

Requesting Organization :	United Nations Children's Fund	
Allocation Type :	1st Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100
Project Title :	Scaling up Life Saving Nutrition Interventions in Unity State, South Sudan	
Allocation Type Category :		

OPS Details			
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/N/UN/711
Cluster :		Project Budget in US\$:	772,678.03
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/04/2016	Planned End Date :	30/09/2016
Actual Start Date:	01/04/2016	Actual End Date:	30/09/2016

Project Summary :

The recent IPC report indicated that an estimated 2.8 million people (23 per cent of the national population) will face acute food insecurity (IPC Phases 3, 4 and 5) between January and March 2016. The most acute food insecure population (57 per cent) is located in the Greater Upper Nile states of Unity, Jonglei and Upper Nile.

Unity state will be the most challenged with an estimated 30,000 population facing catastrophe nutrition situation (IPC, September, 2015) and in need of urgent food assistance to avoid further deterioration. The main factor is insecurity resulting in loss of food and livelihoods through livestock looting, limited access to humanitarian assistances in most parts of the state and large displacement of the local populations into safe havens where access to food is extremely difficult.

UNICEF will continue to provide lifesaving nutrition services particularly in Unity state in collaboration with implementing partners including NGOs, MOH and SMOH. Nutrition services will include nutrition screening and surveys, implementation of community management of acute malnutrition (CMAM), infant and young child feeding (IYCF) programming, and micronutrient interventions. In addition to the regular programming by implementing partners, this response will be supplemented by rapid response teams in hard to reach locations or as initial response in new locations in need of immediate assistance. Globally, UNICEF is responsible for ensuring an effective coordination and humanitarian response of the nutrition cluster during emergencies.

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
12,010	22,500	53,190	58,649	146,349

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	53,190	58,649	111,839
Internally Displaced People	0	62,089	9,943	15,934	87,966
People in Host Communities	3,904	5,856	976	1,464	12,200
Pregnant and Lactating Women	0	22,500	0	0	22,500

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

The project aligns to the allocation strategy as it is focused on provision of life-saving nutrition services which is among the priority activities. It will focus on preventive and curative nutrition interventions to meet the urgent needs of affected population as prioritized in the strategy. When implementing at field level, safety and dignity of beneficiaries will be ensured and will foster equitable access to services by all targeted beneficiaries in conflict affected locations.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount
DFID	3,000,000.00
	3,000,000.00

Organization focal point :

Name	Title	Email	Phone
Vilma Tyler	Chief of Nutrition	vt Tyler@unicef.org	+211 955 104 300
Faika Farzana	Resource Mobilization Specialist	ffarzana@unicef.org	+211956731610

BACKGROUND**1. Humanitarian context analysis**

The project aligns to the allocation strategy as it is focused on provision of life-saving nutrition services which is among the priority activities. It will focus on preventive and curative nutrition interventions to meet the urgent needs of affected population as prioritized in the strategy. When implementing at field level, safety and dignity of beneficiaries will be ensured and will foster equitable access to services by all targeted beneficiaries in conflict affected locations.

UNICEF leads the Nutrition Information Working Group and collaborates with other UN agencies and nutrition cluster partners to continually appraise the nutrition situation in communities to inform appropriate nutrition response. Data obtained from SMART surveys, RRM missions, IRNA's, and screening activities is disaggregated by gender and findings are used in the Integrated Food Security Phase Classification analysis which highlights both the food security and nutrition situation.

The nutrition situation continues to deteriorate across the country with global acute malnutrition (GAM) prevalence above the emergency threshold (>15%) in Greater Upper Nile, Northern Bahr el Ghazal and Warrap States. Aggravating factors such as sub-optimal maternal and IYCF practices, poor hygiene and sanitation, constrained health care and nutrition service delivery, and deteriorating household food security have further increased the risk of acute malnutrition and associated morbidity and mortality among children and other vulnerable groups. The situation has particularly deteriorated in Unity State to very critical with GAM prevalence exceeding 30%.

