South Sudan
2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This 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 proposal should explain and justify the activities for which CHF funding is requested and it 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. 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

SECTION I:

CAP Cluster	Nutrition

CHF Cluster Priorities for 2012 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	Cluster Geographic Priorities
Treatment services for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff **Prevention services** for children under 5 years and P&LW through - micronutrient supplementation U5 & P&LW, community screening (MUAC) and referral of U5, blanket supplementary feeding in hunger gap and in acute emergency 3-36mths, promotion and support of IYCF; includes training health workers, MSGs and CBOs **Strengthen Nutrition emergency preparedness and response capacity -** Cluster coordination, Management and analysis of nutrition information, Rapid assessments and SMART surveys in line with cluster standards, Capacity building of CBOs, MSGs, NNGOs and CHD & SMOH on emergency preparedness and response.	Hot spot areas in high priority states will be prioritized

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

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)
American Refugee Committee (ARC)	100% Eastern Equatoria State Kapoeta East County: • Narus Payam – Narus PHCC • Katodori Payam – Lowoyakali PHCU Kapoeta South County: • Pwata Payam - Napateit PHCC • Machi II/Katiko Payam – Nakware PHCU
Project CAP Code SSD-12/H/46193	
CAP Project Title Addressing Malnutrition in Children under 5 and Pregnant and Lactating Women in Kapoeta South and East Counties.	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US$ 1,100,945	US$ 300, 953	US $498,039

Direct Beneficiaries	
Women:	11581
Men:	135
Girls:	6370
Boys	5212

Total Indirect Beneficiary
20,000 beneficiaries receive messages of nutrition health education.

Catchment Population (if applicable)
82,723

Beneficiary breakdown		
Women	P&LW	7290
	Trainees	135
	Beneficiaries of IYCF promotion	
	Other vulnerable	
Men	Trainees	135
	Beneficiaries of IYCF promotion	
	Other - vulnerable	
Children U5 Yrs	SAM	422
	MAM	2007
	BSFP	
	Micronutrient supplementation	
	Deworming	

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

N/A

Project Duration (max. of 12 months, starting from allocation date)

Start Date (mm/dd/yy): 04/01/12
End Date (mm/dd/yy): 03/31/13

Address of Country Office

Project Focal Person : Israel Chauke

Email & Tel: israel@arcsouthsudan.org; +211 955467922

e-mail country director: cd@arcsouthsudan.org

e-mail finance officer: ssfin@arcsouthsudan.org

Address: Atlabara Block C
Juba Town
South Sudan

Address of HQ

e-mail desk officer: maryd@archq.org

e-mail finance officer: michelleh@archq.org

Address: 615 1st Ave NE
Suite 500
Minneapolis, MN 55403
USA

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population[1]

Malnutrition is reaching the level of a humanitarian emergency throughout much of South Sudan. In 2011-2012, rising food insecurity due to increasing food prices, as well as continued violence, displacement and erratic rainfall affecting food production challenged the South Sudanese population. Food insecurity in Eastern Equatoria is particularly high where 65% of households in the state were reported to be food insecure (including 24% severely food insecure and 41% moderately food insecure) in late 2011[2]. This continued food insecurity has contributed to high severe and acute malnutrition rates throughout the state. The problems of food insecurity and malnutrition are especially acute across the greater Kapoeta region with 71% of the population of Kapoeta East classified as food insecure (8% severe and 63% moderate) and 46% of the population of Kapoeta South (8% severe and 38% moderate). [3] In the arid pastoral areas of Kapoeta East and South Counties the population is especially vulnerable to drought and has access to few primary health facilities (2 per county) to treat common illnesses that exacerbate malnutrition. Continued incidents of cattle raiding have contributed to displacement and insecurity of households that negatively affects livelihoods activities and can contribute to increased rates of malnutrition. Consequently, high rates of malnutrition have been found in Kapoeta East (GAM: 16.2%; SAM: 3.5%) and Kapoeta South (GAM: 19.5%; SAM: 3.9%) counties (2011 Pre Harvest Nutrition Survey). These alarming figures are only expected to increase in 2012 as the effects of below average cereals production in 2011 affect the populations in 2012, particularly affecting the health of children under five as well as pregnant and lactating mothers.

