

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

SECTION I:

CAP Cluster	NUTRITION										
CHF Cluster Priorities for 2012 First Round Standard Allocation											
Cluster Priority Activities 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.	Cluster Geographic Priorities Hot spot areas in high priority states will be prioritized										
Project details											
Requesting Organization UNICEF Project CAP Code SSD-12/H/46207/124 CAP Project Title Expanding Partnership for Addressing Emergency Nutrition Needs in Underserved Counties	Project Location(s) 15 underserved counties: Upper Nile – Nasir County Unity – Koch County Jonglei – Wuror, Ayod and Nyirol Counties Warrap – Tonj East and Tonj North Counties Northern Bahr el Ghazal – Aweil North County Eastern Equatoria – Torit, Kapoeta East, Kapoeta South & Kapoeta North Counties Lakes – Awerial and Yirol Counties										
Total Project Budget in South Sudan CAP US\$8,792,366.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount Requested from CHF</td> <td style="width: 50%;">Other Resources Secured</td> </tr> <tr> <td>US\$500,000</td> <td style="text-align: right;">461,511</td> </tr> </table>	Amount Requested from CHF	Other Resources Secured	US\$500,000	461,511						
Amount Requested from CHF	Other Resources Secured										
US\$500,000	461,511										
Direct Beneficiaries <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Women:</td> <td style="text-align: right;">106,658</td> </tr> <tr> <td>Men:</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Girls:</td> <td style="text-align: right;">198,420</td> </tr> <tr> <td>Boys</td> <td style="text-align: right;">190,638</td> </tr> <tr> <td>Total number of beneficiaries</td> <td style="text-align: right;">495,716</td> </tr> </table>	Women:	106,658	Men:	0	Girls:	198,420	Boys	190,638	Total number of beneficiaries	495,716	Total Indirect Beneficiary 750 Community Volunteers/Mother Support Group members 7 SMOHs and 15 new NGO/FBOs/CBOs 106,658 fathers Catchment Population (if applicable) 2,222,053
Women:	106,658										
Men:	0										
Girls:	198,420										
Boys	190,638										
Total number of beneficiaries	495,716										
Implementing partners (indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts) AAA, ARC, BRAC, CECDAG, COSV, CRADA, DoR, DoW, JDF, MC, UNKEA, WR, SMOH CES, SMOH EES, SMOH WES, SMOH Jonglei, SMOH Unity, SMOH Upper Nile, SMOH WBeG, FBOs and CBOs in 10 underserved counties.	Project Duration (max. of 12 months, starting from allocation date) Start Date (mm/dd/yy): 03/10/2012 End Date (mm/dd/yy): 12/31/2012										
Address of Country Office Project Focal Person: Email & Tel: e-mail country Representative: yhaque@unicef.org e-mail finance officer: mngandu@unicef.org Address: UNICEF South Sudan Country Office Totto Chan Compound P.O. Box 45, Juba, South Sudan	Address of HQ e-mail desk officer e-mail finance officer: Address:										

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

Acute malnutrition levels in South Sudan are unacceptably high and continue to be a challenge to the survival of infants and young children. According to the 2010 SHHS, the infant and under-five mortality rates are 84/1,000 and 106/1,000 respectively; only 25% of the population has access to health services; access to improved water sources (30 minutes round trip) is 34%, and only 15.4% of the population use improved sanitation facilities. The food security situation has also remained fragile, with a hike in food and fuel prices in the post-independence period, whilst the overall performance of the 2011 agricultural season has been affected by late and erratic rainfall (South Sudan Food Security Outlook, July-August 2011). Over 300,000 people have returned from the north, and about 300,000 have been displaced from the Abyei crisis and inter-communal conflicts especially in Jonglei, Unity, Upper Nile, Lakes, Warrap and Eastern Equatoria states, areas already showing high malnutrition rates in children. Twenty five (25) Pre-harvest nutrition surveys conducted by Nutrition Cluster partners in the high risk counties in March and April 2011, found an average of 17.4% and 3.4% Global- and Severe Acute Malnutrition rates in children under five years respectively, with no significant difference between girls and boys. Excessive mortality rates in children were found in Lopa Lafon, Kapoeta North and Kapoeta South counties in Eastern Equatoria states, in Akobo East, Akobo West and Nyiroi counties in Jonglei state, in Tonj North and Gogrial East and Twic counties in Warrap state, and in Cueibet county in Lakes state.

