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
Cluster objectives and activities as outlined in CAP **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)
Medair South Sudan	Jonglei – 30% Upper Nile – 30% Unity – 20% Warrap – 10% Northern Bahr el Ghazal – 10% Medair's response is flexible based on emergency needs regardless of location. These estimates are based on where emergency needs are predicted for 2012, and where Medair's emergency teams have responded in 2011.
Project CAP Code SSD-12/H/46240	
CAP Project Title Response to nutrition emergencies across South Sudan with focused nutrition capacity development in selected states	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resource Secured
US$ 675,000	US$ 300,000	US$ 121,000

Direct Beneficiaries	
Women:	**2,260**
Men:	840
Girls:	5000
Boys	5000
Total number of beneficiaries	13,000

Total Indirect Beneficiary
100,000
Catchment Population (if applicable)

Beneficiary breakdown		
Women	P&LW	500
	Trainees	60
	Beneficiaries of IYCF promotion	2,260
	Other vulnerable	500
Men	Trainees	40
	Beneficiaries of IYCF promotion	50
	Other - vulnerable	500
Children U5 Yrs	SAM	200
	MAM	1,300
	BSFP	8,500
	Micronutrient supplementation	7,000
	Deworming	10,000

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

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

Start Date (mm/dd/yy): 03/10/12

End Date (mm/dd/yy): 03/09/13

Address of county Office

Project focal person: Sonja Nieuwenhuis/ Trina Helderman

Email & Tel: medical-southsudan@medair.org & +211917158914 or +211920433585
e-mail country director: cd-southsudan@medair.org
e-mail finance officer: finance-southsudan@medair.org

Address: Hai Matar
Airport View
Juba, South Sudan

Address of HQ

e-mail desk officer: Helen.Fielding@medair.org

e-mail finance officer: Angela.Rey-Baltar@medair.org

Address: Chemin du Croset 9
CH-1024 Ecublens
Switzerland

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 far too common in South Sudan and poses a severe threat to the well-being of men, women, girls and boys across the country. Malnutrition rates are noted to be well above the World Health Organization's (WHO) emergency threshold for at least four states based on pre-harvest SMART surveys in 2011. Several factors have led to this crisis state including armed conflicts, large population movements with the influx of returnees and refugees, flooding causing the destruction of crops, inadequate basic services such as clean water and sanitation, and overall food insecurity. Independence from Sudan has resulted in several barriers to market trade routes leading to exponential rises in commodity costs. In Pochalla, Jonglei state, for example, a 50kg bag of sorghum increased from 100 SSP to 400 SSP in a few short months. Communities have also struggled with the changes in currency resulting in purchasing barriers and limiting household food commodities. These struggles lend to an overwhelming need to improve nutrition services and rapid response within the country.

Nutritional emergencies in South Sudan can be defined by areas with emergency level GAM rates over 15%, but can also be noted in areas with severe food insecurity and large population movements. Often crisis situations are identified in locations when there is little or no MoH or NGO capacity to respond. Rapid nutrition response teams are required to assess local situations and respond with quality nutrition services including therapeutic and blanket feeding programmes and supplementary feeding. This form of response is unique in that it requires preparations well in advance of the need including stock piling of supplies, training of staff, and supportive logistics. This form of response is limited currently in South Sudan, but is essential for the prevention of unnecessary morbidity and mortality from malnutrition.

[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.

South Sudan's fragile food production also plays a key role in nutrition levels. Food production has been severely affected in 2011 by limited rainfall, flooding, and continued conflict in agricultural areas. Steadily limited food production exacerbated by influx of returnee and refugee populations and compounded by the persistent lack of clean water and limited health service availability is expected to result an increased incidence of malnutrition leading to further increases in morbidity and mortality especially affecting boys and girls under 5 years of age and pregnant and lactating women. Additional nutrition services are therefore essential.

Within health facilities, the frequency of screening for malnutrition is low despite its presence as an essential service in the Basic Package of Health Services in South Sudan. Integration into primary health care comes with many challenges; however, there are several partners including the Ministry of Health and NGOs who are willing to carry out services, but require training and assistance in establishing their programmes. Both Unity and Jonglei states have been deemed priority locations by the nutrition cluster for establishing permanent nutrition programmes. Pre-harvest GAM rates measured in Jonglei specifically ranged from 12.2% (Pochalla) to 28.6% (Akobo). Though the causes of persistently high GAM rates in these two states are many and mitigation is difficult, those affected by malnutrition can benefit from improved services. Focused training, supervision of health facilities and nutrition surveillance has been recognized by the nutrition cluster as essential to the reduction of morbidity and mortality. This should also include micronutrient supplementation to vulnerable boys, girls, and pregnant/lactating women. Prior studies also indicate the importance of education for mothers, noting that only 20% of infants are exclusively breastfed and just 15.8% of boys and girls 6-11 months are receiving complementary foods (Interim IM SAM Guidelines MoH 2009). Each of these can be addressed at the local health facility and at the community level though health worker training and local community sensitization

