

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
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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.

Cluster Priority Activities	Cluster Geographic Priorities
<p>Cluster objectives and activities as outlined in CAP</p> <p>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</p> <p>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</p> <p>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.</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.

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)
Medical Emergency Relief International (Merlin)	Jonglei State – Pibor County (Boma, Mewuno, Kesingor and Maruwo Payams)
Project CAP Code	Eastern Equatoria State – Lopa/Lafon (Burgilo and Imehejek Payams), Magwi (Nimule and Pageri Payams) and Torit (Ngong, Bur, Himodonge, Kudo, Imurok, and Hiyala Payams) Counties
SSD-12/H/46263/5195	
CAP Project Title	
Provision and expansion of nutrition services in selected Counties of Jonglei and Eastern Equatoria States	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US\$ 1,185,075	US\$ 300,000	US\$ 371,013

Direct Beneficiaries: 39,633	
Women:	20,882
Men:	9,610
Girls:	4,388
Boys	4,753

Total Indirect Beneficiary
280,525 (population of specific project location – see above)
Catchment Population (if applicable)
557,769

Direct beneficiary breakdown (NB:- double counting avoided in total direct beneficiary above [see section III for detailed calculation])

Women	P&LW MAM	1,698
	Trainees	48
	Beneficiaries of IYCF promotion	14,307
	PLW micronutrient	6,527
Men	Trainees	72
	Beneficiaries of IYCF promotion	9,538
Children U5	SAM	802
	MAM	3,208
	Vitamin A	5,933
	Deworming	5,933

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

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 county Office
Project focal person: Dr Tewodros GebreMichael
Email & Tel: 0955294296
e-mail country director: cd@merlin-southsudan.org
e-mail finance officer: cfid@merlin-southsudan.org
Address: Block 3K South, Plot No.491, Tomping, Juba

Address of HQ
e-mail desk officer: Roger.Dean@merlin.org.uk
e-mail finance officer: steve.reitz@merlin.org.uk
Address: 12 th Floor, 207 Old Street, London EC1V 9NR

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 population¹

Malnutrition in the Republic of South Sudan continues to pose a significant threat to the population. The decline in the nutrition situation in South Sudan as a whole, and in Jonglei and EES in particular, is partially due to continued food insecurity driven by droughts, floods, destruction of crops by insects and population displacement due to inter-tribal conflict and returnees. According to the draft report of ALNA on food security status 2011/12, more than 24% of people are severely food insecure in EES (a huge leap for just 14% in 2010/11). The figures for Jonglei remained the same at more than 14%. The recent crisis in Pibor has displaced close to 140,000 people in total with more than 20,000 displaced towards Boma Sub-county which can have impacted the food security status in Jonglei.

During 2011 Merlin supported the Eastern Equatoria State Pre-harvest SMART survey through conducting the survey in three counties and providing technical support to the Ministry of Health in data analysis and dissemination for the whole State. The survey found an average State GAM rate of 13.4% and SAM rate of 3.0%; however, with GAM rates as high as 18.3% and SAM rates of 4.8% in Lopa/Lafon – one of the project counties. Merlin also conducted a follow-up post-harvest SMART nutrition survey in the same Counties and Pibor County/Boma Sub-County. Contrary to expectations of significant improvement in nutritional status during a post-harvest season and despite continuous nutritional intervention, the findings were still critical given they were collected well into the post harvest (November 2011) season. The average GAM rates across the project areas were 12% and SAM rate of 2.5%. The highest rates were recorded in Pibor/Boma County with a GAM rate of 14.7% and SAM rate of 3.2%. The nutrition survey also documented significant level of childhood illnesses in the two weeks preceding the data collection – more than half (56%) of children under the age of five were sick and 42% of them with an acute febrile illness. The Vitamin A coverage was encouraging at an average rate of 70% children under five having had a supplement dose of Vitamin A in the last 6 months preceding the survey.

