

## 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](mailto: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:

<b>CAP Cluster</b>	<b>Nutrition</b>
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#### 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.

<b>Cluster Priority Activities</b>	<b>Cluster Geographic Priorities</b>
<p><b>Treatment services</b> for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&amp;LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff</p> <p><b>Prevention services</b> for children under 5 years and P&amp;LW through - micronutrient supplementation U5 &amp; P&amp;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</p> <p><b>Strengthen Nutrition emergency preparedness and response capacity</b> - 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 &amp; SMOH on emergency preparedness and response.</p>	<p>Hot spot areas in high priority states will be prioritized</p>

#### Project details

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

<b>Requesting Organization</b>	<b>Project Location(s)</b> (list State, County and if possible Payam where CHF activities will be implemented)
CARE South Sudan	Rubkona County : Nhial Diu payam , Rubkona Payam Pariang County: NyielPayam ; Biu Payam; Panyang Payam; Guit County Guit Payam Mayiendit County : Rubkuai Payam Mobile Out reach
<b>Project CAP Code</b>	
SSD-12/H/46400/5645	
<b>CAP Project Title</b>	
Unity State Emergency Nutrition Project.	

<b>Total Project Budget in South Sudan CAP</b>	<b>Amount Requested from CHF</b>	<b>Other Recourses Secured</b>
US\$ 388,649	US\$300,000	0

<b>Direct Beneficiaries</b>		<b>Total Indirect Beneficiary</b>	
Women:	5536		
Men:	6767	<b>Catchment Population (if applicable)</b>	
Girls:	1692	12,303	
Boys	1384		

<b>Implementing Partners</b> (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)	<b>Project Duration</b> (max. of 12 months, starting from allocation date)
None	
	<b>Start Date (04/01/2012):</b>
	<b>End Date (03/31/2013):</b>

**Address of Country Office**  
 Project Focal Person: Tamba Kassoh

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Address :  
 CARE South Sudan,  
 Tongpng Area;  
 Off Kololo Road;  
 Juba, South Sudan

**Address of HQ**  
 e-mail desk officer [TKassoh@ss.care.org](mailto:TKassoh@ss.care.org)  
 e-mail finance officer: [BHaile@ss.care.org](mailto:BHaile@ss.care.org)

Address:

Beneficiary breakdown		
Women	P&LW	5536
	Trainees	12
	Beneficiaries of IYCF promotion	5536
	Other vulnerable	
Men	Trainees	14
	Beneficiaries of IYCF promotion	
	Other - vulnerable	
Children U5 Yrs	SAM	380
	MAM	950
	BSFP	
	Micronutrient supplementation	3076
	Deworming	380

## 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<sup>1</sup>

Unity State continued to face multiple humanitarian challenges: a possible influx of over 100,000 returnees from Sudan after the 8 April 2012 deadline for them to leave the Country; potential displacements in the case of further inter-tribal cattle raiding; continued cross-border insecurity; internal militia groups threats; insufficient humanitarian capacity to meet the ever – increasing needs; poor roads access, and need to pre-position supplies in advance of the rains starting in April. 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 2011 agricultural season has been affected by late and erratic rainfall (South Sudan Food Security). In light of the factors mentioned above the nutrition situation is likely to deteriorate.

Key highlights of various assessments points to poor nutrition across Unity State;

1. Rapid inter agency Nutritional Assessment in Rubkona County led by MSF-H showed that 2% of SAM; 17%MAM, and 26% at risk of malnutrition.
2. A joint assessment between CARE and UNHCR of South Kordofan refugees in Yida on 11th to 13th August 2011 was carried out: The assessment of 52 children under 5 was done using MUAC and the results were as follows; SAM was 8%, MAM was 19%; At risk children was 19%; 54% was well nourished. GAM was found to be 27%.
2. Another rapid assessment in Rubkona on 22nd August 2011, of returnees children from Khartoum who were transported by River barge via Malakal using MUAC was done to 35 children and the result indicated: SAM was 0; moderately malnourished (MAM) was 26%; At risk was 43%; and 31% were well nourished. Global Acute Malnutrition (GAM) is 26%.
3. With the blockade of Main road leading to North Sudan, food prices have rocketed 3-5 folds in the Unity State. Hence the malnutrition rates are expected to rise very significantly in 2012.

CARE South Sudan is the only provider of health facility based OPTS in the four Counties. Hence continuation of the nutrition services in these counties is very critical.

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

This project helps to meet several cluster priorities; specifically assessing and monitoring nutritional status in high risk areas, the management of acute malnutrition among at-risk populations, the provision of micronutrient supplements to at-risk populations, and to identify and train Infant and Young Child Feeding counsellors and support groups in high risk areas. The proposal supports both Cluster Objectives. (Objective 1: Provide access to therapeutic services for management of acute malnutrition in children and women. Objective 2: Provide access to micronutrient preparations for children under 5, pregnant and lactating women.)

