

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.

| | |
|--|---|
| <p>Cluster Priority Activities</p> <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>Cluster Geographic Priorities</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.

| | |
|--|--|
| <p>Requesting Organization</p> <p>Upper Nile Kalaazar Eradication Association (UNKEA)</p> <p>Project CAP Code</p> <p>SSD-12/H4624214572</p> <p>CAP Project Title</p> <p>Improving the health and nutrition status of children under 5 years and mothers of returnees, IDP's, Host Community and refugee in Nasir County</p> | <p>Project Location(s)(list State, County and if possible Payam where CHF activities will be implemented)</p> <p>Nasir County, Upper Nile State (Nasir, Dinkar, Jikmir, Kierwan, Kuertrengke)</p> |
|--|--|

| | | |
|--|----------------------------------|--------------------------------|
| Total Project Budget in South Sudan CAP | Amount Requested from CHF | Other Resources Secured |
| US\$471,200 | US\$150,000 | US\$ 0 |

| Direct Beneficiaries | |
|--------------------------------------|--------------|
| Women: | 1,050 |
| Men: | 721 |
| Girls: | 2,220 |
| Boys | 1,950 |
| Total number of beneficiaries | 5,941 |

| Total Indirect Beneficiary | |
|--------------------------------------|----------------|
| Catchment Population (if applicable) | |
| Population per Payam | |
| Nasir : | 46,201 |
| Dinkar: | 18,360 |
| Jikmir: | 24,840 |
| Kierwan: | 20,360 |
| Kuertrengke: | 15,415 |
| Total: | 125,176 |

| Beneficiary breakdown | | |
|-----------------------|---------------------------------|-------|
| Women | P&LW | 1,050 |
| | Trainees | 10 |
| | Beneficiaries of IYCF promotion | 42 |
| | Other vulnerable | - |
| Men | Trainees | 15 |
| | Beneficiaries of IYCF promotion | 68 |
| | Other - vulnerable | - |
| Children U5 Yrs | SAM | 1,600 |
| | MAM | 2,600 |
| | BSFP | - |
| | Micronutrient supplementation | 800 |
| | Deworming | - |

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: 1st April 2012

End Date: 31st December 2012

Address of county Office

Project focal person: Simon BhanChuol

Email & Tel:0955295774

e-mail country director:sbchuol@yahoo.com

e-mail finance officer:deng_dak@yahoo.co.uk

Address: Hai Tarawa MunukiPayam at ICCO along gudele road

Address of HQ

e-mail desk officer: unkea.sudan@yahoo.com

e-mail finance officer: deng_dak@yahoo.co.uk

Address: Hai Tarawa MunukiPayam at ICCO along gudele road

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

The geographical areas covered by this project are amongst the most severely impacted by high levels of returnees from North Sudan and Ethiopia about 5,201 returnees has been registered in Nasir according to the IOM returnee's data base. In Nasir County, returnee's population has gone high plus 6,118 individual IDPs from Jonglei due to the recent clashes between the Lou Nuer and the Murle, according to SMART survey data shown that there are many malnourished children in the county especially returnees and IDPs and the malnourished children has 1.5%. Nasir can be access by road during dry season and by river throughout the year and by WFP flight in every Friday of the week. The security situation in the County is normal and yearly experience flood, CHF funding will help to address the humanitarian response on nutrition situation in the 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 (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)

This project will help to achieve the nutrition situation envisioned i.e. treatment and prevention of SAM and MAM of children under 5 years, P & LW and disadvantage groups through UNKEA existing OTP, TSFC & SC and additional qualified nutrition staff will be recruited to ensure that the proposed nutrition intervention is achieved. The proposed one (1) year nutrition will be implemented in five selected Payams of Nasir County where the nutrition practices among the local community are very poor. This has culminated into problems of food insecurity and poverty. UNKEA is applying from CHF to ensure that the nutrition status of girls, boys under 5 and pregnant and lactating women is enhanced. The proposed one (1) year nutrition will be implemented in five selected Payams of Nasir County where the farming practices among the predominantly peasantry community are very poor. This has culminated into problems of food insecurity, poverty and environmental degradation. The direct beneficiaries of this project would be 75% of girls and boys under 5 and 65% pregnant and lactating women to be treated of SAM and MAM. The major cause of this precarious

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.

situation is limited modern and appropriate nutrition awareness and concern. The problem of food insecurity is further exacerbated by increased pressure on malnutrition in both urban and rural areas because of the rapid increase returnees and IDPs and need provision for nutrition services. As earlier mentioned, the government nutrition service mechanism is very weak and highly un-reliable and this leaves the children U 5 years and P & LW malnutrition with no alternative but rather to continue with the traditional food intake.

