

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	
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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 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.</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)
Nile Hope Development Forum(NHDF)	The project will be implemented in Pigi (Canal) County in Jonglei state.
Project CAP Code	
SSD-12/N/S 46283	
CAP Project Title	
Providing Emergency Nutrition Services in Pigi & Akobo Counties (Jonglei State) and Nasir County (Upper Nile State) with Emphasis on Returnees, IDPs & High Risk Underserved Populations	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Amount Requested Secured
US\$ 670,000	US\$ 200,000	US\$ 74,215

Direct Beneficiaries	Total Indirect Beneficiary
Women: 4100	8600
Men: 2900	
Girls: 1432	Catchment Population (if applicable)
Boys 1432	

Beneficiary breakdown		
Women	P&LW	
	Trainees	33
	Beneficiaries of IYCF promotion	4,067
	Other vulnerable	
Men	Trainees	33
	Beneficiaries of IYCF promotion	2,867
	Other - vulnerable	
Children U5 Yrs	SAM	1664
	MAM	
	BSFP	
	Micronutrient supplementation	
	De-worming	1200

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

Nile Hope Development Forum (NHDF)

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

Start Date (mm/dd/yy): March 10, 2012

End Date (mm/dd/yy): January 9, 2013

Address of Country Office

Focal Person Tut Choat

Email & Tel: 0911189517/ tutchoat@yahoo.com

e-mail country director: paulbiel@yahoo.com

e-mail finance officer: soffi28@yahoo.com

Address: Off Main Munuki Road, Juba, South Sudan.

Address of HQ

e-mail desk officer tutchoat@yahoo.com

e-mail finance officer: gbpmi2005@yahoo.com

Address: Akobo County, Jonglei State

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

Pigi County is among the 11 counties of Jonglei state. The Statistical Yearbook for Southern Sudan, 2010 quotes the population of Pigi/Kholfrus as 99,068. The situation in Pigi is likely to represent one of the most serious localized malnutrition scenarios across South Sudan, partly due to high influx of returnees and IDPs following the successful North-South cessation and subsequent independence. The situation is aggravated by communal intra- and inters- ethnic conflict in and around the County resulting in loss of lives, livelihood and property and adverse consequences especially among boys, girls and women. There was an incursion by the SPLA Third Division in December 2011 occasioning deaths, wounding of civilians and looting (including food) as well as displacement due to the attendant fear among the civilians (Report on Field Mission to Kholfulus by UNOCHA, UNRCISO, UNMISS and Jonglei State Speaker, dated 03/12/2012). The report also points to poor harvest in the area and is corroborated by another inter-agency mission (04-08 November 2010) report that points not only to high food prices but also 'food insecurity in 2010 and 2011 due to military operations...and late rains in the area.' Ethnic conflict has interfered with people's livelihood activities, especially agriculture, with resultant negative consequences on food security. Militia activities, cattle raiding and revenge fighting continued for the better part of 2011 and communities still live in suspicion and fear of attacks. Pigi will particularly experience food insecurity this year also because the harvested food in stores was destroyed by the militias. Communities will experience massive food deficiencies, aggravating the current malnutrition cases more so among boys and girls of up to 5 years as well as among P&LW. This is not helped by the closure of the North-South Upper Nile border as food commodities cannot reach populations in these areas. Most of the food items in Pigi come from Juba and have become quite exorbitant. Potential water-wash diseases and poor habitats brought about by limited safe water are likely to worsen malnutrition cases. The county has no hospital and no qualified medical doctor according to the aforementioned 04-08 Nov 2010 Report. The common diseases in the area, including Kalaazar, malaria, diarrhoea, ARIs, skin and eye infections may worsen the already malnourished children with possibilities of poor health and death. The population relies on 2 PHCCs and 7 PHCUs. A key recommendation from the 2010 report was for the 'MoH/WHO/MSF/UNICEF, etc to continue and improve support with medicines and nutritional support.' We must not forget that everyone has the right to adequate food. The Sphere Project provides that, 'Access to food and the maintenance of an adequate nutritional status are critical determinants of people's survival in a disaster and emergency situation.' It goes on to warn that, 'Under nutrition is a serious public health problem and among the lead causes of death, whether directly or indirectly.' NHDF seeks to stem

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.

this potential disaster in Pigi county as the only NGO working to address under nutrition in this insecure area.