Data from Nutrition surveys conducted between April and September 2015 indicate a high GAM prevalence in Unity State ranging between 23.4% in Pariang and 34.1% in Bentiu; SAM prevalence is high in Unity State at 10.5 % in Bentiu, Abiemnhom 8.8%, Mayom 7.5%, Panyijiar 7.2% and Pariang 5.3%. In addition, screenings by MUAC/rapid assessments showed the prevalence of SAM in Mayendit, Unity state, ranged between 2.2% to 2.4% in November and GAM prevalence between 9.4% and 10%. Data obtained through rapid assessments indicate GAM prevalence in Koch at 4.8% with no SAM reported. All assessments showed that boys and girls are equally affected by acute malnutrition. Nutrition outcome in malnourished mothers and women of child bearing age correlates to poor pregnancy outcomes, therefore, addressing the needs of PLWs is critical to break the intergenerational cycle of malnutrition. Data from FSNMS in 2015 show correlation of malnutrition between women of reproductive age and children under five.

2. Needs assessment

UNICEF leads the Nutrition Information Working Group and collaborates with other UN agencies and nutrition cluster partners to continually appraise the nutrition situation in communities to inform appropriate gender focused and gender sensitive nutrition response. Data obtained from SMART surveys, RRM missions, IRNA's, and screening activities is disaggregated by gender and findings are used in the Integrated Food Security Phase Classification analysis which highlights both the food security and nutrition situation. Nutrition situation update also provides key information on the nutrition situation that can help re-looking and the current strategy of achieving the caseloads.

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3. Description Of Beneficiaries

The main beneficiaries for this project will be boys and girls between 6 and 59 months suffering from SAM. Identification of children with SAM will be carried out through Mid Upper Arm Circumference (MUAC) screening and oedema check for all children 6 to 59 months regardless of their physical status. Children 0 to 23 months will also be targeted with IYCF interventions through messaging to their caregivers/mothers.

4. Grant Request Justification

As the lead agency on nutrition, UNICEF is responsible for effective coordination of the humanitarian response in the nutrition sector in South Sudan. This includes the provision of guidelines, technical and financial support to the MOH and implementing partners as well as managing the core pipeline of nutrition supplies. This frontline project is mainly targeting Unity State as a priority. UNICEF will work with partners operational on the ground to implement preventive and curative nutrition services for children under 5. Nutrition services include lifesaving treatment for children with SAM, prevention of hidden hunger through the administration of micronutrients including vitamin A for children 6-59 months, and deworming of children 12-59 months to reduce factors associated with childhood under nutrition. In addition to the curative nutrition programme, UNICEF will ensure preventative nutrition programme mainly IYCF practices targeting pregnant and lactation mothers is integrated both in the treatment sites within health facilities and at the community levels.

5. Complementarity

This funds will ensure continuum of care for the nutrition programme and the project will contribute to preventative nutrition activities hence preventing children from becoming malnourished which eventually leads to reduction in morbidity and mortality of under-fives children. As a result of joint programming and complementarity between UNICEF, implementing partners and WFP MAM management programme, this joint effort ensure reduction in MAM children develop into SAM with early detection and referral system to appropriate programmes for treatment. This project will work with Health partners through integration of Nutrition services within the health facilities. In addition, intersectoral collaboration of WASH actors delivering safe drinking water, sanitation and hygiene promotion.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the project is to prevent excess morbidity and mortality in girls and boys under five years of age through undernutrition, and at the same time supporting preventative interventions for long term survival, optimal growth and development of children

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	70
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	30

Contribution to Cluster/Sector Objectives : The project conforms to the cluster and sector objectives by treating SAM Children 0-59 months with timely and quality life-saving services, provision of preventative nutrition services such as IYCF counseling through mother to mother support group and health workers, provision of micronutrient supplementation.