Poor infant and young child feeding practices also contribute to malnutrition. According to the nutrition survey and a recent Merlin KPC survey, IYCF practices were found to be poor with an average weaning age of 3.5 months and 41.3% of newborns exposed to drinks other than breast milk in the first 3 days of their life. In addition to a lack of exclusive breastfeeding survey data has also identified poor other weaning practices amongst target communities all of which contribute to malnutrition amongst infants. Other clearly identified contributing factors include poor sanitation, limited dietary diversification and lack of access to basic health care services. In addition to boys and girls under the age of five there are number of other vulnerable groups for whom nutritional support is critical namely - pregnant and lactating women, chronically ill people (HIV/AIDS and TB) and in-patients under intensive treatment. The change in strategy by WFP and the stock ruptures in the supply chain have left these identified vulnerable groups affected by erratic or no supplementary support.

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)

The targeted project areas include remote rural Payams and villages of the Pibor (Boma), Lopa/Lafon, Torit and Magwi counties; and the IDPs in Labrup from the Pibor crisis. Merlin is the sole health and nutrition service provider in the aforementioned places and has been in the area since 2004 working through network of two hospitals, seven PHCCs, eight PHCUs and more than 200 home health promoters (HHPs). Integrated in these structures of service delivery are four SCs, 14 OTP/SFP and strong community screening and referral. In addition to these static services, Merlin is currently responding to more 20,000 Murle IDPs (due to the Pibor crisis) and more than 5,000 Jia IDPs (due to acute food shortage) in Pibor County. To support the agreed cluster priorities Merlin will implement the following:

1. Strengthen Nutrition emergency preparedness and response capacity.

In addition to participating in integrated rapid assessments for rapid response with other partners, Merlin will solicit funding to conduct SMART nutrition surveys to provide baseline nutrition status and to document progress and achievement of nutritional interventions. All assessment undertakings will be coordinated with other partners, particularly UNICEF and the Cluster mechanism. Merlin has already committed to the Cluster to conduct the pre-harvest SMART surveys in Pibor/Boma, Torit, Lopa/Lafon and Magwi Counties. Robust surveillance systems through health facilities, community health committees and home health promoters will be utilised to monitor the situation and ensure timely response to any early warning signs of changes in the nutritional status of target populations or other indicators such a significant population movements.

Merlin will continue to play its key role as the Eastern Equatoria Nutrition Cluster focal point during 2012, and ensure, working with the SMOH, timely sharing and verification of nutritional data and encourage a coordinated nutritional programming in the state. Merlin will ensure capacity enhancement and transfer to the State MOH through continuous engagement and training. Merlin will also continue to play an active part in the nutrition cluster and sector coordination meetings at Juba level.

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. Therapeutic nutrition services

The proposed project activities will help increase coverage of provision of therapeutic and supplementary nutrition care to children, pregnant and lactating women (PLWs), and malnourished vulnerable groups by providing the minimum package of continuum of nutrition care through the CMAM approach. Merlin will be integrating/strengthening nutrition services in its existing project sites that include SCs in Boma and Nimule Hospitals and Primary Health Care Centres; OTPs in all health facilities; and treatment of children and PLWs with MAM in all health facilities. To ensure the continuity of care among the components of the nutrition activity, referral among MAM treatment, OTP and SC will be strengthened, and linkages (internal referrals) with ANC and EPI departments will be implemented to minimize missed opportunities. Through a focus on maternal and child health (MCH) - especially supplementation with micronutrients, obstetric care, integrated management of childhood illnesses (IMCI) protocols, and EPI - Merlin will help to ensure the promotion of mother and child survival in its supported healthcare facilities whilst continuing to provide services in line with the Basic Package of Health Services (BPHS) that emphasis nutrition as one important component.

Merlin will coordinate the employment of trained health staff as per BPHS guidelines and higher level care recommendations of MoH in all health facilities. Merlin will ensure the training of health workers in the different health facilities on management of SAM and MAM in children and PLWs by using the GoSS MoH IMSAM guideline and internationally accepted protocols for MAM.

Merlin will ensure the availability of routine SC, OTP and SFP drugs and medical supplies, including SC opening kits, OTP establishing kits, and basic medical equipment through direct procurement and supply and/or the MoH's supply chain (i.e. from CHD to facility level). In addition, Merlin will closely liaise with UNICEF and UNFPA to ensure the timely and coordinated supply of needed items.