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

## 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

CARE South Sudan is the leading NGO which provides Primary Health Care in Unity State operating in 6 of the 9 Counties of the State. However the grants secured from different donors do not cover nutritional services. Hence the proposed funds from CHF will make it possible for CARE to continue/sustain the OPT service it started in 2011 funded by CHF

### ii) Objective

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

To provide 40% of malnourished children and women nutritional therapies and contribute to 10% reduction in Global Acute Malnutrition rate in four counties in Unity State through health facility based therapeutic and supplementary feeding programme.

### 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.

1. Integrating Outpatient Therapeutic Program (OTP) service into 6 CARE PHC facilities in four Counties (Pariang, Guit, Mayendit and Rubkona) namely Rubkona PHCC, Rubkuay PHCC, Biu PHCU, Panyang PHCU, Nhialdu PHCU and Guit PHCU.
2. Screening for 6-59 months' old children in the project health facilities using MUAC.
  - i. Reconfirm the SAM by weight and height and then enrolled them for OPT.
  - ii. Enroll approximately 950 children under 5 for MAM for SFP.
  - iii. Monitor those at risk regularly.
2. Recruit and train 26 nutrition staff among the SMOH or CHDs to run the OTP within the health facilities.
3. Training of 6 Young Child Feeding (IYCF) counsellors.
4. Conduct Capacity building skills training of health program staff and of the village health committees to conduct active case finding at the community level.
5. Conduct bi annual nutrition surveys/ assessment in project service delivery locations in order to monitor /determine the general nutritional status among the under-five children, boys and girls, pregnant and lactating mothers.
6. Respond to Emergency: Prepositioning pipelines; mobilize partners; conduct rapid nutritional assessment; and advocate for an improved operating environment during Emergencies.
7. Provide preventive services. Micronutrients Vit A, de worming.
8. Procurement of furniture, stationeries, equipments, Treatment Cards and other nutrition supplies.
9. Construction of temporary shelters in the facilities for management of MAM and community centres for the education sessions.
10. Nutrition Education.
  - a) Promote and support appropriate infant and young child feeding during ANC and postnatal sessions.
  - b) Incorporate nutrition message into ongoing health project radio broadcast program over local FM radio station in local languages.
  - c) Conduct hygiene promotion campaigns.
  - d) Promote food and water sanitation.
  - e) Provide Micronutrients Vit A, de worming to under fives
  - f) Work closely with CARE WASH projects in Unity State to mobilize the communities on the important of proper disposal of solid waste

### iv). Cross Cutting Issues

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

CARE South Sudan's five year strategic plan identified two Impact Groups (i) vulnerable rural women and girls of reproductive age and (ii) marginalized and vulnerable rural male youth aged 14 to 35 years. CARE has a strategy for increasing women's participation in the provision of basic services by ensuring their active involvement and participation in project decision making structures and empowerment through trainings. Under this project, these two impact groups will actively participate in nutrition and health education - on exclusive breastfeeding, appropriate complementary feeding, hygiene and environmental sanitation and HIV/AIDS awareness, prevention and control campaigns.

There will be a particular focus on the targeting of rural women and girls of reproductive age, under five children and youth who represent the most vulnerable segments within the identified counties. CARE's approach under this project will be based on extensive previous and ongoing studies of expressed community needs that will ensure inclusion of the most marginalised groups in primary health care decision making

### 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.

- Result 1. Six OPTs established in four PHCCs and two PHCUs and one mobile put reach.
- Result 2. . Active Community (men, women, boys and girls) Participation in implementation of nutritional interventions
- Result 3. Effective management of SAM, MAM under five years children; boys, girls, pregnant and lactating women and the elderly in line with IM-SAM and Global Guidelines i.e. Malnourished under five children; boys and girls; pregnant and lactating mothers are provided with nutritional therapies
- Result 4. Improved Infant and Young Child Feeding practices.
- Result 5. Improved personal hygiene and food and environmental sanitation.
- Result6. Active nutritional surveillance is established.

	Indicator	Target (indicate numbers or percentages)
1	Number of OTP sites for the treatment of SAM & MAM	6
2	Number of trainees in IYFC	6 counselors
3	Number of women, boys, men and girls beneficiaries	100% of direct beneficiaries
4	Number of community members made aware through community education sessions	60% of direct beneficiaries
5	Number of children enrolled for supplementary food & Vitamin A	100% of direct beneficiaries

### 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.

Implementation: The strategy of implementation will involve partnerships with the Unity State Ministry of Health (SMoH) at its various levels. The County/ Payam authorities and the beneficiaries will actively participate to develop sense of ownership and sustainability of the services. The project will always collaborate with UN agencies and INGO actors on ground to ensure collaborative approach and avoid duplication of interventions. Most of the staff will be seconded from the SMOH, while CARE will hire professional health staff to fill the gaps that SMOH cannot fill. The SMOH staff will receive incentives from CARE while their salaries and other benefits will be paid by the SMOH. CARE will build the capacity of the SMOH staff through training in technical health areas as well as on community participation. CARE will facilitate the improved provision of primary health care services through essential material support (in form of medical drugs equipment and supplies) to the health facilities augmented by capacity building of SMOH staff in technical health and organisational/management issues.