The Nutrition Cluster has succeeded in increasing the number of partners providing emergency nutrition services in the hot spots from 9 in 2009 to 25 in 2010 and 36 in 2011 through a Capacity Enhancement Initiative targeting health cluster NGOs so they can integrate the services into the primary health care system and expand access to the malnourished children, pregnant and lactating women and other vulnerable groups. Nevertheless there are still significant capacity gaps in many counties, where there are limited partners or no nutrition services are available - although health facilities may be partially or fully functional. International and National NGO partners identified for capacity enhancement include AAA, ARC, BRAC, CECDAG, COSV, CRADA, DoR, DoW, JDF, UNKEA, WR, SMOH Jonglei, SMOH Unity, SMOH Upper Nile, SMOH EES, SMOH Lakes, and SMOH Warrap, and other FBOs and CBOs operational in the underserved counties. UNICEF will work with the above mentioned partners in 15 underserved counties, as well as ensure that the national guidelines for delivery of emergency nutrition services are being adhered to, and that all partners are meeting the reporting requirements for the Nutrition Clusters at central level and in the 7 high risk states.

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)

Monthly reports from experienced nutrition partners managing acute malnutrition in children in Northern Bahr el Ghazal, Unity and Warrap states indicate an exponential increase in admissions in April and May 2011. The increased case load is due to a combination of factors – including returnees, IDPs from Abyei and other locations within south Sudan

This project will increase coverage of partners for emergency nutrition assessments and responses. It was endorsed by the Nutrition Cluster in 2010 as the “Big Ticket, Big Win” project that addresses a major gap in management of children with severe acute malnutrition in Southern Sudan in view of the limited availability of experienced nutrition NGOs. It requires technical capacity enhancement for the State Ministry of Health facilities, County health Departments, new NGOs, CBOs, FBOs and Mother Support Groups so they can screen children in communities within the catchment areas of primary health care facilities, establish referral systems for those in need of treatment, provide appropriate therapies, and disseminate nutrition messages on appropriate infant and young child feeding in emergencies, micronutrient supplementation, hygiene promotion, measles vaccinations, and home based care in collaboration with the Health, WASH and Food Security and Livelihood clusters. UNICEF will provide technical and logistic support for community based nutrition assessments and health and nutrition promotion, setting up OTPs/SCs, and distribution of micronutrient supplements to children under five, pregnant and lactating women. This project will increase the chances of reaching the projected 80% of the beneficiaries with the pipeline supplies secured for the 2011 Nutrition Cluster response.

This project will complement the efforts of the INGOs towards achieving the target set by the nutrition cluster for the 2011 Humanitarian Work plan of reaching 80% of children with SAM with therapeutic services, and for which most of the pipeline requirements have been met.

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 funds will be used to recruit experienced emergency nutrition consultants/UNVs to be seconded to the state Ministries of Health in the high risk states. They will mentor state nutritionists, health sector partners, FBOs and CBOs in rapid nutrition assessments, SMART surveys, and establishment of CMAM programmes. They will also integrate micronutrient supplementation in children, pregnant and lactating women and IYCF promotion into those programmes to ensure that gains made in managing acute malnutrition can be sustained to promote optimal nutrition, growth and development of children. The funds will also be used to strengthen coordination of the nutrition cluster, monitoring and supportive supervision, and information management at central level, in the 7 high risk states and in the counties targeted.

ii) Objective

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

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.

To enhance the capacity of SMOHs, Health partners, FBOs, CBOs and Mother Support Groups to assess and respond to the emergency nutrition needs of boys, girls, pregnant and lactating women in 60% of health facilities in 15 underserved counties affected by humanitarian or public health crisis (i.e. having acute malnutrition rates above 15%).