Merlin will consider the use of Blanket SFP as a preventive service when indicated by results of a nutritional survey or when the humanitarian crises/need is visibly paramount, e.g., displacements.

3. Preventive nutrition information and services

Merlin has observed a huge need to intensify community education and social mobilization for the utilization of services. Therefore Merlin will use and strengthen community structures and conduct extensive nutrition promotion with emphasis on IYCF, the use of locally available nutritious food stuff, common childhood illnesses, maternal nutrition, hygienic preparation of child food, healthcare seeking behaviour, and information on available nutrition services in the health facilities.

Existing Household Health Promoters (HHPs) and Community Health Committees will be trained on basics of nutrition to enhance preventive activities at community level along the community health work they are currently performing. They will be trained in nutrition screening, referral, defaulter tracing and key nutrition messaging. IYCF counsellors and mother/community support groups will be recruited and trained to mobilize change in feeding practices. The activities of the community actors will be linked with health facility functions to ensure prompt and appropriate referral mechanism, and life-saving transfers from community and OTPs. Merlin will ensure the availability of IEC/BCC materials and events, micronutrient supplementation, supporting mechanisms, and screening items for the community-based nutrition workers.

Further Merlin will engage in building capacity of community members and mother support groups in community management of malnutrition. Positive deviant mothers in IYCF and home-based child nutrition care will be supported, trained and used to have a higher impact mother-to-mother nutrition education.

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

As detailed in section A, there is a clear humanitarian nutrition need as indicated by the higher levels of malnutrition rates and grim forecast of food security in the year ahead which will require coordinated, sustained and integrated response activities in Jonglei and the remote villages of Eastern Equatoria State. In addition, there are estimated more than 20,000 IDPs in Boma area as a result of the Pibor crisis who are still reluctant to return back to Pibor for fear of insecurity.

The CHF funding will be used to support addressing the nutritional needs in the geographic area specified and of the IDPs from Pibor settled in Boma Sub-County. Merlin has secured some funding but are not adequate to fund the full range of proposed activities, which have been designed to ensure they fit tightly with the CHF policy and nutrition cluster priorities for South Sudan in 2012.

The funds requested for the CHF component of the project will be essential to integrate nutrition within the ongoing health projects and enable to fully contribute to the priorities of the nutrition cluster in the year ahead. It is to fill the funding gaps to continue, improve and expand Merlin's nutrition work in the two states that were initiated with other funding.

ii) Objective

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

Increase access to and improve quality of comprehensive nutrition care through facility and community based service provision and capacity building.

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.

Exact locations of operations and services offered:

1. Jonglei State – Pibor County
 - Boma Hospital – SC, OTP, MAM treatment (includes de-worming, vitamin A supplementation to children and LW, micronutrient to PLWs and treatment of malnourished vulnerable groups/in-patient)
 - PHCUs in Mewun, Koradep and Labrup – OTP and MAM treatment (includes deworming, vitamin A supplementation to children and LW, micronutrient to PLWs and facility/community screening and referrals)
 - Mobile clinic service to Pibor IDPs - OTP and MAM treatment (includes deworming, vitamin A supplementation to children and LW, micronutrient to PLWs and community screening and referrals)
 - Mobile clinic service to Jia IDPs - OTP and MAM treatment (includes deworming, vitamin A supplementation to children and LW, micronutrient to PLWs and community screening and referrals)
2. Eastern Equatoria State – Lopa/Lafon, Torit and Magwi Counties
 - Nimule Hospital and Lafon PHCC – SC, OTP, MAM treatment (includes de-worming, vitamin A supplementation to children and LW, micronutrient to PLWs and treatment of malnourished vulnerable groups/in-patient)
 - PHCCs in Imehejek, Hiyala, Hilleu, Hai Lotuko, Kudo and Loronyo – OTP and MAM treatment (includes deworming, vitamin A supplementation to children and LW, micronutrient to PLWs and facility/community screening and referrals)
 - PHCUs in Pageri, Moli, Imurok and Khurmush – OTP and MAM treatment (includes de-worming, vitamin A supplementation to children and LW, micronutrient to PLWs and facility/community screening and referrals)
3. Mobile Team/clinic
 - Pibor, Magwi, Torit and Lapa/Lafon Countries as required to ensure assessment and response to nutritional emergencies and mass population displacement.