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

The grant will particularly help to meet the nutritional needs of the underserved under 5 year olds in Pigi County, especially in terms of providing life-saving nutritional interventions. Past nutrition projects run by NHDF in Pigi have demonstrated the need for continuation of the project since there is a great number of children of both gender who are severely malnourished and who attended the OTP centre and in need of further support as there's no mechanism in place yet to ensure food provision and or access. Crop failure may particularly worsen the well being of the children and gains made hitherto may be compromised; this justifies the need for continuity of the nutrition project. With the continuation of the community mobilization and community awareness the numbers are expected to increase in the coming months. The grant has the potential to bring considerable impact, including reducing infant mortality, by the end of the project, as we shall be able to preposition reasonable volumes of plumpy nuts and BP 100, continue managing severe cases of malnutrition as well as impart crucial nutrition knowledge among the local population. NHDF shall, for the time being, rely on the CHF grant as herewith applied to underwrite the cost of the proposed activities as the organization has presently no other funding earmarked for the initiative.

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 CHF funds will entirely be used to underwrite the cost of project personnel, transportation and distribution of the nutrition supplies, dissemination of valuable nutrition knowledge and also for administration of the project for it to run as expected and to support the designated caseload in Pigi County.

ii) Objective

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

The project seeks to continue improving access to emergency nutrition services in Pigi county targeting 9,864 individuals (children, returnees, IDPs, lactating & pregnant mothers and other community members by the end of project in February 2013.

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) Conduct community mobilization, sensitization and visioning and run stakeholder workshop for key community leaders reaching 60 male and 40 female. 2) Treat severe acute malnutrition among children under five of returnees, IDPs and the host community approximately reaching a minimum of 1664 boys and girls by February 2013. 3) Provide de-worming tablets to 1200 children (Boys and Girls) under five years in addition to the children treated at the OTP centre. 4) Continue daily screening of children between 6-59 months, both female and male, in the community and referring the most severe cases to the OTP to be admitted. 5) Referral of children with medical complications from OTP to SC. 6) Provide allied preventive and promotive nutrition services among children less than 5 years, Pregnant & Lactating Mothers, returnees and IDPs approximately reaching 8200 people in total. 7) Conduct training of 18 nutrition staff (10male & 8 female) on outpatient protocol and on proper management of SAM in line with available national guidelines. 8) Train 10 male and 10female community Nutrition Volunteers on community nutrition education and case finding. 9) Train 18 nutrition staff (8male and 10female) on YCF and 10 community mobilizers of both gender on community mobilization strategies. 10) Conduct minor rehabilitation on the existing 1 OTP structure in canal so as to provide quality nutrition services to children and other community member. 11) Participate in a minimum of 4 Nutrition Cluster Coordination and information sharing sessions/meetings. 12) Conduct a minimum of 4 nutrition monitoring visits to the OTP site and timely submission of the nutrition report from the OTP site

iv). Cross Cutting Issues

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

HIV/AIDS will be a key topic in all the workshops and education fora to be conducted under this nutritional project. Gender equality will be reflected in the project starting from the staffing (male and female) and the persons who will receive the treatment (both boys and girls) and in decision-making during the running of the project. In addition, the project will be conflict-sensitive as Jonglei is traditionally a hotbed of intra- and inter- tribal conflicts. We also shall ensure minimal interference with nature, especially local materials like trees, during the rehabilitation of the OTP centre. We shall encourage tree planting and nature conservation.

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.