B. Grant Request Justification

[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.
[2] Annual Needs and Livelihoods Analysis 2011/2011 Zero Draft
[3] Annual Needs and Livelihoods Analysis 2011/2011 Zero Draft

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

ARC began to work in Kapoeta South and East to treat malnutrition in 2011. During the course of the project, the lack of health infrastructure and trained staff were found to be significant challenges facing implementation of a nutrition program in the counties. In both counties, health workers are undereducated about basic nutrition and lack the skills and resources they need to properly advise and treat patients. In addition, a lack of health education and dearth of health seeking behaviors among these transient, pastoralist communities has limited the number of families utilizing health services. This situation particularly affects women who primarily feel the burden of supplying food for their families. In the latter half of 2011, ARC has trained and supported county health workers to provide outpatient management of malnutrition and referrals to the Kapoeta Civil Hospital. New health facilities have been constructed and continuing mobile outreaches and health education are targeting pastoralist communities to improve health seeking behavior. Despite these gains, the challenge of malnutrition in Kapoeta South and East Counties remains. While ARC has funding to continue primary health care operations in four health facilities in these areas in 2012, support for our nutrition interventions ceased in late 2011 and no continuation funding is forthcoming for 2012. However, food insecurity due to the continuing inflation of food prices, unreliable rain and inter-tribal conflicts is expected to continue in these areas throughout the year. Support is required for ARC to be able to address the challenge of malnutrition in these acutely vulnerable communities.

In line with the cluster objectives (providing access to services for management of acute malnutrition and prevention of under-nutrition in child under 5 and P&LW) ARC will undertake a multi-prong approach to its intervention. ARC seeks to increase community awareness on prevention and treatment of malnutrition as well as increase access to quality and timely treatment services for children under 5, and pregnant and lactating women (PLW). Due to the severity of the impact of malnutrition on the overall health of the population, the ARC will work through Home Health promoters (HHPs) to provide malnutrition detection, feeding and treatment services to all affected community members with an emphasis on pregnant women, infants, children, and women headed households since women and children are at greater risk of discrimination and violence. Through the HHPs, ARC will regularly monitor the nutrition status of the target population while utilizing the Community Management of Acute Malnutrition (CMAM) approach which has shown to greatly reduce the cost and expand the reach of treatment to permit more timely identification of need. Facility-based in and outpatient treatment will ensure the all key targeted beneficiaries receive the timely treatment required for both MAM and SAM. In Kapoeta South and East, ARC partners with the County Health Departments (CHDs) to support government health facilities to provide quality services. ARC supports health facility staff to implement Integrated Management of Severe Acute Malnutrition (IMSAM) approach in communities in Kapoeta South and East.

C. Project Description (For CHF Component only)

I) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

This project will work to reduce the acute problem of malnutrition in two highly vulnerable communities – Kapoeta South and Kapoeta East. ARC will work through an existing network of PHCCs and PHCUs and community based Home Health Promoters to deliver a high impact, low cost nutrition intervention in the targeted payams. ARC will aim to increase health seeking behaviors and engage in active case finding through its network of HHPs. At the health facility level, ARC will provide outpatient (4 facilities) and inpatient (1) interventions to screen and treat children under five and pregnant and lactating mothers. Through this approach, ARC will aim to reduce the incidence of malnutrition in vulnerable populations in Kapoet South and East, Eastern Equatoria State.

ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

To decreased incidence of malnutrition among children under 5 and pregnant and lactating women in Kapoeta East and Kapoeta South Counties in 2012.

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.

ARC's approach will center around four key components:

1. Access to nutrition services increased through prevention of MAM and SAM through health education and active case finding by the trained Home Health Promoters
2. Access to maternal/child health services improved through Integrated Management of Moderate Acute Malnutrition at the OTP and management of Severe Acute Malnutrition (SAM) without medical complications.
3. Promote and. Establish stabilization centers and strengthen referral linkages for SAM with medical complications.
4. Increased local capacity to deliver quality nutrition services through capacity building of the CHDs

Key activities that will contribute to the successful implementation of this approach include:

Components 1: Prevention of MAM and SAM: Through health education and active case finding

- Train Home Health Promoters (HHPs) (CMAM, health education, community mobilization and MUAC screenings)
- Conduct a health education promotion campaign on malnutrition and positive health seeking behaviors (specifically targeting women)
- Conduct nutrition screening using mid-upper arm circumference (MUAC) and assessment of bilateral edema.