Direct beneficiaries: 39,633

- 802 SAM children under 5 (417 boys and 385 girls) treated (3% prevalence, incidence factor of 2 and 60% coverage)
- 3,208 MAM children under 5 (1,668 boys and 1,540 girls) treated (12% prevalence, incidence factor of 2 and 60% coverage)
- 1,698 malnourished PLWs treated (15% prevalence, incidence factor of 2 and 60% coverage)
- 5,131 non-malnourished children U5 supplemented with Vitamin A (with de-worming) (2,668 boys & 2,463 girls) (51% coverage)
- 4,829 non-malnourished PLWs supplemented with micronutrient (with de-worming) (42% ANC and 6% PNC coverage)
- 23,845 community members reached with key nutrition and IYCF messages (9,538 male and 14,307 females) (12% coverage)
- 120 community and facility based nutrition and health workers trained (72 male and 48 female).

Main activities:

- 1). Conduct Nutrition Survey to assess actual nutritional status and needs for nutritional interventions in targeted project areas
 - Participate in integrated rapid assessments for rapid response with other partners
 - Conduct a SMART nutrition survey to provide data to monitor status and inform action (additional funding required)
 - Ensure effective dissemination of results and lessons learnt from surveys and provide support to MoH or other stakeholders in survey implementation while maintaining community involvement
- 2). Increase/maintain coverage of Community Based Management of Acute Malnutrition (CMAM) (both severe and moderate), integrated into the Primary Health Care (PHC) services Merlin provides in four counties across Jonglei and Eastern Equatoria States
 - Carry out nutrition screening and growth monitoring and promotion in all Merlin's health care facilities, to be conducted by trained health workers
 - Delivery of community based screening and referral of malnourished girls and boys to SFPs, OTPs, or TFC/SCs by trained home health promoters
 - Ensure functioning SCs in each hospital and selected PHCCs and OTP/SFP in all supported health facilities including maintaining response to IDPs as long as needed, and treatment of malnourished vulnerable groups
 - Supply nutrition foods, micronutrient supplements, and de-worming medicines to all Merlin's health care facilities in Southern Sudan (nutritional supplies provided by UNICEF / WFP)
 - Supply necessary materials for nutrition screening and growth monitoring to Merlin's health facilities and community volunteers
- 3). Implement activities for prevention of malnutrition in the target counties through delivery of health/nutrition education

messages and promotion of healthy IYCF practices

- In consultation with community, deliver nutrition education messages through group discussions, sensitization campaigns, school health (girls and boys), use of mass media, and workshops for key community members and opinion leaders, including women's groups, religious gatherings, youths, teachers, etc.
- Present strong Behavioural Change Communication (BCC) messages on nutrition, particularly IYCF (including the promotion of exclusive breast feeding for children below six months, appropriate weaning and complementary feeding practices, and appropriate feeding of sick children), but also promotion of hygiene practices and management of diarrheal and other common childhood diseases
- Increase the participation of women in community health committees

4). Work to support improvements in coordination and support for nutrition activities with all key stakeholders (including Nutrition Cluster partners, the SMOH, and CHDs) within the target counties

- Merlin will act as focal point for the Nutrition Cluster in EES to take the lead in ensuring that coordination meetings (involving all key stakeholders) to discuss nutrition and health related activities are held at least once every quarter at the state level. Ensure the participation of CHDs in such coordination meetings.
- Ensure effective reporting and information sharing among the partners and with the state and national health and nutrition authorities

5). Emergency preparedness and response

- Maintain response and ensure coordination to Pibor IDPs in Boma area.
- Ensure emergency preparedness through developing response plans and prepositioning of stockpiles and materials in all targeted facilities to ensure rapid response at onset of nutritional emergency
- Provision of training to health workers in Merlin's health facilities including hospitals on emergency nutrition response, including the use of Integrated Rapid Assessment (IRA)

iv). Cross Cutting Issues

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

Gender

Specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring and evaluation. For example, Merlin will ensure that female and male representation will be balanced in community health management committees, participation of home health promoters in health promotion and community mobilization, and during recruitment of health staff at various levels. Merlin will continue to encourage and proactively recruit female staff, especially in Boma where the level of literacy and tradition of females working outside the home is low.