C. Project Description (For CHF Component only)

i) Purpose of the grant

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

This funding will be used to support essential nutrition services treatment and prevention of SAM and MAM of children under 5 years and P & LW and Training of community nutrition Volunteers and County health department to ensure that the nutrition situation is addressed in the areas.

ii) Objective

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

- Increase access and utilization of integrated community based nutrition services treatment and preventive for children U 5 years and P & LW
- Reduce mortality and morbidity associated with acute malnutrition for children U 5 and P & LW.

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.

- Conduct ongoing nutrition screening (MAUC screening) of children 6-59 months
- Conduct meetings with community leaders and keys stakeholders
- Provide treatment for SAM and MAM for children U 5 years according to MOH/RSS guideline in Jikmir (OTP, TSFC & SC) Nasir hospital (OTP, TSFC & SC) Kierwan (OTP), Mandeng (OTP) and Torpuot (OTP)
- Provide treatment of MAM and SAM for P & LW
- Conduct regular nutrition awareness to the communities
- Train (25) nutrition workers on SAM and MAM management and prevention of malnutrition
- Train (35) nutrition staff, community volunteers and village health committee members on community mobilization including identification and referral malnourished children

iv). Cross Cutting Issues

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

The cross-cutting issue are most considered on this project especially gender by equal beneficiaries and employment during this project period, while HIV/AIDS would be addressed during health education session in all five facilities by a disseminating information about the disease.

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.

- Increased availability and access quality nutrition services in five Payams
- Increased nutrition awareness and behavioural change practices
- Increased utilization of therapeutics and preventive of nutrition services
- Malnutrition of children U 5 years and P & LW is reduced

| | Indicator | Target (indicate numbers or percentages) |
|---|---|--|
| 1 | Children 5-59 months screened in the communities | 75% of children U 5 screened |
| 2 | Communities leaders and members made aware through meetings and education session | 65% community members made aware |
| 3 | Children admitted/treat with SAM | 75 % of children U5 admitted/treated |
| 4 | Children admitted/treat with MAM | 75 % of children U5 admitted/treated |
| 5 | 25 Nutrition workers trained | (95% nutrition trained |
| 6 | P & LW admitted/treat with MAM | 65% of P & LW admitted/treated |

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.

Just like other programme/project by UNKEA, this proposed nutrition programme will net-work and collaborate with nutrition cluster, SMOH, County health department and other stakeholders within and outside Upper Nile State. Once approve the project will be implemented in the broader framework of the Upper Nile State Development Plan like other programmes of UNKEA. UNKEA is a member of Humanitarian Assistant Group, NGO health forum and nutrition forum. The programme staffs will closely work with CHD in the County to the State level. The programme will also net-work with organization involved in nutrition services in the country for experience and information sharing. UNKEA have been partner with UNICEF and will try to use that experience to strengthen programme linkage and benefit.

vii) Monitoring Plan

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

The programme activities will be regularly monitored on a monthly basis as is the case with other programmes of UNKEA. The logical framework will be used as a basis for monitoring. The indicators used in the logical framework will be the very ones used in the monthly preparation of work plans and will have to be reported on the monthly progress reports. The programme management will also make regular visits to the communities to physically check on progress and receive feedback from beneficiaries about the programme interventions. The beneficiaries will also actively participate in programme monitoring. Besides quarterly participatory monitoring sessions which will take place in the areas of operation, the programme will institute a community follow-up monitoring system more especially in the distribution of nutrition supplies. Regular communication related to monitoring will be done with the UNKEA to CHF technical team and UNDP office. Progress and liquidation reports will be prepared during the implementation and after the completion of the project - on quarterly and end of project as appropriate. Reports will be shared and discussed with CHF Technical Teams and a copy to UNDP and nutrition specialist and M&E officer to determine any further needs. This will ensure that the continuation of the project meets the needs and have really improved the nutrition status of children and mothers in Nasir County.