**vii) Monitoring Plan**

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

The M&E activities will be under direct supervision of the CARE South Sudan Program Quality and Learning Coordinator who will pay regular field visit to ensure that the designed project M&E system is implemented in accordance to the objectives and activities in the project proposal including the expected results.

The tools and techniques to be used for monitoring and evaluation of this project will be:

- Monitoring visits to service delivery areas using health facility checklist to ensure the essential equipment and supplies are in place.
- Observations of case managements to assess the practical skills of the service providers.
- Conduction of user (beneficiary) exit interview.
- Regular review meetings monthly (at health facility level) and quarterly (at project level) with staff and partner on the progress of implementation of project plan against the targets as well as discussions on identified challenges and remedial solutions.
- Financial Monitoring. Examination of the project activities against approved budget and the actual expenditures. The project will also undergo mid-term internal audit and final external audit and evaluation at the end of the project
- Field Visits including spot checks, focus group discussions and key informant interviews on project progress and challenges. The monitoring and evaluation officer will conduct scheduled visits to all centres. Project staff will collect raw activities data from the PHCCs on regular basis (weekly, monthly and quarterly). The information collected will be analyzed shared with the relevant partners. The results will be used to improve project implementation and inform decision-making.
- Community beneficiary feedback mechanisms
- Nutrition Assessments(SMART methodology)

**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)

### 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: SDN-11/11/H/38912		Organisation : CARE South Sudan	Project title : Unity State Nutrition Support Project	
	PROJECT DESCRIPTION	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
<b>Overall Objective (OO)</b>				
	Provide access to OTP services for management of acute malnutrition in children 6-59 months and Pregnant and lactating women in four counties of Unity State.	Percentage of malnourished Children 6-59 months and pregnant and lactating women treated.	Nutrition assessment report.	1.Availability of funding 2.There is political and security stability in the project areas. 3.The operational areas remain accessible for implementation. 4.No natural disaster occurs /happens 4.WFP and UNICEF provide in kind nutritional supplies
<b>Purpose</b>				
	Contribute to 10% reduction in Global Acute Malnutrition rate in four counties in Unity State through health facility based therapeutic and supplementary feeding programme.	The global acute malnutrition rate at the end of the project.	Annual nutrition survey results/ Report	-Ditto-.
<b>Results</b>				
1	<b>Result 1:</b> OTP services are integrated and accessible in 6 CARE PHC facilities in four counties (Rubkona, Guit, Mayendit, Pariang) in Unity State which includes effective SAM & MAM.	Number and % of CARE health facilities providing OPT management of acute malnutrition in children and pregnant and lactating women	Health facilities OPT reports Feedbacks from pregnant & lactating women	-ditto- .
2	<b>Result 2:</b> Active nutrition surveillance and community outreach is established.	Community outreach team of 2 staff established per health facility for nutrition surveillance	Nutrition screening reports Nutrition surveys and assessment reports .	-ditto-
3	<b>Result 3:</b> Micronutrients for under five children, pregnant and lactating mothers are provided.	Availability of micronutrients in Project facilities. Availability of the distribution data.	Supervisory visit reports.	-ditto-.
4	<b>Result 4:</b> Active community (men, women, boys and girls) participation in implementation of nutritional intervention	Number of community members participating in nutritional activities	Project implementation report Health facilities activity report	-ditto-
<b>Activities</b>				
1	<b>Provide OPT Nutritional services in six CARE PHCCs in four Counties of Unity State.</b>			-ditto-.
1.1	Manage severe and moderate acute malnutrition in	Number and % of malnutrition in children 6-59	OTP Records.	-ditto-