Through an activity focus on maternal health, Merlin will work to empower female decision-making for treatment seeking by facilitating male involvement and increasing health promotion activities at the community level. Women will also be supported through the core activity of referring complicated deliveries and high risk pregnancies (women) to the hospital/higher health facilities. However, specific interventions will also ensure men receive essential services, for example surgical interventions to deal with the conflict-related trauma to which they are statistically more predisposed in South Sudan.

Merlin will provide training for staff on Sexual and Gender Based Violence (SGBV) targeted at identifying potential cases and referring survivors for appropriate treatment and counselling. In light of the potential for increased incidence of SGBV related to potential conflict, insecurity, and mass population movements in 2011, Merlin will look to increase awareness amongst staff and communities regarding SGBV, with training targeted at appropriate and timely care seeking for rape victims.

Environment

The management of medical waste will be given due attention at all levels of its generation. Clinical and cleaning staff will be trained on universal precaution to ensure appropriate segregation, sorting and storage of medical waste. Merlin will ensure that burial and/or burning are the ultimate waste disposal mechanism in the health facilities through renovation of existing incinerators and decomposing pits. Merlin will also take into account packaging with regards to biodegradability and re-usability of medical items during procurement.

HIV/AIDS

HIV/AIDS prevention activities will be mainstreamed into all community, primary, and secondary health care activities. Nutritional support to HIV/AIDS patients enrolled on ART is currently supported by WFP and it is hoped that this will continue in 2011. Merlin provides HIV/AIDS awareness training for staff to reduce stigma in the health facilities and ensure equal access to services.

Early Recovery

Merlin is committed to staying beyond the crisis situation to help rebuild sustainable health services and has considerable experience from other countries in developing programmatic interventions and strategies designed to promote early recovery and target the transitional period from relief to development. It is a strategic objective of Merlin in Southern Sudan to develop an early recovery strategy with milestones and reference points for the gradual transition of our health facilities, or components of them, to the MoH, ensuring consideration is given to the six health-system building blocks in coordination with the activities of other partners.

As we move into a period of economical and political difficulty in South Sudan and unregulated transition to developmental responses in the face of persistent humanitarian context, it is challenging for partners to really move towards a recovery or development approach. However, through improving information and data management, for example using the MoH-approved District Health Information Software (DHIS) in its facilities, and working closely with the target communities, Merlin will continue to monitor the situation and the root causes of health problems to adjust programmatic interventions with a view to longer term development objectives.

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 – Increased access to and quality of community- and facility-based therapeutic and supplementary nutrition services with enhanced referral system.

Result 2 – Increased coverage of targeted population with key nutrition and IYCF messages, and community screening.

Result 3 – Increased institutional capacity to conduct nutritional assessments and design/implement full range of nutrition interventions.

	Indicator	Target (indicate numbers or percentages)
1	Number of OTPs and SCs providing treatment services	17 and 5 respectively
2	Number of children admitted/treated for SAM	802
3	Quality of SAM treatment (cure, death and defaulter rate)	> 75%, < 10% and <15% respectively
4	Number of children supplemented with Vitamin A	5,131
5	Number of PLW treated for MAM	1,698

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.

The project will be implemented integrated with the health activities that Merlin is providing in the different health facilities listed in section C.II above. The range of nutrition components that will be implemented includes:

- Stabilization Centres (SC): - In hospitals and PHCCs.
- Outpatient Therapeutic Program (OTP): - In all health facilities and mobile clinics.
- Treatment of MAM in Children: - In all health facilities and mobile clinics.
- Treatment of MAM in PLWs: - In all health facilities and health delivery points.
- Micronutrient supplementation for children and PLWs: - In all health facilities and health delivery points.
- Growth monitoring and promotion: - In all health facilities and mobile clinics
- Nutrition education and IYCF promotion: - In all target communities.
- Training of community- and facility-based health and nutrition workers.