- Conduct home visits to follow up with children who graduate or default from treatment programs.

Components 2: Outpatient Integrated Management of MAM and SAM

- Train health service providers at 4 OTPs on management of moderate acute malnutrition and severe acute malnutrition
- Screen children under five and P&LW for malnutrition
- Procure products for treatment of SAM and MAM in line with national protocols and distribute to health facilities
- Provide logistics support to health facilities and CHDs for transport of equipment and supplies

Component 3: Inpatient Care

- Train health staff on Therapeutic Feeding Care (TFC)
- Establish in-patient therapeutic care at 1 facility where children and P&LW will receive intensive medical care 24 hours a day until they are medically stabilized.
- Strengthen referral linkages for severe acute malnutrition for 3 facilities.
- Support 1 facility with stabilization stations with and routine medications
- Procure and supply anthropometric basic equipment
- Provide hygiene materials

Components 4: Coordination

- Monthly performance review meetings with the health facility staff
- Monthly home health promoters network meetings

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

ARC has been active in South Sudan since 1994 and has demonstrated a proven ability to support the delivery quality of health, HIV &AIDS , gender-based violence, livelihoods and WASH services. In all the sectors, ARC ensures equal distribution of resources to its beneficiaries without discrimination. In particular, the challenges of people living with HIV/AIDS will be addressed through this project through nutrition screening of positive clients and participation in malnutrition treatment. Similarly gender will be addressed through proactive and inclusive community education that specifically targets both men and women in the community to ensure both sexes have unique understanding of good nutrition practices and the effect of nutrition issues on the family.

v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

Expected Results:

Components 1: Prevention of MAM and SAM: Health Education and Active Case Finding

- 50 Home Health Promoters (HHPs – 50% women) trained on CMAM, health education, community mobilization and MUAC screenings.
- Eighteen health education outreaches conducted (9 per county) on malnutrition and health seeking behaviors and how to prepare balanced diet based on locally available food
- 11,581 children under five and 1,654 pregnant women screened for malnutrition using mid-upper arm circumference (MUAC) and assessment of bilateral edema.
- 80% of children graduating or defaulting from treatment programs receive home visits to follow up

Components 2: Outpatient Integrated Management of MAM and SAM

- 16 health service providers at 4 OTPs on management of moderate acute malnutrition and severe acute malnutrition
- 4 health facilities are appropriately supplied to treat SAM and MAM in line with national protocols

Component 3: Inpatient Care

- 10 staff trained on Therapeutic Feeding Care (TFC)
- 1 facility has in-patient therapeutic care where children and P&LW will receive intensive medical care 24 hours a day until they are medically stabilized.
- Referral linkages from 2 PHCUs and1 PHCC to stabilization centers established
- Basic equipment and supplies for inpatient care procured for 1 health facility.

Components 4: Coordination

- 36 performance review meetings held with facility staff
- National, state and county level coordination meetings attended by ARC nutrition staff
- 4 meetings of Kapoeta East/South nutrition coordination forum

	Indicator	Target (indicate numbers or percentages)
1	Number of community members educated on good nutrition practices through community education sessions.	20,000
2	Number of children screened in the community	11,581
3	Number health and nutrition workers trained (includes facility and community level health workers)	16
4	Number of children admitted/treated for GAM	2429
5	Number of pregnant and lactating women admitted/treated for MAM	280

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.