Outcome 1

SAM Children 0-59 months have access to timely and quality life-saving treatment

Output 1.1

Description

SAM children 0-59 months old treated in the OTP (6-59 months: boys- & girls-) and IPF (C-MAMI) (<6months:)

Assumptions & Risks

Assumption: security enabling environment to reach targeted locations and beneficiaries

Risk: Failed peace agreement and eruption of conflict in targeted communities hence massive displacement and lack of NGO services

Activities

Activity 1.1.1

Train nutrition screening volunteers and health workers on MUAC screening, oedema detection and management of SAM

Activity 1.1.2

Carry out active MUAC and oedema screening of children 6-59 months in targeted communities

Activity 1.1.3

Refer SAM and MAM cases to OTP/IPF and targeted supplementary feeding programmes (TSFPs) accordingly

Activity 1.1.4

Provide treatment for eligible children <59 months in OTP and IPF according to protocol

Activity 1.1.5

Monitor CMAM services in targeted facilities

Activity 1.1.6

Coordinate CMAM progress through nutrition sub-cluster meetings

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			5,635	5,865	11,500

Means of Verification : Nutrition information system database

Outcome 2

Pregnant and lactating mothers with children less than 24 months have improved knowledge and skills on appropriate IYCF practices in order to prevent malnutrition

Output 2.1

Description

Health workers and Mother Support Group (MSG) leaders are trained on IYCF skills and provide counseling to Pregnant and lactating mothers and caregivers of children less than 24 months.

Assumptions & Risks

Security enabling environment to reach targeted locations and beneficiaries
 Risk: Failed peace agreement and eruption of conflict in targeted communities hence massive displacement and lack of NGO services

Activities

Activity 2.1.1

Train health workers and community volunteers including Mother Support Groups on IYCF practices and counseling skills

Activity 2.1.2

Conduct facility based and household IYCF counselling to target groups

Activity 2.1.3

Facilitate information sharing on IYCF rollout during sub-cluster coordination meetings

Activity 2.1.4

Provision of Vitamin A and deworming

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	0	22,500			22,500

Means of Verification : Nutrition Information system database, partner's quarterly and monthly reports

Indicator 2.1.2	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	20	70			90
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Means of Verification : Nutrition Information system database, partner's quarterly and monthly reports

Indicator 2.1.3	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			53,190	58,649	111,839
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Means of Verification : partner's Nutrition quarterly and monthly reports

Indicator 2.1.4	NUTRITION	Frontline services # of children (12 -59 months) dewormed			42,522	46,919	89,441
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Means of Verification : partner's Nutrition quarterly and monthly reports

Additional Targets :

M & R

Monitoring & Reporting plan

Treatment of SAM cases: UNICEF field based staff will develop travel plans which will include site visits to monitor project progress of partners. Reports from partners expected on a weekly basis will be compiled in Juba and then circulated to field-based staff. Verification of reports submitted will be done based on observations in sites visited. Tools that will be used in monitoring partner performance will be harmonized and feedback will be provided to partners. Partners will report on the 10th of each month. Information from partner reports will be verified through field visits. Promotion of infant and young child feeding practices: as above Micronutrient supplementation and deworming to children 6 – 59 months and pregnant and lactating women: During the bi-annual accelerated campaigns where Vitamin A supplementation and deworming is targeted to children in all the country, UNICEF will work closely with health colleagues within UNICEF and WHO to ensure microplans adequately address strategies to achieve high coverage for these nutrition interventions. Monitors during these campaigns will be sensitized to ensure microplans are implemented as intended.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Train nutrition screening volunteers and health workers on MUAC screening, oedema detection and management of SAM	2016				X	X		X	X				
Activity 1.1.2: Carry out active MUAC and oedema screening of children 6-59 months in targeted communities	2016				X	X	X	X	X	X			
Activity 1.1.3: Refer SAM and MAM cases to OTP/IPF and targeted supplementary feeding programmes (TSFPs) accordingly	2016				X	X	X	X	X	X			
Activity 1.1.4: Provide treatment for eligible children <59 months in OTP and IPF according to protocol	2016				X	X	X	X	X	X			
Activity 1.1.5: Monitor CMAM services in targeted facilities	2016				X	X	X	X	X	X			
Activity 1.1.6: Coordinate CMAM progress through nutrition sub-cluster meetings	2016				X	X	X	X	X	X			
Activity 2.1.1: Train health workers and community volunteers including Mother Support Groups on IYCF practices and counseling skills	2016					X	X		X	X			
Activity 2.1.2: Conduct facility based and household IYCF counselling to target groups	2016				X	X	X	X	X	X			