Building on seven years programming experience in Eastern Equatoria and Jonglei states, Merlin will continue to strengthen the accessible, equitable, and enduring health and nutrition care delivery structure it has helped to develop in the proposed project areas. As indicated above, Merlin operates one hospital in Nimule, Magwi County, EES in addition to ten primary health care centres and primary health care units in Torit, Ikotos, Lopa/Lafon, and Magwi counties of EES, each of which implements the BPHS. Merlin also operates a hospital in Boma, Pibor County, Jonglei State. This proposed project will be run through these vital healthcare facilities and linked with intensified community component. Merlin Senior Health Coordinators and Country Health Director will be responsible to ensure the technical implementation of the project in line with national and international standards.

Merlin will manage this project as the sole implementing agency. Through its well-established offices in Nimule and Torit, EES, and Boma, Jonglei State, Merlin will continue working in partnership with the State Ministries of Health and County Health Departments, particularly in facilitating health and nutrition system coordination, health information management systems, and transition strategies. At project-site-level, Merlin has project coordinators, senior health coordinators and finance and logistics officers and the strong internal standards of Merlin global policies and guidelines, based on international best-practice, for drugs management, procurement, supply chain management, finance, and grants management are in place. Merlin also has both internal and external audits conducted every year to ensure compliance with financial and grants management procedures, as well as with our own policies on procurement and assets management.

vii) Monitoring Plan

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

Merlin will monitor project performance and achievements at all levels of project implementation to determine whether the project objectives and expected outcomes have been met (in terms of scope, timeliness, quality, equity, and cost). This will be achieved in part through the monitoring of progress against the three key outcome indicators outlined above. Here rapid assessments will be used to ascertain changes and improvements in the three outcome indicators.

A number of tools and methods will be use to monitor the delivery of health services at supported facilities and within target communities. Formal monthly supervision of health facilities will be done (using the MoH supervision checklists) to ensure good quality services are provided at all levels. The MoH will be invited, encouraged, and facilitated to participate in these monitoring visits. In each of the secondary health care facilities, monthly mortality audits will be conducted in a participatory manner to review cases and identify best practice. Quarterly comprehensive audits of treatment and prescribing practices will be conducted in all facilities. These will be conducted through register review, consumption data analysis, and linked to exit interviews. Quarterly exit interviews will be conducted to assess demand-supply gaps, beneficiary satisfaction levels, and to improve service quality standards in general. In addition, to strengthen quality of care through accountability, Merlin will introduce policies and procedures related to transparency, community participation and complaint/response management.

Regular progress reports will be submitted as per the CHF requirements. Monthly nutrition statistics and quarterly progress reports will be submitted to the respective State MoH and CHDs, and the Cluster Information Manager.