ARC supports the provision of quality and sustainable basic health care services in Kapoeta East and South Counties, Eastern Equatoria State. ARC partners with the County Health Departments (CHDs) to support a total of four government-run facilities throughout the counties. ARC's approach is to build up government capacity to manage basic services whenever possible and ARC works hand in hand with these CHDs, providing training and resources for basic administrative functioning, reporting and county-level coordination. Together with the CHD, ARC conducts joint supervision and data collection at health facilities. ARC also supplies health facilities with equipment and rehabilitates basic health infrastructure and provides essential equipment to health facilities. ARC supports the CHD efforts in improving the quality of care at the health facilities by providing incentives for staff at supported health facilities. ARC supports the CHD through capacity building of health facility staff and resource mobilization.
ARC supports the CHD through capacity building of health facility staff and resource mobilization.

vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

ARC's Nutrition Officer in Kapoeta will be responsible for collecting information as well the required data from the health facilities and communities. The overall health manager in Kapoeta will provide on the ground oversight and regular monitoring of the program indicators and activities. ARC's M&E Officer will be responsible for the overall M&E system, ensuring that appropriate M&E tools and forms are available to project staff. In Kapoeta East and South, the Program Manager will be responsible for data collection and entry on monthly basis and to ensure validity of this information, it will be reviewed for accuracy by the relevant technical program coordinator. The M&E Officer will summarize information from the project sites for project reports, and a report will be submitted to Nutrition Cluster on a monthly basis for regular tracking. In addition, regular financial and the programmatic reports will be provided to UNDP/CHF.

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	**Amount** (USD)
BSF, OFDA, BPRM (support costs)	498,039
UNICEF – Expected nutrition supplies in kind but exact amount is not known	

SECTION III:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

LOGFRAME		
CHF ref. Code: SSD-12/H/46193	**Project title:** Reducing malnutrition in Kapoeta East and South Counties, Eastern Equatoria State	**Organisation:** American Refugee Committee

Overall Objective: • To decrease prevalence of malnutrition among children under 5 and pregnant and lactating women in Kapoeta East and Kapoeta South Counties in 2012.	**Indicators of progress:** • % of estimated under 5 population meeting the global definition for acute malnutrition (MAM or SAM)	**How indicators will be measured:** • Health Facility Registers	
Specific Project Objective/s: • Increase access to services to treat malnutrition • Decrease incidence of malnutrition in targeted communities	**Indicators of progress:** • # children under 5 and pregnant and lactating women screened for malnutrition • % of screened children under 5 and pregnant women meeting the global definition for acute malnutrition	**How indicators will be measured:** • Outreach records • Health Facility Registers	**Assumptions & risks:** • Continued malnutrition in Kapoeta East and South • Support of County Health Departments • Acceptance of community
Results - Outputs (tangible) and Outcomes (intangible): **Outcome 1:** Health education and active case finding campaigns conducted - 50 Home Health Promoters (HHPs – 50% women) trained on CMAM, health education, community mobilization and MUAC screenings. - Eighteen health education outreaches conducted (9 per county) on malnutrition and health seeking behaviors and how to prepare balanced diet based on locally available food - 11,581 children under five and 1,654 pregnant women screened for malnutrition using mid-upper arm	**Indicators of progress:** • # community members educated on good nutrition practices through community education sessions. • # of children admitted/treated for GAM • # of pregnant and lactating women admitted/treated for MAM • # health and nutrition workers trained • # CHD staff trained and mentored	**How indicators will be measured:** • Outreach records • Health Facility Registers • Training Reports	**Assumptions & risks:** • Continued malnutrition in Kapoeta East and South • Support of County Health Departments • Acceptance of community

circumference (MUAC) and assessment of bilateral edema. - 80% of children graduating or defaulting from treatment programs receive home visits to follow up **Outcome 2:** Increased access to services for outpatient integrated management of MAM and SAM - 16 health service providers at 4 OTPs on management of moderate acute malnutrition and severe acute malnutrition - 4 health facilities are appropriately supplied to treat SAM and MAM in line with national protocols **Outcome 3:** Increased access to services for inpatient management of SAM with medical complications - 10 staff trained on Therapeutic Feeding Care (TFC) - 1 facility has in-patient therapeutic care where children and P&LW will receive intensive medical care 24 hours a day until they are medically stabilized. - Referral linkages from 2 PHCUs and 1 PHCC to stabilization centers established - Basic equipment and supplies for inpatient care procured for 1 health facility. **Outcome 4:** Increased local capacity to manage and coordinate nutrition programs in 2 counties. - 36 performance review meetings held with facility staff - National, state and county level coordination meetings attended by ARC nutrition staff			