Reporting Schedule

| Responsible Persons | Implementing period | Reporting period |
|---------------------------------|---|--|
| Nutrition Officer | <ul style="list-style-type: none"> • April-June 2012 • July-Sept 2012 • October-Dec 2012 | <ul style="list-style-type: none"> • 30th June 2012 • 30th September 2012 • 31st December 2012 |
| Executive Director | <ul style="list-style-type: none"> • June 2012 • September 2012 • December 2012 | <ul style="list-style-type: none"> • Quarter one visit • Quarter two visit • Quarter three visit |
| External Evaluator (UNKEA/UNDP) | <ul style="list-style-type: none"> • December 2012 | <ul style="list-style-type: none"> • 15th January 2013 External Evaluation and compiling of evaluation report |

E. Committed funding

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

| Source/donor and date (month, year) | Amount (USD) |
|-------------------------------------|--------------|
| | |
| | |

SECTION III:

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

| LOGFRAME | | | |
|---|--|---|--|
| CHF ref. Code: <u>SSD-12</u> /H4624214572 | Project title Improving the health and nutrition status of children under 5 years and mothers of returnees, IDP's, Host Community and refugee in Nasir County | Organisation: UNKEA | |
| Overall Objective: <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i> <ul style="list-style-type: none"> Reduce mortality and morbidity associated with acute malnutrition for children under five years and pregnant and lactating mothers in Nasir County of Upper Nile State | Indicators of progress: <i>What are the key indicators related to the overall objective?</i> <ul style="list-style-type: none"> Improved under 5 morbidity, mortality and GAM, SAM rates | How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> SMART surveys and other assessments | <ul style="list-style-type: none"> Funds & supplies will be available. Security will continue to permit access. Floods will not permit access during rain season. |
| Specific Project Objective/s: <i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i> <ul style="list-style-type: none"> Increase access and utilization of quality integrated community based nutrition services(treatment and prevention) for children U 5 years and P & LW | Indicators of progress: <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i> <ul style="list-style-type: none"> Number and percentage of children accessing the quality services in line with SPHERE standards Number of PLWs accessing the quality services for the MAM treatment | How indicators will be measured: <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i> <ul style="list-style-type: none"> Monthly Reports Register records | Assumptions & risks: <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i> <ul style="list-style-type: none"> Mothers/care takers will bring the children to the facility. |
| Results - Outputs (tangible) and Outcomes (intangible): <ul style="list-style-type: none"> Please provide the list of concrete DELIVERABLES - outputs/outcomes (grouped in Workpackages), leading to the specific objective/s: 16,900 Children 6-59 months screened in the communities | Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i> <ul style="list-style-type: none"> Number and percentages of children screened | How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> Monthly Report | Assumptions & risks: <i>What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?</i> <ul style="list-style-type: none"> Mother will bring the children. |