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.

1. Recruit nutritionists to mentor State and County Health Departments and new cluster partners in underserved counties with weak capacity
2. Support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis
3. Develop and monitor implementation of Programme Cooperation Agreements with the new partners (national and health NGOs, CBOs, FBOs and Mother Support Groups)
4. Support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs.
5. Train staff of new NGO partners and SMOH staff (300) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls, boys and pregnant and lactating women
6. Train and support Community Nutrition Promoters and Mother Support Groups (750) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies
7. Support age appropriate de-worming and micronutrient supplementation in children under five years and pregnant and lactating women.
8. Provide supportive supervision and monitor performance of new stabilisation centres and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions
9. Support coordination of emergency nutrition responses at central level, in 7 high risk states and with particular focus on underserved counties
10. Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels
11. Support the Nutrition Cluster in adapting nutrition guidelines and IEC materials, and in training cluster partners in implementation of those guidelines and tools.
12. National level coordination activities through Cluster meetings, Technical Working Groups, in streamlining information processes and reporting to key stakeholders.

Beneficiary breakdown		
Women	P&LW	106,658
	Trainees	750
	Beneficiaries of IYCF promotion	106,658
	Other vulnerable	
Men	Trainees	
	Beneficiaries of IYCF promotion (indirectly)	106,658
	Other - vulnerable	
Children U5 Yrs	SAM	10,000
	MAM	0
	BSFP	0
	Micronutrient supplementation of PLWs	106,658
	Deworming	106,658 PLWs
		389,058 Children 1-5 years (198,420 girls and 190,638 boys)

iv). Cross Cutting Issues

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

Mothers and fathers will be trained and empowered to disseminate key messages on exclusive breastfeeding, complementary feeding, micronutrient supplementation, hygiene promotion and other child care practices at community level in order to sustain gains in treating acute malnutrition in vulnerable groups. HIV/AIDS patients will receive the same treatment as severely malnourished children at stabilization centers and outpatient treatment programmes established in the underserved counties in line with the MOH GOSS guidelines for management of severe acute malnutrition. Given the complex nature of the nutrition problem, linkages will be established with the Health, WASH and Food Security and Livelihoods Clusters to promote convergent service delivery in the counties targeted, thereby ensuring that the immediate, underlying and some basic causes of malnutrition in the communities are addressed.

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. 300 health staff of MOH and new NGOs/CBOs/FBOs trained in rapid nutrition assessments and community based management of moderate and severe acute malnutrition (CMAM) in girls, boys and pregnant and lactating women.
2. 750 Community Mobilisers/Mother Support Group representatives trained in community based nutrition screening, referral, micronutrient supplementation and promotion of appropriate infant and young child feeding practices
3. 80% of functioning health facilities in 15 underserved counties implementing emergency nutrition interventions
4. SMART nutrition survey reports available for underserved counties flagged through MUAC assessments in the 7 states
5. 80% of children 6-59 months in 15 underserved counties supplemented with Vitamin A and de-wormed.

	6. 60% of pregnant and lactating women in 15 underserved counties provided multiple micronutrients and information on nutrition services and infant and young child feeding in emergencies.	
	7. 15 underserved counties with capacity to assess emergency nutrition needs and respond to those needs.	
	8. Minutes of monthly coordination meetings conducted at central level and in 7 high risk states.	
	9. 10,000 children with severe acute malnutrition treated in line with the National IMSAM Guidelines/SPHERE Standards.	
	Indicator	Target (indicate numbers or percentages)
1	No. of consultants/UNVs recruited	3
2	No. of new partners/PCAs or SSFAs developed	8
3	No. of underserved counties with capacity to conduct rapid nutrition assessments and establish appropriate responses	15
4	No. of boys and girls with severe acute malnutrition treated	10,000
5	No. of girls and boys supplemented with Vitamin A and De-wormed	198,420 girls and 190,638 boys
6	No. of PLWs supplemented with multiple micronutrients/Fe/Folate	106,658
7	No. of health and/or nutrition workers trained in CMAM and IYCF	300
8	No. of MSGs/Home Health Promoters trained in Nutrition Screening and IYCF	750
9	No. of monthly cluster meetings per state and at central level	10

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.