1) Improved nutrition status among children under 5 years, both boys and girls; 2) Improved coverage of preventive and promotive nutrition services, including nutrition knowledge. 4) Improved Coordination and information sharing with Nutrition Cluster leading to best practices and improved (future) nutrition programming. 5) Monitoring, evaluation and reporting conducted in a timely manner

	Indicator	Target (indicate numbers or percentages)
1	Number of malnourished children under five years treated at the OTP centre	1664 children treated at the OTP center
2	Number of operational OTP centers	1 OTP centre in operation
3	Number of staff and Volunteers trained on different nutrition topics	66 persons trained in total
4	Children below 5 years de-wormed	Minimum of 1200 children de-wormed in addition to the

		1664 treated at the OTP Centre
5	Cluster coordination meetings attended in a quarter	At least 1 cluster coordination meeting participated in every quarter

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.

NHDF as a national NGO operating in south Sudan has had enough experience in implementing projects in Jonglei, and especially Pigi, on nutrition. During the project implementation, the organization will work closely and engage with the community to continue instilling a sense of ownership and for them to be able to support and participate in the project appropriately. A Nutrition officer will be stationed fulltime in the field and the field coordinator will continue increasing the awareness of the project among the community leaders and community members while working closely with local staff attached to the project to ensure the work-plan is followed as a tool for project monitoring. The community leaders will help NHDF team in the field to identify community volunteers who will be trained together with the nutrition staff on screening and treating of children who are malnourished. NHDF will work closely with UNICEF to secure plumpy nuts and other supplies, and have them pre-positioned to the site for the initiative to run smoothly.

vii) Monitoring Plan

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

The organization's senior nutrition staff (Nutrition officer) in the field will be monitoring daily activities being carried out at the project site then provide the Health and Nutrition Manager with weekly reports to ensure the project is in line, and consistent, with the stipulated work plan. The Health and Nutrition Manager will be visiting the project after every three months to build the capacity of the staff and to monitor the activities while The Executive Director and Programs Coordinator will also be visiting the area in turns to provide administrative assistance and also support the project in developing tools for monitoring purposes.

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)
UNICEF(Nutrition supplies Inkind)	74,215

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: <u>SSD-12/N/S 46283</u>	Project title: Povide Emergency Nutrition Services in Pigi & Akobo counties (Jonglei state) and Nasir County (Upper Nile State) with Emphasis on returnees, IDPs & High risk underseved population	Organisation: Nile Hope Development Forum (NHDF)	
Overall Objective: <i>The project seeks to continue improving access to emergency nutrition services in Pigi county targeting 1,400 individuals children under five, returnees, IDPs, P&LW and other community members by the end of project in December, 2012</i>	Indicators of progress: <i>-Number of malnourished children under five years of age treated at the OTP centre</i> <i>-Number of beneficiaries, both male and female, passed with health and nutrition education</i>	How indicators will be measured: <i>-Weekly OTP centre report</i> <i>-Monthly OTP centre report</i> <i>-Quarterly OTP centre report</i> <i>-Registers of beneficiaries attended</i>	Assumptions & risks: <i>-The community is willing to cooperate with the organization during the implementation period</i> <i>-Resources will be available in time to execute the project</i> <i>-Weather will be favorable to execution of the project</i> <i>-Security shall be present to avoid interruption of programme activities</i>
Specific Project Objective/s: <i>The main and immediate objectives of this project is to reduce the number of onset malnutrition cases among children of up to 5 years and manage the already affected population thus improving the general health care in Pigi county</i>	Indicators of progress: <i>-Number of children managed at the OTP centre</i> <i>-Number of population provided with health and nutrition education, including on proper diet</i>	How indicators will be measured: <i>-Weekly and monthly OTP report</i> <i>-Photos of recipients receiving health education</i> <i>-Participant lists of trainees in attendance</i>	Assumptions & risks: <i>-The OTP centre will be accessible by community members</i> <i>-The county authority will give any necessary support required to run the programme</i>
Results - Outputs (tangible) and Outcomes (intangible): 1) Improved nutrition status among children under 5 years, both boys and girls 2) Improved coverage of preventive and promotive nutrition services including nutrition knowledge	Indicators of progress: <i>-1,664 children treated in the OTP</i> <i>-7000 children screened in the community and referred</i> <i>-1,200 children provided with micro-nutrient and de-worming</i> <i>-800 P&LW provided with micro-nutrient supplementation</i> <i>- Number of persons attend health and nutrition education</i> <i>-Number of mother provide with IYCF practices</i> <i>-18 staff and 20 nutrition volunteer trained</i>	How indicators will be measured: <i>-OTP Register</i> <i>-Weekly and monthly report</i> <i>-Quarterly and final report</i> <i>-Project photos</i> <i>-Nutrition education register book</i> <i>-Training attendance</i> <i>-Training report</i> <i>- Monthly, Quarterly and final report</i>	Assumptions & risks: <i>- Mother/caregiver willing to bring their children to the OTP to be screened and provided with the right treatment</i> <i>-Community are willing for their children to be screened in the community and referred to the OTP</i> <i>-Community willing to attend the health and nutrition education session</i> <i>- The selected people are willing</i>