Activity 2.1.3: Facilitate information sharing on IYCF rollout during sub-cluster coordination meetings	2016					X	X	X	X				
Activity 2.1.4: Provision of Vitamin A and deworming	2016				X	X	X	X	X	X			
OTHER INFO													
<u>Accountability to Affected Populations</u>													
To integrate accountability for the beneficiaries the UNICEF nutrition programme closely works with communities from project initiation, through implementation and monitoring of results. UNICEF and its implementing partners will ensure that active community consultations are conducted in project planning and implementation of the planned activities. Regular field and onsite monitoring and coaching will be provided. Financial accountability will be delivered in line with UN HACT Assurance systems. During the implementation, the project will engage beneficiaries in project implementation.													
<u>Implementation Plan</u>													
The implementation of planned activities will be based on the 2016 HRP and the signed work plan between UNICEF and the government at central and state level and is accordance with the UNICEF and Republic of South Sudan joint programme of cooperation 2014 -2016.													
Nutrition services are mainly provided by NGOs partners in South Sudan with UNICEF providing direct implementation through the RRM as required. UNICEF will assess the capacity of all existing and potential partners to deliver the services through developing and signing of Programme Cooperation Agreements (PCAs) or Small Scale Funding Agreements (SSFAs) with NGOs/CBOs/FBOs.													
Training of health workers and nutrition partners will be done in line with MOH and international guidelines and will be done jointly by UNICEF and the MOH and partners at central and state levels and also by partner NGOs at state and county level. UNICEF Nutrition experts will be based in all critical states (Jonglei – based in Bor, Upper Nile – based in Malakal, Unity – based in Bentiu/Rubkhona, Warrap – based in Rumbek) and will support in monitoring of programs and building capacity of NGO partners. As required Rapid Response Missions will be organized to address gaps in services.													
<u>Coordination with other Organizations in project area</u>													
Name of the organization							Areas/activities of collaboration and rationale						
World Food Programme							UNICEF nutrition programme works closely with WFP for continuum of treatment for acute malnutrition.						
CARE, CWW, World Relief, UNIDO and NileHope							1. Training of health and Nutrition staff on CMAM and IYCF 2. Provision of treatment and preventative Nutrition services in Unity States, 3. Provision of Vitamin and Deworming for the beneficiaries						
<u>Environment Marker Of The Project</u>													
A+: Neutral Impact on environment with mitigation or enhancement													
<u>Gender Marker Of The Project</u>													
2a-The project is designed to contribute significantly to gender equality													
<u>Justify Chosen Gender Marker Code</u>													
Data is disaggregated by gender in planning, reporting and evaluation. Nutrition assessments is done base on gender analysis for example the nutrition needs of boys, girls, pregnant and lactating mothers. UNICEF Nutrition programmes mainly targets under five children (boys and girls) and pregnant and lactating mothers. Therefore in programme design, consideration is given to programmes that meet the target needs. UNICEF Nutrition preventative programmes (Infant and young child feeding) also covers all community members e.g. women, men, girls and boys. Moreover, consideration is also given to both gender during recruitment of UNICEF nutrition staffs.													
<u>Protection Mainstreaming</u>													
In the provision of Nutrition services, protection of beneficiaries will be taken into consideration by ensuring that discussion are held with community leaders and ensure participation in decision making on Nutrition site locations. Also women participation on what services are needed and how safe it is for them to access these services taking into consideration the distance to be travel to collect nutrition rations. The importance of decentralizing services points closer to settlements locations.													
<u>Country Specific Information</u>													
<u>Safety and Security</u>													
Safety and security of both staff implementing the program as well as those of the beneficiaries will be of utmost priority and will be assured through Security Rapid Assessments when accessing the conflict affected areas especially outside the PoCs. Nutrition services will be brought to beneficiaries and set up in secure areas. Looting of nutrition supplies were a major concern in 2015 in some locations in the GUN, however, small quantities of supplies to the nutrition centers has proved effective to mitigate looting at the facilities.													
<u>Access</u>													
Access to deliver supplies is sometime a big challenge especially in the rainy season to due to poor infrastructure in the country. This is however mitigated through dry season preposition of nutrition supplies. The availability of UNICEF and partner warehouses at the state levels enable adequate storage room for supplies and ease of reach of partners in the states.													