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 (**added value would include expertise your agency brings, additional nutrition related activity your agency may be doing in addition to CHF project submission and if you are sole provider of services**)

Medair responds to emergencies such as high levels of acute malnutrition, conflict, disease outbreaks and displacement in all 10 states of South Sudan. The responses are targeting the most vulnerable and hard-to-reach people in the population which is often children under 5 years, pregnant and lactating women, girls and boys. The majority of the emergencies that Medair's emergency response team assessed and responded to in 2011 required nutrition interventions.

Medair's nutrition programme in South Sudan is predominantly targeted at vulnerable populations affected by emergencies. Medair's programme consists of treatment and prevention of severe acute malnutrition and moderate acute malnutrition in children under 5 years, pregnant and lactating women (P&LW) and other vulnerable groups which are in-line with the first nutrition cluster priority. Medair provides treatment services for SAM and MAM through SCs, OTPs, TSFPs and also provides BSFPs in emergencies for the targeted vulnerable children age 6-36 months old. In all nutrition interventions, Medair recruits local nutrition health workers or partners with local NGOs who are trained on specific nutrition requirements to provide treatment services in-line with the national nutrition guidelines allowing for service sustainability.

Medair's nutrition programme consists of prevention services for children under 5 years, P&LW and other vulnerable groups such as Kala Azar and TB patients. These prevention services include providing micronutrient supplementation, community screening (MUAC) and referral of under 5 years, blanket supplementary feeding in hunger gap and in acute emergency 6-36 months, health and hygiene promotion and support of IYCF. Medair's nutrition prevention activities consists of training health workers in local facilities, partnering CBOs and the County Health Department (CHD) on identifying and referring malnourished children to the nutrition centre or the health facility.

In line with the third cluster priority, Medair aims to strengthen nutrition emergency preparedness and response capacity through involvement in Cluster coordination at national and state level; management and analysis of nutrition information from OCHA, nutrition cluster or internal findings; rapid assessments and LQAS surveys; capacity building of CBOs, MSGs, NNGOs and CHD & SMOH.

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

The purpose of the grant will be used to ensure the provision of emergency nutrition services and focus on high risk underserved communities and in areas where is there is food insecurity, and/or high numbers of IDPs, returnees and refugees. Medair will use the grant to implement nutrition assessments, respond to nutrition related emergencies and implement rapid emergency response activities in prioritized states in South Sudan.

ii) Objective

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

To respond to nutrition emergencies in high risk, underserved communities across South Sudan and build capacity to provide quality services for the diagnosis and management of acute malnutrition in prioritized states.

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 **for each activity.**

The main activities to be implemented with CHF funding in our emergency nutrition preparedness and response programme includes:

- Assess potential nutrition emergencies by conducting rapid MUAC assessments in any of the cluster prioritized states of South Sudan,
- Provide treatment for severe and moderate acute malnutrition in line with national protocols for children under five years, pregnant and lactating women and other vulnerable groups such as Kala Azar patients
- Provide micronutrient supplementation to children under five years and pregnant and lactating women,

• Provide blanket supplementary feeding (BSFP) in emergency situations with GAM rates >15% children between 6 and 36 months of age and pregnant and lactating women,
• Provide training for selected male and female nutrition workers in prevention of malnutrition, management of SAM and MAM and IYCF, in line with national guidelines,
• Provide training for male and female health promoters on dissemination of nutrition messages including improving infant and young child feeding and screening for acute malnutrition,
• Provide training and empowerment of nutrition partners including local health workers and CBOs in the provision of sustainable nutrition services including management of acute malnutrition and emergency nutrition response in States prioritized by the nutrition cluster,
• Provide equipment, technical expertise and consumable supplies for implementation of two or more emergency nutritional programmes within South Sudan,
• Appoint UN-OCHA secondee to facilitate emergency response within South Sudan as the nutrition focal point.

Some of the above activities are expected to take place in Ayod county in Jonglei state and Renk county in Upper Nile as well as additional emergency sites based on emerging needs throughout the year.

iv). Cross Cutting Issues

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

Gender

During assessments of nutrition related emergencies, the special needs of men, women, girls and boys will be identified. Men and women will be consulted in the design, implementation and evaluation of the programmes to ensure their needs are taken into account. Select men and women will be provided with technical training to implement emergency nutrition interventions and to establish integrated nutrition services within primary health care facilities.