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-IAe	333,445
IOM/RRF	37,568

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/46263/5195		Project title: Provision and expansion of nutrition services in selected Counties of Jonglei and Eastern Equatoria States	Organisation: Medical Emergency Relief International (Merlin)
Overall Objective: <ul style="list-style-type: none"> To contribute to a reduction in excess morbidity and mortality secondary to malnutrition in Southern Sudan. 	Indicators of progress: <ul style="list-style-type: none"> Reduction in global acute malnutrition (GAM) rate in target communities. 	How indicators will be measured: <ul style="list-style-type: none"> Baseline (pre-hunger) and end-line (post-hunger) nutrition survey results and reports. 	Assumptions & risks: <ul style="list-style-type: none"> Conducive security situation in target communities allowing access to and by beneficiaries. Merlin receives additional funding to conduct end-line (post-hunger) nutrition survey
Specific Project Objective/s: <ul style="list-style-type: none"> Increase access to and improve quality of comprehensive nutrition care through facility and community based service provision and capacity building. 	Indicators of progress: <ul style="list-style-type: none"> Proportion of malnourished children and mothers in target community provided with nutritional therapies. Proportion of children under-5 and PLWs supplemented with micronutrients 	How indicators will be measured: <ul style="list-style-type: none"> SC, OTP and SFP registers. ANC and PNC registers Monthly statistics summary report 	Assumptions & risks: <ul style="list-style-type: none"> Merlin receives food support from WFP. Merlin receives therapeutic food support from UNICEF. Sufficient and adequately qualified staffs are available to run the project. There is cooperation with the local authorities The Ministry of Health continues to strengthen its presence and role at national, state and county level
Results - Outputs (tangible) and Outcomes (intangible): <ul style="list-style-type: none"> Increased access to and quality of community- and facility-based therapeutic and supplementary nutrition services with enhanced referral system. Increased coverage of targeted population with key nutrition and IYCF messages, and community screening. Increased institutional capacity to conduct nutritional assessments and design/implement full range of nutrition interventions. 	Indicators of progress: <ul style="list-style-type: none"> Number of under-5 boys and girls provided with SAM and MAM treatment, and micronutrient supplementation. Number of pregnant and lactating women treated for MAM, and provided micronutrient supplementation. Number of community- and facility-based health workers (women and men) trained in relevant component(s) of CMAM. Number of girls and boys screened in target communities and referred to health facilities. Number of targeted beneficiaries aware of prevention of malnutrition and IYCF practices Proportion of communities (Bomas or Villages) with at least one active 	How indicators will be measured: <ul style="list-style-type: none"> SC, OTP and SFP registers. ANC and PNC registers. Pharmacy and logistics register Training registers and reports. Monthly statistical analysis report Community-based screening register. Baseline and end line survey result analysis and report (KAP/KPC study). Monthly supervision reports. Health facility audit report. 	Assumptions & risks: <ul style="list-style-type: none"> Merlin receives food support from WFP. Merlin receives therapeutic food support from UNICEF. Sufficient and adequately qualified staffs are available to run the project. There is cooperation with the local authorities. Satisfactory supply movement possible. Insecurity does not limit possibility to conduct regular monitoring and supervision of home health promoters and CHCs. Adequate community participation. There is no significant movement of population into or out of target communities.

	<p>community structure for promoting good nutrition practice (mother support group, HHPs, CHCs, etc).</p> <ul style="list-style-type: none"> • Number of health facilities with functional nutrition program (OTP, SFP ± SC) integrated in the health activities. • Number of nutrition related trainings organized by Merlin, partners and the MoH. 		
<p>Activities:</p> <p>1). Conduct Nutrition Survey to assess actual nutritional status and needs for nutritional interventions in targeted project areas</p> <ul style="list-style-type: none"> • Participate in integrated rapid assessments for rapid response with other partners • Conduct a SMART nutrition survey to provide data to monitor status and inform action (additional funding required) • Ensure effective dissemination of results and lessons learnt from surveys and provide support to MoH or other stakeholders in survey implementation while maintaining community involvement <p>2). Increase/maintain coverage of Community Based Management of Acute Malnutrition (CMAM) (both severe and moderate), integrated into the Primary Health Care (PHC) services Merlin provides in four counties across Jonglei and Eastern Equatoria States</p> <ul style="list-style-type: none"> • Carry out nutrition screening and growth monitoring and promotion in all Merlin’s health care facilities, to be conducted by trained health workers • Delivery of community based screening and referral of malnourished girls and boys to SFPs, OTPs, or TFC/SCs by trained home health promoters • Ensure functioning SCs in each hospital and selected PHCCs and OTP/SFP in all supported health facilities including maintaining response to IDPs as long as needed, and treatment of malnourished vulnerable groups • Supply nutrition foods, micronutrient supplements, and de-worming medicines to all Merlin’s health care facilities in Southern Sudan (nutritional supplies provided by UNICEF / WFP) • Supply necessary materials for nutrition screening and growth monitoring to Merlin’s health facilities and community volunteers <p>3). Implement activities for prevention of malnutrition in the target counties through delivery of health/nutrition education messages and promotion of healthy IYCF practices</p>	<p>Inputs:</p> <p><i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <ul style="list-style-type: none"> • Qualified staff • Nutritional supplies • Food supplies • Drug and medical supplies • Micronutrient supplements • Transport – vehicle, fuel, maintenance • Nutrition registers • Trainers and associated items • Computers and accessories • Security staff • Support staff • Renovated health facilities with in-patient • Communication equipment • Survey questionnaires • 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Conducive security situation in target communities allowing access to and by beneficiaries. • Merlin receives additional funding to conduct end-line (post-hunger) nutrition survey • Merlin receives food support from WFP. • Merlin receives therapeutic food support from UNICEF. • Sufficient and adequately qualified staffs are available to run the project. • There is cooperation with the local authorities • The Ministry of Health continues to strengthen its presence and role at national, state and county level • Satisfactory supply movement possible. • Insecurity does not limit possibility to conduct regular monitoring and supervision of home health promoters and CHCs. • Adequate community participation.