| | | | |
|--|---|--|---|
| <ul style="list-style-type: none"> • 20 Community leaders and 35 members made aware through health education sessions. | <ul style="list-style-type: none"> • Number of community leaders and members | <ul style="list-style-type: none"> • Attendants list • Meeting report | <ul style="list-style-type: none"> • Community leaders will cooperate |
| <ul style="list-style-type: none"> • 2,300 Children admitted/treated with SAM | <ul style="list-style-type: none"> • Number and percentages of children treated at the OTP/SC • Cure rate >75% • Defaulter <15% • Death <10% | <ul style="list-style-type: none"> • Monthly Report • Admission records | <ul style="list-style-type: none"> • Supplies will be available |
| <ul style="list-style-type: none"> • 5,600 Children admitted and treated with MAM | <ul style="list-style-type: none"> • Number and percentages of children treated at the TSFP • Cure rate >75% • Defaulter <15% | <ul style="list-style-type: none"> • Monthly Report • Registers | <ul style="list-style-type: none"> • Supplies will be available |
| <ul style="list-style-type: none"> • 25 Nutrition workers trained | <ul style="list-style-type: none"> • Number and percentages of nutrition workers trained | <ul style="list-style-type: none"> • Training Report • Participant attendance | <ul style="list-style-type: none"> • The nutrition workers will turn up for the training |
| <ul style="list-style-type: none"> • 4,500 P & LW admitted and treated with MAM | <ul style="list-style-type: none"> • Number and percentages of P & LW treated with MAM at TSFP | <ul style="list-style-type: none"> • Monthly Report • Registers | <ul style="list-style-type: none"> • P&LW will come for the MAM services |
| <p>Activities: <i>What are the key activities to be carried out (grouped in Workpackages) and in what sequence in order to produce the expected results?</i></p> <ul style="list-style-type: none"> • Conduct ongoing nutrition screening (MAUC screening) of children 6-59 months • Conduct meetings with community leaders and keys stakeholders • Provide treatment for SAM and MAM for children U 5 years according to MOH/RSS guideline in Jikmir (OTP,TSFC & SC) Nasir hospital (OTP,TSFC & SC) Kierwan (OTP), Mandeng (OTP) and Torpuot (OTP) • Provide treatment of MAM and SAM for P & LW • Conduct regular nutrition awareness to the communities • Train(25) nutrition workers on SAM and MAM management and prevention of malnutrition <ul style="list-style-type: none"> • Train (35) nutrition staff, community volunteers and village health committee members on community mobilization including identification and referral malnourished children | <p>Inputs: <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"> • Nutrition Manager, Community nutrition workers and Community nutrition volunteers • (MUAC, salter weighing scale, Height board, Note books, pens guidelines, • (Plumpy nut, F100, F75, CSB, soap) • T-Shirts, Posters) | <ul style="list-style-type: none"> • Number of children screened on the records. • Attendants list • Consumption reports/register • Number of health education sessions held and the number of T-Shirts distributed. • Trainees list and training report • Attendants list | <p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> • The care takers will bring the children for the services. • Community leaders and stake holders will turn up • Funds & supplies will be available • Funds & supplies will be available • Peace and security will prevail • Nutrition staff will be available • The community will have full participation. |

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 availability and access quality nutrition services in five Payams | | | | | | | | | | | | | | | |
| Activity (1.1) Conduct ongoing nutrition screening (MAUC screening) of children 6-59 months | | | | X | X | X | X | X | X | X | X | X | | | |
| Activity (1.2) Train (35) nutrition staff, community volunteers and village health committee members on community mobilization including identification and referral malnourished children | | | | | | X | | | X | | | X | | | |
| Result 2: Increased nutrition awareness and behavioral change practices | | | | | | | | | | | | | | | |
| Activity (2.1) Conduct meetings with community leaders and keys stakeholders | | | | | X | | | X | | | X | | | | |
| Activity (2.2) Conduct regular nutrition awareness to the communities | | | | X | X | X | X | X | X | X | X | X | | | |
| Result 3: Increased utilization of therapeutics and preventive of nutrition services | | | | | | | | | | | | | | | |
| Activity (3.1) Train(25) nutrition workers on SAM and MAM management and prevention of malnutrition | | | | | | X | | | | X | | | | | |
| Activity (3.2) Provide treatment for SAM and MAM for children U 5 years according to MOH/RSS guideline in Jikmir (OTP, TSFC & SC) Nasir hospital (OTP, TSFC & SC) Kierwan (OTP), Mandeng (OTP) and Torpuot (OTP) | | | | X | X | X | X | X | X | X | X | X | | | |
| Result 4: Malnutrition of children U 5 years and P & LW is reduced | | | | | | | | | | | | | | | |
| Activity (4.1) Provide treatment of MAM and SAM for P & LW | | | | X | X | X | X | X | X | X | X | X | | | |
| Result (.) | | | | | | | | | | | | | | | |
| Activity (.) | | | | | | | | | | | | | | | |

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