Environment

Medair's activities have minimum greenhouse gas emissions and Medair strives to implement activities which have little impact on the natural environment. During nutrition related interventions Medair trains health and nutrition workers in appropriate medical and non-medical waste management. Nutrition and health promotion is also directed at environmental issues – Medair strongly promotes the use of clean water and proper sanitation habits, through health and hygiene promotion activities at all levels in the community.

HIV/AIDS

During interventions, Medair trains relevant staff in universal precautions. Patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre. Mothers will be advised about IYCF practices in the context of HIV. Individuals who are noted to be acutely malnourished are provided with initial treatment with plumpy nut and referred directly to a health facility for further testing and treatment.

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.

• Potential nutrition emergencies assessed with rapid MUAC screening based on the nutrition cluster guidelines,
• Emergency nutritional programmes targeting vulnerable children aged 6 months to 59 months (boy and girls) and pregnant and lactating women will be implemented,
• Local Nutrition partners in selected States are trained formally and on-the-job in prevention and management of acute malnutrition and emergency nutrition response and empowered to continue running services independently upon Medair's exit,
• Girls and boys under five years, pregnant and lactating women and other vulnerable people are treated for severe and moderate acute malnutrition,
Girls and boys age 6-36 months and pregnant and lactating women are provided with blanket supplementary feeding in areas with elevated GAM rates to prevent increases in acute malnutrition
• Girls and boys under five years and pregnant and lactating women received the recommended micronutrient supplementation,
• Trained male and female nutrition workers are able to offer nutrition services (prevention and treatment), in line with national guidelines,
• Trained male and female health promoters are able to disseminate nutrition messages including improving infant and young child feeding practices, are able to screen for acute malnutrition, and are active in patient follow ups and tracing of defaulters.

	Indicator	Target (indicate numbers or percentages)
1	Overall program cure rate (> 75%, SPHERE standards)	Cure rate >75%
2	Children admitted/treated for MAM	200 girls and 200 boys
3	Children screened in the community	1200 girls and 1200 boys
4	Pregnant and lactating women (PLWs) supplemented with Micronutrients	300
5	Health and nutrition workers trained (includes facility and community level health workers) in treatment of SAM and MAM, IYCF and screening and referral	16 staff

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.

Medair directly implements the program activities and strives to build capacity of local partners and link programming with longer term sustainability. Medair has established bases, staff and resources in place to successfully implement the activities, given adequate funding. Medair has an emergency response team of Nutritionist, health managers, logisticians and Community Liaison

Officers. Medair attends OCHA's regular emergency response meetings, Nutrition cluster meetings and conducts assessments on which it bases the decision to respond.

In all responses and activities, Medair liaises and coordinates with national, state, county and local government officials and authorities. Medair also liaises with Unicef, WFP and WHO to acquire health items which support our activities.

vii) Monitoring Plan

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

Progress towards project objectives are monitored internally through monthly situation reports by Medair management including Medair's Country Director and Monitoring & Evaluation Officer. Medair will conduct a minimum of two post-intervention assessments. This may include qualitative or quantitative follow-ups such as focus groups or household surveys. Interventions targeted for follow-up will be determined by the Monitoring and Evaluation Officer and managers, based on accessibility of project sites and the ability to measure impact of activities. A summary report will be written and disseminated for each post-intervention assessment.

Nutrition follow-up is likely to include assessments of the quality of nutrition services among partners Medair has trained. Medair will contribute to all national reporting mechanisms relevant to the activities being implemented, and will build capacity of local healthcare workers to continue using those mechanisms.

Project Managers are responsible for monitoring of activities during implementation through weekly nutrition reports in emergencies and monthly reports in stable communities and also upon completion of assessments and interventions. Medair disseminates summary reports for assessments and interventions to external actors, remaining accountable to government, donors, and the humanitarian community through that process. The Projects Coordinators are responsible for ensuring quality of interventions, through oversight of the project managers and field visits. In addition, the Medair Medical Advisor provides technical input and quality assurance for project activities. The Monitoring and Evaluation Officer assumes responsibility for tracking all required indicators and for survey design, in consultation Health & Nutrition Advisors at country and HQ levels.