<ul style="list-style-type: none"> • In consultation with community, deliver nutrition education messages through group discussions, sensitization campaigns, school health (girls and boys), use of mass media, and workshops for key community members and opinion leaders, including women's groups, religious gatherings, youths, teachers, etc. • Present strong Behavioural Change Communication (BCC) messages on nutrition, particularly IYCF (including the promotion of exclusive breast feeding for children below six months, appropriate weaning and complementary feeding practices, and appropriate feeding of sick children), but also promotion of hygiene practices and management of diarrheal and other common childhood diseases • Training of IYCF counsellors and/or mother/community support groups, with the involvement of men, for care of malnourished children • Increase the participation of women in community health committees <p>4). Work to support improvements in coordination and support for nutrition activities with all key stakeholders (including Nutrition Cluster partners, the SMOH, and CHDs) within the target counties</p> <ul style="list-style-type: none"> • Merlin will act as focal point for the Nutrition Cluster in EES to take the lead in ensuring that coordination meetings (involving all key stakeholders) to discuss nutrition and health related activities are held at least once every quarter at the state level. Ensure the participation of CHDs in such coordination meetings. • Ensure effective reporting and information sharing among the partners and with the state and national health and nutrition authorities <p>5). Emergency preparedness and response</p> <ul style="list-style-type: none"> • Maintain response and ensure coordination to Pibor IDPs in Boma area. • Ensure emergency preparedness through developing response plans and prepositioning of stockpiles and materials in all targeted facilities to ensure rapid response at onset of nutritional emergency • Provision of training to health workers in Merlin's health facilities including hospitals on emergency nutrition response, including the use of Integrated Rapid Assessment (IRA) 			
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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: Increased access to and quality of community- and facility-based therapeutic and supplementary nutrition services with enhanced referral system.															
Facility-based nutrition screening and growth monitoring				X	X	X	X	X	X	X	X	X	X	X	X
Community-based nutrition screening and referral				X	X	X	X	X	X	X	X	X	X	X	X
Functional SC in hospitals and PHCCs (including training)				X	X	X	X	X	X	X	X	X	X	X	X
Functional OTPs and SFPs in all supported health facilities (including training)				X	X	X	X	X	X	X	X	X	X	X	X
Provision of health facilities with nutritional supplies				X	X	X	X	X	X	X	X	X	X	X	X
Provision of screening and GM supplies				X	X	X	X	X	X	X	X	X	X	X	X
Result 2: Increased coverage of targeted population with key nutrition and IYCF messages, and community screening.															
Deliver nutrition education messages				X	X	X	X	X	X	X	X	X	X	X	X
Present BCC messages on nutrition with emphasis on IYCF & hygiene promotion				X	X	X	X	X	X	X	X	X	X	X	X
Women participation in community health committees				X	X	X	X	X	X	X	X	X	X	X	X
Result 3: Increased institutional capacity to conduct nutritional assessments and design/implement full range of nutrition interventions.															
Participation in integrated rapid assessments				X	X	X	X	X	X	X	X	X	X	X	X
Conduct pre- and post-harvest SMART nutrition survey (additional fund needed) and provide support to MoH					X	X					X	X			
Dissemination of results and lessons learnt							X						X		
Continue serving as nutrition focal point for Nutrition Cluster in EES.				X	X	X	X	X	X	X	X	X	X	X	X
Effective reporting and information sharing				X	X	X	X	X	X	X	X	X	X	X	X
Maintain response and ensure coordination to Pibor IDPs and other potential scenarios in Boma area				X	X	X	X	X	X	X	X	X	X	X	X
Training of health workers in integrated rapid assessment/IRA					X				X				X		

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