1. Identify new partners – (March/April)
2. Recruit nutritionists/UNVs for secondment to SMOHs/CHDs (April)
3. Develop PCAs/SSFAs with health partners, CBOs, FBOs and MSGs in underserved counties (January – September)
4. Printing of guidelines and IEC materials (March-May)
5. Support training of Health staff, CBOs and FBOs in detection and treatment of malnutrition (April/May)
6. Support training of Community Mobilisers/Mother Support Groups in detection and prevention of malnutrition (February- August)
7. Support outreach/community based MUAC screening of children 6-59 months and IYCF promotion among returnees, IDPs and host populations in underserved counties (February - December)
8. Support pre-harvest SMART nutrition surveys in underserved counties (March-May)
9. Support Micronutrient supplementation for children 6-59 months and PLWs (March to December)
10. Support state level cluster planning and coordination meetings. (February – December)
11. Monitoring and supportive supervisory missions and reporting. (February – December)

vii) Monitoring Plan

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

Nutrition supplies and equipment will be monitored by UNICEF nutrition and logistics sections through monthly inventory reporting on warehouse stocks, UNICEF field staff members are in regular contact with project partners on the ground for project implementation, End User monitoring and reporting on their activities, progress and results.

UNICEF will also organise joint monitoring missions with key cluster partners, OCHA and donor representatives to selected partner project sites using the National Guidelines and Minimum Sphere Standards as benchmark for assessing the performance of the projects. Partners will be encouraged to contribute agenda items for the state and central level nutrition cluster coordination meetings so that any outstanding issues get resolved expeditiously.

The partners will submit monthly reports on the 15th of every month to the MOHs and UNICEF which will be analysed by the zonal Nutrition Officers and the Nutrition Information Management consultant, and feedback shared with the partners individually and at nutrition cluster coordination meetings. UNICEF will also provide inputs into the monthly updates on implementation of the contingency plan for the cluster.

E. Committed funding

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

Source/donor and date (month, year)	Amount (USD)
ECHO	109,087
Belgium	93,333
Japan (pledged)	259,091
Total	461,511

SECTION III:

LOGFRAME			
CHF ref. Code: <u>SSD-12/H/46207</u>	Project title: Expanding Partnership for Addressing Emergency Nutrition Needs in High Risk, Underserved Counties in the Republic of South Sudan	Organisation: <u>UNICEF</u>	
Overall Objective: <ul style="list-style-type: none"> To expand coverage of emergency nutrition services to 10 underserved counties 	Indicators of progress: <ul style="list-style-type: none"> Number of underserved counties with capacity to provide emergency nutrition services 	How indicators will be measured: <ul style="list-style-type: none"> Nutrition Cluster Database, and Program Cooperation Agreements signed with the new partners 	
Specific Project Objective/s: <ul style="list-style-type: none"> To provide treatment for 10,000 children with acute malnutrition in 10 underserved counties To provide an integrated package of life saving interventions to 80% of children U5 and 60% of pregnant and lactating women in 10 underserved counties 	Indicators of progress: <ul style="list-style-type: none"> No and proportion of children with acute malnutrition treated % of girls and boys U5 supplemented with vitamin A % of girls and boys U5 de-wormed % of pregnant and lactating women supplemented with micronutrients 	How indicators will be measured: <ul style="list-style-type: none"> Nutrition Cluster Database, and Program Cooperation Agreements signed with the new partners 	Assumptions & risks: <ul style="list-style-type: none"> The security situation does not deteriorate in the counties targeted to inhibit access Road access and supply routes remain open for pre-positioning before the rainy season fully in place.
Results - Outputs (tangible) and Outcomes (intangible): <ul style="list-style-type: none"> Programme Cooperation Agreements developed with 8 new COBs/FBOs to conduct rapid assessments and respond to the nutrition needs of children, pregnant and lactating women 60% of health facilities in 10 underserved counties providing treatment and preventative services for malnourished children, pregnant and lactating women 20% reduction in acute malnutrition rates in the 10 counties targeted 	Indicators of progress: <ul style="list-style-type: none"> No. of PCAs developed with new CBOs/FBOs Proportion of health facilities in 10 underserved counties targeted providing treatment and preventative services for malnourished children, pregnant and lactating women GAM rates of children U5 pre and post intervention 	How indicators will be measured: <ul style="list-style-type: none"> Nutrition Cluster Database, and Program Cooperation Agreements signed with the new partners 	Assumptions & risks: <ul style="list-style-type: none"> The security situation does not deteriorate in the counties targeted to inhibit access Road access and supply routes remain open for pre-positioning before the rainy season fully in place.