<p>3) Improved coordination and information sharing with nutrition cluster leading to best practices and improved (future) nutrition programming</p> <p>4) Monitoring, evaluation and reporting conducted in a timely manner</p>	<p>-Number of times the organization attended the cluster meeting in county, state and Juba level</p> <p>-Number of monitoring visit conducted</p> <p>-Number of report submitted in timely manner</p> <p>-End and project circle evaluation</p>	<p>-Project Photos</p> <p>-Cluster attendance list</p> <p>-Minutes of cluster coordination</p> <p>-Monitoring report</p> <p>-Email send to the cluster lead and donor</p>	<p>and ready to be trained</p> <p>-Weather favorable allow the moment of trainees</p> <p>-Availability of internet to assess the email from the cluster coordination</p> <p>-Cluster willing to inform partners on time</p> <p>-Weather favorable to allow time for monitoring</p> <p>-Security stable in the county</p> <p>-Availability of computer and email</p>
<p>Activities:</p> <p>1) Community mobilization, sensitization and visioning and stakeholder workshop for key community leaders reaching 60 males and 40 females</p> <p>2) Treatment of severe acute malnutrition among children under 5 years, P&LW and other vulnerable groups</p> <p>3) Daily screening of children between 6-59 months, both males and female</p> <p>4) Rehabilitation of 1 OTP centre</p> <p>5) Referral of children with medical complications from OTP to SC centre</p> <p>6) Training of nutrition staff as well as community nutrition volunteer CNVs in treatment of SAM and MAM in line with available national guidelines</p> <p>7) Provide micronutrient supplementation to children under 5 years and to P&LW as well as de-worming</p> <p>8) Promote appropriate infant and young child feeding practices in Pigi county</p>	<p>Input</p> <p>-Maker pens, flip charts,</p> <p>-Pens, note book, Posters and micro phone</p> <p>-Plumpy nuts, Vitamin A</p> <p>-Mebendazole and Amoxicillin</p> <p>-Staff, MUAC, Height board and weighing scale</p> <p>-Community members, construction material and equipment</p> <p>- Medical practioner/s, referral forms and stationery</p> <p>- Participants</p> <p>-Facilitators</p> <p>-Training venue</p> <p>-Training materials/stationery, Poster and manual</p> <p>- Medical practioner, de-worming products..</p> <p>-Nutrition staff, IEC materials, stationery</p>	<p>-Minutes taken</p> <p>-Monthly report</p> <p>-Project photos</p> <p>-Weekly reports</p> <p>-Monthly reports</p> <p>-Project photos</p> <p>-Monthly report</p> <p>-Project photos</p> <p>-Registered of screened children</p> <p>-Minutes taken with the local leaders</p> <p>-Monthly reports</p> <p>-Project reports</p> <p>-Monthly referral reports</p> <p>-Quarterly reports</p> <p>-Registers</p> <p>-Attendance registers</p> <p>-Training reports</p> <p>-Project photos</p> <p>-Weekly reports</p> <p>-Monthly reports</p> <p>-Registers</p> <p>-Project photos</p>	<p>Assumptions, risks and pre-conditions:</p> <p>-Community and local leaders are ready to participate and be involved in project implementation</p> <p>-Enough nutrition supplies</p> <p>-Equipment available to run the nutrition programme</p> <p>-Caregiver/Mother willing to bring the children to the feeding centre and be screened</p> <p>-Weather favorable to allow movement of the people</p> <p>-Equipment available to run the nutrition programme</p> <p>-Stabilization centre available to refer the children who have medical complications</p> <p>-The selected people from the community are willing to participate in the nutrition training</p> <p>-Funds and training materials available on time</p>