Activities:	**Inputs:**		**Assumptions, risks and pre-conditions:**
Outcome 1: Health education and active case finding campaigns conducted - Train Home Health Promoters (HHPs) on (CMAM, health education, community mobilization and MUAC screenings) - Conduct a health education promotion campaign on malnutrition and positive health seeking behaviors (specifically targeting women) - Conduct nutrition screening using mid-upper arm circumference (MUAC) and assessment of bilateral edema. - Conduct home visits to follow up with children who graduate or default from treatment programs. **Outcome 2:** Increased access to services for outpatient integrated management of MAM and SAM - Train health service providers at 4 OTPs on management of moderate acute malnutrition and severe acute malnutrition - Screen children under five and P&LW for malnutrition - Procure products for treatment of SAM and MAM in line with national protocols and distribute to health facilities - Provide logistics support to health facilities and CHDs for transport of equipment and supplies **Outcome 3:** Increased access to services for inpatient management of SAM with medical complications	• Program Staff • Support Staff • HHP incentives • Health facility equipment and supplies • Training supplies • Nutrition Consultant • Outreach supplies		• Appropriate and efficient operations procedures • Adequate cash flow • Qualified staff

- Train health staff on Therapeutic Feeding Care (TFC) - Establish in-patient therapeutic care at 1 facility where children and P&LW will receive intensive medical care 24 hours a day until they are medically stabilized. - Strengthen referral linkages for severe acute malnutrition to 4 facilities. - Support 1 facility with stabilization stations with routine medications - Procure and supply anthropometric basic equipment **Outcome 4:** Increased local capacity to manage and coordinate nutrition programs in 2 counties. - Monthly performance review meetings with the health facility staff - Monthly home health promoters network meetings - National, state and county level coordination meetings attended by ARC nutrition staff			

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The work plan must be outlined with reference to the quarters of the calendar year.

Activity	**Q1 / 2012**			**Q2 / 2012**			**Q3 / 2012**			**Q4 / 2012**			**Q1. / 2013**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1: Health education and active case finding campaigns conducted															
Activity (1.1) Train Home Health Promoters (HHPs) on (CMAM, health education, community mobilization and MUAC screenings)					X	X									
Activity (1.2) Conduct a health education promotion campaign on malnutrition and positive health seeking behaviors (specifically targeting women) including demonstrations on proper methods of food preparation							X	X	X	X	X	X			
Activity (1.3) Conduct nutrition screening using mid-upper arm circumference (MUAC) and assessment of bilateral edema.							X	X	X	X	X	X			
Activity (1.4) Conduct home visits to follow up with children who graduate or default from treatment programs.							X	X	X	X	X	X			
Result 2: Increased access to services for outpatient integrated management of MAM and SAM															
Activity (2.1) Train health service providers at 4 OTPs on management of moderate acute malnutrition and severe acute malnutrition						X	X	X							
Activity (2.2) Screen children under five and P&LW for malnutrition					X	X	X	X	X	X	X	X			
Activity (2.3) Procure products for treatment of SAM and MAM in line with national protocols and distribute to health facilities					X	X	X								
Activity (2.4) Provide logistics support to health facilities and CHDs for transport of equipment and supplies					X		X			X					
Result 3: Increased access to services for inpatient management of SAM with medical complications															

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The work plan must be outlined with reference to the quarters of the calendar year.

Activity	**Q1 / 2012**			**Q2 / 2012**			**Q3 / 2012**			**Q4 / 2012**			**Q1. / 2013**		
Activity (3.1) Train health staff on Therapeutic Feeding Care (TFC)						X	X								
Activity (3.2) Establish in-patient therapeutic care at 2 facilities where children and P&LW will receive intensive medical care 24 hours a day until they are medically stabilized.						X	X	X	X	X	X	X			
Activity (3.3) Strengthen referral linkages for severe acute malnutrition to 4 facilities.					X	X	X								
Activity (3.4) Support 1 facility with stabilization stations with routine medications					X		X			X					
Activity (3.5) Procure and supply anthropometric basic equipment					X	X	X								
Result 4: Increased local capacity to manage and coordinate nutrition programs in 2 counties.															
Activity (.4.1) Monthly performance review meetings with the health facility staff					X	X	X	X	X	X	X	X			
Activity (.4.2) Monthly home health promoters network meetings					X	X	X	X	X	X	X	X			

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