition (CMAM) was developed using a bottom up approach including indicators on malnutrition at locality levels. Overall program implementation will take into account close engagement with community during all phases. This will include engaging with community key person in early identification of cases and referral of them into treatment. Mothers of SAM children will be trained on early case finding and referral to assist with the identification of other children in need of treatment as well as be referred to nearby mother to mother support groups to learn about appropriate infant and young child feeding, caring and hygiene practices to avoid readmissions. In addition information and feedback will be collected from communities to understand program acceptance and identify areas in need of improvement. Coverage surveys will provide qualitative information on barriers and boosters to program implementation. Supply chain will be strengthened to prevent undesired events like stock outs and/or supply leakage which could harm children and disrupt program efficiency and impact.

Implementation Plan

Ready to Use Therapeutic Foods (RUTF) will be procured by UNICEF and distributed to partners in targeted areas based on their estimated case loads and in accordance with project corporation agreements signed between these partners and UNICEF. Utilization of the supplies by NGOs will be reported in CMAM data base, UNICEF will analyze consumption of RUTF versus the case load treated and provide feedback to partners. Supplies will be provided quarterly with quarterly forecast prepared at state levels in full coordination with the partners as well as state ministry of health and distribution will take place accordingly.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Both girls and boys will have equitable access to SAM treatment services and admission data disaggregated to track access by gender. Through the established links of the CMAM program with the delivery of behavioral change messages on optimal infant feeding, care practices and hygiene practices delivered to mothers through nutrition counselling at mother support groups, mothers will be equipping with knowledge and community based support on how to best take care of their children. Mothers will also be equipped with the necessary knowledge on how to identify whether any of her children, or any other child in her community, are malnourished and what actions she and other the mothers need to take to get him/her the needed care at CMAM facility. The programme will be both socially and gender informed, UNICEF will keep tracking disaggregated data on admissions and also through monitoring system and early case finding will be able to engage communities and mothers into treatment.

Protection Mainstreaming

Country Specific Information

Safety and Security

Access

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Monitoring cost (2 NOB salary)	D	2	2,266.90	12	100.00	54,405.60
	<i>This is the salary of two national staff to monitor the RUTF distribution and utilization for 12 months at a rate of \$2,266.9 for each one.</i>						
	Section Total						54,405.60
2. Supplies, Commodities, Materials							
2.1	Procurement and distribution of RUTF	D	16579	70.00	1	100.00	1,160,530.00
	<i>UNICEF will procure the RUTF, preferably through the local producer, SAMIL but will resort to off-shore if the SAMIL is unable to meet the demand.</i>						
	<i>This is the cost of RUTF supplies to treat 16,579 malnourished children. The estimated cost of one carton is \$70 and each malnourished child utilizes one carton for complete recovery.</i>						
	Section Total						1,160,530.00
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00

	NA			
	Section Total			0.00
SubTotal		16,581.00		1,214,935.60
Direct				1,214,935.60
Support				
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				85,045.49
Total Cost				1,299,981.09

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kassala -> Hamashkoreeb	10			829	828	1,657	
Kassala -> Telkok	10			829	829	1,658	
North Darfur -> Kutum	10			829	829	1,658	
North Darfur -> Ailliet	10			829	829	1,658	
South Darfur -> East Jebel Marra	10			829	829	1,658	
South Darfur -> Bielel (without Kalma camp)	10			829	829	1,658	
South Darfur -> Kalma camp	10			829	829	1,658	
Central Darfur -> Nertiti (West Jebel Marra)	10			829	829	1,658	
Central Darfur -> Rokoro (North Jebel Marra)	10			829	829	1,658	
Central Darfur -> Golo (Central Jebel Marra)	10			829	829	1,658	

Documents

Category Name	Document Description