9)Submission of monthly and quarterly report to the cluster leads and donors/stakeholder as well as Monitoring and evaluation of the project as necessary	<ul style="list-style-type: none"> -Computer and internet facility -Dialogue with the community in Pigi county -means of movement, viz speed boat 	<ul style="list-style-type: none"> -Monthly reports -Quarterly reports -Project photos -Email sent of the same 	<ul style="list-style-type: none"> -Enough micronutrient and de-worming supplies -Women willing to inculcate proper dietary practices -Advocacy and training strategies in place -Equipment for sending report available
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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 IMPROVED NUTRITION STATUS AMONG CHILDREN UNDER 5 YEARS															
Activity (1.1) Conduct community mobilization, sensitization and visioning as well as a stakeholder workshop for key community leaders reaching 60 male and 40 female			X	X	X	X	X	X	X	X	X	X			
Activity (1.2) Treat severe acute malnutrition among children under 5 years to reach about 1,664 boys and girls by February, 2013			X	X	X	X	X	X	X	X	X	X			
Activity (1.2) Provide allied preventive and promotive nutrition services among children of up to 5 years, PLMs, returnees, and IDPs			X	X	X	X	X	X	X	X	X	X			
Activity (1.3) Conduct minor rehabilitation works on the existing OTP Centre in Canal so as to enable provision of quality nutrition services to the target audience			X	X	X										
Result 2 IMPROVED COVERAGE OF PREVENTIVE AND PROMOTIVE NUTRITION SERVICES, INCLUDING ENHANCED NUTRITION KNOWLEDGE															
Activity (2.1) Provide de-worming tablets to 1,200 children, both boys and girls, under and above 5 years			X	X	X	X	X	X	X	X	X	X			
Activity (2.2) Continue daily screening of children between 6-59 months with referrals of the most severe cases to OTP for admission			X	X	X	X	X	X	X	X	X	X			
Activity (2.3) Conduct training of 18 nutrition staff, being 10 male and 8 female, on outpatient protocol and on proper management of SAM pursuant to available guidelines				X	X	X	X								
Activity (2.4) Train 10 male and 10 female Community Nutrition Volunteers on community nutrition education and case findings				X	X	X	X								
Activity (2.5) Train 18 nutrition staff, 8 male and 10 female, on IYCF and 10 community mobilizers of both gender on community mobilization strategies				X	X	X	X								
Result 3 IMPROVED COORDINATION AND INFORMATION SHARING WITH NUTRITION CLUSTER LEADING TO BEST PRACTICES AND IMPROVED NUTRITION PROGRAMMING															
Activity (3.1) Participate in a minimum of 4 Nutrition Cluster Coordination and Information Sharing Sessions/Meetings			X	X	X	X	X	X	X	X	X	X			
Result 4 IMPROVED AND TIMELY MONITORING, EVALUATION AND REPORTING															
Activity (4.1) Conduct a minimum of 4 nutrition monitoring visits to the OT site and timely submission of reports, more so monthly and quarterly			X	X	X	X	X	X	X	X	X	X			