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Nutrition Specialist, P3	D	1	18,000.00	6	50%	54,000.00
1.2	Nutrition Officer, NOB	D	2	4,000.00	6	100%	48,000.00
Section Total							102,000.00
Travel							
5.1	Local travel (flight cost) for four local/international staff (2 missions per month)	D	8	400.00	6	100%	19,200.00
<i>(Local travel - flight cost at USD 400 return flight per person for four staff twice a month over 6 months). This is to support programme monitoring in Unity State.</i>							
5.2	DSA for travel (flight cost) for four local/international staff (2 missions per month)	D	8	637.00	6	100%	30,576.00
<i>(Calculated at 91 USD per day for an average of 7 days/mission. Supporting 2 missions per month for each staff within 6 months)</i>							
Section Total							49,776.00
Transfers and Grants to Counterparts							
6.1	Grants to partners through Programme Cooperation Agreement with UNICEF	D	1	525,353.00	1	100%	525,353.00
<p><i>The partners to be funded will be from Unity State only (CARE, CWW, UNIDO, Nilehope and World Relief plus other local NNGOs).</i></p> <p><i>-UNICEF plays a key role in building the capacity of the mentioned partners especially national NGOs by providing supportive supervision and ensuring quality services are being provided. In addition, UNICEF provide financial support to smaller national organizations that in most cases due to their capacity do not qualify for direct CHF allocations and are in need of smaller funds for operation in their locations.</i></p> <p><i>-The availability of continuous monitoring of program by UNICEF</i></p> <p><i>-The benefit of the CHF assisting in the continuity of projects</i></p>							
Section Total							525,353.00
General Operating and Other Direct Costs							
7.1	Office maintenance and security cost	D	1	45,000.00	1	100%	45,000.00
<i>The amount of funds indicated for office maintenance and security cost is to support the field coordination office for Unity State operation which is partly supported from Juba and Bentiu sub office. The supporting office for Unity state overall Nutrition program is based in Bentiu therefore the 45,000 USD will support the running cost and security related cost given the high cost of operation in Unity State and the fact that all supplies are transported from Juba including office consumables.</i>							
Section Total							45,000.00
SubTotal			21.00				722,129.00
Direct							722,129.00
Support							
PSC Cost							
PSC Cost Percent							7%
PSC Amount							50,549.03
Total Cost							772,678.03
Grand Total CHF Cost							772,678.03

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Abiemnhom	16		3,214	14,478	15,919	33,611	
Unity -> Guit	16		3,214	14,478	15,919	33,611	
Unity -> Koch	16		3,214	14,478	15,919	33,611	
Unity -> Mayom	16		3,214	14,478	15,919	33,611	
Unity -> Pariang	16		3,214	14,478	15,919	33,611	
Unity -> Rubkona	20		6,428	28,956	31,838	67,222	

Documents	
Category Name	Document Description
Project Supporting Documents	Nutrition.doc
Project Supporting Documents	Concept Note Nutrition Frontline 2016 Final.doc
Project Supporting Documents	UNICEF Nutrition Frontline Project Proposal 24012016.doc
Budget Documents	CHF Template.xls
Budget Documents	Budget for Nutrition Frontline 2016 Final.xls
Budget Documents	UNICEF Budget for Nutrition Frontline 24012016 Final.xls