<p>Activities:</p> <ul style="list-style-type: none"> • Recruitment of emergency nutrition consultants/UNVs to mentor new CBOs/FBOs • Support new partners to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis • Develop and monitor implementation of Programme Cooperation Agreements with the new partners (national and health NGOs, CBOs, FBOs and Mother Support Groups) • Support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs • Train staff of new NGO partners and SMOH staff (300) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes in health facilities and communities in need • Train and support Community Nutrition Promoters and Mother Support Groups (750) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies • Support age appropriate de-worming and micronutrient supplementation in children under five years and pregnant and lactating women • Support coordination of emergency nutrition responses at central level, in 7 high risk states and with particular focus on underserved counties • Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels 	<p>Inputs:</p> <ul style="list-style-type: none"> • Staff time • Staff time and funds • Staff time and funds • Funds and supplies • Funds and supplies • Funds and supplies • Funds and supplies • Funds and staff time • Staff time 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Timely release of funds allocated to the project • The security situation does not deteriorate in the counties targeted to inhibit access • Road access and supply routes remain open for pre-positioning before the rainy season fully in place.
--	--	--	--

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 - Programme Cooperation Agreements developed with 8 new COBs/FBOs to conduct rapid assessments and respond to the nutrition needs of children, pregnant and lactating women															
Activity (1.1) Recruit nutritionists to mentor State and County Health Departments and new cluster partners in underserved counties with weak capacity			X	X											
1.2 - Support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis				X	X										
1.3 - Develop and monitor implementation of Programme Cooperation Agreements with the new partners (national and health NGOs, CBOs, FBOs and Mother Support Groups)				X	X										
Result 2 - 60% of health facilities in 10 underserved counties providing treatment and preventative services for malnourished children, pregnant and lactating women															
Activity (2.1) Support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs.															
2.2 - Train staff of new NGO partners and SMOH staff (300) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls, boys and pregnant and lactating women					X	X	X	X							
2.3 - Train and support Community Nutrition Promoters and Mother Support Groups (750) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies					X	X	X	X	X	X	X	X	X		
2.4 - Support age appropriate de-worming and micronutrient supplementation in children under five years and pregnant and lactating women.					X	X	X	X	X	X	X	X	X	X	X
2.5 - Provide supportive supervision and monitor performance of new stabilisation centres and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions			X			X	X			X	X			X	X
Result 3 - 20% reduction in acute malnutrition rates in the 10 counties targeted															
Activity (3.1) - Support coordination of emergency nutrition responses at central level, in 7 high risk states and with particular focus on underserved counties					X	X	X	X	X	X	X	X	X	X	X
3.2 - Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels					X	X	X	X	X	X	X	X	X	X	X
3.3 - Support the Nutrition Cluster in adapting nutrition guidelines and IEC materials, and in training cluster partners in implementation of those guidelines and tools.				X	X	X	X								
3.4 - National level coordination activities through Cluster meetings, Technical Working Groups, in streamlining information processes and reporting to key stakeholders.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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