	PROJECT DESCRIPTION	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
	children 6-59 months and pregnant and lactating women	months and pregnant and lactating women treated.	Health facility supervisory reports Weekly / monthly reports	
1.2	Screening of children 6-59 months attending PHC services are at PHCCs using MUAC and identifying SAM enrolled in OTP Program	% of Children 6-59 months attending PHC Screened. No. of SAM children enrolled to OTP Program.	Screening records. Health facility weekly/ monthly reports.	-ditto-
1.3	Conduct Regular follow up of malnourished under five children and Pregnant and lactating mothers	Admission Rate. Cure Rate Defaulters Rate	Health Facility Records	-ditto-
<b>2</b>	<b><i>Build capacity of SMOH, CHD staff and Communities in the project area through training.</i></b>	Number of personnel trained on nutrition.	Training Reports. Training attendance	-ditto-
2.1	Conduct nutritional assessment in the catchment area of the Project health facilities.	Number of nutritional assessment conducted.	Assessment reports. Health Facility Records.	-ditto-
2.2	Training of Project Nutrition staff.	No of project nutrition staff Trained.	Training Reports. Training attendance	-ditto-
2.3	Training of Outreach community volunteers.	No. of outreach Community nutrition volunteers trained.	Training Reports. Training attendance	1. -ditto- 2. Community willingness
2.4	Trainig of Infant and Young Child Feeding (IYCF) counsellors.	No. of counsellors trained.	Training Reports. Training attendance	-ditto-
<b>3</b>	Provide access to Micronutrients for under five children, pregnant and lactating women.			-ditto-
3.1	Provision of micronutrients supplements, Vitamin A, and deforming.	1. Availability of micronutrients in Project facilities. 2.Availability of the distribution data 3. Percentage of 6-59 months children who received Vit A supplementation. 4.Number of de-wormed children (1-5 years old) 5. Percentages of pregnant and lactating women provided with micronutrients.	Health facility records. Supervisory Checklist report	-ditto-
3.2	Promotion of infant and young child feeding	% of mothers receiving information on good IYCF practices.	Survey Report.	-ditto-
3.4	Help prevent acute malnutrition through awareness campaigns and Nutrition education	. 1. Number of health facilities providing nutrition education. 2. Availability of Nutrition Education materials in Project health facilities. 3. Number of beneficiaries reached	Health facility exit interviews. . 1. Number of campaigns Conducted. 2. Number of beneficiaries reached.	-ditto-
4.	Conduct weekly outreach home visits are conducted in each health facility catchment area by trained community volunteers	1. Number of weekly outreached home visits. 2. Number of Households visited. 3. Number of beneficiaries reached	Outreached reports	-ditto-
4.1	Broadcast weekly messages (on nutrition, health and WASH) live on Bentiu FM Radio	1. Availability of Nutrition education messages. 2. Number of messages broadcasted live on FM Radio.	Bentiu FM weekly program. Number of audio messages recorded.	-ditto-

## 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.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2013		
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Activity 1- Integrate OPT Nutritional services into six CARE PHCCs in four Counties of Unity State</b>	X	X	X	X	X	X	X	X	X	X	X	X
1.1 Manage severe and moderate acute malnutrition in children 6-59 months and pregnant and lactating women	X	X	X	X	X	X	X	X	X	X	X	X
1.2 Screening of children 6-59 months attending PHC services are at PHCCs using MUAC and identifying SAM enrolled in OTP Program	X	X	X	X	X	X	X	X	X	X	X	X
1.3 Conduct Regular follow up of malnourished under five children and Pregnant and lactating mothers	X	X	X	X	X	X	X	X	X	X	X	X
<b>Activity 2 - Build capacity of SMOH, CHD staff and Communities in the project area through training.-</b>	X	X	X	X	X	X	X			X		
2.1 Conduct nutritional assessment in the catchment area of the Project health facilities.		X			X							
2.2 Training of Project Nutrition staff.	X			X			X			X		
2.3 Training of Outreach community volunteers.		X	X			X						
2.4 Trainig of Infant and Young Child Feeding (IYCF) counsellors.	X	X		X								
<b>Activity 3- Provide access to Micronutrients for unde five children and pregnant and lactating mothers.-</b>	X	X	X	X	X	X	X	X	X	X	X	X
3.1 Provision of micronutrients supplements, Vitamin A, and deworming.	X	X	X	X	X	X	X	X	X	X	X	X
3.2 Promotion of infant and young child feeding	X	X	X	X	X	X	X	X	X	X	X	X
3.3 Conduct weekly outreach home visits in each health facility catchment area by trained community volunteers	X	X	X	X	X	X	X	X	X	X	X	X
<b>Activity (4)- Help prevent acute malnutrition through awareness campaigns and Nutrition education</b>	X	X	X	X	X	X	X	X	X	X	X	X
4.1 Conduct weekly outreach home visits are conducted in each health facility catchment area by trained community volunteers	X	X	X	X	X	X	X	X	X	X	X	X
4.2 Broadcast weekly messages (on nutrition, health and WASH) live on Bentiu FM Radio	X	X	X	X	X	X		X	X		X	
4.3 Work closely with WASH project team to mobilize communities on proper waste disposal		X	X	X	X	X	X	X	X	X	X	
4.4 Promote Food and water sanitation.		X	X	X	X	X	X	X	X	X	X	
Activity (5) Surveillance, Monitoring & Evaluation activities	X	X	X	X	X	X	X	X	X	X	X	

\*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN "X"