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)
ECHO	43,000
SIDA	78,000

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/46240/5095	**Project title: Reponse to nutrition emergencies across South Sudan with focused nutrition capacity development in selected states**	**Organisation: Medair**

Overall Objective: • To reduce morbidity and mortality in communities affected by emergencies and acutely vulnerable communities in South Sudan.			
Specific Project Objective/s: • To respond to nutrition emergencies in high risk, underserved communities across South Sudan and build capacity to provide quality services for the diagnosis and management of acute malnutrition in prioritized states.	**Indicators of progress:** • Number of Emergency Assessments Completed • Number of Emergency Interventions Completed • >75% of discharges from therapeutic care are classified as recovered	**How indicators will be measured:** • Clinic registers, cumulative monthly reports • Feeding program register; monthly	**Assumptions & risks:**
Results - Outputs (tangible) and Outcomes (intangible): • Nutrition emergencies are effectively assessed and responded to, with acute malnutrition treated • Preventative nutrition activities are implemented in emergency situations • Local partner (MoH and others) nutrition capacity is improved, in response to acute emergencies and in vulnerable communities	**Indicators of progress:** • Number of children admitted/treated for MAM • Number of children screened in the community • Number of pregnant and lactating women (PLWs) supplemented with Micronutrients • Number of nutrition workers trained (includes facility and community level health workers) in treatment of SAM and MAM, IYCF and screening and referral	**How indicators will be measured:** • Intervention reports • Clinic registers • Feeding program registers	**Assumptions & risks:** • Consistent provision of nutrition inputs through core pipelines provided by UNICEF and WFP • Acceptance by and participation of authorities, local leaders and communities during interventions • No major changes in logistical conditions in South Sudan or surrounding countries. • Staff are able to obtain work and travel permits and visas • Poor localised security and/or infrastructure which impair air, road and river access to actual and/or potential project sites.

Activities: • Assess potential nutrition emergencies by conducting rapid MUAC assessments • Establish OTP programmes or SCs to address SAM in children under five, pregnant and lactating women and vulnerable groups such as Kala Azar patients • Establish TSFP programmes to address MAM in children under five, pregnant and lactating women and vulnerable groups such as Kala Azar patients • Screen under five children and pregnant and lactating women for acute malnutrition at the community level • Provide micronutrient supplementation to children under five years and pregnant and lactating women, • Provide blanket supplementary feeding (BSFP) in emergency situations with noted high GAM rates for children between 6 and 36 months of age and pregnant and lactating women • Train community members to provide nutrition education and screening at the household level • Identify local partners (MoH or other) in need of support, in both acute emergencies and areas vulnerable to nutrition emergencies • Provide short-term surge-capacity to help partners expand programming in response to emergency needs • Train local health workers and partner organizations in prevention and treatment of acute malnutrition	**Inputs:** • Nutrition supplies – therapeutic and supplemental foods – provided primarily through UNICEF and WFP core pipelines • Training materials • Transport for staff and cargo – particularly the therapeutic and supplemental foods. • Project Staff – Nutritionists, Health Managers, Project Managers, field logistics, support staff • Vehicles for movement and transport at field sites, and accompanying fuel and maintenance costs		

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 / 2012**			**Q1. / 2013**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1 – **Nutrition emergencies are effectively assessed and responded to, with acute malnutrition treated**			x	x	x	x	x	x	x	x	x	x	x	x	
Activity (1.1) Assess potential nutrition emergencies by conducting rapid MUAC assessments			x	x	x	x	x	x	x	x	x	x	x	x	
Activity (1.2) Establish OTP programmes or SCs to address SAM in children under five, pregnant and lactating women and vulnerable groups such as Kala Azar patients			x	x	x	x	x	x	x	x	x	x	x	x	
Activity (1.3) Establish TSFP programmes to address SAM in children under five, pregnant and lactating women and vulnerable groups such as Kala Azar patients			x	x	x	x	x	x	x	x	x	x	x	x	
Result 2 – Preventative nutrition activities are implemented in emergency situations			x	x	x	x	x	x	x	x	x	x	x	x	
Activity (2.1) Screen under five children and pregnant and lactating women for acute malnutrition at the community level															
Activity (2.2) Provide micronutrient supplementation to children under five years and pregnant and lactating women			x	x	x	x	x	x	x	x	x	x	x	x	
Activity (2.3) Provide blanket supplementary feeding (BSFP) in emergency situations with noted high GAM rates for children between 6 and 36 months of age and pregnant and lactating women			x	x	x	x	x	x	x	x	x	x	x	x	
Activity (2.4) Train community members to provide nutrition education and screening at the household level			x	x	x	x	x	x	x	x	x	x	x	x	
Result 3 – Local partner (MoH and others) nutrition capacity is improved, in response to acute emergencies and in vulnerable communities			x	x	x	x	x	x	x	x	x	x	x	x	
Activity (3.1) Identify local partners (MoH or other) in need of support, in both acute emergencies and areas vulnerable to nutrition emergencies			x	x	x	x	x	x	x	x	x	x	x	x	
Activity (3.2) Provide short-term surge-capacity to help partners expand programming in response to emergency needs			x	x	x	x	x	x	x	x	x	x	x	x	
Activity (3.3) Train local health workers and partner organizations in prevention and treatment of acute malnutrition			x	x	x	x	x	x	x	x	x	x	x	x	

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